

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)

OMB No. 1545-0047
2005
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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:
[X] Address change
Name change
Initial return
Final return
Amended return
Application pending

C Name of organization
HUMANE SOCIETY OF THE UNITED STATES
Number and street (or P.O. box if mail is not delivered to street address) Room/suite
2100 L STREET, NW
City or town, state or country, and ZIP + 4
WASHINGTON, DC 20037

D Employer identification number
53-0225390
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 [X] No
H(b) If "Yes," enter number of affiliates
H(c) Are all affiliates included? Yes [X] No
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes [X] No

G Website: WWW.HSUS.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.

I Group Exemption Number
M Check [] if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 125,240,605.

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

Table with columns for Revenue, Expenses, and Net Assets. Rows include: 1 Contributions, gifts, grants, and similar amounts received; 2 Program service revenue including government fees and contracts; 3 Membership dues and assessments; 4 Interest on savings and temporary cash investments; 5 Dividends and interest from securities; 6a Gross rents; 6b Less: rental expenses; 6c Net rental income or (loss); 7 Other investment income; 8a Gross amount from sales of assets other than inventory; 8b Less: cost or other basis and sales expenses; 8c Gain or (loss); 8d Net gain or (loss); 9 Special events and activities; 9a Gross revenue; 9b Less: direct expenses; 9c Net income or (loss); 10a Gross sales of inventory; 10b Less: cost of goods sold; 10c Gross profit or (loss); 11 Other revenue; 12 Total revenue; 13 Program services; 14 Management and general; 15 Fundraising; 16 Payments to affiliates; 17 Total expenses; 18 Excess or (deficit) for the year; 19 Net assets or fund balances at beginning of year; 20 Other changes in net assets or fund balances; 21 Net assets or fund balances at end of year.

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

Form 990 (2005)

PUBLIC INSPECTION COPY

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only Part II and check this box. **X**
- Note: Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

Part II Additional (not automatic) 3-Month Extension of Time - Must File Original and One Copy.

Type or print	Name of Exempt Organization THE HUMANE SOCIETY OF THE UNITED STATES	Employer identification number 53-0225390
	Number, street, and room or suite no. If a P.O. box, see instructions. 2100 L STREET, NW	For IRS use only
File by the extended due date for filing the return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20037	

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

STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- 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 is for.

4 I request an additional 3-month extension of time until **11/15/2006**

5 For calendar year **2005**, or other tax year beginning _____ and ending _____

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

7 State in detail why you need the extension **ADDITIONAL TIME IS REQUESTED TO GATHER THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.**

8a 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 \$ **NONE**

b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ _____

c **Balance Due.** Subtract line 8b from line 8a. 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 \$ **NONE**

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **▶ *David Cottone*** Title **▶ *CPA/agent*** Date **▶ *8/14/06***

Notice to Applicant - To Be Completed by the IRS

- We have approved this application. Please attach this form to the organization's return.
- We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
- We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- We cannot consider this application because it was filed after the extended due date of the return for which an extension was requested.
- Other _____

Director _____ By _____ Date _____

Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	Name GRANT THORNTON LLP <i>Attn: David Cottone</i>
	Number and street (include suite, room, or apt. no.) or a P.O. box number 2010 CORPORATE RIDGE, SUITE 400
	City or town, province or state, and country (including postal or ZIP code) MCLEAN, VA 22102

Return of Organization Exempt From Income Tax

2005

Open to Public Inspection

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 OF THE UNITED STATES
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
2100 L STREET, NW
 City or town, state or country, and ZIP + 4
WASHINGTON, DC 20037

D Employer identification number
53-0225390
E Telephone number
(202) 452-1100
F Accounting method: Cash 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).

G Website: WWW.HSUS.ORG
J Organization type (check only one): 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.

H and I are not applicable to section 527 organizations.
H(a) Is this a group return for affiliates? Yes No
H(b) If "Yes," enter number of affiliates: _____
H(c) Are all affiliates included? Yes No
 (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
I Group Exemption Number _____
M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **125,240,605.**

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

Revenue	1 Contributions, gifts, grants, and similar amounts received:				
	a Direct public support	1a	116,960,975.		
	b Indirect public support	1b			
	c Government contributions (grants)	1c			
	d Total (add lines 1a through 1c) (cash \$ 116,782,904. noncash \$ 178,071.)	1d	116,960,975.		
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2	2,959,531.		
	3 Membership dues and assessments	3			
	4 Interest on savings and temporary cash investments	4			
	5 Dividends and interest from securities	5	3,676,326.		
	6 a Gross rents	6a	195,579.		
	b Less: rental expenses	6b			
	c Net rental income or (loss) (subtract line 6b from line 6a)	6c	195,579.		
7 Other investment income (describe _____)	7				
	8 a Gross amount from sales of assets other than inventory	(A) Securities			
		8a	7,220.		
		b Less: cost or other basis and sales expenses	8b	349,483.	
		c Gain or (loss) (attach schedule)	8c	-342,263.	
	d Net gain or (loss) (combine line 8c, columns (A) and (B))	8d	-342,263.		
	9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>	a Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a		
		b Less: direct expenses other than fundraising expenses	9b		
		c Net income or (loss) from special events (subtract line 9b from line 9a)	9c		
	10 a Gross sales of inventory, less returns and allowances	10a			
		b Less: cost of goods sold	10b		
c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)		10c			
11 Other revenue (from Part VII, line 103)	11	1,440,974.			
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	124,891,122.			
Expenses	13 Program services (from line 44, column (B))	13	67,975,231.		
	14 Management and general (from line 44, column (C))	14	6,138,848.		
	15 Fundraising (from line 44, column (D))	15	11,900,184.		
	16 Payments to affiliates (attach schedule)	16			
	17 Total expenses (add lines 16 and 44, column (A))	17	86,014,263.		
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 12)	18	38,876,859.		
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	111,021,299.		
	20 Other changes in net assets or fund balances (attach explanation) STMT 1	20	50,160,576.		
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	200,058,734.		

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

PUBLIC INSPECTION COPY

• If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box X

Note: Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

Part II Additional (not automatic) 3-Month Extension of Time - Must File Original and One Copy.

Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization THE HUMANE SOCIETY OF THE UNITED STATES	Employer identification number 53-0225390
	Number, street, and room or suite no. If a P.O. box, see instructions. 2100 L STREET, NW	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20037	

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

STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- 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 is for.

- I request an additional 3-month extension of time until **11/15/2006**
- For calendar year **2005**, or other tax year beginning **_____** and ending **_____**
- If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period
- State in detail why you need the extension **ADDITIONAL TIME IS REQUESTED TO GATHER THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.**

- 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 **\$ NONE**
- If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 **\$ _____**
- Balance Due.** Subtract line 8b from line 8a. 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 **\$ NONE**

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **▶ David Cottone** Title **▶ CPA/agent** Date **▶ 8/14/06**

Notice to Applicant - To Be Completed by the IRS

- We have approved this application. Please attach this form to the organization's return.
- We have **not** approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
- We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- We cannot consider this application because it was filed after the extended due date of the return for which an extension was requested.
- Other **_____**

Director **_____** By **_____** Date **_____**

Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	Name GRANT THORNTON LLP <i>Attn: David Cottone</i>
	Number and street (include suite, room, or apt. no.) or a P.O. box number 2010 CORPORATE RIDGE, SUITE 400
	City or town, province or state, and country (including postal or ZIP code) MCLEAN, VA 22102

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ 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.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization THE HUMANE SOCIETY OF THE UNITED STATES	Employer identification number 53-0225390
	Number, street, and room or suite no. If a P.O. box, see instructions. 2100 L STREET, NW	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20037	

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.

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 \$ 8,100,645, noncash \$) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	8,100,645.	8,100,645.	STMT 2	
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				STMT 45
25	Compensation of officers, directors, etc.	1,191,467.	941,259.	83,403.	166,805.
26	Other salaries and wages	13,904,484.	10,988,748.	993,997.	1,921,739.
27	Pension plan contributions	975,647.	771,033.	69,632.	134,982.
28	Other employee benefits	1,854,591.	1,465,644.	132,362.	256,585.
29	Payroll taxes	1,337,767.	1,057,208.	95,477.	185,082.
30	Professional fundraising fees	1,855,457.			1,855,457.
31	Accounting fees	100,285.	79,253.	7,157.	13,875.
32	Legal fees	640,736.	506,360.	45,729.	88,647.
33	Supplies	2,811,515.	2,221,880.	200,658.	388,977.
34	Telephone	671,229.	530,458.	47,906.	92,865.
35	Postage and shipping	855,219.	675,861.	61,037.	118,321.
36	Occupancy	1,248,579.	986,725.	89,111.	172,743.
37	Equipment rental and maintenance				
38	Printing and publications				
39	Travel	3,271,259.	2,585,206.	233,470.	452,583.
40	Conferences, conventions, and meetings				
41	Interest				
42	Depreciation, depletion, etc. (attach schedule)	1,016,913.	803,645.	72,577.	140,691.
43	Other expenses not covered above (itemize):	STMT 46			
a	MAILINGS	28,607,222.	22,375,125.	2,752,270.	3,479,827.
b	CONSULTANT & CONTRACTED S	8,171,844.	6,458,032.	583,226.	1,130,586.
c	INSURANCE & BONDS	549,964.	434,625.	39,251.	76,088.
d	PROPERTY TAXES	180,496.	142,642.	12,882.	24,972.
e	EDUC'L MATERIAL & PUBLICA	5,868,187.	4,637,503.	418,813.	811,871.
f	INVESTMENT EXP & TRUSTEES	2,800,757.	2,213,379.	199,890.	387,488.
g					
44	Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15).	86,014,263.	67,975,231.	6,138,848.	11,900,184.

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 \$ 31,202,495. ; (ii) the amount allocated to Program services \$ 23,505,506. ;
 (iii) the amount allocated to Management and general \$ 936,075. ; and (iv) the amount allocated to Fundraising \$ 6,760,914.

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? SEE STATEMENT 47 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.)	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
a COMMUNICATIONS - SEE FOOTNOTE 1 ----- ----- ----- ----- ----- (Grants and allocations \$ <u>27,544.</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	10,986,235.
b REGIONAL AND LOCAL PROGRAMS - SEE FOOTNOTE 1 ----- ----- ----- ----- ----- (Grants and allocations \$ <u>5,757,888.</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	27,979,370.
c DOMESTIC ANIMALS PROGRAMS - SEE FOOTNOTE 1 ----- ----- ----- ----- ----- (Grants and allocations \$ <u>717,535.</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	6,261,297.
d CAMPAIGNS, LEGISLATION, AND LITIGATION - SEE FOOTNOTE 1 ----- ----- ----- ----- ----- (Grants and allocations \$ <u>638,465.</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	10,300,538.
e Other program services (attach schedule) SEE STATEMENT 48 (Grants and allocations \$ <u>959,213.</u>) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	12,447,791.
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	67,975,231.

Form 990 (2005)

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	9,182.	45	9,125.	
	46 Savings and temporary cash investments	20,819,222.	46	39,115,154.	
	47a Accounts receivable	47a 3,262,577.			
	b Less: allowance for doubtful accounts	47b	47c	3,262,577.	
	48a Pledges receivable	48a 15,544,677.			
	b Less: allowance for doubtful accounts	48b 798,569.	48c	14,746,108.	
	49 Grants receivable		49		
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50		
	51a Other notes and loans receivable (attach schedule)	51a			
	b Less: allowance for doubtful accounts	51b	51c		
	52 Inventories for sale or use		52		
	53 Prepaid expenses and deferred charges	STMT. 49.	1,377,831.	53	1,756,762.
	54 Investments - securities (attach schedule) STMT. 50 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		83,620,760.	54	116,302,003.
	55a Investments - land, buildings, and equipment: basis	55a			
	b Less: accumulated depreciation (attach schedule)	55b	55c		
56 Investments - other (attach schedule)	STMT. 51.	162,896.	56	196,832.	
57a Land, buildings, and equipment: basis, STMT. 52	57a 20,171,444.				
b Less: accumulated depreciation (attach schedule)	57b 9,207,714.	57c	10,963,730.		
58 Other assets (describe <input type="checkbox"/> STMT 53)		940,248.	58	36,657,055.	
59 Total assets (must equal line 74). Add lines 45 through 58.		125,213,932.	59	223,009,346.	
Liabilities	60 Accounts payable and accrued expenses	6,551,671.	60	14,174,843.	
	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 54)		7,640,962.	65	8,775,769.
66 Total liabilities . Add lines 60 through 65.		14,192,633.	66	22,950,612.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	67 Unrestricted	81,782,886.	67	146,043,183.	
	68 Temporarily restricted	9,983,461.	68	34,760,144.	
	69 Permanently restricted	19,254,952.	69	19,255,407.	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.				
	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 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)		111,021,299.	73	200,058,734.
	74 Total liabilities and net assets/fund balances . Add lines 66 and 73.		125,213,932.	74	223,009,346.

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

a	Total revenue, gains, and other support per audited financial statements		a	147,353,304.
b	Amounts included on line a but not on Part I, line 12:			
1	Net unrealized gains on investments	b1	5,602,423.	
2	Donated services and use of facilities	b2	2,593,348.	
3	Recoveries of prior year grants	b3		
4	Other (specify): <u>SEE STATEMENT 55</u>	b4	14,266,411.	
	Add lines b1 through b4	b	22,462,182.	
c	Subtract line b from line a	c	124,891,122.	
d	Amounts included on Part I, line 12, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify):	d2		
	Add lines d1 and d2	d		
e	Total revenue (Part I, line 12). Add lines c and d.	e	124,891,122.	

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

a	Total expenses and losses per audited financial statements		a	106,620,867.
b	Amounts included on line a but not on Part I, line 17:			
1	Donated services and use of facilities	b1	2,593,348.	
2	Prior year adjustments reported on Part I, line 20	b2		
3	Losses reported on Part I, line 20	b3		
4	Other (specify): <u>SEE STATEMENT 56</u>	b4	18,013,256.	
	Add lines b1 through b4	b	20,606,604.	
c	Subtract line b from line a	c	86,014,263.	
d	Amounts included on Part I, line 17, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify):	d2		
	Add lines d1 and d2	d		
e	Total expenses (Part I, line 17). Add lines c and d.	e	86,014,263.	

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
SEE STATEMENT 57		877,682.	137,346.	NONE

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)	Yes	No
75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings	25	
b 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)	75b	X
c 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 62	75c	X
If "Yes," attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization.		
d Does the organization have a written conflict of interest policy?	75d	X

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.)

(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
SEE STATEMENT 63	-0-	166,770.	9,670.	NONE

Part VI Other Information (See the instructions.)	Yes	No
76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	X
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.	77	X
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b If "Yes," has it filed a tax return on Form 990-T for this year?	78b	X
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
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?	80a	X
b If "Yes," enter the name of the organization ► <u>SEE FOOTNOTE 4</u>		
and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81a Enter direct and indirect political expenditures. (See line 81 instructions.)	81a	NONE
b Did the organization file Form 1120-POL for this year?	81b	X

Part VI Other Information (continued)

		Yes	No
82a	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	
82b	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.)		2,593,348.
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	N/A	
84b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	
85a	501(c)(4), (5), or (6) organizations. Were substantially all dues nondeductible by members?	N/A	
85b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	N/A	
85c	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	N/A	
85d	Dues, assessments, and similar amounts from members	N/A	
85e	Section 162(e) lobbying and political expenditures	N/A	
85f	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	N/A	
85g	Taxable amount of lobbying and political expenditures (line 85d less 85e)	N/A	
85h	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	
86a	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?	N/A	
86b	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	N/A	
87a	b Gross receipts, included on line 12, for public use of club facilities	N/A	
87b	501(c)(12) orgs. Enter: a Gross income from members or shareholders	N/A	
87b	b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	N/A	
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX.		X
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 N/A; section 4912 N/A; section 4955 N/A		
89b	501(c)(3) and 501(c)(4) orgs. 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		X
	c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	N/A	
	d Enter: Amount of tax on line 89c, above, reimbursed by the organization	N/A	
90a	List the states with which a copy of this return is filed	SEE STATEMENT 64	90b 371
90b	Number of employees employed in the pay period that includes March 12, 2005 (See instructions.)		
91a	The books are in care of	CONTROLLER	Telephone no. 202-452-1100
	Located at	2100 L STREET, NW, WASHINGTON, DC	ZIP + 4 20037
91b	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)?	X	
91c	If "Yes," enter the name of the foreign country	SEE FOOTNOTE 3	
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
92	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	SEE FOOTNOTE 3	
	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here		92 N/A
	and enter the amount of tax-exempt interest received or accrued during the tax year		

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 STMT 72		400,070.		423,159.	2,136,302.
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					
96 Dividends and interest from securities			14	3,676,326.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property			16	195,579.	
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	-342,263.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b ROYALTIES			15	1,072,656.	
c MISCELLANEOUS INC.			01	84,122.	
d LIST RENTALS			13	284,196.	
e					
104 Subtotal (add columns (B), (D), and (E))		400,070.		5,393,775.	2,136,302.
105 Total (add line 104, columns (B), (D), and (E))					7,930,147.

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).
▼	STMT 73

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: Mary K Berge Date: 8/14/06

Type or print name and title: Mary K. Berge, Assistant Treasurer/Controller

Paid Preparer's Use Only

Preparer's signature: Margaret Allen Bradshaw, CPA Date: 8/11/06 Check if self-employed:

Firm's name (or yours if self-employed): GRANT THORNTON LLP EIN:

address, and ZIP + 4: 2010 CORPORATE RIDGE, SUITE 400 Phone no.: 703-847-7500

MCLEAN, VA 22102

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

Name of the organization: **HUMANE SOCIETY OF THE UNITED STATES**
Employer identification number: **53-0225390**

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
SEE STATEMENT 67				
Total number of other employees paid over \$50,000 . . ▶		112		

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 68		
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
SEE STATEMENT 69		
Total number of other contractors receiving over \$50,000 for other services ▶		27

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 ▶ \$ <u>1,859,148.</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.	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)? STMT. 70	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.) STMT. 71	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.

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	66,837,615.	61,100,425.	61,301,992.	50,575,165.	239815197.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	2,712,560.	1,921,137.	673,560.	775,509.	6,082,766.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	4,585,054.	6,425,003.	5,339,727.	5,493,414.	21,843,198.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	74,135,229.	69,446,565.	67,315,279.	56,844,088.	267741161.
24 Line 23 minus line 17.	71,422,669.	67,525,428.	66,641,719.	56,068,579.	261658395.
25 Enter 1% of line 23.	741,352.	694,466.	673,153.	568,441.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 ▶ 26a					5,233,168.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts ▶ 26b					
c Total support for section 509(a)(1) test: Enter line 24, column (e) ▶ 26c					261658395.
d Add: Amounts from column (e) for lines: 18 <u>21,843,198.</u> 19 _____ ▶ 26d					21,843,198.
22 _____ 26b _____ ▶ 26e					239815197.
e Public support (line 26c minus line 26d total) ▶ 26e					239815197.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ▶ 26f					91.6520 %
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: NOT APPLICABLE (2004) _____ (2003) _____ (2002) _____ (2001) _____					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2004) _____ (2003) _____ (2002) _____ (2001) _____					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____ ▶ 27c					
d Add: Line 27a total. and line 27b total. ▶ 27d					
e Public support (line 27c total minus line 27d total) ▶ 27e					
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) ▶ 27f					
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ▶ 27g					%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) ▶ 27h					%
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					

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?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) ----- ----- -----		
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions? 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?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) ----- ----- -----		
34 a	Does the organization receive any financial aid or assistance from a governmental agency?		
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.		
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		

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
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38 Total lobbying expenditures (add lines 36 and 37)	38	
39 Other exempt purpose expenditures	39	
40 Total exempt purpose expenditures (add lines 38 and 39)	40	
41 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	41	
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		
42 Grassroots nontaxable amount (enter 25% of line 41)	42	
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	

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
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(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
a Volunteers		X	
b Paid staff or management (Include compensation in expenses reported on lines c through h.)		X	
c Media advertisements	X		128,514.
d Mailings to members, legislators, or the public	X		177,636.
e Publications, or published or broadcast statements	X		228,443.
f Grants to other organizations for lobbying purposes	X		786,500.
g Direct contact with legislators, their staffs, government officials, or a legislative body	X		87,784.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means	X		450,271.
i Total lobbying expenditures (Add lines c through h.)			1,859,148.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities. STMT 72

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?

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

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:

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
51B (IV)	409,762.	THE HUMANE SOCIETY	CUMULATIVE 12/31/05
		LEGISLATIVE FUND	REIMBURSEMENT ARRANGEMENT
			BALANCE

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:

(a) Name of organization	(b) Type of organization	(c) Description of relationship
THE HUMANE SOCIETY	501 (C) (4)	OVERLAP OF BOARD OF DIRECTORS
LEGISLATIVE FUND		

Name of organization
HUMANE SOCIETY OF THE UNITED STATES

Employer identification number
53-0225390

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule - see instructions.)

General Rule -

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules -

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test under Regulations sections 1.509(a)-3/1.170A-9(e) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ▶ \$ _____

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization **HUMANE SOCIETY OF THE UNITED STATES**

Employer identification number

53-0225390

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		2,800,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		6,200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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

DESCRIPTION -----	AMOUNT -----
PENSION ADJUSTMENT	841,786.
NET ASSETS ACQUIRED FROM FFA	18,418,663.
UNREALIZED GAIN ON INVESTMENTS	5,602,423.
NET BEG. ASSETS OF AFFILIATES	25,297,704.

TOTAL	50,160,576.
	=====

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

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
GRANTS PAID			
1-800-SAVE-A-PET.COM 2438 BUTLER AVENUE LOS ANGELES, CA 90064	NONE		162,000.
ADAMS COUNTY, NEBRASKA ATTN: DONNA FEGLER DAISS, FOURTH AND DENVER STREET BOX 71 HASTINGS, NE 68902-0071	NONE		5,000.
AFGHAN STRAY ANIMAL LEAGUE C/O PAMELA CONSTABLE, 3823 SOUTH 14TH STREET ARLINGTON, VA 22204	NONE		3,621.
ALTERNATIVES CONGRESS INC., 700 PROFESSIONAL DRIVE GAITHERSBURG, MD 20879	NONE		35,000.
AMADOR COMMUNITY FOUN 114 MAIN STREET, SUITE 212, ATTN: SHANNON LOWRY JACKSON, CA 95642	NONE		5,000.
AMER ANIMAL HOSPITAL ATTN: JANICE TRUMPETER, 12575 W. BRYAOD AVENUE LAKEWOOD, CO 80228	NONE		145,000.

HOMANE SOCIETY OF THE UNITED STATES

53-0225390

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

AMOUNT

AMERICAN FILM INSTITU 2021 NORTH WESTERN AVENUE LOS ANGELES, CA 90027-1625	NONE		7,500.
AMERICAN HORSE COUNCI TION, 1616 H STREET, N W - 7TH FLOOR WASHINGTON, DC 20006	NONE		1,000.
AMERICAN TORTOISE RES 23852 PACIFIC COAST HIGHWAY, SUITE 928 - ATTN: SUS MALIBU, CA 90265	NONE		2,000.
AMES ANIMAL SHELTER ATTN: LORNA LAVENDER AMES, IA 50010	NONE		144.
ANNE K. TAYLOR FUND 2724 ARVIN ROAD BILLINGS, MT 59102	NONE		2,500.
ANIMAL AID - VERMILLI 5937 VETERANS MEMORIAL DRIVE ABBEVILLE, LA 70510	NONE		50,000.

HUMANE SOCIETY OF THE UNITED STATES

53-0225390

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

AMOUNT

RECIPIENT NAME AND ADDRESS

ANIMAL CARE CONFERENC STATE HUMANE ASSOC. OF CALIF., P O BOX 2098 EL CERRITO, CA 94530	NONE		4,500.
ANIMAL CONTROL OFFICE OF MASSACHUSETTS - DENNIS, POLICE DEPT. - 685 RT. SOUTH DENNIS, MA 02660-2674	NONE		300.
ANIMAL LAW REVIEW LEWIS AND CLARK LAW SCHOOL, 10015 S.W. TERWILLIGER PORTLAND, OR 97219-7799	NONE		1,000.
ANIMAL PLACE 3448 LAGUNA CREEK TRAIL, ATTN: KIM STUPLA VACAVILLE, CA 95688	NONE		11,000.
ANIMAL PROTECTION NEW P O BOX 1215 SANTA FE, NM 87504	NONE		1,250.
ANIMAL PROTECTION VOT ATTN: ELISABETH JENNINGS, P O BOX 11651 ALBUQUERQUE, NM 87192	NONE		7,000.

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

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT

RECIPIENT NAME AND ADDRESS

PURPOSE OF GRANT OR CONTRIBUTION

AMOUNT

ANIMAL RESCUE LEAGUE P O BOX 265, ATTN: AMY WHITEHEAD BOSTON, MA 02117	NONE		2,500.
--	------	--	--------

ANIMAL RESCUE LEAGUE 5452 NE 22ND STREET, C/O TOM COLVIN DES MOINES, IA 50313-2528	NONE		15,000.
--	------	--	---------

ANIMAL RESCUE LEAGUE HAMPSHIRE, 545 ROUTE 101 BEDFORD, NH 03110	NONE		200.
---	------	--	------

ANIMAL UMBRELLA, INC. P O BOX 2675 ACTON, MA 01720	NONE		100.
--	------	--	------

ANIMAL WELFARE FEDERA NEW JERSEY - C/O KAREN DIXON, 816 NORTH DEISEA DRI GLASSBORO, NJ 08028	NONE		5,000.
--	------	--	--------

ANIMALS S.O.S. HAMPSHIRE, 545 ROUTE 101 BEDFORD, NH 03110	NONE		3,000.
---	------	--	--------

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

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
ANNIE JUDAH 8500 NEW HAMPSHIRE, #226 SILVER SPRING, MD 20903	NONE		676.
ANTARCTICA PROJECT - 1630 CONNECTICUT AVENUE, N W, 3RD FLOOR WASHINGTON, DC 20009	NONE		10,000.
ANTI-CRUELTY SOCIETY ATTN: NADINE WALMSLEY CHICAGO, IL 60610	NONE		1,000.
ARIZONA HUMANE SOCIETY ATTN: CHERYL NAUMANN, 1521 W. DOBBINS ROAD PHOENIX, AZ 85041	NONE		25,000.
ARIZONANS FOR HUMANE 1000 EAST APACHE, SUITE 109, SCOTT PELTZ, TREASURE TEMPE, AZ 85281	NONE		183,000.
ARKANSAS STATE ANIMAL ASSOCIATION - C/O JONESBORO, ANIMAL CONTROL, 1628 S ATTN: KIM JOHNSON, JO, AR 72401	NONE		200.

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

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
ASOCIACION DE RESCATE Y CONSERVACION DE VIDA SILVE ASSOCIATION ANIMAL CONTROL, 1628 S. JONESBORO, AR 72401	NONE		2,000.
BAD RAP 3059 RICHMOND BLVD. OAKLAND, CA 94611	NONE		5,000.
BEATRICE HUMANE SOCIE P O BOX 646 BEATRICE, NE 68310	NONE		500.
BEATRICE HUMANE SOCIETY PO BOX 15469 WILMINGTON, DE 19850-5469	NONE		578.
BEST FRIENDS ANIMAL S 5001 ANGEL CANYON ROAD KANAB, UT 84741-5000	NONE		125,000.
BIG BEND DART, INC. C/O HAVEN COOK, PRESIDENT, 310 N. DELLVIEW DRIVE TELLAHASSEE, FL 32303	NONE		1,500.

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

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT

RECIPIENT NAME AND ADDRESS

PURPOSE OF GRANT OR CONTRIBUTION

AMOUNT

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
BOONE COUNTY ANIMAL C CONTROL - ATTN: BECKY REITER, 5643 IDLEWILD ROAD BURLINGTON, KY 41005	NONE		10,000.
BORN FREE USA P O BOX 32160 WASHINGTON, DC 20007	NONE		10,000.
BROWARD WORKSHOP ISSU 350 E. LAS OLAS BLVD., STE 800, AT: CHARLIE CAULKI FORT LAUDERDALE, FL 33301	NONE		75,000.
BUCHANAN COUNTY BOARD SUPERVISORS - ADMIN. OFFICE, P. O. DRAWER 950 - C/ CAUDILL, GRUNDY, VA 24614	NONE		1,500.
BUCKNELL UNIVERSITY STUDENT ACCOUNTS, MARTS HALL LEWISBURG, PA 17837	NONE		1,500.
BUFFALO FIELD CAMPAIG P O BOX 957 WEST YELLOWSTONE, MT 59758	NONE		5,500.

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

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT

RECIPIENT NAME AND ADDRESS PURPOSE OF GRANT OR CONTRIBUTION AMOUNT

CALCASIEU PARISH ANIM NONE 10,000.

5500A- SWIFT PLANT RD LAKE CHARLES, LA 70615

CAPITAL AREA HUMANE S NONE 15,000.

MR STEPHEN HEAVEN, EXEC DIR., 7095 WEST GRAND RIVE LANSING, MI 48906

CAF WRITERS ASSOCIATI NONE 2,368.

1761 WICKERSHAM LANE, C/O FRAN PENNOCK SHAW, TREAS LANCASTER, PA 17603

CENTER FOR WILDLIFE L NONE 20,000.

UMM, INSTIT. OF PUBLIC LAW, 1117 STANFORD NE ALBUQUERQUE, NM 87131-1446

CHESTER COUNTY TREASU NONE 3,000.

PUBLIC WORKS DEPARTMENT, POST OFFICE DRAWER 580 CHESTER, SC 29706

CHIPPEWA COUNTY HUMAN NONE 1,000.

ASSOCIATION, INC., P.O. BOX 562 CHIPPEWA FALLS, WI 54729

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

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT

RECIPIENT NAME AND ADDRESS

PURPOSE OF GRANT OR CONTRIBUTION

AMOUNT

CHURCHE'S CENTER FOR PEOPLE - TONY ENDS, DIRECTOR, P.O. BOX 40 SINSINAWA, WI 53824	NONE	500.
--	------	------

CITY OF BURLESON APTN: SHERI CAMPBELL HUSBAND, 141 WEST RENFRO BURLESON, TX 76028-4296	NONE	10,000.
--	------	---------

CITY OF GARDEN CITY 301 N 8TH STREET, PO BOX 499 GARDEN CITY, KS 67846	NONE	2,500.
--	------	--------

COLORADO FED ANML WEL C/O MARTHA SMITH, 2884 SOUTH URSULA COURT AURORA, CO 80014	NONE	1,000.
--	------	--------

COLORADO VETERINARY M FOUNDATION / S A R T, 789 SHERMAN STREET SUITE 550 DENVER, CO 80203	NONE	10,000.
---	------	---------

COMMITTEE TO PROTECT SUSAN SCHWAB, TREASURER, P O BOX 442176 SOMERVILLE, MA 02144	NONE	105,000.
---	------	----------

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

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
COMMITTEE TO RESTORE SHOOTING BAN - ATTN: JULIE, BAKER, P O BOX 81183 LANSING, MI 48908	NONE		525,000.
CONNECTICUT COUNCIL F EDUCATION, 6 LONG HILL FARM, C/O J. LEWIN GUILFORD, CT 06437	NONE		5,000.
CONNECTICUT MUNICIPAL CONTROL OFFICERS ASSOC. - C/O, LINDA WENNER - P O STORRS, CT 06268-0197	NONE		250.
COROLLA WILD HORSE FU 500 HUNT CLUB DRIVE, P O BOX 361 COROLLA, NC 27927	NONE		1,000.
DANDELION DOG RESCUE 14 FULLERTON RD FORKS, WA 99331	NONE		500.
DAVID SHELDRIK WILDLIFE TRUST 14 FULLERTON RD FORKS, WA 99331	NONE		3,500.

HUMANE SOCIETY OF THE UNITED STATES

53-0225390

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

AMOUNT

DAYS END FARM HORSE R
15856 FREDERICK ROAD, P O BOX 309
LISBON, MD 21765

NONE

5,000.

DENVER DUMB FRIENDS L
2080 S. QUEBEC STREET, HUMANE SOCIETY OF DENVER, I
DENVER, CO 80231-3298

NONE

20,000.

DORIS DAY ANIMAL FOUN
227 MASSACHUSETTS AVE N E, SUITE 227, ATTN BEN GLE
WASHINGTON, DC 20002

NONE

1,000.

DORIS DIXON - ACH/EFT
2841 COLONY ROAD
ANN ARBOR, MI 48104

NONE

55.

DUBUQUE HUMANE SOCIET
175 N. CRESCENT RIDGE, ATTN: JANE MCCALL
DUBUQUE, IA 52003-5214

NONE

10,000.

EARTH ISLAND INSTITUT
300 BROADWAY, SUITE NO. 28, ATTN: MARK BERMAN
SAN FRANCISCO, CA 94133-9905

NONE

4,000.

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

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT

RECIPIENT NAME AND ADDRESS

PURPOSE OF GRANT OR CONTRIBUTION

AMOUNT

EQUINE ADVOCATES, INC
P O BOX 354
CHATHAM, NY 12037

NONE

25,257.

EAST BAY SPCA
8323 BALDWIN STREET
OAKLAND, CA 94621

NONE

27,970.

ESTHER HONEY FOUNDATION
P O BOX 354
CHATHAM, NY 12037

NONE

2,000.

FARM SANCTUARY
ATTN: GENE BAUSTON, 3100 AIKENS ROAD
WATKINS GLEN, NY 14891

NONE

50,000.

FAYETTEVILLE ANIMAL S
1640 ARMSTRONG AVENUE
FAYETTEVILLE, AR 72701

NONE

5,000.

FEDERATED HUMANE SOCIETY
WESTERN PA HUMANE SOCIETY, 1101 WESTERN AVENUE
PITTSBURGH, PA 15233-2084

NONE

7,500.

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

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
FLANDERS FIRE & RESCU NO. 1, P O BOX 621 FLANDERS, NJ 07836	NONE		100.
FLATHEAD SPAY & NEUTE FORCE, INC., P.O. BOX 2095 WHITEFISH, MT 59937	NONE		345.
FLORIDA ANIMAL FRIEND ATTN: LESLIE MANN, 4220 S W 67TH TERRACE DAVIE, FL 33314	NONE		2,000.
FLORIDA ANIMAL FRIENDS PO BOX 15469 WILMINGTON, DE 19850-5469	NONE		800.
FLORIDA INSTITUTE TEC OFFICE OF FINANCIAL AID, 150 WEST UNIVERSITY BLVD. MELBOURNE, FL 32901	NONE		1,500.
FRANKLIN COUNTY HUMAN 30 SUNSET MEADOW ST. ALBANS, VT 05478	NONE		1,000.

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

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT

RECIPIENT NAME AND ADDRESS

PURPOSE OF GRANT OR CONTRIBUTION

AMOUNT

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
FREDERICK COUNTY HUMA 5712-D INDUSTRY LANE FREDERICK, MD 21704	NONE		500.
GESEPEACE, INC. 6405 LAKEVIEW DRIVE, ATTN: DAVID FELD FALLS CHURCH, VA 22041	NONE		20,000.
GERALDINE R DODGE FOU BOX 1239, 163 MADISON AVENUE MORRISTOWN, NJ 07962-1239	NONE		7,500.
GREY2K USA P O BOX 442117-ATN CAREY THEILL, 240B ELM STREET, S SOMERVILLE, MA 02144	NONE		10,000.
GREYHOUND WELFARE, IN P O BOX 5273 TAKOMA PARK, MD 20913	NONE		25.
HAPPY TRAILS FARM ANI TUARY, INC., 5623 NEW MILFORD ROAD RAVENNA, OH 44266	NONE		1,750.

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

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
HEARTLAND PET CONNECT HASTINGS ANIMAL SHELTER ASSOC., INC. - 1807 WEST J HASTINGS, NE 68901	NONE		300.
HECKHAVEN WILDLIFE REHAB CENTER 6927 STARBOARD DRIVE LAKE CHARLES, LA 70605	NONE		10,000.
HOUSTON SPCA 900 PORTWAY DRIVE HOUSTON, TX 77024	NONE		115,000.
HUMANE ALLIANCE OF WN 231 HAYWOOD STREET, ATTN: QUITA MAZZINA ASHEVILLE, NC 28801	NONE		327,000.
HUMANE ASSOCIATION OF INC. - HAGA, 1317 HEARST DRIVE ATLANTA, GA 30319	NONE		475.
HUMANE FARM ANIMAL CA P O BOX 727, ATTN: ADELE DOUGLASS HERNDON, VA 20172-0727	NONE		150,000.

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

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
HUMANE RESEARCH COUNCIL C/O CHE GREEN, P.O. BOX 70180 SEATTLE, WA 98127-0179	NONE		10,000.
HUMANE SOC SEATTLE/KI ATTN: NANCY MCKENNEY, 13212 SE EASTGATE WAY BELLEVUE, WA 98005-4408	NONE		15,000.
HUMANE SOC. SOUTH MIS 13756 WASHINGTON AVENUE, ATTN: TARA HIGH GULFPORT, MS 39503	NONE		623,383.
HUMANE SOCIETY BOULDER ATTN: JAN MCHUGH-SMITH, 2323 55TH STREET BOULDER, CO 80301	NONE		15,000.
HUMANE SOCIETY BROWAR INC. - AT: CHRISTOPHER AGOSTINO, 2070 GRIFFIN ROAD FORT LAUDERDALE, FL 33312-5997	NONE		20,000.
HUMANE SOCIETY OF ESC COUNTY, 2763 SOUTH BLVD. BREWTON, AL 36426	NONE		1,000.

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

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT

RECIPIENT NAME AND ADDRESS

PURPOSE OF GRANT OR CONTRIBUTION

AMOUNT

HUMANE SOCIETY OF KEN NONE 20,000.

3077 WILSON DRIVE, N W, ATTN: KAREN TERESTRA GRAND RAPIDS, MI 49544-7565

HUMANE SOCIETY OF KNO NONE 1,000.

P.O. BOX 1294 ROCKLAND, ME 04841-1294

HUMANE SOCIETY OF MISSISSIPPI NONE 100,000.

2615 25TH AVENUE GULFPORT, MS 39501

HUMANE SOCIETY OF NOR NONE 50,000.

1840 EAST LANCASTER FT WORTH, TX 76103

HUMANE SOCIETY OF PIK NONE 10,000.

REGION, ATTN: WESLEY METZLER, 610 ABBOTT LANE COLORADO SPRINGS, CO 80905

HUMANE SOCIETY OF SANTA CIARRA VALLEY NONE 27,970.

P.O. BOX 1294 ROCKLAND, ME 04841-1294

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

AMOUNT

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
HUMANE SOCIETY OF THE ATTN: J.S. CANDY CLARK, 1640 ARMSTRONG ROAD FAYETTEVILLE, AR 72701-7231	NONE		6,000.
HUMANE SOCIETY OF WAS COUNTY, 13011 MAUGANSVILLE ROAD HAGERSTOWN, MD 21740	NONE		1,000.
HUMANE SOCIETY SEBAST P O BOX 10953, ATTN: BARBARA SNOW FT. SMITH, AR 72917	NONE		305.
HUMANE SOCIETY SOUTHE 2050 SPINDLETOP ROAD BEARDMONT, TX 77701	NONE		50,000.
ILLINOIS ANIMAL WELFA ERATION - C/O ANIMAL CARE, LEAGUE - 1013 GARFIELD OAK PARK, IL 60304	NONE		1,000.
INSTITUTE FOR ANIMALS CIETY - ATTN: KIM STALLWOOD, 3500 BOSTON STREET, BALTIMORE, MD 21224	NONE		5,000.

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

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
INTERNATIONAL CONFERE ECOLOGICAL AND TRANS. - ICOEET, C/O CENTER FOR TRANS. P O BOX 8601-N C STATE, NC 27695-8601	NONE		5,000.
INTERNATIONAL INST. H PO BOX 260 SURREY, ME 04684	NONE		1,000.
INTERNATIONAL SOCIETY PROTECTION OF MUSTANGS/BURROS, PO BOX 55 LANTRY, SD 57636-0055	NONE		5,000.
INTERNATIONAL SOCIETY TORY TOXICOLOGY & PHARMACOLOGY, 6546 BELLEVUE COLUMBIA, MD 21046-1054	NONE		2,500.
INTL SOCIETY FOR ANTH C/O KATHERINE KRUGER, 3900 DELANCY ST PHILADELPHIA, PA 19104-6010	NONE		5,000.
IOWA NETWORK FOR COMM AGRICULTURE - C/O G. GUTHRIE, 58444 260TH STREET NEVADA, IA 50201	NONE		600.

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

AMOUNT

1,500.

7,500.

50.

15,000.

5,000.

15,000.

NONE

NONE

NONE

NONE

NONE

NONE

ISAZ
C/O DR. JAMES SERPELL, UNIV OF PENNSYLVANIA -3900
PHILADELPHIA, PA 19104-6010

JANE GOODALL INSTITUT
8700 GEORGIA AVE., SUITE 500
SILVER SPRING, MD 20910

JOANNE BOURBEAU - AC
PO BOX 303
JACKSONVILLE, VT 05342

JOHN ANCRUM SECA
SC DOGFIGHTING TASK FORCE, 3861 LEEDS AVENUE
CHARLESTON, SC 29405

JOHNS HOPKINS CENTER
8700 GEORGIA AVE., SUITE 500
SILVER SPRING, MD 20910

KADAI HUMANE SOCIETY
ATTN: REBECCA RHOADES, P O BOX 3330
LIHUE, HI 96766-6330

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

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR
AND
FOUNDATION STATUS OF RECIPIENT

RECIPIENT NAME AND ADDRESS

PURPOSE OF GRANT OR CONTRIBUTION

AMOUNT

NONE		10,000.
LAFAYETTE ANIMAL CONT 705 W. UNIVERSITY AVE. LAFAYETTE, LA 70506-3543		

NONE		1,000.
LAURA BLAKELY SWARTZ 4112 FRANKLIN STREET KENSINGTON, MD 20895		

NONE		1,000.
LEAGUE OF HUMANE VOTE C/O BRIDGET SOEDER, 6805 MAYFIELD ROAD, #1114 MAYFIELD HEIGHTS, OH 44124		

NONE		2,000.
LEWIS & CLARK LAW SCH 10015 SW TERWILLIGER BLVD. PORTLAND, OR 97219		

NONE		25,000.
LINDA BLAIR WORLDHEAR FOUNDATION, 10061 RIVERSIDE DRIVE, #1003 TOLUCA LAKE, CA 91602		

NONE		2,500,000.
LOUISIANA SFCA 701 THAYER STREET NEW ORLEANS, LA 70114		

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

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
LOUISIANA SPCA 701 THAYER STREET NEW ORLEANS, LA 70114	NONE		500,000.
LOUISIANA STATE UNIVE MED., C/O DEAN, MICHAEL GROVES, SKIP BERTMAN AT RI BATON ROUGE, LA 70803	NONE		100,000.
MARGARET B MITCHELL S NEUTER CLINIC, 16222 LEE HWY BRISTOL, VA 24202	NONE		400.
MARQUETTE COUNTY HUMA SOCIETY, INC., P O BOX 842 - ATTN: CARON MARQUETTE, MI 49855	NONE		6,000.
MARSHALL LEGACY INSTI 2425 WILSON BOULEVARD, SUITE 313 ARLINGTON, VA 22201	NONE		5,000.
MASSACHUSETTS ANIMAL C/O TREASURER, 56 ANNIE MOORE ROAD BOLTON, MA 01740	NONE		250.

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

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
MEADOWCREEK, INC. P.O. BOX 100, MEADOWCREEK FOX, AR 72051	NONE		22,550.
MEOW RESCUE PO BOX 58 KIRKLAND, WA 98083	NONE		1,000.
METROPOLITON WASH COU GOVT C/O STEVE DICKSTEIN, 777 N CAPITAL ST., NE STE WASHINGTON, DC 20002	NONE		500.
MICHIGAN HUMANE SOCIE ATTN: CAL MORGAN, SUITE 175, 26711 NORTHWESTERN SOUTHFIELD, MI 48034	NONE		25,000.
MICHIGAN STATE UNIVER ANIMAL SCIENCE DEPARTMENT, 1290 ANTHONY HALL EAST LANSING, MI 48824	NONE		2,000.
MIDWEST ORGANIC & SUS EDUCATION SERVICES, MOSES, PO BOX 339 SPRING VALLEY, WI 54767	NONE		600.

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

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
MINNESOTA (MN) CONFER C/O BILL FORBES, 13416 XERVES AVENUE S BURNSVILLE, MN 55337-2140	NONE		300.
MISSOURI ANIMAL CONTR 4400 RAYTOWN ROAD KANSAS CITY, MO 64129	NONE		450.
MONITOR 1506 19TH STREET N W, 3RD FLOOR WASHINGTON, DC 20036	NONE		12,000.
MONTGOMERY COUNTY HUM 14645 ROTHGER DRIVE, ATTN: HEATHER BRANCROFT ROCKVILLE, MD 20854	NONE		15,000.
MORGAN COUNTY HUMANE 690 W. MITCHELL STREET MARTINSVILLE, IN 46151	NONE		1,000.
MS BOARD OF ANIMAL HE PO BOX 3889 JACKSON, MS 39207	NONE		10,000.

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

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR
AND
FOUNDATION STATUS OF RECIPIENT

RECIPIENT NAME AND ADDRESS

PURPOSE OF GRANT OR CONTRIBUTION

AMOUNT

NEBRASKA HUMANE SOCIE ATTN: MARK LANGAN, 8929 FORT STREET OMAHA, NE 68134	NONE	36,000.
NEIGHBORHOOD CATS 2565 BROADWAY, NO. 555 NEW YORK, NY 10025	NONE	5,000.
NEW ENGLAND ANIMAL CO HUMANE ACADEMY/BARTON/COLE HAL, 291 MAST ROAD DURHAM, NH 03824	NONE	250.
NEW ENGLAND FED OF HU NEFHS C/O STEVE JACOBSEN, ANIM WELFARE SOC, PO BOX WEST KENNEBUNK, ME 04094	NONE	1,000.
NEW HAMPSHIRE FED. OF 24 MONTGOMERY STREET CONCORD, NH 03301	NONE	500.
NEW JERSEY CERTIFIED CONTROL OFFICER ASSOCIATION, PO BOX 207 LIVINGSTON, NJ 07039	NONE	5,000.

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

AMOUNT

RECIPIENT NAME AND ADDRESS

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
NEW YORK STATE HUMANE C/O SONDRRA WOODVINE, PO BOX 3068 KINGSTON, NY 12402	NONE		5,000.
NO VOICE UNHEARD PO BOX 4171 SANTA CRUZ, CA 95063	NONE		500.
NORTHEASTERN UNIVERSI 135 RICHARDS HALL, 360 HUNTINGTON AVENUE BOSTON, MA 02115	NONE		41,145.
NORTHERN PLAINS SUSTA AGRICULTURE SOCIETY, 9824 79TH STREET, SE FULLERTON, ND 58441-9725	NONE		250.
OCEAN MAMMAL INSTITUT PO BOX 14422 READING, PA 19612	NONE		700.
OHIO COUNTY DOG WARDE 1512 S. US HIGHWAY 68, SUITE A 100 URBANA, OH 43078	NONE		28,000.

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

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT

RECIPIENT NAME AND ADDRESS

PURPOSE OF GRANT OR CONTRIBUTION

AMOUNT

OHIO SPCA PO BOX 546 GROVE CITY, OH 43213	NONE	2,000.
---	------	--------

OKLAHOMA HUMANE FEDER C/O MARY FREIBURGER, TREAS., #4 PEBBLECREEK RD. NORMAN, OK 73072	NONE	575.
--	------	------

OREGON HUMANE SOCIETY P O BOX 11364, 1067 N E COLUMBIA BLVD. PORTLAND, OR 97211	NONE	16,000.
---	------	---------

OUR COMPANIONS DOMEST ANIMAL SANCTUARY, PO BOX 673 BLOOMFIELD, CT 06002	NONE	1,000.
---	------	--------

PAN AFRICAN SANCTUARI P.O. BOX 351651 LOS ANGELES, CA 90035	NONE	2,000.
---	------	--------

PANHANDLE ANIMAL WELF 752 LOVEJOY ROAD FORT WALTON BEACH, FL 32548	NONE	1,400.
--	------	--------

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

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
PAW PRINT PUBLISHING, PO BOX 2205 LEXINGTON, KY 40588	NONE		250.
PAWS 9695 HWY 23 SOUTH BELLE CHASE, LA 70037	NONE		7,500.
PAWS IN THE CITY P.O. BOX 515966 DALLAS, TX 75251	NONE		5,000.
PAWS, WA 15305 44TH AVENUE, WEST, PO BOX 1037 LYNNWOOD, WA 98046	NONE		10,300.
PAWS/CA PO BOX 849 GALT, CA 95632	NONE		25,000.
PEARL RIVER COUNTY SP 1700 PALESTINE ROAD PICAYUNE, MS 39466	NONE		15,000.

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

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
PEARLAND ANIMAL SHEL 2002 OLD ALVIN ROAD PEARLAND, TX 77581	NONE		7,000.
PEBBLE HILL GROVE 9047 MOULTRIE HIGHWAY QUITMAN, GA 31643	NONE		480.
PENINSULA CITIZENS FO PROTECTION OF WHALES, 612 SCHMITT ROAD FORT ANGELES, WA 98363	NONE		650.
PET GROUP UNITED, INC 4022 MAPLETON AVE. LOUISVILLE, KY 40215	NONE		2,000.
PET RESCUE SOCIETY, I PO BOX 13976 ARLINGTON, TX 76094	NONE		65.
PET SAFE COALITION, I PO BOX 288 LOCUST VALLEY, NY 11560	NONE		1,500.

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

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
PETTFINDER.COM ATTN: TERRI WHITE, 20 E. CALLE DE FELICIDAD TUCSON, AZ 85716	NONE		2,000.
PETS SAVERS FOUNDATION 59 SOUTH BAYLES AVE. PORT WASHINGTON, NY 11050-3728	NONE		7,500.
PETS-DC PRIDE OF PETS, PO 75125 WASHINGTON, DC 20013-0125	NONE		500.
PHYSICIANS FOR SOCIAL RESPONSIBILITY, 921 SW MORRISON ST; SUITE 206 PORTLAND, OR 97205	NONE		500.
PLAQUEMINES PARISH AN 3706 MAIN ST. BELLE CHASSE, LA 70037	NONE		10,000.
POOCH PARADE, INC. PO BOX 892 WESTERVILLE, OH 43086-0892	NONE		3,000.

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

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT

RECIPIENT NAME AND ADDRESS

PURPOSE OF GRANT OR CONTRIBUTION

AMOUNT

POTTER LEAGUE FOR ANI
PO BOX 412
NEWPORT, RI 02840

NONE

1,000.

PROGRESSIVE ANIMAL (P
WELFARE SOCIETY, 15305 44TH AVENUE W
LYNNWOOD, WA 98037

NONE

2,000.

PULASKI COUNTY HUMANE
P O BOX 1046 - 80 DUBLIN PARK, ROAD -ATTN: E. REBE
DUBLIN, VA 24084

NONE

1,500.

RANSOM, CURTIS
PO BOX 15469
WILMINGTON, DE 19850-5469

NONE

70.

RETURN TO FREEDOM, IN
C/O NEDA DEMAYO, P O BOX 926, 4115 JALAMA ROAD
LOMPOC, CA 93438

NONE

25,257.

ROSS'S SIGN SHOP
ROSS R. KING, 11379 TRADE CENTER DR. #310
RANCHO CORDOVA, CA 95742

NONE

100.

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

RUTLAND COUNTY HUMANE
765 STEVENS ROAD, P.O. BOX 558
PITTSFORD, VT 05763

NONE

1,000.

SADIE FOUNDATION
PO BOX 472064
GARLAND, TX 75047

NONE

636.

SAN DIEGO HUMANE SOCI
S.P.C.A. - ATTN: MARK GOLDSTEIN, 5500 GAINES STREET
SAN DIEGO, CA 92110

NONE

20,000.

SANTA FE ANIMAL SHELTER
100 CAJA DEL RIO RD.
SANTA FE, NM 87507

NONE

20,000.

SAVE A PET.COM
2438 BUTLER AVE
LOS ANGELES, CA 90064

NONE

100,000.

SAVE THE MANATEE CLUB
500 N MAITLAND AVE., SUITE 210
MAITLAND, FL 32751

NONE

3,000.

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

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT

RECIPIENT NAME AND ADDRESS

PURPOSE OF GRANT OR CONTRIBUTION

AMOUNT

SAWA-SOCIETY OF ANIMA

NONE

8,125.

6000 EAST EVANS AVENUE, SUITE #3-205
DENVER, CO 80222

SHAMBALA ROAR FOUNDATION

NONE

2,500.

PO BOX 189
ACTION, CA 93510

SHEETS TRUCK & EQUIEM

NONE

8,096.

TERRELL SHEETS, P.O. BOX 38
DUELESSIS, LA 70728-0038

SHOWING ANIMALS RESEP

NONE

2,500.

AND KINDNESS, INC., PO BOX 28
GENEVA, IL 60134

SIERRA CLUB FOUNDATIO

NONE

2,000.

85 2ND STREET,
SAN FRANCISCO, CA 94105

SISTERS OF CHARITY

NONE

60.

BARTLEY SQUARE, 270 ROUTE 206
FLANDERS, NJ 07836

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

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
SOMERSET REGNL ANIMAL 100 COMMONS WAY BRIDGEWATER, NJ 08807	NONE		1,000.
SOUTHERN ANIMAL FOUND 1823 MAGAZINE STREET NEW ORLEANS, LA 70130	NONE		25,000.
SOUTHERN REGIONAL SPA NEUTER LEADERSHIP CONFERENCE, PO BOX 50696 JACKSONVILLE, FL 32240	NONE		3,000.
SPAY-NEUTER ASSISTANC PO BOX 70286 HOUSTON, TX 77270	NONE		5,000.
SPCA CINCINNATI 3949 COLERAIN AVENUE CINCINNATI, OH 41223	NONE		20,000.
SPCA OF TEXAS ATTN: KIM CONOVER, 362 SOUTH INDUSTRIAL BLVD DALLAS, TX 75207	NONE		135,235.

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

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR
AND
FOUNDATION STATUS OF RECIPIENT

RECIPIENT NAME AND ADDRESS

PURPOSE OF GRANT OR CONTRIBUTION

AMOUNT

SPECIES SURVIVAL NETW
401 BALTIMORE ROAD
ROCKVILLE, MD 20850

NONE

6,120.

ST. BERNARD PARISH AN
8201 W. JUDGE PEREZ DR.
CHALMETTE, LA 70043

NONE

10,000.

ST. CHARLES HUMANE SO
13875 FERRE RIVER RD.
LULING, LA 70070

NONE

10,000.

STAFFORD TOWNSHIP
ANIMAL CRUELTY ACCOUNT, 260 EAST BAY AVENUE
MANAHAWKIN, NJ 08050

NONE

400.

STEVE PUTNAM - ACH/E
808 COTTAGE STREET, NW
VIENNA, VA 22180

NONE

700.

STRAY RESCUE OF ST. L
1463 S. 18TH ST.
ST. LOUIS, MO 63104

NONE

25,000.

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

AMOUNT

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
SULLIVAN COUNTY SECA, 104 ROCK HILL DRIVE ROCK HILL, NY 12775	NONE		5,000.
SUMTER D.A.R.T. LOGIS 720 EAST SOUTHLAND AVE. BUSHNELL, FL 33513	NONE		25,000.
SUSTAINABLE FOOD FOR 2901 NEBRASKA STREET SIOUX CITY, IA 51106	NONE		50,000.
TENNESSEE WEEK FOR TH SOS ANIMALS; ATTN: M. BUCKALEW, 518 GOODLAND STREE MEMPHIS, TN 39111	NONE		2,500.
TEXAS A&M UNIVERSITY ATTN: DR. KARCZMARSKI #529082, 4700 AVENUE U; BILL GALVESTON, TX 77551	NONE		2,000.
TEXAS ANIMAL CONTROL PO BOX 150637 LUFKIN, TX 75915-0637	NONE		1,500.