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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2003

Open to Public Inspection

A For the 2003 calendar year, or tax year beginning , and ending

B Check if applicable
- [ ] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Final return
- [ ] Amended return
- [ ] Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
HUMANE SOCIETY FOR SOUTHWEST WASHINGTON

Number and street (or P O box if mail is not delivered to street address) — Room/suite
2121 ST FRANCIS LANE

City or town, state or country, and ZIP + 4
VANCOUVER WA 98660

D Employer ID number
91-0759124

E Telephone number
360-693-4746

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 [ ] No (If "No," att a list See instr)

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

I Group Exemption Number ▶

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

G Website: ▶ WWW.SOUTHWESTHUMANE.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 received a Form 990 Package in the mail, it should file a return without financial data **Some states require a complete return.**

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 1,730,079

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the instructions.)

Revenue	1	Contributions, gifts, grants, and similar amounts received				
	a	Direct public support	1a	663,022		
	b	Indirect public support	1b			
	c	Government contributions (grants)	1c			
	d	Total (add lines 1a through 1c) (cash $ 585,462 noncash $ 77,560)			1d	663,022
	2	Program service revenue including government fees and contracts (from Part VII, line 93)			2	566,202
	3	Membership dues and assessments			3	
	4	Interest on savings and temporary cash investments			4	6,825
	5	Dividends and interest from securities			5	1,324
	6a	Gross rents	6a			
	b	Less. rental expenses	6b			
	c	Net rental income or (loss) (subtract line 6b from line 6a)			6c	
	7	Other investment income (describe ▶)			7	

		(A) Securities		(B) Other
8a	Gross amount from sales of assets other than inventory		8a	21,982
b	Less cost or other basis and sales expenses		8b	
c	Gain or (loss) (attach schedule)		8c	21,982

Revenue	d	Net gain or (loss) (combine line 8c, columns (A) and (B)) SEE STMT 1			8d	21,982
	9	Special events and activities (attach schedule) If any amount is from **gaming**, check here ▶ [ ]				
	a	Gross revenue (not including $ 186,350 of contributions reported on line 1a) SEE WORKSHEET	9a	122,763		
	b	Less: direct expenses other than fundraising expenses	9b	33,916		
	c	Net income or (loss) from special events (subtract line 9b from line 9a)			9c	88,847
	10a	Gross sales of inventory, less returns and allowances	10a	347,961		
	b	Less: cost of goods sold	10b	185,489		
	c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a) STMT 2			10c	162,472
	11	Other revenue (from Part VII, line 103)			11	
	12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			12	1,510,674
Expenses	13	Program services (from line 44, column (B))			13	987,317
	14	Management and general (from line 44, column (C))			14	41,101
	15	Fundraising (from line 44, column (D))			15	136,710
	16	Payments to affiliates (attach schedule)			16	
	17	Total expenses (add lines 16 and 44, column (A))			17	1,165,128
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)			18	345,546
	19	Net assets or fund balances at beginning of year (from line 73, column (A))			19	1,803,362
	20	Other changes in net assets or fund balances (attach explanation)			20	
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)			21	2,148,908

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For Paperwork Reduction Act Notice, see the separate instructions.

DAA

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 page 22 of 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 $ non-cash $)	22				
23 Specific assistance to individuals	23				
24 Benefits paid to or for members	24				
25 Compensation of officers, directors, etc	25				
26 Other salaries and wages	26	632,399	536,909	26,644	68,846
27 Pension plan contributions	27				
28 Other employee benefits	28	36,350	33,526	848	1,976
29 Payroll taxes	29	80,626	70,384	4,347	5,895
30 Professional fundraising fees	30				
31 Accounting fees	31				
32 Legal fees	32				
33 Supplies	33	167,491	164,887	1,905	699
34 Telephone	34	7,747	5,693	621	1,433
35 Postage and shipping	35	45,221	4,701	549	39,971
36 Occupancy	36	46,465	38,249	1,422	6,794
37 Equipment rental and maintenance	37	23,152	21,260	456	1,436
38 Printing and publications	38	2,297	1,804	493	
39 Travel	39	4,417	3,800	218	399
40 Conferences, conventions, and meetings	40				
41 Interest	41				
42 Depreciation, depletion, etc (attach schedule)	42				
43 Other expenses not covered above (itemize) a	43a				
b SEE STATEMENT 3	43b	118,963	106,104	3,598	9,261
c	43c				
d	43d				
e	43e				
44 **Total functional expenses** (add lines 22 - 43) **Organizations completing columns (B)-(D), carry these totals to lines 13-15**	44	1,165,128	987,317	41,101	136,710

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 $, **(ii)** the amount allocated to Program services $,

(iii) the amount allocated to Management and general $, and **(iv)** the amount allocated to Fundraising $

Part III Statement of Program Service Accomplishments (See page 25 of the instructions.)

What is the organization's primary exempt purpose? ▶ SEE STATEMENT 4 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) & (4) orgs , & 4947(a)(1) trusts, but optional for others)
a SEE STATEMENT 5 (Grants and allocations $)	987,317
b (Grants and allocations $)	
c (Grants and allocations $)	
d (Grants and allocations $)	
e Other program services (attach schedule) (Grants and allocations $)	
f **Total of Program Service Expenses** (should equal line 44, column (B), Program services) ▶	987,317

Part IV Balance Sheets (See page 25 of 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		31,465	45	16,948
	46	Savings and temporary cash investments		498,022	46	669,023
	47a	Accounts receivable	47a 40,506			
	b	Less: allowance for doubtful accounts	47b	40,509	47c	40,506
	48a	Pledges receivable	48a 159,725			
	b	Less: allowance for doubtful accounts	48b	93,925	48c	159,725
	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		3,319	52	3,021
	53	Prepaid expenses and deferred charges		8,863	53	10,118
	54	Investments-securities SEE STMT 6 ▶ ☐ Cost ☐ FMV		233,533	54	300,894
	55a	Investments-land, buildings, and equipment: basis	55a 1,272,449			
	b	Less accumulated depreciation (attach schedule)	55b 262,248	971,724	55c	1,010,201
	56	Investments-other (attach schedule)			56	
	57a	Land, buildings, and equipment basis	57a			
	b	Less: accumulated depreciation (attach schedule)	57b		57c	
	58	Other assets (describe ▶)			58	
	59	**Total assets** (add lines 45 through 58) (must equal line 74)		1,881,360	59	2,210,436
Liabilities	60	Accounts payable and accrued expenses		39,489	60	8,992
	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 ▶ SEE STMT 7)		38,509	65	52,536
	66	**Total liabilities** (add lines 60 through 65)		77,998	66	61,528
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here** ▶ ☒ and complete lines 67 through 69 and lines 73 and 74				
	67	Unrestricted		1,803,362	67	2,148,908
	68	Temporarily restricted			68	
	69	Permanently restricted			69	
		Organizations that do not follow SFAS 117, check here ▶ ☐ 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)		1,803,362	73	2,148,908
	74	**Total liabilities and net assets / fund balances** (add lines 66 and 73)		1,881,360	74	2,210,436

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.

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Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See page 27 of the instructions.)

a	Total revenue, gains, and other support per audited financial statements ▶	a	1,510,674
b	Amounts included on line a but not on line 12, Form 990		
(1)	Net unrealized gains on investments $		
(2)	Donated services and use of facilities $		
(3)	Recoveries of prior year grants $		
(4)	Other (specify) $		
	Add amounts on lines (1) through (4) ▶	b	
c	Line a minus line b ▶	c	1,510,674
d	Amounts included on line 12, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 $		
(2)	Other (specify) $		
	Add amounts on lines (1) and (2) ▶	d	
e	Total revenue per line 12, Form 990 (line c plus line d) ▶	e	1,510,674

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

a	Total expenses and losses per audited financial statements ▶	a	1,165,128
b	Amounts included on line a but not on line 17, Form 990		
(1)	Donated services and use of facilities $		
(2)	Prior year adjustments reported on line 20, Form 990 $		
(3)	Losses reported on line 20, Form 990 $		
(4)	Other (specify) $		
	Add amounts on lines (1) through (4) ▶	b	
c	Line a minus line b ▶	c	1,165,128
d	Amounts included on line 17, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 $		
(2)	Other (specify) $		
	Add amounts on lines (1) and (2) ▶	d	
e	Total expenses per line 17, Form 990 (line c plus line d) ▶	e	1,165,128

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see page 27 of the instructions)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contrib to employee benefit plans & deferred compensation	(E) Expense account and other allowances
SEE STATEMENT 8				

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than $100,000 from your organization and all related organizations, of which more than $10,000 was provided by the related organizations? ▶ ☐ Yes ☒ No
If "Yes," attach schedule-see page 28 of the instructions

Part VI Other Information *(See page 28 of 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		
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 ▶ and check whether it is ☐ exempt or ☐ nonexempt			
81a	Enter direct and indirect political expenditures See line 81 instructions — 81a			
b	Did the organization file **Form 1120-POL** for this year?	81b		X
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?	82a		X
b	If "Yes," you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III) — 82b			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions? N/A	83b		
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A	84b		
85	501(c)(4), (5), or (6) organizations **a** Were substantially all dues nondeductible by members? N/A	85a		
b	Did the organization make only in-house lobbying expenditures of $2,000 or less? N/A	85b		
	If "Yes" was answered to either 85a or 85b, **do not** complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year			
c	Dues, assessments, and similar amounts from members — 85c			
d	Section 162(e) lobbying and political expenditures — 85d			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices — 85e			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) — 85f			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A	85g		
h	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	85h		
86	501(c)(7) orgs Enter **a** Initiation fees and capital contributions included on line 12 — 86a			
b	Gross receipts, included on line 12, for public use of club facilities — 86b			
87	501(c)(12) orgs. Enter **a** Gross income from members or shareholders — 87a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them) — 87b			
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	88		X
89a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 ▶ 0 , section 4912 ▶ 0 ; section 4955 ▶ 0			
b	501(c)(3) and 501(c)(4) 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	89b		X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0			
d	Enter. Amount of tax on line 89c, above, reimbursed by the organization ▶ 0			
90a	List the states with which a copy of this return is filed ▶ NONE			
b	Number of employees employed in the pay period that includes March 12, 2003 (See instructions.) — 90b 34			
91	The books are in care of ▶ BRENDA FREIMUTH Telephone no. ▶ 360-693-4746 Located at ▶ VANCOUVER, WA ZIP + 4 ▶ 98660			
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of **Form 1041**- Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92			

Part VII Analysis of Income-Producing Activities (See page 33 of the instructions.)

Note: Enter gross amounts unless otherwise indicated.	Unrelated business income (A) Business code	Unrelated business income (B) Amount	Excluded by sec 512, 513, or 514 (C) Exclusion code	Excluded by sec 512, 513, or 514 (D) Amount	(E) Related or exempt function income
93 Program service revenue					
a SEE STATEMENT 9					254,790
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					311,412
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	6,825	
96 Dividends and interest from securities			14	1,324	
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	21,982	
101 Net income or (loss) from special events			1	88,847	
102 Gross profit or (loss) from sales of inventory			5	162,472	
103 Other revenue a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0		281,450	566,202

105 **Total** (add line 104, columns (B), (D), and (E)) ▶ 847,652

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 page 34 of 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)
93A	FOR THE ADOPTION, CARE AND RETURN OF LOST, ABANDONED OR STRAY ANIMALS.
93G	SERVICES TO THE SURROUNDING CITIES & COUNTIES PROVIDING CARE AND HUMANE TREATMENT OF STRAYS AND ABANDONED ANIMALS

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of 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
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 of 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)

Please Sign [redacted]

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

5.14.04
Date

Date / / | Check if | Preparer's SSN or PTIN (See Gen. Instr. W)

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 Section 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

2003

Name of the organization: HUMANE SOCIETY FOR SOUTHWEST WASHINGTON

Employer identification number: 91-0759124

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 ben plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over $50,000 ▶				

Part II 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
NONE		
Total number of others receiving over $50,000 for professional services ▶		

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

DAA

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

			Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ $ ______ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)	1		X
	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			
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?	2a		X
b	Lending of money or other extension of credit?	2b		X
c	Furnishing of goods, services, or facilities?	2c		X
d	Payment of compensation (or payment or reimbursement of expiration if more than $1,000)?	2d		X
e	Transfer of any part of its income or assets?	2e		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)	3a		X
3b	Do you have a section 403(b) annuity plan for your employees?	3b		X
4	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4		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) (See section 509(a)(3))

Provide the following information about the supported organizations (See page 5 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) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	518,524	475,784	278,623	428,563	1,701,494
16 Membership fees received					0
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	764,808	906,534	699,606	526,061	2,897,009
18 Gross income from interest, dividends, amounts received from payment 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	15,525	35,855	20,578	27,017	98,975
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefits and either paid to it or expended on its behalf					0
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					0
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets					0
23 Total of lines 15 through 22	1,298,857	1,418,173	998,807	981,641	4,697,478
24 Line 23 minus line 17	534,049	511,639	299,201	455,580	1,800,469
25 Enter 1% of line 23	12,989	14,182	9,988	9,816	

26 **Organizations described on lines 10 or 11:** a Enter 2% of amount in column (e), line 24 ▶ 26a 36,009

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 1999 through 2002 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 1,800,469

d Add Amounts from column (e) for lines. 18 98,975 19 ______ 22 ______ 26b ______ ▶ 26d 98,975

e Public support (line 26c minus line 26d total) ▶ 26e 1,701,494

f **Public support percentage (line 26e (numerator) divided by line 26c (denominator))** ▶ 26f 94.5028 %

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 N/A

(2002) (2001) (2000) (1999)

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. N/A

(2002) (2001) (2000) (1999)

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 on 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 1999 through 2002, 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.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

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

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)
(To be completed **ONLY** by an eligible organization that filed Form 5768) N/A

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-	41		
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		

If the amount on line 40 is-	The lobbying nontaxable amount is-
Not over $500,000	20% of the amount on line 40
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

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) 2003	(b) 2002	(c) 2001	(d) 2000	(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 12 of the instructions.) N/A

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			
b Paid staff or management (Include compensation in expenses reported on lines **c** through **h.**)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines **c** through **h.**)			

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

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	51a(i)		X
(ii) Other assets	a(ii)		X
b Other transactions:			
(i) Sales or exchanges of assets with a noncharitable exempt organization	b(i)		X
(ii) Purchases of assets from a noncharitable exempt organization	b(ii)		X
(iii) Rental of facilities, equipment, or other assets	b(iii)		X
(iv) Reimbursement arrangements	b(iv)		X
(v) Loans or loan guarantees	b(v)		X
(vi) Performance of services or membership or fundraising solicitations	b(vi)		X
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	c		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
N/A			

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

b If "Yes," complete the following schedule.

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

Form **990**

Special Events Schedule

For calendar year 2003, or tax year beginning , and ending

2003

Name
HUMANE SOCIETY FOR SOUTHWEST WASHINGTON

Employer Identification Number
91-0759124

	(A)	(B)	(C)	Others	Total
Gross receipts	309,113	0	0	0	309,113
Less contributions	186,350	0	0	0	186,350
Gross revenue	122,763	0	0	0	122,763
Less direct expenses	33,916	0	0	0	33,916
Net income (loss)	88,847	0	0	0	88,847

Description: (A) SPECIAL EVENTS

(B)

(C)

Others

Federal Statements

Statement 1 - Form 990, Part I, Line 8c - Sale of Assets Other Than Inventory - Other

Desc	How Rec'd	Whom Sold	Date Acquired	Date Sold	Sale Price	Cost & Expense	Deprec	Gain/ -Loss
GAIN/LOSS ON INVESTMENTS					$ 21,982	$	$	$ 21,982
TOTAL					$ 21,982	$ 0	$ 0	$ 21,982

Federal Statements

Statement 2 - Form 990, Line 10c - Sales of Inventory

Description	Gross Sales	COGS	Gross Profit
PAWS AND CLAWS THRIFT STORE	$ 347,961	$ 185,489	$ 162,472
TOTAL	$ 347,961	$ 185,489	$ 162,472

Federal Statements

Statement 3 - Form 990, Part II, Line 43 - Other Functional Expenses

Description	Total Expenses	Program Service	Mgt & General	Fund-Raising
	$	$	$	$
EXPENSES				
FAC INS - ADMINISTRATION	394		394	
GASOLINE - ADMINISTRATION	751		751	
AUTO REPAIR - ADMIN.	205		205	
AUTO INS - ADMIN	538		538	
GEN ACCTG - ADMINISTRATION	62		62	
EDUCATION - ADMINISTRATION	156		156	
DUES/SUBSCRIPTIONS - ADMIN	19		19	
BANK FEES/OTHER ADMINSTRATION	62		62	
PROF FEES - ADMINSTRATION	1,411		1,411	
FAC INS - SPL EVNT/FUND RAISI	321			321
FAC INS - DEVELOPEMENT	321			321
GASOLINE - SPL EVNT/FUND RAIS	569			569
AUTO REPAIR - SP/EVT FUNDRAIS	98			98
AUTO REPAIR - DEVELOPMENT	36			36
AUTO INS - SP/EVENT	538			538
NEWSLETTER -SPCL EVNT/FND RAI	5,208			5,208
GEN ACCTG - SPL EVNT/FND RAIS	62			62
GEN ACCTG - DEVELOPMENT	62			62
EDUCATION - SPL EVNT/FND RAIS	144			144
DUES/SUBSCRIPTIONS - SP/FUND	31			31
DUES/SUBSCRIPTIONS - DEVELOPE	6			6
EXCISE TAX - SPL EVNT/FND RAI	354			354
PROF FEES - SPL EVNT/FND RAIS	323			323
PROF FEES - DEVELOPMENT	1,188			1,188
DISPOSAL - ANIMAL CARE	11,294	11,294		
VET SERVICES - ANIMAL CARE	7,738	7,738		
FAC INS - ANIMAL CARE	4,425	4,425		
FAC INS - VOLUNTEER	321	321		
FAC INS - OFF SITE ADOPTIONS	73	73		
FAC INS - VETERINARY	875	875		
FAC INS - EDUCATION	321	321		
AUTO LIC - ANIMAL CARE	259	259		
AUTO LIC - EDUCATION	1,115	1,115		
GASOLINE - ANIMAL CARE	1,514	1,514		
GASOLINE - OFF SITE ADOPTIONS	1,485	1,485		
GASOLINE - EDUCATION	111	111		
AUTO REPAIR - ANIMAL CARE	5,847	5,847		
AUTO INSURANCE	538	538		
AUTO INS - ANIMAL CARE	1,999	1,999		
AUTO INS - VOLUNTEER	538	538		
AUTO INS - OFF SITE ADOPTIONS	1,615	1,615		
RESALE SUPPLIES - ANIMAL CARE	6,032	6,032		
TILL OVER/SHORT - ANIMAL CARE	713	713		
NEWSLETTER - ANIMAL CARE	15,623	15,623		
GEN ACCTG - ANIMAL CARE	1,729	1,729		
GEN ACCTG - VOLUNTEER	62	62		
GEN ACCTG - VETERINARY	209	209		
GEN ACCTG - EDUCATION	62	62		
EDUCATION - ANIMAL CARE	558	558		
EDUCATION - VOLUNTEER	30	30		
EDUCATION - EDUCATION	419	419		

Federal Statements

Statement 3 - Form 990, Part II, Line 43 - Other Functional Expenses (continued)

Description	Total Expenses	Program Service	Mgt & General	Fund-Raising
ADVERTISING - ANIMAL CARE	$ 3,750	$ 3,750	$	$
VOLUNTEER - VOLUNTEER	1,989	1,989		
S/N REFUNDS - ANIMAL CARE	32	32		
UNIFORMS - ANIMAL CARE	2,100	2,100		
DUES/SUBSCRIPTIONS - ANIMAL C	1,588	1,588		
DUES/SUBSCRIPTIONS - VETERINA	40	40		
DUES/SUBSCRIPTIONS - EDUCATIO	2,248	2,248		
BANK FEES/OTHER - ANIMAL CARE	5,647	5,647		
EXCISE TAX - ANIMAL CARE	1,300	1,300		
EXCISE TAX - VETERINARY	2,990	2,990		
EXCISE TAX - EDUCATION	55	55		
OTHER TAX/LICENSE - ANIMAL CA	3,445	3,445		
PROF FEES - ANIMAL CARE	6,411	6,411		
PROF FEES - VOLUNTEER	323	323		
PROF FEES - VETERINARY	358	358		
PROF FEES - EDUCATION	573	573		
MOVING EXPENSE - ANIMAL CARE	3,750	3,750		
CONTRIBUTIONS - ANIMAL CARE	4,000	4,000		
TOTAL	$ 118,963	$ 106,104	$ 3,598	$ 9,261

Statement 4 - Form 990, Part III - Organization's Primary Exempt Purpose

THE HUMANE SOCIETY FOR SOUTHWEST WASHINGTON PROVIDES FOR THE PREVENTION OF CRUELTY AND INHUMANE TREATMENT OF ANIMALS IN THE SOUTHWESTERN COUNTIES OF THE STATE OF WASHINGTON.

Statement 5 - Form 990, Part III, Line a - Statement of Program Service Accomplishments

THE SOCIETY OFFERS SHELTER TO UNWANTED, ABANDONED, LOST & HOMELESS ANIMALS FOR CLARK & SKAMANIA COUNTIES, & PROVIDES ADOPTION & EDUCATIONAL PROGRAMS.

Federal Statements

Statement 6 - Form 990, Part IV, Line 54 - Investments in Securities

Description	Beginning of Year	End of Year	Basis of Valuation
CORPORATE STOCK			
INVESTMENT-AG EDWARDS	109,668	102,658	
INVESTMENTS AG EDWARDS-INVEST	4,615	107,929	
ENDOWMENT-COMMUNITY FOUNDATION	72,756	90,307	
OTHER	46,494		
	233,533	300,894	

Statement 7 - Form 990, Part IV, Line 65 - Other Liabilities

Description	Beginning of Year	End of Year
ACCRUED VACATION	$ 13,015	$ 11,774
PAYROLL TAXES - ACCRUED	1,147	1,408
ACCRUED PAYROLL	2,443	1,947
ACCRUED VACATION	1,828	2,555
PAYROLL TAXES - ACCRUED	187	149
EMPLOYMENT SECURITY	825	1,108
MARMAX - SIGNAGE	2,880	2,160
OREGON DEPT. OF REVENUE	1,196	909
ACCRUED PAYROLL	14,988	
EMP PD MED/GARNISHMENT		1,290
ACCRUED PAYROLL		18,491
LABOR & INDUSTRIES PAYABLE		5,401
ACCRUED L&I PAWS AND CLAWS		1,761
ACCURED EXCISE TAX		1,565
ACCRUED EXCISE TAX PAWS AND CLAWS		2,018
TOTAL	$ 38,509	$ 52,536

Federal Statements

Statement 8 - Form 990, Part V - List of Officers, Directors, Trustees, and Key Employees

Name	Title	Average Hrs	Comp	Benefits	Expenses	Address	City, State, Zip
JEAN SHAW	PRESIDENT	2.0	0	0	0	2121 ST. FRANCIS	2121 ST. FRANCIS VANCOUVER WA 98660
ARLENE CLARK	VICE PRESIDE	1.0	0	0	0	2121 ST. FRANCIS	2121 ST. FRANCIS VANCOUVER WA 98660
CHERYLE BRIGGS	SECRETARY	1.5	0	0	0	2121 ST. FRANCIS	2121 ST. FRANCIS VANCOUVER WA 98660
ELAINE YOUNG	TREASURER	2.0	0	0	0	2121 ST. FRANCIS	2121 ST. FRANCIS VANCOUVER WA 98660
JEFF FIRSTENBURG	DIRECTOR	1.5	0	0	0	2121 ST. FRANCIS	2121 ST. FRANCIS VANCOUVER WA 98660
LORIE HOFFMAN	DIRECTOR	1.5	0	0	0	2121 ST. FRANCIS	2121 ST. FRANCIS VANCOUVER WA 98660
BRAD HUTTON	DIRECTOR	.25	0	0	0	2121 ST. FRANCIS	2121 ST. FRANCIS VANCOUVER WA 98660
DOLOROSA MARGULIS	DIRECTOR	2.0	0	0	0	2121 ST. FRANCIS	2121 ST. FRANCIS VANCOUVER WA 98660
SANDI MILLER	DIRECTOR	.5	0	0	0	2121 ST. FRANCIS	2121 ST. FRANCIS VANCOUVER WA 98660
PHIL PARADIS	DIRECTOR	.5	0	0	0	2121 ST. FRANCIS	2121 ST. FRANCIS VANCOUVER WA 98660
PHIL OLSON	EXECUTIVE DI	50.	70,000	3,307	0	2121 ST. FRANCIS	2121 ST. FRANCIS VANCOUVER WA 98660

Federal Statements

Statement 9 - Form 990, Part VII, Line 93 - Program Service Revenue

Description	Business Code	Unrelated Amount	Exclusion Code	Exclusion Amount	Related Income
ADOPTIONS - ANIMAL CARE		$		$	$ 156,027
ADOPTION RETURNS - ANIMAL C					-9,079
ADOPTIONS - OFF SITE					120
SERVICE FEES - ANIMAL CARE					12,311
BOARD FEES-ANIMAL CARE					23,510
VETERINARY SVCS - ANIMAL CA					14,785
VETERINARY SVCS - VETERINAR					37,625
TRAP RENTAL - ANIMAL CARE					3,150
AGENT FEES - ANIMAL CARE					6,140
S/N DEPOSIT - ANIMAL CARE					320
RECYCLING - EDUCATION/VOLUN					1,739
MISCELLANEOUS					8,142
TOTAL		$ 0		$ 0	$ 254,790