

Form 990

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

2004

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 2004 calendar year, or tax year beginning , and ending

B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending. C Name of organization: HUMANE SOCIETY FOR SOUTHWEST WASHINGTON. D Employer identification no. 91-0759124. E Telephone number. F Accounting method: Accrual.

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.SOUTHWESTHUMANE.ORG

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

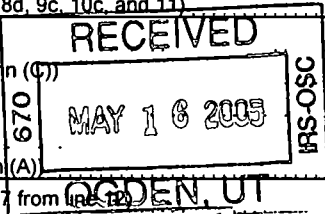
K Check here [] if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

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. 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).

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 2,529,018

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

Table with 21 rows and 4 columns: Description, Sub-description, Amount, Total. Includes sections for Revenue (lines 1-12) and Expenses (lines 13-17), and Net Assets (lines 18-21). Total revenue is 2,122,980 and total expenses is 1,431,038, resulting in a net asset of 691,942.



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Part II Statement of

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.)

Functional Expenses

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	742,264	604,731	33,970
27	Pension plan contributions	27	5,812	4,569	1,243
28	Other employee benefits	28	58,286	53,494	1,350
29	Payroll taxes	29	78,863	68,004	2,543
30	Professional fundraising fees	30			
31	Accounting fees	31			
32	Legal fees	32			
33	Supplies	33	176,673	171,843	2,142
34	Telephone	34	11,899	6,868	1,490
35	Postage and shipping	35	52,137	3,001	428
36	Occupancy	36	53,126	39,680	1,741
37	Equipment rental and maintenance	37	22,008	20,993	403
38	Printing and publications	38	15,539	13,652	741
39	Travel	39	15,341	10,306	2,156
40	Conferences, conventions, and meetings	40			
41	Interest	41			
42	Depreciation, depletion, etc (attach schedule)	42	29,638	29,638	
43	Other expenses not covered above (itemize) a	43a			
	b SEE STATEMENT 3	43b	169,452	131,327	22,096
	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	1,431,038	1,158,106	70,303

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	THE SOCIETY OFFERS SHELTER TO UNWANTED, ABANDONED, LOST & HOMELESS ANIMALS FOR CLARK & SKAMANIA COUNTIES, & PROVIDES ADOPTION & EDUCATIONAL PROGRAMS. (Grants and allocations \$ _____)	1,158,106
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)	1,158,106

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)		(B)	
		Beginning of year		End of year	
45	Cash-non-interest-bearing	16,948	45	142,978	
46	Savings and temporary cash investments	669,023	46	568,699	
47a	Accounts receivable	60,233			
b	Less: allowance for doubtful accounts		47c	60,233	
48a	Pledges receivable	165,549			
b	Less: allowance for doubtful accounts		48c	165,549	
49	Grants receivable		49		
50	Receivables from officers, directors, trustees, and key employees (attach schedule)		50		
51a	Other notes and loans receivable (attach schedule)				
b	Less: allowance for doubtful accounts		51c		
52	Inventories for sale or use	3,021	52	5,919	
53	Prepaid expenses and deferred charges	10,118	53	9,026	
54	Investments-securities SEE STATEMENT 5 <input type="checkbox"/> Cost <input type="checkbox"/> FMV	300,894	54	957,833	
55a	Investments-land, buildings, and equipment, basis	1,299,198			
b	Less: accumulated depreciation (attach schedule) SEE STATEMENT 6	277,620	55c	1,021,578	
56	Investments-other (attach schedule)		56		
57a	Land, buildings, and equipment basis				
b	Less: accumulated depreciation (attach schedule)		57c		
58	Other assets (describe SEE STATEMENT 7)		58	4,543	
59	Total assets (add lines 45 through 58) (must equal line 74)	2,210,436	59	2,936,358	
60	Accounts payable and accrued expenses	8,992	60	53,852	
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 STATEMENT 8)	52,536	65	41,656	
66	Total liabilities (add lines 60 through 65)	61,528	66	95,508	
Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74					
67	Unrestricted	2,148,908	67	2,840,850	
68	Temporarily restricted		68		
69	Permanently restricted		69		
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)	2,148,908	73	2,840,850	
74	Total liabilities and net assets / fund balances (add lines 66 and 73)	2,210,436	74	2,936,358	

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

Part 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		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.		X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		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?		X
b	If "Yes," enter the name of the organization <input type="checkbox"/> 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	
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?		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? 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	85b
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 <input type="text" value="0"/> ; section 4912 <input type="text" value="0"/> , section 4955 <input type="text" value="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 <input type="text" value="0"/>		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization <input type="text" value="0"/>		
90a	List the states with which a copy of this return is filed <input type="text" value="NONE"/>		
b	Number of employees employed in the pay period that includes March 12, 2004 (See instructions)	90b	46
91	The books are in care of <input type="text" value="BRENDA FREIMUTH"/> Located at <input type="text" value="VANCOUVER, WA"/>		
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 <input type="text" value="92"/>		

Telephone no. ZIP + 4

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

	Unrelated business income		Excluded by sec 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
Note: Enter gross amounts unless otherwise indicated					
93 Program service revenue:					
a SEE STATEMENT 10					321,755
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					329,198
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	29,266	
96 Dividends and interest from securities			14	3,573	
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	13,752	-6,292
101 Net income or (loss) from special events					134,372
102 Gross profit or (loss) from sales of inventory			5	170,226	
103 Other revenue:					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0		216,817	779,033
105 Total (add line 104, columns (B), (D), and (E))					995,850

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)

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 Date **15.13.05**

Signature of officer

RESIDENT

Check if self-prepared Preparer's SSN or PTIN (See instructions)

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

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

OMB No 1545-0047

2004

Supplementary Information-(See separate instructions.)

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

Department of the Treasury
Internal Revenue Service

Name of the organization HUMANE SOCIETY FOR SOUTHWEST WASHINGTON	Employer identification number 91-0759124
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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 empl ben plans & deferred comp	(e) Expense account and other allowances
PHILLIP L. OLSON 2121 ST FRANCIS LANE VANCOUVER WA 98660	EXECUTIVE DIRECTOR 40	70,100	0	0
Total number of other employees paid over \$50,000 ▶	0			

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 ▶	0	

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

Schedule A (Form 990 or 990-EZ) 2004

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

	Yes	No
<p>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)</p> <p>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.</p>	1	X
<p>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)</p>		
<p>a Sale, exchange, or leasing of property?</p>	2a	X
<p>b Lending of money or other extension of credit?</p>	2b	X
<p>c Furnishing of goods, services, or facilities?</p>	2c	X
<p>d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?</p>	2d	X
<p>e Transfer of any part of its income or assets?</p>	2e	X
<p>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)</p>	3a	X
<p>b Do you have a section 403(b) annuity plan for your employees?</p>	3b	X
<p>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?</p>	4a	X
<p>b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?</p>	4b	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 5 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) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	663,022	518,524	475,784	278,623	1,935,953
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	839,503	764,808	906,534	699,606	3,210,451
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	8,149	15,525	35,855	20,578	80,107
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit 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	1,510,674	1,298,857	1,418,173	998,807	5,226,511
24 Line 23 minus line 17	671,171	534,049	511,639	299,201	2,016,060
25 Enter 1% of line 23	15,107	12,989	14,182	9,988	

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24	▶ 26a	40,321
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 2000 through 2003 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	2,016,060
d Add Amounts from column (e) for lines 18 <u>80,107</u> 19 _____ 22 _____ 26b _____	▶ 26d	80,107
e Public support (line 26c minus line 26d total)	▶ 26e	1,935,953
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))	▶ 26f	96.0266%

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

(2003)	(2002)	(2001)	(2000)
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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

(2003)	(2002)	(2001)	(2000)
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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	▶ 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 2000 through 2003, 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?			
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?	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? If you answered "Yes" to either 34a or b, please explain using an attached statement	34b		
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev. Proc. 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35		

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

Table with 3 columns: Line number, Description, (a) Affiliated group totals, (b) To be completed for ALL electing organizations. Rows include lines 36-44 for various lobbying expenditure categories and nontaxable amounts.

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)

Table for 4-Year Averaging Period with columns for 2004, 2003, 2002, 2001, and Total. Rows include lines 45-50 for nontaxable amounts, ceilings, and total 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.) 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.

- 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.)

Table with 3 columns: Yes, No, Amount. Rows correspond to items a through i.

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 11 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?

a Transfers from the reporting organization to a noncharitable exempt organization of

- (i) Cash
(ii) Other assets

b Other transactions.

- (i) Sales or exchanges of assets with a noncharitable exempt organization
(ii) Purchases of assets from a noncharitable exempt organization
(iii) Rental of facilities, equipment, or other assets
(iv) Reimbursement arrangements
(v) Loans or loan guarantees
(vi) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

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

Table with 3 columns: Question, Yes, No. Rows include 51a(i), a(ii), b(i), b(ii), b(iii), b(iv), b(v), b(vi), and c. 'No' column contains 'X' for all rows.

Table with 4 columns: (a) Line no, (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. Row 1 contains 'N/A'.

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

Yes No (X) No

b If "Yes," complete the following schedule

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship. Row 1 contains 'N/A'.

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								
					\$ 13,752	\$	\$	13,752
GAIN/LOSS SALE OF FIXED ASSET								
					-6,292			-6,292
TOTAL								
					\$ 7,460	\$ 0	\$ 0	7,460

Federal Statements

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

<u>Description</u>	<u>Gross Sales</u>	<u>COGS</u>	<u>Gross Profit</u>
PAWS AND CLAWS THRIFT STORE	\$ 535,264	\$ 365,038	\$ 170,226
TOTAL	<u>\$ 535,264</u>	<u>\$ 365,038</u>	<u>\$ 170,226</u>

Federal Statements

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

Description	Total Expenses	Program Service	Mgt & General	Fund- Raising
	\$	\$	\$	\$
EXPENSES				
CONTRACT LABOR - ADMIN	13,999		13,999	
FAC INS-ADMINISTRATION	493		493	
AUTO LIC. - ADMIN	34		34	
GASOLINE-ADMINISTRATION	813		813	
AUTO REPAIR - ADMIN.	87		87	
AUTO INS - ADMIN	198		198	
GEN ACCTG-ADMINISTRATION	291		291	
EDUCATION-ADMINISTRATION	944		944	
ADVERTISING-ADMINISTRATION	160		160	
VOLUNTEERS -ADMIN	75		75	
DUES/SUBSCRIPTIONS-ADMIN	474		474	
OTHER TAX/LIC- ADMIN	926		926	
PROF FEES-ADMINISTRATION	511		511	
MOVING EXPENSE - ADMIN	3,094		3,094	
FAC INS-SPL EVNT/FUND RAISING	420			420
FAC INS-DEVELOPMENT	448			448
AUTO LIC. - DEVELOPEMENT	90			90
GASOLINE-SPL EVNT/FUND RAISE	562			562
AUTO REPAIR - SP/EVT FUNDRAIS	1,057			1,057
AUTO INS. - SP/EVENT	231			231
AUTO INS. - DEVELOPMENT	178			178
NEWSLETTER-SPCL EVNT/FND RAIS	6,599			6,599
GEN ACCTG-SPL EVNT/FND RAISE	54			54
GEN ACCTG-DEVELOPEMENT	85			85
EDUCATION-SPL EVNT/FND RAISE	314			314
ADVERTISING-DEVELOPEMENT	256			256
VOLUNTEERS-SPL EVNT/FND RAISE	7			7
DUES/SUBSCRIPTIONS - SP/FUND	16			16
DUES/SUBSCRIPTIONS-DEVELOPE	406			406
PROF FEES-SPL EVNT/FND RAISE	586			586
PROF FEES-DEVELOPEMENT	4,720			4,720
DISPOSAL-ANIMAL CARE	17,124	17,124		
VET SERVICES-ANIMAL CARE	11,486	11,486		
VET SERVICES-VETERINARY	21	21		
CONTRACT LABOR - VET	6,942	6,942		
FAC INS-ANIMAL CARE	4,835	4,835		
FAC INS-VOLUNTEER	420	420		
FAC INS-OFF SITE ADOPTIONS	73	73		
FAC INS-VETERINARY	546	546		
FAC INS-EDUCATION	448	448		
AUTO LIC-ANIMAL CARE	82	82		
AUTO LIC-OFF SITE ADOPTIONS	48	48		
GASOLINE-ANIMAL CARE	1,802	1,802		
GASOLINE-OFF SITE ADOPTIONS	1,003	1,003		
GASOLINE-EDUCATION	107	107		
AUTO REPAIR-ANIMAL CARE	4,404	4,404		
AUTO REPAIR-EDUCATION	983	983		
AUTO INS-ANIMAL CARE	4,959	4,959		
AUTO INS-OFF SITE ADOPTIONS	1,665	1,665		
AUTO INS-VOLUNTEER	198	198		
AUTO INS-EDUCATION	344	344		

Federal Statements

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

Description	Total Expenses	Program Service	Mgt & General	Fund-Raising
TILL OVER/SHORT	\$ 35	\$ 35	\$	\$
TILL OVER/SHORT-ANIMAL CARE	724	724		
NEWS LETTER- ANIMAL CARE	16,805	16,805		
NEWSLETTER-EDUCATION	983	983		
GEN ACCTG-ANIMAL CARE	1,781	1,781		
GEN ACCTG-VOLUNTEER	54	54		
GAN ACCTG-VETERINARY	148	148		
GEN ACCTG-EDUCATION	59	59		
EDUCATION-ANIMAL CARE	1,732	1,732		
EDUCATION-VOLUNTEER	149	149		
EDUCATION-EDUCATION	2,423	2,423		
ADVERTISING-ANIMAL CARE	2,234	2,234		
ADVERTISING - OFF SITE ADOPTI	118	118		
ADVERTISING-EDUCATION	54	54		
VOLUNTEERS-VOLUNTEER	2,616	2,616		
S/N REFUNDS-ANIMAL CARE	515	515		
UNIFORMS-ANIMAL CARE	2,180	2,180		
DUES/SUBSCRIPTIONS-ANIMAL CARE	2,308	2,308		
DUES/SUBSCRIPTIONS-VOLUNTEER	54	54		
DUES/SUBSCRIPTIONS - VETERINA	90	90		
DUES/SUBSCRIPTIONS-EDUCATION	2,034	2,034		
BANK FEES/OTHER-ANIMAL CARE	6,715	6,715		
EXCISE TAX-ANIMAL CARE	2,509	2,509		
EXCISE TAX-VETERINARY	3,670	3,670		
OTHER TAX/ LICENSE-ANIMAL CAR	3,192	3,192		
PROF FEES-ANIMAL CARE	8,612	8,612		
PROF FEES-VOLUNTEER	897	897		
PROF FEES-VETERINARY	648	648		
PROF FEES-EDUCATION	3,415	3,415		
MISC. - DISCOUNTS	-61	-61		
MOVING EXPENSE - ANIMAL CARE	3,094	3,094		
CONTRIBUTION-ANIMAL CARE	4,050	4,050		
ROUNDING	-3		-3	
TOTAL	\$ 169,452	\$ 131,327	\$ 22,096	\$ 16,029

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.

Federal Statements

Statement 5 - Form 990, Part IV, Line 54 - Investments in Securities

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>	<u>Basis of Valuation</u>
CORPORATE STOCK			
INVESTMENTS-AG EDWARDS	102,658	751,060	
INVESTMENTS AG EDWARDS-INVEST	107,929		
ENDOWMENT FUND-COMM FOUNDATION	90,307	206,773	
OTHER			
	<u>300,894</u>	<u>957,833</u>	

Federal Statements

Statement 6 - Form 990, Part IV, Line 55 - Investments in Land, Buildings, and Equipment

<u>Description</u>	<u>Beginning of Year</u>	<u>Accum Deprec</u>	<u>End of Year</u>	<u>Accum Deprec</u>
VEHICLES	\$ 44,201	\$	\$ 36,128	\$
STOR EQUIPMENT	10,567		10,567	
BUILDING	687,421		687,421	
BUILDING IMPROVEMENTS	66,783		66,783	
SHELTER EQUIPMENT	102,742		102,927	
OFFICE EQUIPMENT	42,294		42,156	
FURNITURE & FIXTURES	3,600		3,600	
MEDICAL EQUIPMENT	11,908		21,426	
LAND	302,933		302,933	
ACCUM. DEPR.-VEHICLES		19,794		16,207
ACCUM. DEP. STORE EQUIP		2,743		3,995
ACCUM. DEPR.-BUILDING		113,164		138,577
ACCUM. DEPR.-BLDG IMPROVEMENTS		38,896		36,795
ACCUM. DEPR.-SHELTER EQUIP		53,150		51,733
ACCUM. DEPR.-OFFICE EQUIP		32,658		26,419
ACCUM DEPRECIATION - MED EQUIP		1,843		3,889
NEW BUILDING - DEVELOPMENT			25,257	
TOTAL	<u>\$ 1,272,449</u>	<u>\$ 262,248</u>	<u>\$ 1,299,198</u>	<u>\$ 277,620</u>

Statement 7 - Form 990, Part IV, Line 58 - Other Assets

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
INTEREST RECEIVABLE	\$	\$ 4,543
TOTAL	<u>\$ 0</u>	<u>\$ 4,543</u>

Federal Statements

Statement 8 - Form 990, Part IV, Line 65 - Other Liabilities

Description	Beginning of Year	End of Year
ACCRUED VACATION	\$ 11,774	\$ 17,857
PAYROLL TAXES - ACCRUED	1,408	
ACCRUED PAYROLL	1,947	3,645
ACCRUED VACATION	2,555	2,555
PAYROLL TAXES - ACCRUED	149	
EMPLOYMENT SECURITY	1,108	1,943
MARMAX - SIGNAGE	2,160	1,440
OREGON DEPT. OF REVENUE	909	1,766
EMP. PAID MED/GARN	1,290	-133
ACCRUED PAYROLL	18,491	
LABOR & INDUSTRIES PAYABLE	5,401	6,273
ACCRUED L&I PAWS AND CLAWS	1,761	2,620
B&O TAX PAYABLE	1,565	1,372
ACCRUED EXCISE TAX PAWS AND CLAWS	2,018	2,453
POSTAGE IN ACCOUNT		-500
SALES TAX		365
TOTAL	<u>\$ 52,536</u>	<u>\$ 41,656</u>

Federal Statements

Statement 9 - Form 990, Part V - List of Officers, Directors, Trustees, and Key Employees

Name	Address	City, State, Zip	Title	Average Hours	Compensation	Benefits	Expenses
JEAN SHAW	VANCOUVER WA 98660	2121 ST. FRANCIS LN	PRESIDENT	0	0	0	0
ARLENE CLARK	VANCOUVER WA 98660	2121 ST. FRANCIS LN	VICE PRESIDE	0	0	0	0
CHERYLE BRIGGS	VANCOUVER WA 98660	2121 ST. FRANCIS LN	SECRETARY	0	0	0	0
ELAINE YOUNG	VANCOUVER WA 98660	2121 ST. FRANCIS LN	TREASURER	0	0	0	0
JEFF FIRSTENBURG	VANCOUVER WA 98660	2121 ST. FRANCIS LN	DIRECTOR	0	0	0	0
LORIE HOFFMAN	VANCOUVER WA 98660	2121 ST. FRANCIS LN	DIRECTOR	0	0	0	0
BRAD HUTTON	VANCOUVER WA 98660	2121 ST. FRANCIS LN	DIRECTOR	0	0	0	0
DOLOROSA MARGULIS	VANCOUVER WA 98660	2121 ST. FRANCIS LN	DIRECTOR	0	0	0	0
SANDI MILLER	VANCOUVER WA 98660	2121 ST. FRANCIS LN	DIRECTOR	0	0	0	0
PHIL PARADIS	VANCOUVER WA 98660	2121 ST. FRANCIS LN	DIRECTOR	0	0	0	0
BONNIE JOHNSON	VANCOUVER WA 98660	2121 ST. FRANCIS LN	DIRECTOR	0	0	0	0
PATRICIA NIERENBERG	VANCOUVER WA 98660	2121 ST. FRANCIS LN	DIRECTOR	0	0	0	0
PHIL OLSON	VANCOUVER WA 98660	2121 ST. FRANCIS LN	EXECUTIVE DI	0	0	0	0

Federal Statements

Statement 10 - Form 990, Part VII, Line 93 - Program Service Revenue

<u>Description</u>	<u>Business Code</u>	<u>Unrelated Amount</u>	<u>Exclusion Code</u>	<u>Exclusion Amount</u>	<u>Related Income</u>
ADOPTIONS-ANIMAL CARE		\$		\$	\$ 179,728
ADOPTION RETURNS - ANIMAL C					-12,150
ADOPTIONS - OFF-SITE					17,207
SERVICE FEES-ANIMAL CARE					14,809
BOARD FEES-ANIMAL CARE					21,793
VETERINARY SVCS-ANIMAL CARE					13,270
VETERINARY SVCS - SURGERY					62,788
TRAP RENTAL-ANIMAL CARE					3,025
AGENT FEES-ANIMAL CARE					3,716
S/N DEPOSIT-ANIMAL CARE					685
RECYCLING-EDUCATION/VOLUNTE					1,182
MISCELLANEOUS					15,702
TOTAL		\$		\$	\$ 321,755