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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

2006

Open to Public Inspection

A For the 2006 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 OF SOUTHWEST WASHINGTON

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

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

D Employer identification number: 91-0759124

E Telephone number:

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).

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

G Website: ▶ WWW.SOUTHWESTHUMANE.ORG

J Organization type (check only one) ▶ ☒ 501(c) (3) ◀(insert no) ☐ 4947(a)(1) or ☐ 527

I Group Exemption Number ▶

K Check here ▶ ☐ if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than $25,000 A return is not required, but if the organization chooses to file a return, be sure to file a complete return

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 ▶ 3,173,649

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	Contributions to donor advised funds	1a		
	b	Direct public support (not included on line 1a)	1b	1,450,637	
	c	Indirect public support (not included on line 1a)	1c		
	d	Government contributions (grants) (not included on line 1a)	1d		
	e	Total (add lines 1a through 1d) (cash $ 934,422 noncash $ 516,215)		1e	1,450,637
	2	Program service revenue including government fees and contracts (from Part VII, line 93)		2	644,005
	3	Membership dues and assessments		3	
	4	Interest on savings and temporary cash investments		4	67,377
	5	Dividends and interest from securities		5	1,398
	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 ▶ SEE STATEMENT 1)		7	33,402
	8a	Gross amount from sales of assets other than inventory — (A) Securities: / (B) Other:	8a		
	b	Less cost or other basis and sales expenses — (A): / (B): 353	8b	353	
	c	Gain or (loss) (attach schedule) — (A): / (B): -353	8c	-353	
	d	Net gain or (loss) Combine line 8c, columns (A) and (B) SEE STMT 2		8d	-353
	9	Special events and activities (attach schedule) If any amount is from gaming, check here ▶ ☐			
	a	Gross revenue (not including $ 340,561 of contributions reported on line 1b) SEE WORKSHEET	9a	431,662	
	b	Less direct expenses other than fundraising expenses	9b	340,561	
	c	Net income or (loss) from special events Subtract line 9b from line 9a		9c	91,101
	10a	Gross sales of inventory, less returns and allowances	10a	545,168	
	b	Less cost of goods sold	10b	371,630	
	c	Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a STMT 3		10c	173,538
	11	Other revenue (from Part VII, line 103)		11	
	12	**Total revenue.** Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11		12	2,461,105
Expenses	13	Program services (from line 44, column (B))		13	1,176,681
	14	Management and general (from line 44, column (C))		14	163,683
	15	Fundraising (from line 44, column (D))		15	339,138
	16	Payments to affiliates (attach schedule)		16	
	17	**Total expenses.** Add lines 16 and 44, column (A)		17	1,679,502
Net Assets	18	Excess or (deficit) for the year Subtract line 17 from line 12		18	781,603
	19	Net assets or fund balances at beginning of year (from line 73, column (A))		19	3,596,009
	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	4,377,612

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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
22a Grants paid from donor advised funds (attach schedule) (cash $ ____ non-cash $ ____) If this amount includes foreign grants, check here ▶ ☐	22a				
22b Other grants and allocations (attach schedule) (cash $ ____ non-cash $ ____) If this amount includes foreign grants, check here ▶ ☐	22b				
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25a Compensation of current officers, directors, key employees, etc listed in Part V-A (attach schedule) SEE STATEMENT 4	25a	31,847		31,847	
b Compensation of former officers, directors, key employees, etc listed in Part V-B (attach schedule)	25b				
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c				
26 Salaries and wages of employees not included on lines 25a, b, and c	26	775,167	609,034	55,670	110,463
27 Pension plan contributions not included on lines 25a, b, and c	27	9,287	7,708	1,579	
28 Employee benefits not included on lines 25a – 27	28	77,415	64,508	10,286	2,621
29 Payroll taxes	29	103,879	73,704	19,971	10,204
30 Professional fundraising fees	30				
31 Accounting fees	31				
32 Legal fees	32				
33 Supplies	33	163,930	158,696	2,939	2,295
34 Telephone	34	9,446	6,966	421	2,059
35 Postage and shipping	35	176,412	1,967	895	173,550
36 Occupancy	36	64,945	45,607	3,170	16,168
37 Equipment rental and maintenance	37	18,402	16,478	365	1,559
38 Printing and publications	38	12,110	10,307	1,249	554
39 Travel	39	8,986	4,866	2,215	1,905
40 Conferences, conventions, and meetings	40				
41 Interest	41				
42 Depreciation, depletion, etc (attach schedule)	42	43,324	43,324		
43 Other expenses not covered above (itemize) a SEE STATEMENT 5	43a	184,352	133,516	33,076	17,760
b	43b				
c	43c				
d	43d				
e	43e				
f	43f				
g	43g				
44 **Total functional expenses.** Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	1,679,502	1,176,681	163,683	339,138

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 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 6 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 THE SOCIETY OFFERS SHELTER TO UNWANTED, ABANDONED, LOST & HOMELESS ANIMALS FOR CLARK & SKAMANIA COUNTIES, & PROVIDES ADOPTION & EDUCATIONAL PROGRAMS. (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	1,176,681
b (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
c (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
d (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
e Other program services (attach schedule) (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
f **Total of Program Service Expenses** (should equal line 44, column (B), Program services) ▶	1,176,681

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

	Line	Description			(A) Beginning of year		(B) End of year
Assets	45	Cash-non-interest-bearing			246,622	45	277,310
	46	Savings and temporary cash investments			975,674	46	2,394,508
	47a	Accounts receivable	47a	37,208			
	b	Less allowance for doubtful accounts	47b		50,765	47c	37,208
	48a	Pledges receivable	48a	409,987			
	b	Less allowance for doubtful accounts	48b		228,908	48c	409,987
	49	Grants receivable				49	
	50a	Receivables from current and former officers, directors, trustees, and key employees (attach schedule)				50a	
	b	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (att schedule)				50b	
	51a	Other notes and loans receivable (attach schedule) SEE WORKSHEET	51a	6,250			
	b	Less allowance for doubtful accounts	51b		6,250	51c	6,250
	52	Inventories for sale or use			4,374	52	5,666
	53	Prepaid expenses and deferred charges			15,511	53	14,455
	54a	Investments—publicly-traded securities SEE STATEMENT 7 ▶ ☐ Cost ☐ FMV			893,899	54a	543,697
	b	Investments—other securities (attach schedule) ▶ ☐ Cost ☐ FMV				54b	
	55a	Investments-land, buildings, and equipment basis	55a	359,345			
	b	Less accumulated depreciation (attach schedule) SEE STATEMENT 8	55b		295,688	55c	359,345
	56	Investments-other (attach schedule)				56	
	57a	Land, buildings, and equipment basis	57a	1,388,741			
	b	Less accumulated depreciation (attach schedule) SEE STATEMENT 9	57b	364,767	1,067,698	57c	1,023,974
	58	Other assets, including program-related investments (describe ▶ SEE STATEMENT 10)			7,078	58	5,814
	59	**Total assets** (must equal line 74) Add lines 45 through 58			3,792,467	59	5,078,214
Liabilities	60	Accounts payable and accrued expenses			196,458	60	110,149
	61	Grants payable				61	
	62	Deferred revenue				62	
	63	Loans from officers, directors, trustees, and key employees (attach schedule) SEE WORKSHEET				63	590,000
	64a	Tax-exempt bond liabilities (attach schedule)				64a	
	b	Mortgages and other notes payable (attach schedule)				64b	
	65	Other liabilities (describe ▶ SEE STATEMENT 11)				65	453
	66	**Total liabilities.** Add lines 60 through 65			196,458	66	700,602
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here** ▶ [X] and complete lines 67 through 69 and lines 73 and 74					
	67	Unrestricted			3,596,009	67	4,377,605
	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 and column (B) **must** equal line 21)			3,596,009	73	4,377,612
	74	**Total liabilities and net assets/fund balances.** Add lines 66 and 73			3,792,467	74	5,078,214

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	2,461,105
b	Amounts included on line a but not on Part I, line 12:				
1	Net unrealized gains on investments	b1			
2	Donated services and use of facilities	b2			
3	Recoveries of prior year grants	b3			
4	Other (specify).	b4			
	Add lines b1 through b4			b	
c	Subtract line b from line a			c	2,461,105
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	2,461,105

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

a	Total expenses and losses per audited financial statements			a	1,679,502
b	Amounts included on line a but not Part I, line 17.				
1	Donated services and use of facilities	b1			
2	Prior year adjustments reported on Part I, line 20	b2			
3	Losses reported on Part I, line 20	b3			
4	Other (specify).	b4			
	Add lines b1 through b4			b	
c	Subtract line b from line a			c	1,679,502
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	1,679,502

Part V-A 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 12				

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 ▶ 18			
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 the organization? See the instructions for the definition of "related organization"	75c		X
	If "Yes," attach a statement that includes the information described in the instructions			
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 (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
N/A				

Part VI Other Information (See the instructions.)

			Yes	No
76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	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

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?			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?			83b	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible? N/A			84a		
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				
88a	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			88a		X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI ▶			88b		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			
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?			89e		X
f	All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?			89f		X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			89g		X

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, 2006 (See instructions) 90b 48

91a The books are in care of ▶ BRENDA FREIMUTH Telephone no ▶ 360-693-4746

2121 ST. FRANCIS LANE

Located at ▶ VANCOUVER, WA ZIP + 4 ▶ 98660

			Yes	No
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	91b		X
	If " Yes," enter the name of the foreign country ▶			
	See the instructions for exceptions and filing requirements for **Form TD F 90-22.1**, Report of Foreign Bank and Financial Accounts			

Part VI Other Information (continued)

			Yes	No
c	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 ▶	91c		X
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 the instructions.)

Note: Enter gross amounts unless otherwise indicated	Unrelated business income (A) Business code	Unrelated business income (B) Amount	Excluded by section 512, 513, or 514 (C) Exclusion code	Excluded by section 512, 513, or 514 (D) Amount	(E) Related or exempt function income
93 Program service revenue					
a SEE STATEMENT 13					329,291
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					314,714
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	67,377	
96 Dividends and interest from securities			14	1,398	
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income			18	33,402	
100 Gain or (loss) from sales of assets other than inventory			26		-353
101 Net income or (loss) from special events			25	91,101	
102 Gross profit or (loss) from sales of inventory			5	173,538	
103 Other revenue a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0		366,816	643,652
105 Total (add line 104, columns (B), (D), and (E)) ▶					1,010,468

Note: Line 105 plus line 1e, 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)
	SEE STATEMENT 14

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
N/A	%			
	%			
	%			
	%			

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)

Part XI **Information Regarding Transfers To and From Controlled Entities.** Complete only if the organization is a controlling organization as defined in section 512(b)(13).

		Yes	No
106	Did the reporting organization **make** any transfers **to** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity		X

	(A) Name, address, of each controlled entity	(B) Employer ID Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
	Totals			

		Yes	No
107	Did the reporting organization **receive** any transfers **from** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity		X

	(A) Name, address, of each controlled entity	(B) Employer ID Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
	Totals			

		Yes	No
108	Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?		

Please Sign Here

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

▶ [signature] 5/15/07

Signature of officer — Date

▶ Michael Bortz, Treasurer

Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ [signature]	Date 5/15/07	Check if self-employed ▶ [X]	Preparer's SSN or PTIN (See Gen Instr X) P00094977
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ THOMPSON & ASSOCIATES CPA'S 915 BROADWAY SUITE 310 VANCOUVER, WA 98660-3288			EIN ▶ 91-1039476 Phone no ▶ 360-694-3886

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

2006

Name of the organization: HUMANE SOCIETY OF SOUTHWEST WASHINGTON

Employer identification number: 91-0759124

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 2 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) Comp	(d) Contrib to empl ben plans & deferred comp	(e) Expense account & other allowances
NONE				

Total number of other employees paid over $50,000 ▶

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
NONE		

Total number of others receiving over $50,000 for professional services ▶ 0

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than $50,000	(b) Type of service	(c) Compensation
NONE		

Total number of other contractors receiving over $50,000 for other services ▶

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

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 expenses if more than $1,000)? SEE PART V, FORM 990	2d	X	
e	Transfer of any part of its income or assets?	2e		X
3a	Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments)	3a		X
b	Did the organization have a section 403(b) annuity plan for its employees?	3b		X
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c		X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		X
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g	4a		X
b	Did the organization make any taxable distributions under section 4966?	4b		
c	Did the organization make a distribution to a donor, donor advisor, or related person?	4c		

d Enter the total number of donor advised funds owned at the end of the tax year ▶ ______

e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶ ______

f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶ 0

g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶ 0

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)

I certify that 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 otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization

☐ Type I ☐ Type II ☐ Type III-Functionally Intergrated ☐ Type III-Other

Provide the following information about the supported organizations. (See page 7 of the instructions)

(a) Name(s) of supported organization(s)	**(b)** Employer identification number (EIN)	**(c)** Type of organization (described in lines 5 through 12 above or IRC section)	**(d)** Is the supported organization listed in the supporting organization's governing documents? Yes	**(d)** No	**(e)** Amount of support
Total ▶					

14 ☐ An organization organized and operated to test for public safety Section 509(a)(4) (See page 7 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) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15	Gifts, grants, and contributions received (Do not include unusual grants See line 28)	1,295,076	1,127,130	663,022	518,524	3,603,752
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	960,164	963,011	839,503	764,808	3,527,486
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	52,111	32,839	8,149	15,525	108,624
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	2,307,351	2,122,980	1,510,674	1,298,857	7,239,862
24	Line 23 minus line 17	1,347,187	1,159,969	671,171	534,049	3,712,376
25	Enter 1% of line 23	23,074	21,230	15,107	12,989	

26 **Organizations described on lines 10 or 11:** a Enter 2% of amount in column (e), line 24 ▶ 26a 74,248

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 2002 through 2005 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 3,712,376

d Add Amounts from column (e) for lines 18 108,624 19 ____ 22 ____ 26b ____ ▶ 26d 108,624

e Public support (line 26c minus line 26d total) ▶ 26e 3,603,752

f **Public support percentage (line 26e (numerator) divided by line 26c (denominator))** ▶ 26f 97.0740%

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

(2005) (2004) (2003) (2002)

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 11b, 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

(2005) (2004) (2003) (2002)

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 2002 through 2005, 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 9 of the instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

		Line	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? 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 10 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 13 of the instructions)

	Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) ▶	**(a)** 2006	**(b)** 2005	**(c)** 2004	**(d)** 2003	**(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 13 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 13 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		

Special Events Schedule

Form **990** — For calendar year 2006, or tax year beginning , and ending — **2006**

Name: HUMANE SOCIETY OF SOUTHWEST WASHINGTON

Employer Identification Number: 91-0759124

	(A)	(B)	(C)	Others	Total
Gross receipts	772,223	0	0	0	772,223
Less contributions	340,561	0	0	0	340,561
Gross revenue	431,662	0	0	0	431,662
Less direct expenses	340,561	0	0	0	340,561
Net income (loss)	91,101	0	0	0	91,101

Description		
	(A)	SPECIAL EVENTS
	(B)	
	(C)	
	Others	

Forms **990 / 990-PF**

Other Notes and Loans Receivable

2006

For calendar year 2006, or tax year beginning , and ending

Name	Employer Identification Number
HUMANE SOCIETY OF SOUTHWEST WASHINGTON	91-0759124

FORM 990, PART IV, LINE 51A - ADDITIONAL INFORMATION

	Name of borrower	Relationship to disqualified person
(1)	CONTRACTS REC - KLICKITAT CO	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

	Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

	Security provided by borrower	Purpose of loan
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

	Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year	Fair market value (990-PF only)
(1)		6,250	6,250	
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
Totals		6,250	6,250	

Forms
990 / 990-PF

Loans from Officers, Directors, Trustees, and Key Employees or Other Disqualified Persons

2006

For calendar year 2006, or tax year beginning , and ending

Name
HUMANE SOCIETY OF SOUTHWEST WASHINGTON

Employer Identification Number
91-0759124

FORM 990, PART IV, LINE 50 - ADDITIONAL INFORMATION

	Name of lender	Title
(1)	STEVE OLIVA	FORMER BOARD MEMBER
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

	Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1)	590,000	10/01/06		DUE ON DEMAND	0.000
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

	Security provided by borrower	Purpose of loan
(1)	SPECIFIC REAL ESTATE	FUNDING CAPITAL CAMPAIGN
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

	Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year
(1)			590,000
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Totals			590,000

Federal Statements

Statement 1 - Form 990, Part I, Line 7 - Other Investment Income

Description	Amount
GAINS ON INVESTMENTS	$ 33,402
TOTAL	$ 33,402

Federal Statements

Statement 2 - 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
89 CHRYSLER NEW YORKER	PURCHASE		8/01/04	3/31/06	$	$ 530	$ 177	$ -353
TOTAL					$ 0	$ 530	$ 177	$ -353

Federal Statements

Statement 3 - Form 990, Line 10c - Sales of Inventory

Description	Gross Sales	COGS	Gross Profit
PAWS AND CLAWS THRIFT STORE	$ 545,168	$ 371,630	$ 173,538
TOTAL	$ 545,168	$ 371,630	$ 173,538

Federal Statements

Statement 4 - Form 990, Part II, Line 25a - Compensation of Current Officers

Name	Program Services	Management & General	Fundraising
EXPENSES	$	$	$
BRIAN METCALF COMPENSATION		11,001	
CHUCK TOURTILLOTT COMPENSATION		20,846	
TOTAL	$ 0	$ 31,847	$ 0

Federal Statements

Statement 5 - Form 990, Part II, Line 43 - Other Functional Expenses

Description	Total Expenses	Program Service	Mgt & General	Fund-Raising
	$	$	$	$
EXPENSES				
AUTO INS-VOLUNTEER				
ROUNDING				
FAC INS-ADMINISTRATION	1,077		1,077	
AUTO LIC. - ADMIN	74		74	
GASOLINE-ADMINISTRATION	264		264	
AUTO REPAIR - ADMIN.	132		132	
AUTO INS - ADMIN	362		362	
GEN ACCTG-ADMINISTRATION	1,342		1,342	
EDUCATION-ADMINISTRATION	1,002		1,002	
DUES/SUBSCRIPTIONS-ADMIN	226		226	
BANK FEES/OTHER ADMINISTRATIO	2,292		2,292	
OTHER TAX/LIC- ADMIN	111		111	
PROF FEES-ADMINISTRATION	23,694		23,694	
MOVING EXPENSE - ADMIN	2,500		2,500	
FAC INS-SPL EVNT/FUND RAISING	580			580
FAC INS-DEVELOPMENT	976			976
GASOLINE-SPL EVNT/FUND RAISE	219			219
AUTO REPAIR - DEVELOPMENT	392			392
AUTO INS. - SP/EVENT	361			361
AUTO INS. - DEVELOPMENT	361			361
NEWSLETTER-SPCL EVNT/FND RAIS	9,737			9,737
GEN ACCTG-SPL EVNT/FND RAISE	88			88
GEN ACCTG-DEVELOPEMENT	156			156
EDUCATION-SPL EVNT/FND RAISE	41			41
EDUCATION-DEVELOPMENT	134			134
ADVERTISING-SPL EVNT/FND RAIS	40			40
ADVERTISING-DEVELOPEMENT	300			300
DUES/SUBSCRIPTIONS - SP/FUND	34			34
DUES/SUBSCRIPTIONS-DEVELOPE	59			59
BANK FEE/OTHER-SP EVT/FND RAI	132			132
EXCISE TAX- DEVELOPMENT	1,023			1,023
PROF FEES-SPL EVNT/FND RAISE	237			237
PROF FEES-DEVELOPEMENT	2,890			2,890
DISPOSAL-ANIMAL CARE	19,862	19,862		
VET SERVICES-ANIMAL CARE	901	901		
FAC INS-ANIMAL CARE	3,001	3,001		
FAC INS-VOLUNTEER	985	985		
FAC INS-OUTREACH	305	305		
FAC INS-VETERINARY	1,812	1,812		
FAC INS-EDUCATION	985	985		
AUTO LIC-ANIMAL CARE	112	112		
AUTO LIC-OUTREACH	45	45		
AUTO LIC-EDUCATION	45	45		
GASOLINE-ANIMAL CARE	1,267	1,267		
GASOLINE-OUTREACH	406	406		
GASOLINE-EDUCATION	23	23		
AUTO REPAIR-ANIMAL CARE	2,885	2,885		
AUTO REPAIR-OUTREACH	109	109		
AUTO INS-ANIMAL CARE	1,020	1,020		
AUTO INS. - VOLUNTEER	361	361		
AUTO INS-OUTREACH	2,710	2,710		

Statement 5 - Form 990, Part II, Line 43 - Other Functional Expenses (continued)

Description	Total Expenses	Program Service	Mgt & General	Fund-Raising
AUTO INS-EDUCATION	$ 361	$ 361	$	$
TILL OVER/SHORT	-27	-27		
TILL OVER/SHORT-ANIMAL CARE	1,597	1,597		
NEWS LETTER- ANIMAL CARE	28,746	28,746		
NEWSLETTER-VOLUNTEER	233	233		
GEN ACCTG-ANIMAL CARE	1,769	1,769		
GEN ACCTG-VOLUNTEER	87	87		
GEN. ACCOUNTING-OUTREACH	82	82		
GAN ACCTG-VETERINARY	479	479		
GEN ACCTG-EDUCATION	115	115		
EDUCATION-ANIMAL CARE	205	205		
EDUCATION-VOLUNTEER	6	6		
EDUCATION-OUTREACH	829	829		
EDUCATION-VETERINARY	161	161		
EDUCATION-EDUCATION	12,513	12,513		
EDUCATION MATERIALS	1,353	1,353		
ADVERTISING-ANIMAL CARE	2,600	2,600		
UNIFORMS-ANIMAL CARE	2,913	2,913		
DUES/SUBCRIPTIONS-ANIMAL CARE	2,174	2,174		
DUES/SUBCRIPTIONS-VOLUNTEER	34	34		
DUES/SUBSCRIPTIONS - OUTREACH	50	50		
DUES/SUBSCRIPTIONS - VETERINA	484	484		
DUES/SUBSCRIPTIONS-EDUCATION	2,120	2,120		
BANK FEES/OTHER-ANIMAL CARE	8,657	8,657		
SALES/EXCISE TAX	-3,255	-3,255		
EXCISE TAX-ANIMAL CARE	6,931	6,931		
EXCISE TAX-VETERINARY	4,216	4,216		
OTHER TAX/ LICENSE-ANIMAL CAR	3,086	3,086		
PROF FEES-ANIMAL CARE	5,327	5,327		
PROF FEES-VOLUNTEER	237	237		
PROF FEES-OUT REACH	359	359		
PROF FEES-VETERINARY	3,272	3,272		
PROF FEES-EDUCATION	1,159	1,159		
MISC. - DISCOUNTS	159	159		
MOVING EXPENSE - ANIMAL CARE	4,325	4,325		
CONTRIBUTION-ANIMAL CARE	3,325	3,325		
TOTAL	$ 184,352	$ 133,516	$ 33,076	$ 17,760

Federal Statements

Statement 6 - 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 7 - Form 990, Part IV, Line 54a - Publicly Traded Securities

Description	Beginning of Year	End of Year	Basis of Valuation
US AND STATE GOVERNMENT	$	$	
CORPORATE STOCK			
AG EDWARDS-BUILDING FUNDS	196,893	135,839	
AG EDWARDS-GENERAL FUNDS	265,921	205,225	
WEST COAST - INVESTMENTS	255,713	6,866	
ENDOWMENT FUND-COMM FOUNDATION	175,372	195,767	
CORPORATE BONDS			
TOTAL	$ 893,899	$ 543,697	

Statement 8 - Form 990, Part IV, Line 55 - Investments in Land, Buildings, and Equipment

Description	Beginning of Year	Accum Deprec	End of Year	Accum Deprec
NEW FACILITY DEVELOPMENT COST	$ 295,688	$	$ 359,263	$
OTHER EQUIPMENT			82	
TOTAL	$ 295,688	$ 0	$ 359,345	$ 0

Statement 9 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment

Description	Beginning of Year	Accum Deprec	End of Year	Accum Deprec
BEGINNING ASSETS	$ 1,067,698	$	$ 1,085,808	$ 364,767
TOTAL	$ 1,067,698	$ 0	$ 1,085,808	$ 364,767

Statement 10 - Form 990, Part IV, Line 58 - Other Assets

Description	Beginning of Year	End of Year
INTEREST RECEIVABLE	$ 7,078	$ 5,814
TOTAL	$ 7,078	$ 5,814

Federal Statements

Statement 11 - Form 990, Part IV, Line 65 - Other Liabilities

Description	Beginning of Year	End of Year
EMP. PAID MEDICAL	$	$ 539
EMPLOYEE 401K CONTRIBUTIONS		-86
TOTAL	$ 0	$ 453

Federal Statements

Statement 12 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
JEFF FIRSTENBURG 2121 ST. FRANCIS LN VANCOUVER WA 98660	PRESIDENT	1	0	0	0
SANDI MILLER 2121 ST. FRANCIS LN VANCOUVER WA 98660	VICE PRESIDE	1	0	0	0
CAROLE OLSON 2121 ST. FRANCIS LN VANCOUVER WA 98660	SECRETARY	1	0	0	0
BRIAN METCALF 2121 ST. FRANCIS LN VANCOUVER WA 98660	DIRECTOR	7	11,001	0	0
MICHAEL BORTZ 2121 ST. FRANCIS LN VANCOUVER WA 98660	TREASURER	1	0	0	0
BETSY HARVEY 2121 ST. FRANCIS LN VANCOUVER WA 98660	DIRECTOR	1	0	0	0
WES LEMATTA 2121 ST. FRANCIS LN VANCOUVER WA 98660	DIRECTOR	1	0	0	0
DOLOROSA MARGULIS 2121 ST. FRANCIS LN VANCOUVER WA 98660	DIRECTOR	1	0	0	0
PATRICIA NIERENBERG 2121 ST. FRANCIS LN VANCOUVER WA 98660	DIRECTOR	1	0	0	0

Federal Statements

Statement 12 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees (continued)

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
D JEAN SHAW 2121 ST. FRANCIS LN VANCOUVER WA 98660	DIRECTOR	1	0	0	0
DONNA ROBERGE NOZEL 2121 ST. FRANCIS LN VANCOUVER WA 98660	DIRECTOR	1	0	0	0
CHUCK TOURTILLOTT 2121 ST. FRANCIS LN VANCOUVER WA 98660	EXECUTIVE DI	40	20,846	0	0

Statement 13 - Form 990, Part VII, Line 93 - Program Service Revenue

Description	Business Code	Unrelated Amount	Exclusion Code	Exclusion Amount	Related Income
ADOPTIONS-ANIMAL CARE		$		$	$ 219,391
ADOPTION RETURNS - ANIMAL C					-14,054
ADOPTIONS - OUTREACH					4,250
SERVICE FEES-ANIMAL CARE					18,397
BOARD FEES-ANIMAL CARE					12,273
VETERINARY CLINICS					24
VETERINARY SVCS-ANIMAL CARE					18,578
VETERINARY SVCS - SURGERY					57,084
TRAP RENTAL-ANIMAL CARE					3,015
AGENT FEES-ANIMAL CARE					2,753
S/N DEPOSIT-ANIMAL CARE					40
RECYCLING-EDUCATION/VOLUNTE					566
MISCELLANEOUS					6,974
TOTAL		$ 0		$ 0	$ 329,291

Statement 14 - Form 990, Part VIII - Relationship of Activities

Line No.	Description
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
100	PROCEEDS FROM SALE OF EQUIPMENT REINVESTED IN SIMILAR PROPERTY.

Form **4562**

Department of the Treasury
Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545-0172

2006

Attachment Sequence No **67**

Name(s) shown on return: HUMANE SOCIETY OF SOUTHWEST WASHINGTON

Identifying number: 91-0759124

Business or activity to which this form relates: INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount See the instructions for a higher limit for certain businesses	1	108,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	430,000
4	Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	

	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
6			

7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2005 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2007 Add lines 9 and 10, less line 12 ▶	13	

Note: Do not use Part II or Part III below for listed property Instead, use Part V

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14	Special allowance for qualified New York Liberty or Gulf Opportunity Zone property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	53,164

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2006	17	89
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B-Assets Placed in Service During 2006 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C-Assets Placed in Service During 2006 Tax Year Using the Alternative Depreciation System

(a) Classification of property	(b)	(c)	(d)	(e)	(f)	(g)
20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (see instructions)

21	Listed property Enter amount from line 28	21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations-see instr	22	53,253
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

DAA

THERE ARE NO AMOUNTS FOR PAGE 2