

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
2007
 Open to Public Inspection

A For the 2007 calendar year, or tax year beginning , and ending

- B** Check if applicable:
 Address change
 Name change
 Initial return
 Termination
 Amended return
 Application pending

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

C Name of organization
HUMANE SOCIETY FOR SOUTHWEST WASHINGTON
 Number and street (or P O box if mail is not delivered to street address) Room/suite
2121 ST FRANCIS LANE
 City or town, state or country, and ZIP + 4
VANCOUVER WA 98660

D Employer 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 Yes No
H(c) Are all affiliates included? Yes No
 (If "No," attach a list See instructions)
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No
I Group Exemption Number
M Check if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

G Website: WWW.SOUTHWESTHUMANE.ORG

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

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

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 **6,204,349**

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

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	4,197,920		
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 \$ 3,801,838 noncash \$ 396,082)	1e			4,197,920
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2			611,372
3	Membership dues and assessments	3			
4	Interest on savings and temporary cash investments	4			127,967
5	Dividends and interest from securities	5			10,294
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			-340,095
8a	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
b	Less cost or other basis and sales expenses	8a		550,525	
c	Gain or (loss) (attach schedule)	8b		344,348	
d	Net gain or (loss) Combine line 8c, columns (A) and (B)	8c		206,177	
9	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>	8d			206,177
a	Gross revenue (not including \$ 354,292 of contributions reported on line 1b)	9a		517,273	
b	Less direct expenses other than fundraising expenses	9b		456,912	
c	Net income or (loss) from special events Subtract line 9b from line 9a	9c			60,361
10a	Gross sales of inventory less returns and allowances	10a		529,093	
b	Less cost of goods sold	10b		355,697	
c	Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a	10c			173,396
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			5,047,392
13	Program services (from line 44, column (B))	13			1,225,863
14	Management and general (from line 44, column (C))	14			122,964
15	Fundraising (from line 44, column (D))	15			226,350
16	Payments to affiliates (attach schedule)	16			
17	Total expenses. Add lines 16 and 44, column (A)	17			1,575,177
18	Excess or (deficit) for the year. Subtract line 17 from line 12	18			3,472,215
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19			4,377,612
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			7,849,827

Net 364 IN EXP on AUG 26 2008

RECEIVED
 AUG 15 2008
 IRS
 COGDEN

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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 <input type="checkbox"/>				
22b	Other grants and allocations (attach schedule) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>				
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25a	Compensation of current officers, directors, key employees, etc listed in Part V-A SEE STATEMENT 4	66,639		66,639	
25b	Compensation of former officers, directors, key employees, etc listed in Part V-B				
25c	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)				
26	Salaries and wages of employees not included on lines 25a, b, and c	786,772	668,082	9,969	108,721
27	Pension plan contributions not included on lines 25a, b, and c	6,831	6,808	23	
28	Employee benefits not included on lines 25a - 27	66,586	62,738	3,848	
29	Payroll taxes	95,568	78,973	6,704	9,891
30	Professional fundraising fees				
31	Accounting fees				
32	Legal fees				
33	Supplies	154,748	142,256	4,727	7,765
34	Telephone	9,299	7,113	389	1,797
35	Postage and shipping	65,724	1,188	725	63,811
36	Occupancy	74,392	52,100	3,453	18,839
37	Equipment rental and maintenance	20,904	17,819	1,811	1,274
38	Printing and publications	7,847	7,773	74	
39	Travel	6,451	4,763	1,259	429
40	Conferences, conventions, and meetings				
41	Interest				
42	Depreciation, depletion, etc (attach schedule)	42,485	42,485		
43a	Other expenses not covered above (itemize) SEE STATEMENT 5	170,931	133,765	23,343	13,823
43b					
43c					
43d					
43e					
43f					
43g					
44	Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	1,575,177	1,225,863	122,964	226,350

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 ▶

1,225,863

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) ▶

1,225,863

Part IV Balance Sheets (See the instructions)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year	
Assets	45	Cash—non-interest-bearing	277,310	45	1,278,127
	46	Savings and temporary cash investments	2,394,508	46	2,378,553
	47a	Accounts receivable	43,293		
	b	Less allowance for doubtful accounts	37,208	47c	43,293
	48a	Pledges receivable	2,664,856		
	b	Less allowance for doubtful accounts	409,987	48c	2,664,856
	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	5,985		
	b	Less allowance for doubtful accounts	6,250	51c	5,985
	52	Inventories for sale or use	5,666	52	4,864
	53	Prepaid expenses and deferred charges	14,455	53	20,152
	54a	Investments—publicly-traded securities SEE STATEMENT 7	543,697	54a	880,553
	b	Investments—other securities (attach schedule)		54b	
55a	Investments—land, buildings, and equipment basis				
b	Less accumulated depreciation (attach schedule) SEE STATEMENT 8	359,345	55c		
56	Investments—other (attach schedule)		56		
57a	Land, buildings, and equipment basis	1,106,251			
b	Less accumulated depreciation (attach schedule) SEE STATEMENT 9	410,354	57c	695,897	
58	Other assets, including program-related investments (describe SEE STATEMENT 10)	5,814	58	6,709	
59	Total assets (must equal line 74) Add lines 45 through 58	5,078,214	59	7,978,989	
Liabilities	60	Accounts payable and accrued expenses	110,149	60	128,025
	61	Grants payable		61	
	62	Deferred revenue		62	
	63	Loans from officers, directors, trustees, and key employees (attach schedule) SEE WORKSHEET	590,000	63	
	64a	Tax-exempt bond liabilities (attach schedule)		64a	
	b	Mortgages and other notes payable (attach schedule)		64b	
	65	Other liabilities (describe SEE STATEMENT 11)	453	65	1,137
66	Total liabilities. Add lines 60 through 65	700,602	66	129,162	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74				
	67	Unrestricted	4,336,174	67	5,883,379
	68	Temporarily restricted		68	
	69	Permanently restricted	41,438	69	41,438
	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 and column (B) must equal line 21)	4,377,612	73	7,849,827
74	Total liabilities and net assets/fund balances. Add lines 66 and 73	5,078,214	74	7,978,989	

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	5,047,392
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	5,047,392
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	5,047,392

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

a	Total expenses and losses per audited financial statements	a	1,575,177
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	1,575,177
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	1,575,177

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" If "Yes," attach a statement that includes the information described in the instructions	75c	X
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 <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81a	Enter direct and indirect political expenditures (See line 81 instructions)	81a	0
b	Did the organization file Form 1120-POL for this year?	81b	X

Part VI Other Information (continued)

		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	X	
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?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		
	N/A		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	N/A		
85a	501(c)(4), (5), or (6) Were substantially all dues nondeductible by members?		
	N/A		
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		
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		
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		
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		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		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		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"/>		
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
f	All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?		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?		X
	89g		
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, 2007 (See instructions)		40
	90b		
91a	The books are in care of <input type="text" value="KRISTEN GOFF"/> Telephone no. <input type="text" value="360-693-4746"/> <input type="text" value="2121 ST. FRANCIS LANE"/> Located at <input type="text" value="VANCOUVER, WA"/> ZIP + 4 <input type="text" value="98660"/>		
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)? If "Yes," enter the name of the foreign country <input type="text"/>		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
	91b		

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?

9fc Yes No

If "Yes," enter the name of the foreign country

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		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a SEE STATEMENT 13					268,710
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					342,662
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	127,967	
96 Dividends and interest from securities			14	10,294	
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	-340,095	
100 Gain or (loss) from sales of assets other than inventory			26		206,177
101 Net income or (loss) from special events			25	60,361	
102 Gross profit or (loss) from sales of inventory			5	173,396	
103 Other revenue a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0		31,923	817,549
105 Total (add line 104, columns (B), (D), and (E))					849,472

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).

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

Yes	No
	X

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

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

Yes	No
	X

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

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?

Yes	No

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 of officer: *Chuck Tourtellot* Date: 8/11/08

Type or print name and title: Chuck Tourtellot

Paid Preparer's Use Only

Preparer's signature: *[Signature]* Date: 8/11/08 Check if self-employed: 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 EIN: 91-1039476
915 BROADWAY SUITE 310 Phone no: 360-694-3886
VANCOUVER, WA 98660-3288

**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 4947(a)(1) Nonexempt Charitable Trust

OMB No 1545-0047

2007

Department of the Treasury
Internal Revenue Service

Supplementary Information-(See separate instructions.)
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

HUMANE SOCIETY FOR SOUTHWEST WASHINGTON

Employer identification number

91-0759124

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to empl benefit plans & deferred comp	(e) Expense account and other allowances
KIMBERLY DAUPHIN 10205 NE 20TH CIRCLE VANCOUVER WA 98664	DEVELOPMENT 40	75,418	3,700	0

Total number of other employees paid over \$50,000 ▶ 0

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 ▶

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)		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?		X
b	Lending of money or other extension of credit?		X
c	Furnishing of goods, services, or facilities?		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V-A, FORM 990	X	
e	Transfer of any part of its income or assets?		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)		X
b	Did the organization have a section 403(b) annuity plan for its employees?		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		X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?		X
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g		X
b	Did the organization make any taxable distributions under section 4966?		
c	Did the organization make a distribution to a donor, donor advisor, or related person?		
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 8 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 Integrated
 - Type III-Other

Provide the following information about the supported organizations. (See page 8 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?		(e) Amount of support
			Yes	No	
Total					

- 14 An organization organized and operated to test for public safety Section 509(a)(4) (See page 8 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) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	1,450,637	1,295,076	1,127,130	663,022	4,535,865
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	644,005	960,164	963,011	839,503	3,406,683
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	68,775	52,111	32,839	8,149	161,874
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	2,163,417	2,307,351	2,122,980	1,510,674	8,104,422
24 Line 23 minus line 17	1,519,412	1,347,187	1,159,969	671,171	4,697,739
25 Enter 1% of line 23	21,634	23,074	21,230	15,107	

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24	26a	93,955
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 2003 through 2006 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	4,697,739
d Add Amounts from column (e) for lines 18 <u>161,874</u> 19 _____ 22 _____ 26b _____	26d	161,874
e Public support (line 26c minus line 26d total)	26e	4,535,865
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))	26f	96.5542%

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

(2006)	(2005)	(2004)	(2003)	
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	(2006)	(2005)	(2004)	(2003)
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 2003 through 2006, 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	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 11 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-		
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	41	
Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000 \$1,000,000		
42 Grassroots nontaxable amount (enter 25% of line 41)	42	
43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	
44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below
 See the instructions for lines 45 through 50 on page 13 of the instructions)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(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 14 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.)

	Yes	No	Amount

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

Form **4562**
 Department of the Treasury
 Internal Revenue Service

Depreciation and Amortization
 (Including Information on Listed Property)

OMB No 1545-0172

2007

Attachment
 Sequence No **67**

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

Name(s) shown on return HUMANE SOCIETY FOR 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	125,000																								
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	500,000																								
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																									
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">6 (a) Description of property</td> <td style="width:25%;">(b) Cost (business use only)</td> <td style="width:25%;">(c) Elected cost</td> </tr> <tr> <td>7 Listed property. Enter the amount from line 29</td> <td style="text-align:center;">7</td> <td></td> </tr> <tr> <td>8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7</td> <td style="text-align:center;">8</td> <td></td> </tr> <tr> <td>9 Tentative deduction. Enter the smaller of line 5 or line 8</td> <td style="text-align:center;">9</td> <td></td> </tr> <tr> <td>10 Carryover of disallowed deduction from line 13 of your 2006 Form 4562</td> <td style="text-align:center;">10</td> <td></td> </tr> <tr> <td>11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)</td> <td style="text-align:center;">11</td> <td></td> </tr> <tr> <td>12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11</td> <td style="text-align:center;">12</td> <td></td> </tr> <tr> <td>13 Carryover of disallowed deduction to 2008. Add lines 9 and 10, less line 12</td> <td style="text-align:center;">13</td> <td></td> </tr> </table>			6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost	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 2006 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 2008. Add lines 9 and 10, less line 12	13	
6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost																								
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 2006 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 2008. 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) and cellulosic biomass ethanol plant 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	52,021

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 2007	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 <input type="checkbox"/>		

Section B-Assets Placed in Service During 2007 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 2007 Tax Year Using the Alternative Depreciation System

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	52,110
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.

Form **4562** (2007)

Other Notes and Loans Receivable

Forms
990 / 990-PF

2007

For calendar year 2007, or tax year beginning , and ending

Name
**HUMANE SOCIETY FOR SOUTHWEST
WASHINGTON**

Employer Identification Number
91-0759124

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

Name of borrower	Relationship to disqualified person
(1) CONTRACTS REC - KCLICKITAT 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	5,985	
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Totals	6,250	5,985	

Forms 990 / 990-PF	Loans from Officers, Directors, Trustees, and Key Employees or Other Disqualified Persons	2007
For calendar year 2007, or tax year beginning _____, and ending _____		

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

FORM 990, PART IV, LINE 63 - 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	\$ 20,529
GAIN/LOSS ON INVESTMENTS	-1,361
GAIN/LOSS ON INVESTMENTS-BLDG	-359,263
WORTHLESS NEW FACILITY DEV. C	-
TOTAL	\$ <u>-340,095</u>

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	Depr	Gain/-Loss
LAND - BATTLE GROUND	PURCHASE		3/13/98	2/16/07	\$ 550,000	\$ 342,512	\$	\$ 207,488
AUTOCLAVE	PURCHASE		6/14/01	12/31/07		2,914	1,822	-1,092
1993 DODGE CARAVAN	PURCHASE		12/23/02	1/08/07	525	1,200	456	-219
TOTAL					<u>\$ 550,525</u>	<u>\$ 346,626</u>	<u>\$ 2,278</u>	<u>\$ 206,177</u>

Federal Statements

Statement 3 - 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	\$ 529,093	\$ 355,697	\$ 173,396
TOTAL	<u>\$ 529,093</u>	<u>\$ 355,697</u>	<u>\$ 173,396</u>

Federal Statements

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

<u>Name</u>	<u>Program Services</u>	<u>Management & General</u>	<u>Fundraising</u>
EXPENSES	\$	\$	\$
CHUCK TOURTILLOTT COMPENSATION		66,639	
TOTAL	\$ 0	\$ 66,639	\$ 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	248		248	
AUTO INS - ADMIN	324		324	
GEN ACCTG-ADMINISTRATION	2,575		2,575	
EDUCATION-ADMINISTRATION	912		912	
DUES/SUBSCRIPTIONS-ADMIN	111		111	
BANK FEES/OTHER ADMINISTRATIO	2,914		2,914	
OTHER TAX/LIC- ADMIN	-9		-9	
PROF FEES-ADMINISTRATION	15,040		15,040	
MISC. - DISCOUNTS	1,139		1,139	
INTEREST EXPENSE	89		89	
FAC INS-DEVELOPMENT	248			248
AUTO LIC. - DEVELOPEMENT	90			90
GASOLINE-DEVELOPMENT	100			100
AUTO INS. - DEVELOPMENT	648			648
NEWSLETTER-SPCL EVNT/FND RAIS	5,309			5,309
GEN ACCTG-DEVELOPEMENT	355			355
EDUCATION-DEVELOPMENT	250			250
ADVERTISING-DEVELOPEMENT	3,671			3,671
VOLUNTEERS-DEVELOPMENT	33			33
DUES/SUBSCRIPTIONS-DEVELOPE	258			258
BANK FEE/OTHER-SP EVT/FND RAI	1,809			1,809
EXCISE TAX- DEVELOPMENT	440			440
PROF FEES-DEVELOPEMENT	612			612
DISPOSAL-ANIMAL CARE	18,650	18,650		
VET SERVICES-ANIMAL CARE	4,353	4,353		
VET SERVICES-FOSTER CARE	720	720		
FAC INS-ANIMAL CARE	7,257	7,257		
FAC INS-VOLUNTEER	248	248		
FAC INS-VETERINARY	923	923		
FAC INS-EDUCATION	248	248		
AUTO LIC-ANIMAL CARE	112	112		
GASOLINE-ANIMAL CARE	2,249	2,249		
AUTO REPAIR-ANIMAL CARE	2,148	2,148		
AUTO INS-ANIMAL CARE	3,218	3,218		
AUTO INS. - VOLUNTEER	324	324		
AUTO INS-EDUCATION	324	324		
TILL OVER/SHORT-ANIMAL CARE	2,160	2,160		
NEWS LETTER- ANIMAL CARE	15,757	15,757		
NEWSLETTER-VOLUNTEER	173	173		
GEN ACCTG-ANIMAL CARE	2,959	2,959		
GEN ACCTG-VOLUNTEER	129	129		
GAN ACCTG-VETERINARY	787	787		
GEN ACCTG-EDUCATION	134	134		
EDUCATION-ANIMAL CARE	729	729		
EDUCATION-EDUCATION	1,914	1,914		
EDUCATION PROGRAMS	4,654	4,654		
ADVERTISING-ANIMAL CARE	2,803	2,803		
VOLUNTEERS-VOLUNTEER	5,859	5,859		
DUES/SUBCRIPTIONS-ANIMAL CARE	1,948	1,948		
DUES/SUBCRIPTIONS-VOLUNTEER	39	39		

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

Description	Total Expenses	Program Service	Mgt & General	Fund- Raising
DUES/SUBSCRIPTIONS - VETERINA	\$ 459	\$ 459	\$	\$
DUES/SUBSCRIPTIONS-EDUCATION	2,088	2,088		
BANK FEES/OTHER-ANIMAL CARE	8,136	8,136		
EXCISE TAX-ANIMAL CARE	7,197	7,197		
EXCISE TAX-VETERINARY	3,734	3,734		
OTHER TAX/ LICENSE-ANIMAL CAR	635	635		
PROF FEES-ANIMAL CARE	6,525	6,525		
PROF FEES-VOLUNTEER	306	306		
PROF FEES-VETERINARY	6,035	6,035		
PROF FEES-EDUCATION	1,306	1,306		
MOVING EXPENSE - ANIMAL CARE	8,000	8,000		
MOVING EXPENSE - VOLUNTEER	4,000	4,000		
CONTRIBUTION-ANIMAL CARE	4,525	4,525		
TOTAL	<u>\$ 170,931</u>	<u>\$ 133,765</u>	<u>\$ 23,343</u>	<u>\$ 13,823</u>

Statement 6 - Form 990, Part III - Organization's Primary Exempt Purpose

Description

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

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>	<u>Basis of Valuation</u>
CORPORATE STOCK	\$	\$	
AG EDWARDS-BUILDING FUNDS	135,839		
AG EDWARDS-GENERAL FUNDS	205,225		
WEST COAST - INVESTMENTS	6,866		
RAYMOND JAMES INVESTMENTS		447,207	
ENDOWMENT FUND-COMM FOUNDATION	195,767	214,193	
MORGAN STANLEY		219,153	
TOTAL	<u>\$ 543,697</u>	<u>\$ 880,553</u>	

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

<u>Description</u>	<u>Beginning of Year</u>	<u>Accum Depr</u>	<u>End of Year</u>	<u>Accum Depr</u>
NEW FACILITY DEVELOPMENT COST	\$ 359,263	\$	\$	\$
OTHER EQUIPMENT	82			
TOTAL	<u>\$ 359,345</u>	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>

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

<u>Description</u>	<u>Beginning of Year</u>	<u>Accum Depr</u>	<u>End of Year</u>	<u>Accum Depr</u>
BEGINNING ASSETS	\$ 1,085,808	\$ 364,767	\$ 1,106,251	\$ 410,354
	302,933			
TOTAL	<u>\$ 1,388,741</u>	<u>\$ 364,767</u>	<u>\$ 1,106,251</u>	<u>\$ 410,354</u>

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

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
EMPLOYEE DRAWS/GARNISHMENTS	\$ 5,814	\$ 1,113
INTEREST RECEIVABLE		5,596
TOTAL	<u>\$ 5,814</u>	<u>\$ 6,709</u>

Federal Statements

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

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
EMPLOYEE 401K CONTRIBUTIONS	\$ -86	\$
KAISER - EMPLOYEE CONTRIBUTION	539	1,137
TOTAL	<u>\$ 453</u>	<u>\$ 1,137</u>

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	0	0	0	0
PATRICIA NIERENBERG 2121 ST. FRANCIS LN VANCOUVER WA 98660	VICE PRESIDE	0	0	0	0
DORN SWIGART 2121 ST. FRANCIS LN VANCOUVER WA 98660	SECRETARY	0	0	0	0
DONALD FUESLER, MD 2121 ST. FRANCIS LN VANCOUVER WA 98660	DIRECTOR	0	0	0	0
MICHAEL BORTZ 2121 ST. FRANCIS LN VANCOUVER WA 98660	TREASURER	0	0	0	0
BETSY HARVEY 2121 ST. FRANCIS LN VANCOUVER WA 98660	DIRECTOR	0	0	0	0
WES LEMATTA 2121 ST. FRANCIS LN VANCOUVER WA 98660	DIRECTOR	0	0	0	0
STACEY WADDELL 2121 ST. FRANCIS LN VANCOUVER WA 98660	DIRECTOR	0	0	0	0
ELAINE KILLIAN 2121 ST. FRANCIS LN VANCOUVER WA 98660	DIRECTOR	0	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
ERIC SVENDSEN 2121 ST. FRANCIS LN VANCOUVER WA 98660	DIRECTOR	0	0	0	0
DONNA ROBERGE NOZEL 2121 ST. FRANCIS LN VANCOUVER WA 98660	DIRECTOR	0	0	0	0
STACEY WADDELL 2121 ST. FRANCIS LN VANCOUVER WA 98660	DIRECTOR	0	0	0	0
HARRY BRESNAHAN 2121 ST. FRANCIS LN VANCOUVER WA 98660	DIRECTOR	0	0	0	0
CHUCK TOURTILLOTT 2121 ST. FRANCIS LN VANCOUVER WA 98660	EXECUTIVE DI	40	66,639	0	0

Federal Statements

Statement 13 - 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		\$		\$	\$ 185,721
ADOPTION RETURNS - ANIMAL C					-13,865
ADOPTIONS - OUTREACH					1,408
SERVICE FEES-ANIMAL CARE					17,270
BOARD FEES-ANIMAL CARE					3,658
VETERINARY SVCS-ANIMAL CARE					22,330
VETERINARY SVCS - SURGERY					35,915
TRAP RENTAL-ANIMAL CARE					3,097
AGENT FEES-ANIMAL CARE					2,255
S/N DEPOSIT-ANIMAL CARE					600
RECYCLING-EDUCATION/VOLUNTE					866
MISCELLANEOUS					9,455
TOTAL		\$ <u>0</u>		\$ <u>0</u>	\$ <u>268,710</u>

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

<u>Line No.</u>	<u>Description</u>
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 **8868**
(Rev. April 2007)

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Department of the Treasury
Internal Revenue Service

▶ File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
 - If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868**

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

Section 501(c) corporations required to file Form 990-T and requesting an automatic 6-month extension-check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c) corporations required to file Form 990-T) However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868 For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits

Type or print File by the due date for filing your return See instructions	Name of Exempt Organization HUMANE SOCIETY OF SOUTHWEST WASHINGTON	Employer identification number 91-0759124
	Number, street, and room or suite no. If a P O box, see instructions 2121 ST FRANCIS LANE	
	City, town or post office, state, and ZIP code For a foreign address, see instructions VANCOUVER WA 98660	

Check type of return to be filed (file a separate application for each return):

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

● The books are in the care of ▶ **BRENDA FREIMUTH**

Telephone No ▶ **360-693-4746** FAX No ▶ **360-693-2338**

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6 months for a section 501(c) corporation required to file Form 990-T) extension of time until **8/15/08**, to file the exempt organization return for the organization named above. The extension is for the organization's return for calendar year **2007** or tax year beginning _____, and ending _____

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

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	3c	\$

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 4-2007)