

Form 990

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2007

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2007 calendar year, or tax year beginning APR 1, 2007 and ending MAR 31, 2008

B Check if applicable: C Name of organization THE HUMANE SOCIETY FOR SEATTLE/KING COUNTY D Employer identification number 91-0282060 E Telephone number (425) 641-0080 F Accounting method: [] Cash [X] Accrual [] Other (specify)

G Website: WWW.SEATTLEHUMANE.ORG J Organization type [X] 501(c)(3) 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.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 5,597,178. M Check [] if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

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

723001 12-27-07

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

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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.

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 \$ 0 . noncash \$ 0 .) If this amount includes foreign grants, check here <input type="checkbox"/>				
22b Other grants and allocations (attach schedule) (cash \$ 0 . noncash \$ 0 .) 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	122,448.	73,469.	36,734.	12,245.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	0.	0.	0.	0.
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)				
26 Salaries and wages of employees not included on lines 25a, b, and c	1,862,928.	1,526,078.	241,027.	95,823.
27 Pension plan contributions not included on lines 25a, b, and c				
28 Employee benefits not included on lines 25a - 27	153,827.	124,600.	21,536.	7,691.
29 Payroll taxes	197,437.	165,013.	14,039.	18,385.
30 Professional fundraising fees				
31 Accounting fees				
32 Legal fees				
33 Supplies	354,034.	330,820.	3,397.	19,817.
34 Telephone	21,011.	20,037.	733.	241.
35 Postage and shipping	68,362.	10,711.	883.	56,768.
36 Occupancy	86,838.	83,192.	2,193.	1,453.
37 Equipment rental and maintenance	146,274.	122,265.	7,171.	16,838.
38 Printing and publications	95,451.	42,192.	905.	52,354.
39 Travel	34,701.	29,351.	2,084.	3,266.
40 Conferences, conventions, and meetings				
41 Interest				
42 Depreciation, depletion, etc. (attach schedule)	97,420.	93,585.	900.	2,935.
43 Other expenses not covered above (itemize):				
a				
b				
c				
d				
e				
f				
g SEE STATEMENT 5	457,061.	206,929.	65,372.	184,760.
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	3,697,792.	2,828,242.	396,974.	472,576.

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 \$ 55,709. ; (ii) the amount allocated to Program services \$ 31,619. ;

(iii) the amount allocated to Management and general \$ 0. ; and (iv) the amount allocated to Fundraising \$ 24,090.

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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? ANIMAL WELFARE ORGANIZATION	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
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.)	
a ADOPTION SERVICES: SEE ATTACHMENT A (Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	2,082,232.
b HUMANE EDUCATION: SEE ATTACHMENT A (Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	440,381.
c BOARDING SERVICES: SEE ATTACHMENT A (Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	118,057.
d SPAY AND NEUTER: SEE ATTACHMENT A (Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	187,572.
e Other program services (attach schedule) (Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	2,828,242.

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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	664,901.	45	394,810.
	46 Savings and temporary cash investments		46	747,543.
	47 a Accounts receivable			
	b Less: allowance for doubtful accounts	3,294.	47c	
	48 a Pledges receivable	175,000.		
	b Less: allowance for doubtful accounts	195,000.	48c	175,000.
	49 Grants receivable		49	
	50 a Receivables from current and former officers, directors, trustees, and key employees		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		50b	
	51 a Other notes and loans receivable			
	b Less: allowance for doubtful accounts		51c	
	52 Inventories for sale or use	93,047.	52	117,003.
	53 Prepaid expenses and deferred charges	21,281.	53	25,621.
	54 a Investments - publicly-traded securities STMT 7 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	3,117,445.	54a	2,850,635.
	b Investments - other securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b	
55 a Investments - land, buildings, and equipment: basis				
b Less: accumulated depreciation		55c		
56 Investments - other	0.	56	0.	
57 a Land, buildings, and equipment: basis	2,619,334.			
b Less: accumulated depreciation STMT 6	1,702,089.	57c	917,245.	
58 Other assets, including program-related investments (describe ▶		58		
59 Total assets (must equal line 74). Add lines 45 through 58	4,784,440.	59	5,227,857.	
Liabilities	60 Accounts payable and accrued expenses	260,710.	60	273,785.
	61 Grants payable		61	
	62 Deferred revenue	125,485.	62	106,425.
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable		64b	
	65 Other liabilities (describe ▶ CAPITAL LEASE	11,760.	65	8,206.
66 Total liabilities. Add lines 60 through 65	397,955.	66	388,416.	
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	4,060,701.	67	4,501,690.
	68 Temporarily restricted	183,346.	68	186,765.
	69 Permanently restricted	142,438.	69	150,986.
	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)	4,386,485.	73	4,839,441.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	4,784,440.	74	5,227,857.

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Part VI Other Information (continued)		Yes	No
82 a	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 21,518.		
83 a	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 <i>quid pro quo</i> contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
85 a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
c	Dues, assessments, and similar amounts from members		
d	Section 162(e) lobbying and political expenditures		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
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?		
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12		
b	Gross receipts, included on line 12, for public use of club facilities		
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
88 a	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
89 a	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) organizations. 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		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		
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? N/A		
90 a	List the states with which a copy of this return is filed ▶ WA		
b	Number of employees employed in the pay period that includes March 12, 2007		65
91 a	The books are in care of ▶ KEN FARMER Telephone no. ▶ 425-649-7564 Located at ▶ 13212 SE EASTGATE WAY, BELLEVUE, WA ZIP + 4 ▶ 98005		
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)?		X
	If "Yes," enter the name of the foreign country ▶ N/A		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		

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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? 91c Yes No
 If "Yes," enter the name of the foreign country N/A

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 N/A

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

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a ADOPTION FEES					303,388.
b BOARDING FEES	812900	169,941.			
c SPAY/NEUTER FEES					83,492.
d EDUCATION/OTHER SERVICE					268,998.
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	17,044.	
96 Dividends and interest from securities			14	248,456.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	-5,632.	
101 Net income or (loss) from special events			01		
102 Gross profit or (loss) from sales of inventory					19,822.
103 Other revenue:					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		169,941.		259,868.	675,700.
105 Total (add line 104, columns (B), (D), and (E))					1,105,509.

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 9

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).

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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). N/A

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

	(A) Name, address, of each controlled entity	(B) Employer Identification 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

	(A) Name, address, of each controlled entity	(B) Employer Identification 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

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

Please Sign Here

Signature of officer: Bravel J Barnett Date: 2-15-09

Type or print name and title: _____

Paid Preparer's Use Only

Preparer's signature: HOWARD DONKIN, CPA Date: 02/15/09 Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: JACOBSON JARVIS & CO, PLLC
600 STEWART STREET, SUITE 1900
SEATTLE, WA 98101-1219

EIN: _____ Phone no.: (206)-628-8990

Form 990 (2007)

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

OMB No. 1545-0047

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

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 **THE HUMANE SOCIETY
FOR SEATTLE/KING COUNTY** Employer identification number
91 0282060

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

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
KENNETH FARMER 13212 SE EASTGATE WAY, BELLEVUE, WA	CFO 40.00	74,759.	3,899.	
LOEWE DAVID 13212 SE EASTGATE WAY, BELLEVUE, WA	FACILITIES DIRECTOR 40.00	66,962.		
TRACI GARCIA 13212 SE EASTGATE WAY, BELLEVUE, WA	VET. SUPERVISOR 40.00	52,452.	3,899.	
BETHANY FAULKER 13212 SE EASTGATE WAY, BELLEVUE, WA	STAFF VET 40.00	80,057.	3,899.	
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 ▶		0

THE HUMANE SOCIETY

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.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		X
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a	Sale, exchange, or leasing of property?		X
b	Lending of money or other extension of credit?		X
c	Furnishing of goods, services, or facilities?		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V-A, FORM 990	X	
e	Transfer of any part of its income or assets?		X
3	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
4	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?	N/A	
c	Did the organization make a distribution to a donor, donor advisor, or related person?	N/A	
d	Enter the total number of donor advised funds owned at the end of the tax year		0
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year		0.
f	Enter the total number of separate funds or accounts owned at the end of the 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 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.)

THE HUMANE SOCIETY

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.)	2,295,842.	2,569,066.	1,813,040.	1,515,333.	8,193,281.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	1,073,578.	862,366.	1,116,300.	1,160,760.	4,213,004.
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	128,427.	88,716.	43,925.	26,638.	287,706.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	3,497,847.	3,520,148.	2,973,265.	2,702,731.	12,693,991.
24 Line 23 minus line 17	2,424,269.	2,657,782.	1,856,965.	1,541,971.	8,480,987.
25 Enter 1% of line 23	34,978.	35,201.	29,733.	27,027.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 169,620.
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 829,744.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 8,480,987.
d Add: Amounts from column (e) for lines: 18 287,706. 19 22 26b 829,744.					26d 1,117,450.
e Public support (line 26c minus line 26d total)					26e 7,363,537.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 86.8241%
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 N/A
d Add: Line 27a total and line 27b total					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %

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.

THE HUMANE SOCIETY

Part V Private School Questionnaire (See page 9 of the instructions.)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	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.)			

34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b	Has the organization's right to such aid ever been revoked or suspended?	34b	
If you answered "Yes" to either 34a or b, please explain using an attached statement.			
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	

THE HUMANE SOCIETY

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)

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

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				0.
46	Lobbying ceiling amount (150% of line 45(e))				0.
47	Total lobbying expenditures				0.
48	Grassroots nontaxable amount				0.
49	Grassroots ceiling amount (150% of line 48(e))				0.
50	Grassroots lobbying expenditures				0.

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:	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.)			0.

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 14 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

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

- (i) Cash
(ii) Other assets

b Other transactions:

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

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

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

Table with 3 columns: Question, Yes, No. Rows include 51a(i), a(ii), b(i-vi), and c.

N/A

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

52 a 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 (with checked box)

b If "Yes," complete the following schedule: N/A

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for
line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

2007

Name of organization

**THE HUMANE SOCIETY
FOR SEATTLE/KING COUNTY**

Employer identification number

91-0282060

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

General Rule-

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

Special Rules-

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)

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

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

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2007)

Name of organization THE HUMANE SOCIETY FOR SEATTLE/KING COUNTY	Employer identification number 91-0282060
--	---

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 221,802.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		\$ 100,991.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3		\$ 286,615.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4		\$ 259,696.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

FORM 990 GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES STATEMENT 1

DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
PUBLICLY TRADED SECURITIES	986,735.	993,017.	0.	-6,282.
GAIN ON DISPOSAL OF PROPERTY	0.	-650.	0.	650.
TO FORM 990, PART I, LINE 8	986,735.	992,367.	0.	-5,632.

FORM 990 SPECIAL EVENTS AND ACTIVITIES STATEMENT 2

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME OR (LOSS)
TUXES AND TAILS AUCTION	829,589.	705,474.	124,115.	124115.	0.
DOG WALK	35,249.	31,465.	3,784.	3,784.	0.
OTHER SPECIAL EVENTS	7,901.	4,656.	3,245.	3,245.	0.
TO FM 990, PART I, LINE 9	872,739.	741,595.	131,144.	131144.	0.

FORM 990

INCOME AND COST OF GOODS SOLD
INCLUDED ON PART I, LINE 10

STATEMENT 3

INCOME

1. GROSS RECEIPTS	45,492	
2. RETURNS AND ALLOWANCES		
3. LINE 1 LESS LINE 2		45,492
4. COST OF GOODS SOLD (LINE 13)	25,670	
5. GROSS PROFIT (LINE 3 LESS LINE 4)		19,822

COST OF GOODS SOLD

6. INVENTORY AT BEGINNING OF YEAR	93,047	
7. MERCHANDISE PURCHASED	49,626	
8. COST OF LABOR		
9. MATERIALS AND SUPPLIES		
10. OTHER COSTS		
11. ADD LINES 6 THROUGH 10		142,673
12. INVENTORY AT END OF YEAR	117,003	
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12)		25,670

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	4
DESCRIPTION		AMOUNT	
UNREALIZED MARKET GAINS		-286,249.	
NONDEDUCTIBLE TAX EXPENSE		-11,000.	
TOTAL TO FORM 990, PART I, LINE 20		-297,249.	

FORM 990	OTHER EXPENSES			STATEMENT	5
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING	
INVESTMENT AND BANK FEES	56,245.	24,896.	22,433.	8,916.	
FUNDRAISING	186,622.	12,548.		174,074.	
PROFESSIONAL FEES	78,905.	32,676.	39,584.	6,645.	
MARKETING AND PROMOTION	69,441.	57,480.	345.	11,616.	
MISCELLANEOUS	30,347.	26,838.	1,266.	2,243.	
TAXES AND LICENSES	16,159.	15,214.	305.	640.	
INSURANCE	40,859.	38,545.	1,688.	626.	
LESS: IN-KIND SERVICES/FACILITIES INCLUDED ABOVE	-21,517.	-1,268.	-249.	-20,000.	
TOTAL TO FM 990, LN 43	457,061.	206,929.	65,372.	184,760.	

FORM 990	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT			STATEMENT	6
DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE		
LAND	296,524.	0.	296,524.		
EQUIPMENT	812,913.	605,630.	207,283.		
BUILDING	1,509,897.	1,096,459.	413,438.		
TOTAL TO FORM 990, PART IV, LN 57	2,619,334.	1,702,089.	917,245.		

FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 7

SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
EQUITY SECURITIES	FMV	1,793,558.			1,793,558.
CORPORATE BONDS	FMV		1,057,077.		1,057,077.
TO FORM 990, LINE 54A, COL B		1,793,558.	1,057,077.		2,850,635.

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 8

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN-SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
BRENDA BARNETTE 13212 SE EASTGATE WAY BELLEVUE, WA 98005	CEO 40.00	122,448.	3,899.	0.
CHARLES J STEMPLER 13212 SE EASTGATE WAY BELLEVUE, WA 98005	BOARD CHAIR 4.00	0.	0.	0.
MARTHA G FULLER 13212 SE EASTGATE WAY BELLEVUE, WA 98005	VICE CHAIR 4.00	0.	0.	0.
ELWOOD W HERTZOG 13212 SE EASTGATE WAY BELLEVUE, WA 98005	VICE CHAIR 4.00	0.	0.	0.
KAYCEE W KRISTY 13212 SE EASTGATE WAY BELLEVUE, WA 98005	VICE CHAIR 4.00	0.	0.	0.
PETER B TRUEX 13212 SE EASTGATE WAY BELLEVUE, WA 98005	SECRETARY 2.00	0.	0.	0.
A LEE ZUKER 13212 SE EASTGATE WAY BELLEVUE, WA 98005	TREASURER 2.00	0.	0.	0.

EDWARD M PASATIEMPO 13212 SE EASTGATE WAY BELLEVUE, WA 98005	DIRECTOR 2.00	0.	0.	0.
DANIEL ROSEN 13212 SE EASTGATE WAY BELLEVUE, WA 98005	DIRECTOR 2.00	0.	0.	0.
MICHELE M VIVONA 13212 SE EASTGATE WAY BELLEVUE, WA 98005	DIRECTOR 2.00	0.	0.	0.
HERBERT E WEISBAUM 13212 SE EASTGATE WAY BELLEVUE, WA 98005	DIRECTOR 2.00	0.	0.	0.
HEIDI C WESTON 13212 SE EASTGATE WAY BELLEVUE, WA 98005	DIRECTOR 2.00	0.	0.	0.
CHARLOTTE B YARKONI 13212 SE EASTGATE WAY BELLEVUE, WA 98005	DIRECTOR 2.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		122,448.	3,899.	0.

FORM 990 PART VIII - RELATIONSHIP OF ACTIVITIES TO STATEMENT 9
ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93A	FEEES FOR ADOPTING ANIMALS TO PROVIDE THEM WITH A GOOD HOME.
93C	FEEES FOR PROVIDING LOW COST SPAY & NEUTER SERVICES TO REDUCE THE NUMBER OF UNWANTED ANIMALS.
93D	FEEES FOR VARIOUS SERVICES AND EDUCATIONAL PROGRAMS THAT FURTHER THE SOCIETY'S MISSION.
102	SALE OF INVENTORY: SALE OF PET PRODUCTS ANCILLARY TO THE ADOPTION OF A PET FOR THE PET'S HEALTH AND WELFARE.

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

2007

Department of the Treasury
Internal Revenue Service (77)

For calendar year 2007 or other tax year beginning **APR 1, 2007** and ending **MAR 31, 2008**

Open to Public Inspection for
501(c)(3) Organizations Only

<p>A <input type="checkbox"/> Check box if address changed</p> <p>B Exempt under section: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)</p> <p>C Book value of all assets at end of year 5,227,857.</p>	<p>Print or Type</p>	<p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) THE HUMANE SOCIETY FOR SEATTLE/KING COUNTY</p> <p>Number, street, and room or suite no. If a P.O. box, see page 9 of instructions. 13212 SE EASTGATE WAY</p> <p>City or town, state, and ZIP code BELLEVUE, WA 98005-4492</p> <p>F Group exemption number (see instructions for Block F.)</p> <p>G Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust</p>	<p>D Employer identification number (Employees' trust, see instructions for Block D on page 9.) 91-0282060</p> <p>E Unrelated business activity codes (See instructions for Block E on page 9.) 812900</p>
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H Describe the organization's primary unrelated business activity. **PET BOARDING AND BATHING SERVICES.**

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No
If "Yes," enter the name and identifying number of the parent corporation.

J The books are in care of **KEN FARMER** Telephone number **425-649-7564**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales 169,941.			
b Less returns and allowances			
c Balance	169,941.		
2 Cost of goods sold (Schedule A, line 7)			
3 Gross profit. Subtract line 2 from line 1c	169,941.		169,941.
4a Capital gain net income (attach Schedule D)			
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)			
c Capital loss deduction for trusts			
5 Income (loss) from partnerships and S corporations (attach statement)			
6 Rent income (Schedule C)			
7 Unrelated debt-financed income (Schedule E)			
8 Interest, annuities, royalties, and rents from controlled organizations (Sch. F)			
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)			
10 Exploited exempt activity income (Schedule I)			
11 Advertising income (Schedule J)			
12 Other income (See instructions; attach schedule.)			
13 Total. Combine lines 3 through 12	169,941.		169,941.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)
(Except for contributions, deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K)	14	
15 Salaries and wages	15	66,549.
16 Repairs and maintenance	16	3,087.
17 Bad debts	17	
18 Interest (attach schedule)	18	
19 Taxes and licenses	19	6,279.
20 Charitable contributions (See instructions for limitation rules.)	20	
21 Depreciation (attach Form 4562)	21	2,787.
22 Less depreciation claimed on Schedule A and elsewhere on return	22a	
	22b	2,787.
23 Depletion	23	
24 Contributions to deferred compensation plans	24	
25 Employee benefit programs	25	4,984.
26 Excess exempt expenses (Schedule I)	26	
27 Excess readership costs (Schedule J)	27	
28 Other deductions (attach schedule) SEE STATEMENT 10	28	48,569.
29 Total deductions. Add lines 14 through 28	29	132,255.
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	37,686.
31 Net operating loss deduction (limited to the amount on line 30)	31	
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32	37,686.
33 Specific deduction (Generally \$1,000, but see instructions for exceptions)	33	1,000.
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34	36,686.

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and: a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ _____ (2) \$ _____ (3) \$ _____ b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____ (2) Additional 3% tax (not more than \$100,000) \$ _____ c Income tax on the amount on line 34	35c	5,503.
36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	36	
37 Proxy tax. See instructions	37	
38 Alternative minimum tax	38	
39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies	39	5,503.

Part IV Tax and Payments

40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	40a		40e	
b Other credits (see instructions)	40b			
c General business credit. Check here and indicate which forms are attached: <input type="checkbox"/> Form 3800 <input type="checkbox"/> Form(s) (specify) ▶ _____	40c			
d Credit for prior year minimum tax (attach Form 8801 or 8827)	40d			
e Total credits. Add lines 40a through 40d	40e			
41 Subtract line 40e from line 39	41	5,503.		
42 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	42			
43 Total tax. Add lines 41 and 42	43	5,503.		
44a Payments: A 2006 overpayment credited to 2007	44a	3,340.	45	14,340.
b 2007 estimated tax payments	44b	11,000.		
c Tax deposited with Form 8868	44c			
d Foreign organizations: Tax paid or withheld at source (see instructions)	44d			
e Backup withholding (see instructions)	44e			
f Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total ▶	44f			
45 Total payments. Add lines 44a through 44f	45	14,340.		
46 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	46			
47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed	47			
48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid	48	8,837.		
49 Enter the amount of line 48 you want: Credited to 2008 estimated tax 8,837. Refunded	49	0.		

Part V Statements Regarding Certain Activities and Other Information (See instructions on page 18)

1 At any time during the 2007 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1. If YES, enter the name of the foreign country here ▶	Yes	No
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see page 5 of the instructions for other forms the organization may have to file.		X
3 Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$		

Schedule A - Cost of Goods Sold. Enter method of inventory valuation ▶ N/A

1 Inventory at beginning of year	1		6 Inventory at end of year	6	
2 Purchases	2		7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
3 Cost of labor	3		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
4a Additional section 263A costs	4a				X
b Other costs (attach schedule)	4b				
5 Total. Add lines 1 through 4b	5				

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 taxpayer) is based on all information of which preparer has any knowledge.

Sign Here
 Signature of officer: Howard J Banwith Date: 2-15-09 Title: CEO

May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer's Use Only
 Preparer's signature: HOWARD DONKIN, CPA Date: 02/15/09 Check if self-employed
 Firm's name (or yours if self-employed), address, and ZIP code: JACOBSON JARVIS & CO, PLLC
600 STEWART STREET, SUITE 1900
SEATTLE, WA 98101-1219
 Preparer's SSN or PTIN: P00147726
 EIN: 91-2011386
 Phone no.: (206)-628-8990

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instr. on pg 20)

2 Rent received or accrued		3 Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	
(1)		
(2)		
(3)		
(4)		
Total	0.	Total 0.
Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) 0.		Total deductions. Enter here and on page 1, Part I, line 6, column (B) 0.

Schedule E - Unrelated Debt-Financed Income (See instructions on page 20)

1 Description of debt-financed property	2 Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)				
(2)				
(3)				
(4)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Column 4 divided by column 5	7 Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			0.	0.
Total dividends-received deductions included in column 8			0.	0.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (See instructions on page 21)

1 Name of Controlled Organization	2 Employer Identification Number	Exempt Controlled Organizations			
		3 Net unrelated income (loss) (see instructions)	4 Total of specified payments made	5 Part of column 4 that is included in the controlling organization's gross income	6 Deductions directly connected with income in column (5)
(1)					
(2)					
(3)					
(4)					
Nonexempt Controlled Organizations					
7 Taxable Income	8 Net unrelated income (loss) (see instructions)	9 Total of specified payments made	10 Part of column 9 that is included in the controlling organization's gross income	11 Deductions directly connected with income in column 10	
(1)					
(2)					
(3)					
(4)					
Totals			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A). 0.	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B). 0.	

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization

(see instructions on page 22)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
	Enter here and on page 1, Part I, line 9, column (A).			Enter here and on page 1, Part I, line 9, column (B).
Totals	0.			0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income

(see instructions on page 22)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).				Enter here and on page 1, Part II, line 26.
Totals	0.	0.				0.

Schedule J - Advertising Income (see instructions on page 22)

Part I Income From Periodicals Reported on a Consolidated Basis

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))	0.	0.				0.

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

(1)						
(2)						
(3)						
(4)						
(5) Totals from Part I	0.	0.				0.
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5)	0.	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions on page 23)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
		%	
		%	
		%	
		%	
Total. Enter here and on page 1, Part II, line 14			0.

FORM 990-T

OTHER DEDUCTIONS

STATEMENT 10

DESCRIPTION	AMOUNT
BANK FEES	4,514.
FOOD, SUPPLIES, AND MEDICINE	14,012.
UTILITIES	8,745.
INSURANCE	1,947.
TELEPHONE	814.
TRAVEL AND MEETINGS	120.
OTHER EXPENSES	660.
MARKETING AND PROMOTION	984.
ALLOCATION OF ADMINISTRATIVE COSTS	14,198.
PROFESSIONAL FEES	2,543.
POSTAGE	32.
TOTAL TO FORM 990-T, PAGE 1, LINE 28	48,569.

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

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

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

Part II Additional (Not Automatic) 3-Month Extension of Time. You must file original and one copy.		
Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization THE HUMANE SOCIETY FOR SEATTLE/KING COUNTY	Employer identification number 91-0282060
	Number, street, and room or suite no. If a P.O. box, see instructions. 13212 SE EASTGATE WAY	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. BELLEVUE, WA 98005-4492	

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

- Form 990
 Form 990-EZ
 Form 990-T (sec. 401(a) or 408(a) trust)
 Form 1041-A
 Form 5227
 Form 8870
 Form 990-BL
 Form 990-PF
 Form 990-T (trust other than above)
 Form 4720
 Form 6069

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

- The books are in the care of **▶ KEN FARMER**
Telephone No. **▶ 425-649-7564** FAX No. **▶**
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) **_____**. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **FEBRUARY 15, 2009.**

5 For calendar year **_____**, or other tax year beginning **APR 1, 2007**, and ending **MAR 31, 2008**.

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

7 State in detail why you need the extension
ADDITIONAL TIME IS REQUESTED IN ORDER TO GATHER INFORMATION NEEDED TO PREPARE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$ N/A

Signature and Verification

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

Signature **▶** Title **▶** Date **▶**

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

Part II		Additional (Not Automatic) 3-Month Extension of Time. You must file original and one copy.	
Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization THE HUMANE SOCIETY FOR SEATTLE/KING COUNTY	Employer identification number 91-0282060	
	Number, street, and room or suite no. If a P.O. box, see instructions. 13212 SE EASTGATE WAY	For IRS use only	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. BELLEVUE, WA 98005-4492		

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

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 Form 990-EZ
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 Form 8870
 Form 990-BL
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 Form 990-T (trust other than above)
 Form 4720
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5 For calendar year **_____**, or other tax year beginning **APR 1, 2007**, and ending **MAR 31, 2008**.

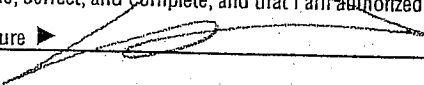
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b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$
c	Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$ N/A

Signature and Verification

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

Signature **▶**  Title **▶** **CRA** Date **▶** **11-13-08**

Adoption Services

Most of the animals received each year in our Adoption Center are cats and dogs; however, we also accept and care for rabbits, other rodents, and birds. Most of our residents come to us from owners who can no longer care for their pets; a small population comes to us as strays (**total of 4,973 animals**). We neither euthanize cats or dogs for lack of space nor place time limits on animals available for adoption as long as they remain healthy and well adjusted.

Our adoption advisors focus on making the right connections between people and animals (**3,758 adoptions**). From providing health exams to performing temperament evaluations, each animal is looked at individually by our professional staff of veterinarians, veterinary staff, and adoption experts. We enhance our ability to adopt animals into the right homes by offering specialized programs:

Pet Request - customers can specify exactly what breed of animal they are looking to adopt.

Pets for Seniors - allows senior citizens to adopt a cat or dog at a reduced fee.

Offsite Adoption - provides services at many locations throughout our community.

Home Placement - our adoption advisors take animals to senior citizens and disabled individuals who cannot visit our Adoption Center.

Animal Socialization Programs

Specially-trained volunteers play an important part in the day-to-day socialization of our adoption animals.

Cat Behavior and Socialization: Increases the adoptability of our cats by providing exercise, mental stimulation, basic grooming and socialization

Dog Behavior and Socialization: Uses positive reinforcement techniques to help increase the adoptability of our dogs by encouraging them to display desired behaviors including focusing on the person, sitting, and walking on leash. Volunteers also provide the dogs with exercise, socialization time and love.

Foster Parents: Volunteers provide temporary care in their homes for animals with short-term special needs until they can be made available for adoption. Most foster animals are injured, sick, or kittens and puppies that are too young to be placed for adoption

Humane Education and Other

Our organization is dedicated to teaching children the importance and value of kindness and respect for all living creatures, educating guardians about their pets' needs and behaviors, and increasing awareness within our community about animal welfare issues.

Curriculum Materials: We offer age-specific materials and resources for use in classrooms and youth programs. Each packet contains information and lesson plans on kindness, responsible pet care, pet safety, choosing a pet and pet overpopulation.

Campus Tours: We offer campus tours for children and adults that include an age-appropriate discussion of our organization's programs and services, responsible pet care, pet overpopulation and kindness towards animals.

Dog Training Classes: We strongly believe that dog training classes benefit a dog's disposition, improve the dog's socialization skills, enhances the relationship between pet and guardian and lays the foundation for a strong, lifelong relationship between guardian and dog.

Our dog training classes use positive and gentle training methods to ensure each dogs success. Students learn to use a clicker, a science-based system for teaching new behaviors with positive reinforcement, as a marker signal to tell the dog when he is doing the desired behavior

People and Pet Workshops: Our workshops focus on strengthening companionship between people and their pets by offering fun and educational topics to pet owners. Each year, we bring back old favorites as well as offer new topics to pet enthusiasts throughout our community.

Humane Teen Club: In September 2002, we launched The Humane Teen Club (HTC) to provide volunteer opportunities for 13- to 15- year and expose them to the benefits of animal companionship. HTC focuses on the importance of animal companionship and welfare through monthly meetings featuring educational presentations and service projects. Teens that complete the program requirements and graduate from the club, may apply to volunteer in selected volunteer programs at The Humane Society for Seattle/King County before turning 16-years old.

Volunteer Programs: Our work on behalf of animals is supported by **1,000** volunteers that donated **104,770** hours last year. Our volunteers function in dozens of programs on our campus and throughout the community.

Pet Food Bank: Many years ago, we noticed senior citizens giving up custody of their pets at our Adoption Center for lack of money to care for them. Because studies show that the companionship of a pet can greatly improve the quality of life for people living with disabilities, illness, or little social contact, The Humane Society responded by initiating the Pet Food Bank in October 1983.

The Pet Food Bank provides monthly delivery of supplemental pet food to pets of **532** low-income senior citizens each month, providing than **50.5** tons of pet food last year.

Pet Project: Because studies show that the companionship of a pet can greatly improve quality of life, The Humane Society responded in 1989 by initiating Pet Project, to serve pet owners with AIDS. Pet Project matches volunteers one-on-one with clients, handling most of their pet care needs on a monthly basis, and enables clients to keep their pets while spending their limited resources on food and other living expenses for themselves. All services and supplies are donated or purchased with donated funds. Committed to supporting people and pets as lifelong companions, Pet Project literally makes the difference between keeping an animal and having to give it up.

Pet Loss Support Group: We recognize that the death of a companion animal can be one of the most difficult experiences a pet owner faces. Our Pet Loss Support Group, with trained volunteer facilitators, offers a place for pet owners to work through the grief process in a non-judgmental environment with others who have suffered a similar loss. Meetings are held every Saturday

Boarding services

Our **Boarding Center** supports the relationship between people and pets by allowing families to safely leave their dogs while they are gone during the day or away on vacation or other trips. Boarding dogs are kept in a separate area from our animals available for adoption. They are housed individually in an indoor kennel with heated floor and have free access to a covered outdoor area. All areas are cleaned and disinfected daily and checked throughout the day to clean again as necessary. Our staff provides special

attention to nurture boarded pets, offers extra feedings and exercise upon request, and emergency veterinary care if needed.

We offer bathing and grooming services by appointment for boarding and non-boarding dogs. Our **Spa Bath** includes 15 minute comb-out, thorough sudsing with special shampoo, ear cleaning, toenail clipping, anal gland expression, and complete blow-dry. Our **Wash-n-Go** service includes a bubbly scrub and quick towel dry.

Spay & Neuter

We play an active role in reducing the number of unwanted animals born in our community by providing free spay/neuter surgery for every dog, cat and rabbit we adopt, and operating a spay/neuter clinic for income restricted pet owners. We performed **2,497** sterilizations for adopted animals and **1,885** for the public.

We also microchip all dogs and cats we adopt and offer microchip identification to animals of low-income pet owners. **4,458** microchips implanted in adopted and general public animals.