

**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)

**2003**

Department of the Treasury  
Internal Revenue Service

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

Open to Public Inspection

**A For the 2003 calendar year, or tax year beginning**

**and ending**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	<b>C</b> Name of organization <b>THE HUMANE SOCIETY OF THE UNITED STATES</b>	<b>D</b> Employer identification number 53-0225390
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>2100 L STREET, NW</b>	<b>E</b> Telephone number 202-452-1100
		City or town, state or country, and ZIP + 4 <b>WASHINGTON, DC 20037</b>	<b>F</b> Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates?  Yes  No

H(b) If "Yes," enter number of affiliates ▶

H(c) Are all affiliates included? **N/A**  Yes  No (If "No," attach a list.)

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

**G** Website: ▶ **WWW.HSUS.ORG**

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

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

**I** Group Exemption Number ▶

**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **123,086,897.**

**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**

Revenue	<b>1</b> Contributions, gifts, grants, and similar amounts received:				
	<b>a</b> Direct public support	1a	62,948,318.		
	<b>b</b> Indirect public support	1b			
	<b>c</b> Government contributions (grants)	1c			
	<b>d</b> Total (add lines 1a through 1c) (cash \$ <b>62,405,982.</b> noncash \$ <b>542,336.</b> )	1d			62,948,318.
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	2			1,921,137.
	<b>3</b> Membership dues and assessments	3			
	<b>4</b> Interest on savings and temporary cash investments	4			32,301.
	<b>5</b> Dividends and interest from securities	5			2,929,933.
	<b>6 a</b> Gross rents <b>SEE STATEMENT 1</b>	6a	808,667.		
	<b>b</b> Less: rental expenses	6b			
	<b>c</b> Net rental income or (loss) (subtract line 6b from line 6a)	6c			808,667.
<b>7</b> Other investment income (describe ▶ )	7				
<b>8 a</b> Gross amount from sales of assets other than inventory	(A) Securities	8a	51,792,244.	(B) Other	195.
	<b>b</b> Less: cost or other basis and sales expenses	8b	50,677,474.		<1,105.>
	<b>c</b> Gain or (loss) (attach schedule)	8c	1,114,770.		1,300.
	<b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B)) <b>STMT 2</b> <b>STMT 3</b>	8d			1,116,070.
<b>9</b> Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>					
<b>a</b> Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a				
<b>b</b> Less: direct expenses other than fundraising expenses	9b				
<b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a)	9c				
<b>10 a</b> Gross sales of inventory, less returns and allowances	10a				
	<b>b</b> Less: cost of goods sold	10b			
	<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c			
<b>11</b> Other revenue (from Part VII, line 103)	11			2,654,102.	
<b>12</b> Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12			72,410,528.	
Expenses	<b>13</b> Program services (from line 44, column (B))	13			42,065,598.
	<b>14</b> Management and general (from line 44, column (C))	14			6,268,922.
	<b>15</b> Fundraising (from line 44, column (D))	15			15,644,579.
	<b>16</b> Payments to affiliates (attach schedule) <b>SEE STATEMENT 4</b>	16			5,569,520.
	<b>17</b> Total expenses (add lines 16 and 44, column (A))	17			69,548,619.
<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)	18			2,861,909.	
Net Assets	<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	19			85,810,587.
	<b>20</b> Other changes in net assets or fund balances (attach explanation) <b>SEE STATEMENT 5</b>	20			11,324,975.
	<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21			99,997,471.

# Application for Extension of Time To File an Exempt Organization Return

▶ 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).

**Note:** 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)

**Note:** Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only   
 All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Type or print	Name of Exempt Organization	Employer identification number
	<b>THE HUMANE SOCIETY OF THE UNITED STATES</b>	<b>53-0225390</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>2100 L STREET, NW</b>	
File by the due date for filing your return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>WASHINGTON, DC 20037</b>	

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 |

- 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-month, for 990-T corporation) extension of time until **AUGUST 16, 2004** to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year **2003** 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 ..... \$ \_\_\_\_\_

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 ..... \$ \_\_\_\_\_

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 ..... \$ **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 ▶ *Margaret A. Bradshaw* Title ▶ CPA/AGENT  
 LHA For Paperwork Reduction Act Notice, see instruction

Date ▶ 5/15/04

**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. Page 2

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) .....				
	cash \$ <b>1,437,157.</b> noncash \$	<b>1,437,157.</b>	<b>1,437,157.</b>	<b>STATEMENT 7</b>	
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc. ....	<b>1,182,870.</b>	<b>941,565.</b>	<b>149,751.</b>	<b>91,554.</b>
26	Other salaries and wages .....	<b>10,676,505.</b>	<b>8,498,367.</b>	<b>1,352,153.</b>	<b>825,985.</b>
27	Pension plan contributions .....	<b>1,292,077.</b>	<b>1,037,021.</b>	<b>159,184.</b>	<b>95,872.</b>
28	Other employee benefits .....	<b>1,766,228.</b>	<b>1,426,671.</b>	<b>217,860.</b>	<b>121,697.</b>
29	Payroll taxes .....	<b>998,856.</b>	<b>819,142.</b>	<b>111,562.</b>	<b>68,152.</b>
30	Professional fundraising fees .....	<b>1,788,312.</b>			<b>1,788,312.</b>
31	Accounting fees .....	<b>104,620.</b>	<b>76,787.</b>	<b>24,475.</b>	<b>3,358.</b>
32	Legal fees .....	<b>338,067.</b>	<b>248,127.</b>	<b>79,088.</b>	<b>10,852.</b>
33	Supplies .....	<b>1,382,369.</b>	<b>1,238,263.</b>	<b>125,418.</b>	<b>18,688.</b>
34	Telephone .....	<b>361,890.</b>	<b>299,495.</b>	<b>47,238.</b>	<b>15,157.</b>
35	Postage and shipping .....	<b>735,720.</b>	<b>644,737.</b>	<b>28,483.</b>	<b>62,500.</b>
36	Occupancy .....	<b>739,506.</b>	<b>552,511.</b>	<b>169,135.</b>	<b>17,860.</b>
37	Equipment rental and maintenance .....				
38	Printing and publications .....				
39	Travel .....	<b>2,045,720.</b>	<b>1,803,387.</b>	<b>140,367.</b>	<b>101,966.</b>
40	Conferences, conventions, and meetings .....				
41	Interest .....				
42	Depreciation, depletion, etc. (attach schedule) .....	<b>729,706.</b>	<b>502,083.</b>	<b>201,575.</b>	<b>26,048.</b>
43	Other expenses not covered above (itemize):				
a	.....				
b	.....				
c	.....				
d	.....				
e	<b>SEE STATEMENT 6</b>				
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15	<b>63,979,099.</b>	<b>42,065,598.</b>	<b>6,268,922.</b>	<b>15,644,579.</b>

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 \$ **28,060,740.** ; (ii) the amount allocated to Program services \$ **12,735,518.** ;

(iii) the amount allocated to Management and general \$ **1,075,287.** ; and (iv) the amount allocated to Fundraising \$ **4,249,935.**

**Part III Statement of Program Service Accomplishments**

What is the organization's primary exempt purpose? <b>PROTECTION OF ANIMALS AND THE ENVIRONMENT.</b>		Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)	
<b>a PUBLIC EDUCATION, MEMBERSHIP INFORMATION AND PUBLICATION -</b> <b>SEE ATTACHMENT 1</b>			
		(Grants and allocations \$ <b>367,703.</b> )	<b>23,252,250.</b>
<b>b WILDLIFE, ANIMAL HABITAT AND SHELTERING -</b> <b>SEE ATTACHMENT 1</b>			
		(Grants and allocations \$ <b>531,262.</b> )	<b>8,384,119.</b>
<b>c CRUELTY INVESTIGATIONS AND REGIONAL OFFICES -</b> <b>SEE ATTACHMENT 1</b>			
		(Grants and allocations \$ <b>77,836.</b> )	<b>5,464,579.</b>
<b>d LEGAL ASSISTANCE, LITIGATION, LEGISLATION AND GOVERNMENT RELA</b> <b>SEE ATTACHMENT 1</b>			
		(Grants and allocations \$ <b>234,990.</b> )	<b>2,297,755.</b>
<b>e Other program services (attach schedule) STATEMENT 8</b>		(Grants and allocations \$ <b>225,366.</b> )	<b>2,666,895.</b>
<b>f Total of Program Service Expenses (should equal line 44, column (B), Program services)</b>			<b>42,065,598.</b>

**Part IV Balance Sheets**

**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 .....	9,445.	9,398.
	46 Savings and temporary cash investments .....	24,915,093.	15,994,604.
	47 a Accounts receivable .....	47a	
	b Less: allowance for doubtful accounts .....	47b	47c
	48 a Pledges receivable .....	48a 5,318,241.	
	b Less: allowance for doubtful accounts .....	48b 138,284.	48c 5,179,957.
	49 Grants receivable .....		49
	50 Receivables from officers, directors, trustees, and key employees .....		50
	51 a Other notes and loans receivable .....	51a	
	b Less: allowance for doubtful accounts .....	51b	51c
	52 Inventories for sale or use .....		52
	53 Prepaid expenses and deferred charges .....	2,111,575.	53 2,191,649.
	54 Investments - securities <b>STMT 9 STMT 10</b> <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	55,862,336.	54 80,690,828.
	55 a Investments - land, buildings, and equipment: basis .....	55a	
b Less: accumulated depreciation .....	55b	55c	
56 Investments - other .....	SEE STATEMENT 11	56 181,494.	
57 a Land, buildings, and equipment: basis .....	57a 16,557,183.		
b Less: accumulated depreciation <b>STMT 12</b> .....	57b 8,316,213.	57c 8,240,970.	
58 Other assets (describe <b>▶ SEE STATEMENT 13</b> ) .....	1,620,217.	58 882,413.	
59 <b>Total assets</b> (add lines 45 through 58) (must equal line 74) .....	96,603,057.	59 113,367,214.	
Liabilities	60 Accounts payable and accrued expenses .....	3,833,437.	60 6,603,968.
	61 Grants payable .....		61
	62 Deferred revenue .....		62
	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 <b>▶ SEE STATEMENT 14</b> ) .....	6,959,033.	65 6,765,775.
66 <b>Total liabilities</b> (add lines 60 through 65) .....	10,792,470.	66 13,369,743.	
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/></b> and complete lines 67 through 69 and lines 73 and 74.		
	67 Unrestricted .....	60,280,949.	67 70,810,822.
	68 Temporarily restricted .....	6,249,325.	68 9,920,437.
	69 Permanently restricted .....	19,280,313.	69 19,266,212.
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/></b> 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 <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21) .....	85,810,587.	73 99,997,471.	
74 <b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73) .....	96,603,057.	74 113,367,214.	

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

**Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return**

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

a	Total revenue, gains, and other support per audited financial statements	a	89,420,094.
b	Amounts included on line a but not on line 12, Form 990:		
(1)	Net unrealized gains on investments \$10,873,769.		
(2)	Donated services and use of facilities \$		
(3)	Recoveries of prior year grants \$		
(4)	Other (specify): STMT 15 \$ 6,135,863.		
	Add amounts on lines (1) through (4)	b	17,009,632.
c	Line a minus line b	c	72,410,462.
d	Amounts included on line 12, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify): ROUNDING \$ 66.		
	Add amounts on lines (1) and (2)	d	66.
e	Total revenue per line 12, Form 990 (line c plus line d)	e	72,410,528.

a	Total expenses and losses per audited financial statements	a	74,864,684.
b	Amounts included on line a but not on line 17, Form 990:		
(1)	Donated services and use of facilities \$		
(2)	Prior year adjustments reported on line 20, Form 990 \$		
(3)	Losses reported on line 20, Form 990 \$		
(4)	Other (specify): STMT 16 \$ 5,316,129.		
	Add amounts on lines (1) through (4)	b	5,316,129.
c	Line a minus line b	c	69,548,555.
d	Amounts included on line 17, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify): ROUNDING \$ 64.		
	Add amounts on lines (1) and (2)	d	64.
e	Total expenses per line 17, Form 990 (line c plus line d)	e	69,548,619.

**Part V List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated.)

(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	(E) Expense account and other allowances
SEE STATEMENT 17		1182870.	96,204.	0.
Directors and officers liability insurance premiums have been paid by the organization. This benefit is being reported in total and is not shown in the allocation of Part V.	Current Year Premium-		72,195	

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? If "Yes," attach schedule.  Yes  No

Part VI Other Information		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.		X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	X	
b	If "Yes," has it filed a tax return on Form 990-T for this year?	X	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	X	
b	If "Yes," enter the name of the organization <b>SEE STATEMENT 18</b> and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81 a	Enter direct or indirect political expenditures. See line 81 instructions	81a	0.
b	Did the organization file Form 1120-POL for this year?	81b	X
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?	82a	X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b	
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	N/A
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	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.	85b	N/A
c	Dues, assessments, and similar amounts from members	85c	N/A
d	Section 162(e) lobbying and political expenditures	85d	N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	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?	85h	N/A
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	86a	N/A
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a	N/A
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <u>0.</u> ; section 4912 <u>0.</u> ; section 4955 <u>0.</u>		
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	89b	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		0.
90 a	List the states with which a copy of this return is filed <b>SEE ATTACHMENT 2</b>		
b	Number of employees employed in the pay period that includes March 12, 2003	90b	289
91	The books are in care of <b>CONTROLLER</b> Telephone no. <b>202-452-1100</b>		
	Located at <b>2100 L STREET, NW, WASHINGTON, DC</b> ZIP + 4 <b>20037</b>		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here <input type="checkbox"/> 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 page 33 of 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	
<b>93</b> Program service revenue:					
<b>a</b> SEE STATEMENT 19		213,528.		110,000.	1,597,609.
<b>b</b>					
<b>c</b>					
<b>d</b>					
<b>e</b>					
<b>f</b> Medicare/Medicaid payments					
<b>g</b> Fees and contracts from government agencies					
<b>94</b> Membership dues and assessments					
<b>95</b> Interest on savings and temporary cash investments			14	32,301.	
<b>96</b> Dividends and interest from securities			14	2,929,933.	
<b>97</b> Net rental income or (loss) from real estate:					
<b>a</b> debt-financed property					
<b>b</b> not debt-financed property			16	808,667.	
<b>98</b> Net rental income or (loss) from personal property					
<b>99</b> Other investment income					
<b>100</b> Gain or (loss) from sales of assets other than inventory			18	1,116,070.	
<b>101</b> Net income or (loss) from special events					
<b>102</b> Gross profit or (loss) from sales of inventory					
<b>103</b> Other revenue:					
<b>a</b> ROYALTIES			15	2,276,973.	
<b>b</b> MISCELLANEOUS INCOME			01	63,319.	
<b>c</b> LIST RENTALS			13	313,810.	
<b>d</b>					
<b>e</b>					
<b>104</b> Subtotal (add columns (B), (D), and (E))		213,528.		7,651,073.	1,597,609.
<b>105</b> Total (add line 104, columns (B), (D), and (E))					9,462,210.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See page 34 of the instructions.)

Line No. <b>1</b>	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 20

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See page 34 of the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

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

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

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

Please Sign Here: Signature of officer: *[Signature]* Date: *[Date]* Type of print name and title: *CIA*

Paid Preparer's Use Only: Preparer's signature: *[Signature]* Date: *8/10/04* Check if self-employed:  Preparer's SSN or PTIN: *[SSN]*

Firm's name (or yours if self-employed), address, and ZIP + 4: GRANT THORNTON LLP, 2070 CHAIN BRIDGE ROAD, SUITE 300, VIENNA, VA 22182

Phone no.: (703) 847-7500

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Organization Exempt Under Section 501(c)(3)**

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

**Supplementary Information-(See separate instructions.)**

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

OMB No. 1545-0047

**2003**

Name of the organization

**THE HUMANE SOCIETY OF THE UNITED STATES**

Employer identification number

**53 0225390**

**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
<u>WAYNE PACELLE</u> ----- HSUS 2100 L STREET, NW, WASHINGTON, DC 40	SENIOR VP	119,750.	8,027.	0.
<u>JOHN GRANDY</u> ----- HSUS 2100 L STREET, NW, WASHINGTON, DC 40	SENIOR VP	131,568.	19,475.	0.
<u>RICK CLUGSTON</u> ----- HSUS 2100 L STREET, NW, WASHINGTON, DC 40	VP	114,353.	14,475.	0.
<u>JAN HARTKE</u> ----- HSUS 2100 L STREET, NW, WASHINGTON, DC 40	EXEC DIRECTOR	124,826.	14,475.	0.
<u>MARTHA ARMSTRONG</u> ----- HSUS 2100 L STREET, NW, WASHINGTON, DC 40	SENIOR VP	114,228.	10,216.	0.
Total number of other employees paid over \$50,000	▶ 77			

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<u>NATIONAL OUTDOOR SPORTS ADVERTISING</u> ----- 1200 POTOMAC STREET, NW, WASHINGTON, DC 20007	DIRECT MAIL	2051413.
<u>MERKLE RESPONSE SERVICES</u> ----- 13331 PENNSYLVANIA AVE, HAGERSTOWN, MD 21742	CONSULTING	1364438.
<u>EXCITING NEW TECHNOLOGIES</u> ----- 8730 SUNSET BLVD, LOS ANGELES, CA 90069	CONSULTING	881,471.
<u>JAMI CHARITY BRANDS</u> ----- 140 WEST 57TH STREET, NEW YORK, NY 10019	CONSULTING	481,646.
<u>MERSEY MASALA, INC.</u> ----- 11593 CHIQUITA STREET, STUDIO CITY, CA 91064	CONSULTING	218,088.
Total number of others receiving over \$50,000 for professional services	▶ 17	



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

	Yes	No
<b>1</b> 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 <b>▶</b> \$ <u>703,204.</u> \$ <u>703,204.</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) <b>VI-A, LINE 38A VI-A, LINE 38B</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.	<b>1</b>	<b>X</b>
<b>2</b> 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.)		
<b>a</b> Sale, exchange, or leasing of property?	<b>2a</b>	<b>X</b>
<b>b</b> Lending of money or other extension of credit?	<b>2b</b>	<b>X</b>
<b>c</b> Furnishing of goods, services, or facilities?	<b>2c</b>	<b>X</b>
<b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? <b>SEE PART V, FORM 990</b>	<b>2d</b>	<b>X</b>
<b>e</b> Transfer of any part of its income or assets?	<b>2e</b>	<b>X</b>
<b>3 a</b> Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.) <b>SEE STATEMENT 21</b>	<b>3a</b>	<b>X</b>
<b>b</b> Do you have a section 403(b) annuity plan for your employees?	<b>3b</b>	<b>X</b>
<b>4</b> Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	<b>4</b>	<b>X</b>

**Part IV Reason for Non-Private Foundation Status** (See pages 3 through 6 of the instructions.)

- The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)
- 5**  A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
  - 6**  A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
  - 7**  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
  - 8**  A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
  - 9**  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state **▶** \_\_\_\_\_
  - 10**  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
  - 11a**  An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
  - 11b**  A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
  - 12**  An organization that normally receives: **(1) more than 33 1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and **(2) no more than 33 1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
  - 13**  An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: **(1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2).** (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

**14**  An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.  
 Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) ▶	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	61,301,992.	50,575,165.	56,167,154.	59,234,561.	227,278,872.
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	673,560.	775,509.	608,070.	736,637.	2,793,776.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	5,339,727.	5,493,414.	5,484,548.	3,734,776.	20,052,465.
19 Net income from unrelated business activities not included in line 18	190,881.				190,881.
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	67,506,160.	56,844,088.	62,259,772.	63,705,974.	250,315,994.
24 Line 23 minus line 17	66,832,600.	56,068,579.	61,651,702.	62,969,337.	247,522,218.
25 Enter 1% of line 23	675,062.	568,441.	622,598.	637,060.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 4,950,444.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1999 through 2002 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 9,440,940.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 247,522,218.
d Add: Amounts from column (e) for lines: 18 20,052,465. 19 190,881. 22 _____ 26b 9,440,940.					26d 29,684,286.
e Public support (line 26c minus line 26d total)					26e 217,837,932.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 88.0074%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A					
(2002) _____ (2001) _____ (2000) _____ (1999) _____					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A					
(2002) _____ (2001) _____ (2000) _____ (1999) _____					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c 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 1999 through 2002, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

**Part V Private School Questionnaire** (See page 7 of the instructions.)

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? .....		
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.)		
	_____		
	_____		
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	

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions.)

(To be completed **ONLY** by an eligible organization that filed Form 5768)

Check  **a** if the organization belongs to an affiliated group. Check  **b** if you checked "a" and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (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)	74,293.	74,293.
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	628,911.	628,911.
38	Total lobbying expenditures (add lines 36 and 37)	703,204.	703,204.
39	Other exempt purpose expenditures	61,487,583.	61,487,583.
40	Total exempt purpose expenditures (add lines 38 and 39)	62,190,787.	62,190,787.
41	Lobbying nontaxable amount. Enter the amount from the following table -		
	<b>If the amount on line 40 is -</b>		
	<b>The lobbying nontaxable amount is -</b>		
	Not over \$500,000 ..... 20% of the amount on line 40		
	Over \$500,000 but not over \$1,000,000 ..... \$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000 ..... \$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000 ..... \$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000 ..... \$1,000,000		
41		1,000,000.	1,000,000.
42	Grassroots nontaxable amount (enter 25% of line 41)	250,000.	250,000.
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	0.	
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	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 11 of the instructions.)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period					
	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total	
45	Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
46	Lobbying ceiling amount (150% of line 45(e))					6,000,000.
47	Total lobbying expenditures	703,204.	997,099.	735,530.	975,139.	3,410,972.
48	Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
49	Grassroots ceiling amount (150% of line 48(e))					1,500,000.
50	Grassroots lobbying expenditures	74,293.	62,721.	23,453.	39,278.	199,745.

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 12 of the instructions.)

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

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

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

	Yes	No
51a(i)		X
a(ii)		X
b(i)		X
b(ii)		X
b(iii)		X
b(iv)		X
b(v)		X
b(vi)		X
c		X

- (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: N/A

(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

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

(a) Name of organization	(b) Type of organization	(c) Description of relationship

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
1	VARIOUS FIXED ASSETS * TOTAL 990 PAGE 2 DEPR	VARISSSL		5.00	16	16557183.		0.	16557183.	7586507.	0.	729,706.
						16557183.			16557183.	7586507.		729,706.

\* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction

(D) - Asset disposed

FORM 990 RENTAL INCOME STATEMENT 1

KIND AND LOCATION OF PROPERTY	ACTIVITY NUMBER	GROSS RENTAL INCOME
	1	808,667.
TOTAL TO FORM 990, PART I, LINE 6A		808,667.

FORM 990 GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES STATEMENT 2

DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
SALE OF INVESTMENTS	51,792,244.	50,677,474.	0.	1,114,770.
TO FORM 990, PART I, LINE 8	51,792,244.	50,677,474.	0.	1,114,770.

FORM 990 GAIN (LOSS) FROM SALE OF OTHER ASSETS STATEMENT 3

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED		
SALE OF FIXED ASSETS			PURCHASED		
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	195.	<1,105.>	0.	0.	1,300.
TO FM 990, PART I, LN 8	195.	<1,105.>	0.	0.	1,300.



FORM 990 PAYMENTS TO AFFILIATES STATEMENT 4

<u>AFFILIATE'S NAME</u>	<u>AFFILIATE'S ADDRESS</u>	
EARTHVOICE	2100 L STEET, NW, WASHINGTON, DC 20037	
<u>PURPOSE OF PAYMENT</u>		<u>AMOUNT</u>
ASSISTANCE		1,340,767.

<u>AFFILIATE'S NAME</u>	<u>AFFILIATE'S ADDRESS</u>	
CENTER FOR RESPECT OF LIFE	2100 L STEET, NW, WASHINGTON, DC 20037	
<u>PURPOSE OF PAYMENT</u>		<u>AMOUNT</u>
ASSISTANCE		773,785.

<u>AFFILIATE'S NAME</u>	<u>AFFILIATE'S ADDRESS</u>	
NAT'L ASS. FOR HUMANE & ENVIRONMENTAL EDUCATION	2100 L STEET, NW, WASHINGTON, DC 20037	
<u>PURPOSE OF PAYMENT</u>		<u>AMOUNT</u>
ASSISTANCE		1,663,571.

<u>AFFILIATE'S NAME</u>	<u>AFFILIATE'S ADDRESS</u>	
HUMANE SOCIETY INTERNATIONAL	2100 L STEET, NW, WASHINGTON, DC 20037	
<u>PURPOSE OF PAYMENT</u>		<u>AMOUNT</u>
ASSISTANCE		1,702,898.

<u>AFFILIATE'S NAME</u>	<u>AFFILIATE'S ADDRESS</u>	
MEADOWCREEK, INC.	2100 L STEET, NW, WASHINGTON, DC 20037	
<u>PURPOSE OF PAYMENT</u>		<u>AMOUNT</u>
ASSISTANCE		88,499.

TOTAL TO FORM 990, PART I, LINE 16		<u>5,569,520.</u>
------------------------------------	--	-------------------

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	5
DESCRIPTION		AMOUNT	
PENSION ADJUSTMENT		451,206.	
UNREALIZED GAIN ON INVESTMENTS		10,873,769.	
TOTAL TO FORM 990, PART I, LINE 20		11,324,975.	

FORM 990	OTHER EXPENSES			STATEMENT	6
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING	
MAILINGS	25,223,125.	12,739,487.	808,453.	11,675,185.	
CONSULTANT & CONTRACTED SERVICES	7,141,736.	4,955,125.	1,577,115.	609,496.	
INSURANCE & BONDS	321,210.	270,394.	50,816.		
PROPERTY TAXES	85,997.	24,159.	61,707.	131.	
EDUCATIONAL MATERIAL & PUBLICATIONS	4,686,417.	4,548,998.	25,653.	111,766.	
INVESTMENT EXPENSES & TRUSTEES FEES	940,888.	2,056.	938,832.		
MISCELLANEOUS	123.	66.	57.		
TOTAL TO FM 990, LN 43	38,399,496.	22,540,285.	3,462,633.	12,396,578.	

FORM 990	CASH GRANTS AND ALLOCATIONS			STATEMENT	7
CLASSIFICATION	DONEE'S NAME	DONEE'S ADDRESS	DONEE'S RELATIONSHIP	AMOUNT	
	SEE EXHIBIT 1		NONE	1437157.	
TOTAL INCLUDED ON FORM 990, PART II, LINE 22				1437157.	

FORM 990 OTHER PROGRAM SERVICES STATEMENT 8

DESCRIPTION	GRANTS AND ALLOCATIONS	EXPENSES
LABORATORY BIOETHICS AND FARM ANIMALS	209,462.	1,774,087.
YOUTH AND HIGHER EDUCATION	15,904.	892,808.
TOTAL TO FORM 990, PART III, LINE E	225,366.	2,666,895.

FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 9

SECURITY DESCRIPTION	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	OTHER SECURITIES	TOTAL NON-GOV'T SECURITIES
U.S. CORPORATE STOCKS	52,669,121.				52,669,121.
FOREIGN CORPORATE STOCKS	3,492,000.				3,492,000.
U.S. CORPORATE BONDS		5,643,450.			5,643,450.
FOREIGN CORPORATE BONDS		113,590.			113,590.
INVESTMENT IN MANYONE				500,000.	500,000.
TO 990, LN 54 COL B	56,161,121.	5,757,040.		500,000.	62,418,161.

FORM 990 GOVERNMENT SECURITIES STATEMENT 10

DESCRIPTION	U.S. GOVERNMENT	STATE AND LOCAL GOV'T	TOTAL GOV'T SECURITIES
GOVERNMENT OBLIGATIONS	18,272,667.		18,272,667.
TOTAL TO FORM 990, LINE 54, COL B	18,272,667.		18,272,667.

FORM 990	OTHER INVESTMENTS	STATEMENT	11
DESCRIPTION	VALUATION METHOD	AMOUNT	
OTHER INVESTMENTS	MARKET VALUE	177,395.	
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B			177,395.

FORM 990	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT	STATEMENT	12
DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
VARIOUS FIXED ASSETS	16,557,183.	8,316,213.	8,240,970.
TOTAL TO FORM 990, PART IV, LN 57			8,240,970.

FORM 990	OTHER ASSETS	STATEMENT	13
DESCRIPTION	AMOUNT		
ACCRUED INTEREST RECEIVABLE	257,190.		
DEPOSITS	30,752.		
DEFERRED COMPENSATION ANNUITY CONTRACTS	594,471.		
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B			882,413.

FORM 990	OTHER LIABILITIES	STATEMENT	14
DESCRIPTION	AMOUNT		
ACCRUED PENSION OBLIGATION	1,090,079.		
DEFERRED COMPENSATION ANNUITY CONTRACTS	594,471.		
SPLIT-INTEREST ARRANGEMENTS LIABILITY	5,081,225.		
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B			6,765,775.

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FORM 990	OTHER REVENUE NOT INCLUDED ON FORM 990	STATEMENT 15
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DESCRIPTION	AMOUNT
REVENUE ATTRIBUTABLE TO WILDLIFE LAND TRUST	4,109,230.
REVENUE ATTRIBUTABLE TO NAHEE	769,605.
REVENUE ATTRIBUTABLE TO HSI	672,832.
REVENUE ATTRIBUTABLE TO MEADOWCREEK	1,800.
REVENUE ATTRIBUTABLE TO CRLE	131,190.
PENSION LIABILITY ADJUSTMENT	451,206.
TOTAL TO FORM 990, PART IV-A	6,135,863.

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FORM 990	OTHER EXPENSES NOT INCLUDED ON FORM 990	STATEMENT 16
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DESCRIPTION	AMOUNT
EXPENSES ATTRIBUTABLE TO WILDLIFE LAND TRUST	3,740,703.
EXPENSES ATTRIBUTABLE TO CRLE	131,190.
EXPENSES ATTRIBUTABLE TO HUMANE SOCIETY INTERNATIONAL	672,831.
EXPENSES ATTRIBUTABLE TO MEADOWCREEK	1,800.
EXPENSES ATTRIBUTABLE TO NAHEE	769,605.
TOTAL TO FORM 990, PART IV-B	5,316,129.

