

Return of Organization Exempt From Income Tax

2005

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

A For the 2005 calendar year, or tax year beginning 2005, and ending

- B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending

C Name of organization: THE HUMANE SOCIETY LEGISLATIVE FUND. Address: 2100 L STREET, NW WASHINGTON, DC 20037

D Employer identification number: 59-3786428. E Telephone number: (202) 452-1100. F Accounting method: Accrual

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

H and I are not applicable to section 527 organizations. H(a) Is this a group return for affiliates? H(b) If "Yes," enter number of affiliates. H(c) Are all affiliates included? H(d) Is this a separate return filed by an organization covered by a group ruling? I Group Exemption Number. M Check if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

G Website: WWW.FUND.ORG

J Organization type (check only one): 501(c)(4)

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 chooses to file a return, be sure to file a complete return.

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12: 914,653.

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

Table with 21 rows for Revenue, Expenses, and Net Assets. Includes columns for description, sub-rows (a, b, c), and total amounts. Total revenue is 914,653. Total expenses is 586,140. Net assets at end of year is 333,017.

CANNON SEP 07 2005

AUG 18 2005

Part II Statement of Functional Expenses

All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See the instructions)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash \$ <u>35,000.</u> noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22 35,000.	35,000.	STMT 2	
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			Exhibit 2
25 Compensation of officers, directors, etc	25 1,426.	1,269.	43.	114.
26 Other salaries and wages	26 25,015.	22,158.	733.	2,124.
27 Pension plan contributions	27 NONE			
28 Other employee benefits	28 5,646.	5,001.	166.	479.
29 Payroll taxes	29 1,913.	1,695.	56.	162.
30 Professional fundraising fees	30 34,440.			34,440.
31 Accounting fees	31 2,281.	2,021.	67.	193.
32 Legal fees	32			
33 Supplies	33 86.	76.	3.	7.
34 Telephone	34 106.	94.	3.	9.
35 Postage and shipping	35 387.	343.	11.	33.
36 Occupancy	36			
37 Equipment rental and maintenance	37			
38 Printing and publications	38			
39 Travel	39 19.	16.	1.	2.
40 Conferences, conventions, and meetings	40			
41 Interest	41 11,151.	9,925.	334.	892.
42 Depreciation, depletion, etc (attach schedule)	42			
43 Other expenses not covered above (itemize)				
a <u>STMT 3</u>	43a 468,670.	445,736.	14,775.	8,159.
b _____	43b			
c _____	43c			
d _____	43d			
e _____	43e			
f _____	43f			
g _____	43g			
44 Total functional expenses. Add lines 22 through 43 (Organizations completing columns (B)-(D), carry these totals to lines 13-15).	44 586,140.	523,334.	16,192.	46,614.

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 \$ 429,517. (ii) the amount allocated to Program services \$ 382,270.
 (iii) the amount allocated to Management and general \$ 12,885. and (iv) the amount allocated to Fundraising \$ 34,362.

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.

<p>What is the organization's primary exempt purpose? ▶SEE STATEMENT 4</p> <p>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.)</p>	<p>Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)</p>
<p>a <u>TO PROMOTE ANIMAL WELFARE LEGISLATION.</u></p> <p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>(Grants and allocations \$ <u>35,000.</u>) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p>523,334.</p>
<p>b</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p>c</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p>d</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p>e Other program services (attach schedule) (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p>f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶</p>	<p>523,334.</p>

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	12,000.	45	730,687.
	46 Savings and temporary cash investments		46	
	47a Accounts receivable	12,092.		
	b Less allowance for doubtful accounts		NONE	12,092.
	48a Pledges receivable			
	b Less allowance for doubtful accounts			
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51a Other notes and loans receivable (attach schedule)			
	b Less allowance for doubtful accounts		51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		53	
	54 Investments - securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54	
	55a Investments - land, buildings, and equipment basis			
	b Less accumulated depreciation (attach schedule)		55c	
56 Investments - other (attach schedule)		56		
57a Land, buildings, and equipment basis				
b Less accumulated depreciation (attach schedule)		57c		
58 Other assets (describe <input type="checkbox"/>)		58		
59 Total assets (must equal line 74) Add lines 45 through 58	12,000.	59	742,779.	
Liabilities	60 Accounts payable and accrued expenses	10,178.	60	NONE
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)		64b	
	65 Other liabilities (describe <input type="checkbox"/> STMT 5)		NONE	409,762.
66 Total liabilities. Add lines 60 through 65	10,178.	66	409,762.	
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	1,822.	67	333,017.
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)	1,822.	73	333,017.	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73	12,000.	74	742,779.	

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings 3
75b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)
75c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control? Note. Related organizations include section 509(a)(3) supporting organizations SEE STATEMENT 11
75d Does the organization have a written conflict of interest policy?

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column See the instructions)

Table with 5 columns: (A) Name and address, (B) Loans and Advances, (C) Compensation, (D) Contributions to employee benefit plans & deferred compensation plans, (E) Expense account and other allowances. Row 1 contains values: -0-, -0-, -0-, -0-.

Part VI Other Information (See the instructions)

76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity
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
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?
78b If "Yes," has it filed a tax return on Form 990-T for this year?
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement
80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc, to any other exempt or nonexempt organization?
80b If "Yes," enter the name of the organization SEE EXHIBIT 1 and check whether it is [X] exempt or [] nonexempt
81a Enter direct and indirect political expenditures (See line 81 instructions) NONE
81b Did the organization file Form 1120-POL for this year?

Part VI Other Information (continued)

82a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? 82b N/A 83a Did the organization comply with the public inspection requirements for returns and exemption applications? 83b N/A 84a Did the organization solicit any contributions or gifts that were not tax deductible? 84b X 85 501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members? 85a X b Did the organization make only in-house lobbying expenditures of \$2,000 or less? 85b X c Dues, assessments, and similar amounts from members 85c d Section 162(e) lobbying and political expenditures 85d e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e f Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? 85g h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? 85h 86 501(c)(7) orgs 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) orgs 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 89a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 NONE, section 4912 NONE, section 4955 NONE b 501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction 89b X c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 N/A d Enter Amount of tax on line 89c, above, reimbursed by the organization N/A 90 a List the states with which a copy of this return is filed SEE STATEMENT 12 b Number of employees employed in the pay period that includes March 12, 2005 (See instructions) 90b NONE 91 a The books are in care of CONTROLLER Telephone no 202-452-1100 Located at 2100 L STREET, NW, WASHINGTON, DC ZIP + 4 20037 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 91b X If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c X If "Yes," enter the name of the foreign country 92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A

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

Note: Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a _____					
b _____					
c _____					
d _____					
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	15,122.	
96 Dividends and interest from securities					
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					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a _____					
b MISC. REVENUE			01	346.	
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))				15,468.	
105 Total (add line 104, columns (B), (D), and (E))					15,468.

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 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)
▼	

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
	%			
	%			
	%			
	%			

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)

Please Sign Here

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

Signature of officer: G. Thomas Wate, III Date: 1/8/11/06

Type or print name and title: G. Thomas Wate, III Treasurer

Paid Preparer's Use Only

Preparer's signature: Margaret A. Bradshaw, CPA Date: 8/11/06 Check if self-employed:

Firm's name (or your name if self-employed), address, and ZIP + 4: GRANT THORNTON LLP EIN: 22102
2010 CORPORATE RIDGE, SUITE 400 Phone no: 703-847-7500
MCLEAN, VA

FORM 990, PART I - OTHER INCREASES IN FUND BALANCES
=====

DESCRIPTION -----	AMOUNT -----
TO REALLOCATE BEGINNING NET ASSETS	2,682.
TOTAL	2,682. =====

FORM 990, PART II - GRANTS AND ALLOCATIONS PAID DURING THE YEAR

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR
AND
FOUNDATION STATUS OF RECIPIENT

PURPOSE OF GRANT OR CONTRIBUTION

AMOUNT

RECIPIENT NAME AND ADDRESS
GRANTS PAID

COMMITTEE TO RESTORE DOVE SHOOTING BAN
PO BOX 81183
LANSING, MI 48908
NONE
SUPPORT OF BALLOT INITIATIVE (LEGISLATION)
35,000.

TOTAL CONTRIBUTIONS PAID
35,000.

FORM 990, PART II - OTHER EXPENSES

DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING
CONSULTING FEES	49,852.	44,166.	1,464.	4,222.
MISCELLANEOUS EXPENSE	5.	5.		
INVESTMENT EXPENSES AND TRUSTEE FEES	9,970.	8,833.	293.	844.
REAL ESTATE AND PERSONAL PROPERTY TAXES	2,220.	1,967.	65.	188.
EDUCATION MATERIAL, PUBLICATIONS & CAMPAIGNS	5,261.	4,661.	155.	445.
MAILING COSTS	401,362.	386,104.	12,798.	2,460.
TOTALS	468,670.	445,736.	14,775.	8,159.

FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE
=====

TO UNDERTAKE AND SUPPORT PROGRAMS DESIGNED TO ENHANCE AND PROTECT THE STATUS OF ANIMALS THROUGH EDUCATION OF THE PUBLIC AND MOBILIZATION OF PUBLIC OPINION AND THROUGH THE REFORM OF LAWS, ENACTMENT OF REMEDIAL LEGISLATION AND CHANGES IN PUBLIC POLICY. THE GOAL OF THE LEGISLATIVE FUND IS TO ADVANCE SOCIAL WELFARE BY HELPING TO PASS STATE AND FEDERAL LAWS THAT PROTECT ANIMALS FROM CRUELTY, SUFFERING, AND UNNECESSARY KILLING AND EXPLOITATION.

FORM 990, PART IV - OTHER LIABILITIES

=====

DESCRIPTION	ENDING BOOK VALUE
-----	-----
DUE TO AFFILIATES	409,762.
TOTALS	----- 409,762. =====

FORM 990, PART IV-A - OTHER REVENUE ON RETURN BUT NOT ON BOOKS

=====

DESCRIPTION

AMOUNT

INTEREST INCOME

15,122.

TOTAL

15,122.

=====

FORM 990, PART IV-B - OTHER EXPENSES ON RETURN BUT NOT ON BOOKS
=====

DESCRIPTION -----	AMOUNT -----
INTEREST EXPENSE	11,151.
TOTAL	----- 11,151. =====

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
WAYNE PACELLE 2100 L STREET, NW WASHINGTON, DC 20037	EXEC. VICE PRESIDENT 0-10	NONE	NONE	NONE
MICHAEL MARKARIAN 2100 L STREET, NW WASHINGTON, DC 20037	PRESIDENT 0-10	NONE	NONE	NONE
MARIAN PROBST 2100 L STREET, NW WASHINGTON, DC 20037	VICE CHAIR OF BOARD 0-10	NONE	NONE	NONE
DAVID O. WIEBERS 2100 L STREET, NW WASHINGTON, DC 20037	CHAIR OF BOARD 0-10	NONE	NONE	NONE
G. THOMAS WAITE, III 2100 L STREET, NW WASHINGTON, DC 20037	TREASURER/SECRETARY 0-10	NONE	NONE	NONE
ROGER A. KINDLER 2100 L STREET, NW WASHINGTON, DC 20037	GENERAL COUNSEL 0-10	1,251.	175.	NONE
MARY KATHERINE BERGE 2100 L STREET, NW WASHINGTON, DC 20037	ASSISTANT TREASURER 0-10	NONE	NONE	NONE
ANITA COUPE 2100 L STREET, NW WASHINGTON, DC 20037	DIRECTOR 0-10	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
	GRAND TOTALS	1,251.	175.	NONE

FORM 990, PART V-A COMPENSATION PROVIDED BY RELATED ORGANIZATION

NAME AND ADDRESS	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
HSUS 53-0225390 WAYNE PACELLE 2100 L STREET, NW WASHINGTON, DC 20037	203,230.	20,097.	NONE
HSUS 53-0225390 MICHAEL MARKARIAN 2100 L STREET, NW WASHINGTON, DC 20037	146,538.	15,129.	NONE
HSUS 53-0225390 G. THOMAS WAITE, III 2100 L STREET, NW WASHINGTON, DC 20037	165,231.	28,076.	NONE
HSUS 53-0225390 ROGER A. KINDLER 2100 L STREET, NW WASHINGTON, DC 20037	163,980.	22,511.	NONE
HSUS 53-0225390 MARY KATHERINE BERGE	112,538.	23,381.	NONE

FORM 990, PART V-A COMPENSATION PROVIDED BY RELATED ORGANIZATION

NAME AND ADDRESS	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
2100 L STREET, NW WASHINGTON, DC 20037	791,517.	109,194.	NONE
GRAND TOTALS			

2100 L STREET, NW

WASHINGTON, DC 20037

GRAND TOTALS

791,517.

109,194.

NONE

FORM 990, PART VI, LINE 90A - STATES

=====

AL, AK, AZ, AR, CA, CT, DC, FL, GA,
IL, KS, KY, LA, ME, MD, MA, MI, MN, MS, NH, NJ, NM,
NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI,

THE HUMANE SOCIETY LEGISLATIVE FUND
EIN 59-3786428
12/31/2005

NAME OF ORGANIZATION	EXEMPT	NONEXEMPT
THE HUMANE SOCIETY OF THE UNITED STATES	X	
THE HUMANE SOCIETY OF THE US WILDLIFE LAND TRUST	X	
THE NATL ASSOC. FOR HUMANE AND ENVIRONMENTAL EDUCATION	X	
CENTER FOR RESPECT OF LIFE AND THE ENVIRONMENT	X	
EARTHVOICE INTERNATIONAL	X	
EARTHKIND USA	X	
THE FUND FOR ANIMALS	X	
HUMANE SOCIETY INTERNATIONAL	X	
HUMANE SOCIETY OF HONG KONG LIMITED		(INT'L NFP CORP)
THE HUMANE SOCIETY INTERNATIONAL UK		(INT'L NFP CORP)
THE HUMANE SOCIETY INTERNATIONAL GERMANY		(INT'L NFP CORP)
THE HUMANE SOCIETY INTERNATIONAL FRANCE		(INT'L NFP CORP)
THE HUMANE SOCIETY INTERNATIONAL, INC (AUSTRALIA)		(INT'L NFP CORP)
GLOBAL ALLIANCE FOR HUMANE SUSTAINABLE DEVELOPMENT		(INT'L NFP CORP)

The Humane Society Legislative Fund

Form 990, Part II, Line 25 - Officer Compensation Schedule

Officers Name and Type of Compensation	Program Services	Management and General	Fundraising
Roger A. Kindler	1269	43	- - 114

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

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

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

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization THE HUMANE SOCIETY LEGISLATIVE FUND	Employer identification number 59-3786428
	Number, street, and room or suite no. If a P O box, see instructions 2100 L STREET, NW	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20037	

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

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

• The books are in the care of ▶ CONTROLLER

Telephone No ▶ 202 452-1100 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 will cover

1 I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until 08/15, 2006 to file the exempt organization return for the organization named above. The extension is for the organization's return for
▶ calendar year 2005 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. \$ _____

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

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