

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
2006
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 2006 calendar year, or tax year beginning _____, **2006, and ending** _____

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.	C Name of organization THE HUMANE SOCIETY LEGISLATIVE FUND Number and street (or P O box if mail is not delivered to street address) Room/suite 2100 L STREET, NW City or town, state or country, and ZIP + 4 WASHINGTON, DC 20037	D Employer identification number 59-3786428 E Telephone number (202) 452-1100 F Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶
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• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? Yes No
H(b) If "Yes," enter number of affiliates ▶ _____
H(c) Are all affiliates included? Yes No
 (If "No," attach a list See instructions)
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

G Website: ▶ WWW.FUND.ORG

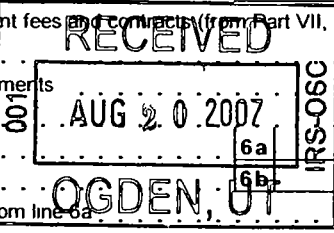
J Organization type (check only one) ▶ 501(c) (4) ◀ (insert no) 4947(a)(1) or 527

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

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **3,060,581.** **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 (See the instructions.)

	1	Contributions, gifts, grants, and similar amounts received		
	a	Contributions to donor advised funds	1a	
	b	Direct public support (not included on line 1a)	1b	2,495,719.
	c	Indirect public support (not included on line 1a)	1c	500,000.
	d	Government contributions (grants) (not included on line 1a)	1d	
	e	Total (add lines 1a through 1d) (cash \$ 2,995,719. noncash \$)	1e	2,995,719.
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	
	3	Membership dues and assessments	3	
	4	Interest on savings and temporary cash investments	4	
	5	Dividends and interest from securities	5	64,862.
	6a	Gross rents	6a	
	b	Less rental expenses	6b	
	c	Net rental income or (loss) Subtract line 6b from line 6a	6c	
	7	Other investment income (describe ▶)	7	
	8a	Gross amount from sales of assets other than inventory	8a	
	b	Less cost or other basis and sales expenses	8b	
	c	Gain or (loss) (attach schedule)	8c	
	d	Net gain or (loss) Combine line 8c, columns (A) and (B)	8d	
	9	Special events and activities (attach schedule) If any amount is from gaming, check here ▶ <input type="checkbox"/>		
	a	Gross revenue (not including \$ _____ of contributions reported on line 1b)	9a	
	b	Less direct expenses other than fundraising expenses	9b	
	c	Net income or (loss) from special events Subtract line 9b from line 9a	9c	
	10a	Gross sales of inventory, less returns and allowances	10a	
	b	Less cost of goods sold	10b	
	c	Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a	10c	
	11	Other revenue (from Part VII, line 103)	11	
	12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12	3,060,581.
	13	Program services (from line 44, column (B))	13	3,034,511.
	14	Management and general (from line 44, column (C))	14	156,148.
	15	Fundraising (from line 44, column (D))	15	134,370.
	16	Payments to affiliates (attach schedule)	16	
	17	Total expenses Add lines 16 and 44, column (A)	17	3,325,029.
	18	Excess or (deficit) for the year. Subtract line 17 from line 12	18	-264,448.
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	333,017.
	20	Other changes in net assets or fund balances (attach explanation) STMT. 2	20	-24.
	21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21	68,545.



Revenue
Net Assets

SEP 21 2007

SEP 21 2007

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 (See the instructions)

Table with 5 columns: (A) Total, (B) Program services, (C) Management and general, (D) Fundraising. Rows include 22a-22b, 23-24, 25a-25c, 26-39, 40-43g, and 44 Total functional expenses.

Joint Costs. Check [X] if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? [X] Yes [] No
If "Yes," enter (i) the aggregate amount of these joint costs \$ 1,662,638. (ii) the amount allocated to Program services \$ 1,478,391;
(iii) the amount allocated to Management and general \$ 49,879. and (iv) the amount allocated to Fundraising \$ 134,368.

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 5</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>(Grants and allocations \$ <u>172,000.</u>) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p>3,034,511.</p>
<p>b ----- ----- ----- -----</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p>c ----- ----- ----- -----</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p>d ----- ----- ----- -----</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>3,034,511.</p>

Part IV Balance Sheets (See the instructions)

		(A) Beginning of year		(B) End of year	
Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only					
Assets	45	Cash - non-interest-bearing	730,687.	45	669,323.
	46	Savings and temporary cash investments		46	
	47a	Accounts receivable	102,046.		
	b	Less allowance for doubtful accounts		47c	102,046.
	48a	Pledges receivable			
	b	Less allowance for doubtful accounts		48c	
	49	Grants receivable		49	
	50a	Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a	
	b	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b	
	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	
	54a	Investments - publicly-traded securities STMT 6. <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	NONE	54a	2,073.
	b	Investments - other securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b	
	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	1,852.			
b	Less accumulated depreciation (attach schedule)	NONE	57c	1,852.	
58	Other assets, including program-related investments (describe ►)		58		
59	Total assets (must equal line 74) Add lines 45 through 58	742,779.	59	775,294.	
Liabilities	60	Accounts payable and accrued expenses	NONE	60	390,405
	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 ► STMT 7)	409,762.	65	316,344
66	Total liabilities. Add lines 60 through 65	409,762.	66	706,749.	
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	333,017.	67	68,545.
	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 and column (B) must equal line 21)	333,017.	73	68,545.	
74	Total liabilities and net assets/fund balances. Add lines 66 and 73	742,779.	74	775,294.	

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements	NOT APPLICABLE	a
b	Amounts included on line a but not on Part I, line 12:		
1	Net unrealized gains on investments	b1	
2	Donated services and use of facilities	b2	
3	Recoveries of prior year grants	b3	
4	Other (specify) -----	b4	
	Add lines b1 through b4		b
c	Subtract line b from line a		c
d	Amounts included on Part I, line 12, but not on line a:		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify) -----	d2	
	Add lines d1 and d2		d
e	Total revenue (Part I, line 12). Add lines c and d.		e

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

a	Total expenses and losses per audited financial statements	NOT APPLICABLE	a
b	Amounts included on line a but not on Part I, line 17:		
1	Donated services and use of facilities	b1	
2	Prior year adjustments reported on Part I, line 20	b2	
3	Losses reported on Part I, line 20	b3	
4	Other (specify) -----	b4	
	Add lines b1 through b4		b
c	Subtract line b from line a		c
d	Amounts included on Part I, line 17, but not on line a:		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify) -----	d2	
	Add lines d1 and d2		d
e	Total expenses (Part I, line 17) Add lines c and d.		e

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated) (See the instructions)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
SEE STATEMENT 8		27,692.	5,515.	NONE

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 7
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 the organization? See the instructions for the definition of "related organization". 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 (if not paid, enter -0-), (D) Contributions to employee benefit plans & deferred compensation plans, (E) Expense account and other allowances. Row 1 contains -0- in columns B, C, D, and E.

Part VI Other Information (See the instructions)

76 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change STMT. 12
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? N/A
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 STATEMENT 1 and check whether it is [X] exempt or [] nonexempt
81a Enter direct and indirect political expenditures (See line 81 instructions). 81a 452,413.
81b Did the organization file Form 1120-POL for this year?

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)		
82 b	N/A		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83 b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	N/A	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	X	
84 b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	X	
85 a	501(c)(4), (5), or (6) organizations Were substantially all dues nondeductible by members?	X	
85 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.	X	
85 c	Dues, assessments, and similar amounts from members		
85 d	Section 162(e) lobbying and political expenditures		
85 e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
85 f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
85 g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
85 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 a	501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12		N/A
86 b	Gross receipts, included on line 12, for public use of club facilities		N/A
87 a	501(c)(12) orgs Enter a Gross income from members or shareholders		N/A
87 b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		N/A
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
88 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 NONE, section 4912 NONE, section 4955 NONE		
89 b	501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
89 c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		N/A
89 d	Enter Amount of tax on line 89c, above, reimbursed by the organization		N/A
89 e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
89 f	All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
89 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 SEE STATEMENT 13		
90 b	Number of employees employed in the pay period that includes March 12, 2006 (See instructions)		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		
91 b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country		X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts			

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States?
If "Yes," enter the name of the foreign country
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

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

Table with 5 main columns: (A) Business code, (B) Amount, (C) Exclusion code, (D) Amount, (E) Related or exempt function income. Rows include 93 Program service revenue, 94 Membership dues and assessments, 95 Interest on savings and temporary cash investments, 96 Dividends and interest from securities, 97 Net rental income or (loss) from real estate, 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, 104 Subtotal, 105 Total.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions)

Table with 2 columns: 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)

Table with 5 columns: (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?
(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?
Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

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

				Yes	No
106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity					
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	
a					
b					
c					
Totals					

				Yes	No
107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.					
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	
a					
b					
c					
Totals					

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

Please Sign Here

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

Signature of officer: P. SHAW Date: 8/13/07

Type or print name and title: CFO/Treasurer

Paid Preparer's Use Only

Preparer's signature: Margaret Allen Boehm Date: 8/14/07 Check if self-employed:

Firm's name (or yours if self-employed), address and ZIP + 4: GRANT THORNTON LLP EIN:

2010 CORPORATE RIDGE, SUITE 400 Phone no: 703-847-7500

MCLEAN, VA 22102

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

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

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

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

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

Type or print File by the due date for filing your return See instructions	Name of Exempt Organization 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 section 501(c) corporation required to file Form 990-T) extension of time until 08/15, 2007, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year 2006 or
- ▶ tax year beginning _____, _____, and ending _____, _____

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

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

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

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

FORM 990 - GENERAL EXPLANATION ATTACHMENT
 =====

RELATED ORGANIZATIONS
 FORM 990, PAGE 6, PART VI, LINE 80B

NAME OF ORGANIZATION	EXEMPT	NONEXEMPT
THE HUMANE SOCIETY OF THE UNITED STATES	X	
THE HUMANE SOCIETY OF THE US WILDLIFE LAND TRUST	X	
THE CENTER FOR THE RESPECT OF LIFE AND ENVIRONMENT	X	
EARTHVOICE INTERNATIONAL	X	
THE NATIONAL ASSOCIATION FOR HUMANE AND ENVIRONMENTAL EDUCATION	X	
EARTHKIND USA	X	
THE FUND FOR ANIMALS	X	
HUMANE SOCIETY INTERNATIONAL	X	
DORIS DAY ANIMAL LEAGUE	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)	
HUMANE SOCIETY INTERNATIONAL, INC. (AUSTRALIA)	(INT'L NFP CORP)	
GLOBAL ALLIANCE FOR HUMANE SUSTAINABLE DEVELOPMENT	(INT'L NFP CORP)	

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

DESCRIPTION -----	AMOUNT -----
UNREALIZED LOSS ON INVESTMENTS	24.
TOTAL	----- 24. =====

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

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

AND

FOUNDATION STATUS OF RECIPIENT

RECIPIENT NAME AND ADDRESS

PURPOSE OF GRANT OR CONTRIBUTION

AMOUNT

GRANTS PAID

COMMITTEE TO KEEP DOVES PROTECTED

PO BOX 81183

LANSING, MI 48908

NONE

BALLOTT COMMITTEE

GIFT

172,000.

TOTAL CONTRIBUTIONS PAID
172,000.

FORM 990, PART II - OTHER EXPENSES

DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING
CONSULTING FEES	245,401	232,707.	12,694	-
MAILING COSTS	1,739,206	1,675,612.	63,594	-
INVESTMENT EXPENSES AND TRUSTEES' FEES	137,300	130,198.	7,102	-
REAL ESTATE AND PERSONAL PROPERTY TAXES	2,663	2,525.	138	-
EDUCATION MATERIAL, PUBLICATIONS & CAMPAIGNS	409,201	388,034.	21,167	-
TOTALS	2,533,771	2,429,076.	104,695	-

FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE
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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 - INVESTMENTS - PUBLICLY TRADED SECURITIES

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DESCRIPTION -----	ENDING BOOK VALUE -----
GOLDMAN HSLF	2,073.

TOTALS	2,073.
	=====

FORM 990, PART IV - OTHER LIABILITIES
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DESCRIPTION -----	ENDING BOOK VALUE -----
DUE TO AFFILIATES	<u>316,344</u>
TOTALS	<u><u>316,344</u></u>

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	EXECUTIVE VICE PRESIDENT 10.00	NONE	NONE	NONE
MICHAEL MARKARIAN 2100 L STREET, NW WASHINGTON, DC 20037	PRESIDENT 10.00	NONE	NONE	NONE
MARIAN G. PROBST 2100 L STREET, NW WASHINGTON, DC 20037	DIRECTOR 10.00	NONE	NONE	NONE
DAVID O. WIEBERS, M.D. 2100 L STREET, NW WASHINGTON, DC 20037	DIRECTOR 10.00	NONE	NONE	NONE
G. THOMAS WAITE, III 2100 L STREET, NW WASHINGTON, DC 20037	TREASURER/SECRETARY 10.00	NONE	NONE	NONE
ROGER A. KINDLER 2100 L STREET, NW WASHINGTON, DC 20037	GENERAL COUNSEL 10.00	NONE	NONE	NONE
MARY KATHERINE BERGE	ASSISTANT TREASURER 10.00	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
2100 L STREET, NW WASHINGTON, DC 20037	DIRECTOR 10.00	NONE	NONE	NONE
ANITA W. COUPE, ESQ. 2100 L STREET, NW WASHINGTON, DC 20037	DIRECTOR 10.00	NONE	NONE	NONE
SUSAN ATHERTON 2100 L STREET, NW WASHINGTON, DC 20037	DIRECTOR 10.00	NONE	NONE	NONE
JEANNE CRUSEMANN DANIELS 2100 L STREET, NW WASHINGTON, DC 20037	DIRECTOR 10.00	NONE	NONE	NONE
PATRICIA GAY 2100 L STREET, NW WASHINGTON, DC 20037	DIRECTOR 10.00	NONE	NONE	NONE
CONSTANCE HARRIMAN 2100 L STREET, NW WASHINGTON, DC 20037	DIRECTOR 10.00	NONE	NONE	NONE
SARAH JANE AMUNDSON 2100 L STREET, NW WASHINGTON, DC 20037	EXECUTIVE DIRECTOR 40.00	27,692.	5,515.	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
		27,692.	5,515.	NONE
GRAND TOTALS				

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

NAME, ORGANIZATION NAME, RELATIONSHIP	EMPLOYER ID #	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
WAYNE PACELLE HUMANE SOCIETY OF THE UNITED STATES	53-0225390	207,000.	26,966.	NONE
MICHAEL MARKARIAN HUMANE SOCIETY OF THE UNITED STATES	53-0225390	159,154.	21,706.	NONE
G. THOMAS WAITE, III HUMANE SOCIETY OF THE UNITED STATES	53-0225390	172,231.	35,048.	NONE
ROGER A. KINDLER HUMANE SOCIETY OF THE UNITED STATES	53-0225390	172,231.	29,018.	NONE
MARY KATHERINE BERGE HUMANE SOCIETY OF THE UNITED STATES	53-0225390	118,500.	26,792.	NONE
GRAND TOTALS		829,116.	139,530.	NONE

FORM 990, PART VI - CHANGE IN ITS ACTIVITIES OR METHODS

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CHANGES TO ACTIVITIES HAVE ALREADY BEEN REPORTED TO THE IRS.

FORM 990, PART VI, LINE 90A - STATES

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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