

Short Form 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)

2006

Open to Public Inspection

Form 990-EZ

Department of the Treasury Internal Revenue Service

Sponsoring organizations, and controlling organization as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year may use this form. 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 and ending

B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending. C Name of organization: NATIONAL FEDERATION OF HUMANE SOCIETIES. D Employer identification number: 74-3180037. E Telephone number: 301-258-3118. F Group Exemption Number.

G Accounting method: [X] Cash [] Accrual Other (specify). H Check [X] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: WWW.HUMANEFEDERATION.ORG

J Organization type (check only one) [X] 501(c)(4) (insert no.) [] 4947(a)(1) or [] 527

K Check [] if the organization is not a section 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 Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$100,000 or more, file Form 990 instead of Form 990-EZ \$ 57,850.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 47 of the instructions)

Table with 21 rows for Revenue (lines 1-9), Expenses (lines 10-17), and Net Assets (lines 18-21). Total revenue is 57,850 and total expenses is 5,023, resulting in a net asset of 52,827.

Part II Balance Sheets - If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ

Table with 7 rows for Balance Sheets. (A) Beginning of year, (B) End of year. Total assets at end of year: 52,827.

SCANNED JUL 16 2007

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Part III Statement of Program Service Accomplishments (See page 51 of the instructions)	Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)
What is the organization's primary exempt purpose? SEE STATEMENT 1	
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title	
28 STRATEGIC PLANNING	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a 5,023.
29	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a
31 Other program services (attach schedule)	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32 Total program service expenses (add lines 28a through 31a)	32 5,023.

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 52 of 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	(E) Expense account and other allowances
SEE STATEMENT 2				

Part V Other Information (Note the statement requirement in General Instruction V.)	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	X
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34	X
35 If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35a	X
b If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/A
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement)	36	X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0.		
b Did the organization file Form 1120-POL for this year?	37b	X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a	X
b If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved	38b	N/A
39 501(c)(7) organizations. Enter		
a Initiation fees and capital contributions included on line 9	39a	N/A
b Gross receipts, included on line 9, for public use of club facilities	39b	N/A

Part V Other Information (Note the statement requirement in General Instruction V.) (Continued)

40a 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 N/A, section 4912 N/A, section 4955 N/A

b 501(c)(3) and (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 an explanation

Table with columns Yes, No and rows 40b, 40e. Row 40b: Yes, No (X). Row 40e: Yes, No (X).

c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0.

d Enter amount of tax on line 40c reimbursed by the organization 0.

e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?

41 List the states with which a copy of this return is filed DC

42a The books are in care of STEVE PUTNAM, INTERIM COORDINATOR Telephone no 301-258-3118 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)?

Table with columns Yes, No and rows 42b, 42c. Row 42b: Yes, No (X). Row 42c: Yes, No (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.

c At any time during the calendar year, did the organization maintain an office outside of the U.S.?

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

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43 N/A

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: Scotland Haysley, Secretary

Date

5-15-07

Type or print name and title: Scott Haysley

Paid Preparer's Use Only

Preparer's signature: Glenn Woodson Date: 5/15/07 FIRM'S name (or yours if self-employed), address, and ZIP + 4: CALIBRE CPA GROUP PLLC, 1850 K STREET, N.W., WASHINGTON, DC 20006

Check if self-employed

Preparer's SSN or PTIN

EIN

Phone

no (202) 331-9880

FORM 990-EZ PART III - STATEMENT OF ORGANIZATION'S STATEMENT 1
 PRIMARY EXEMPT PURPOSE

EXPLANATION

TO DEVELOP AND UTILIZE A UNIFIED VOICE OF ADVOCACY FOR THE ANIMAL CARE AND CONTROL COMMUNITY

FORM 990-EZ PART IV - LIST OF OFFICERS, DIRECTORS, STATEMENT 2
 TRUSTEES AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN EXPENSE CONTRIB ACCOUNT
BARBARA CARR 2100 L STREET NW - WASHINGTON, DC 20037	CHAIRMAN OF THE BOARD 4.00	0.	0. 0.
JANE MCCALL 2100 L STREET NW - WASHINGTON, DC 20037	PRESIDENT 4.00	0.	0. 0.
SCOTLUND HAISLEY 2100 L STREET NW - WASHINGTON, DC 20037	SECRETARY 4.00	0.	0. 0.
PAM CAREY 2100 L STREET NW - WASHINGTON, DC 20037	TREASURER 4.00	0.	0. 0.
CHRISTOPHER AGOSTINO 2100 L STREET NW - WASHINGTON, DC 20037	BOARD MEMBER 2.00	0.	0. 0.
MARTHA BODEN 2100 L STREET NW - WASHINGTON, DC 20037	BOARD MEMBER 2.00	0.	0. 0.
BETH DRAKE 2100 L STREET NW - WASHINGTON, DC 20037	BOARD MEMBER 2.00	0.	0. 0.
SHARON HARMON 2100 L STREET NW - WASHINGTON, DC 20037	BOARD MEMBER 2.00	0.	0. 0.

NATIONAL FEDERATION OF HUMANE SOCIETIES

74-3180037

SARAH J. HAYES 2100 L STREET NW - WASHINGTON, DC 20037	BOARD MEMBER 2.00	0.	0.	0.
ELIZABETH MCCORCKLE 2100 L STREET NW - WASHINGTON, DC 20037	BOARD MEMBER 2.00	0.	0.	0.
CAL MORGAN 2100 L STREET NW - WASHINGTON, DC 20037	BOARD MEMBER 2.00	0.	0.	0.
WAYNE PACELLE 2100 L STREET NW - WASHINGTON, DC 20037	BOARD MEMBER 2.00	0.	0.	0.
ROBIN ROBERTSON STARR 2100 L STREET NW - WASHINGTON, DC 20037	BOARD MEMBER 2.00	0.	0.	0.
VICTORIA WELLENS 2100 L STREET NW - WASHINGTON, DC 20037	BOARD MEMBER 2.00	0.	0.	0.
ANGIE WOOD 2100 L STREET NW - WASHINGTON, DC 20037	BOARD MEMBER 2.00	0.	0.	0.
STEVE PUTNAM 2100 L STREET NW - WASHINGTON, DC 20037	INTERIM COORDINATOR 20.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990-EZ, PART IV		0.	0.	0.

FORM 990-EZ

INFORMATION REGARDING TRANSFERS
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 3

A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL
BENEFIT CONTRACT? [] YES [X] NO

B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [] YES [X] NO