Short Form Return of Organization Exempt From Income Tax

2008

OMB No 1545-1150

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)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other org- anizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 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

For the 2008 calendar year, or tax year beginning 2008, and ending D Employer identification number Check if applicable Please use IRS label or print or Address change NATIONAL FEDERATION OF HUMANE SOCIETIES 74-3180037 2100 L STREET NW Name change Telephone number WASHINGTON, DC 20037 type. See Specific Instruc-Initial return (703) 242-3675 Termination Amended return Group Exemption tions. Number Application pending Accounting method Cash Accrual Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). Other (specify) > Check ► if the organization is not Website: ► www.humanefederation.org required to attach Schedule B (Form 990, 990-EZ, or 990-PF) 4947(a)(1) or If the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than Check ► \$25,000 A return is not required, but if the organization chooses to file a return, be sure to file a complete return. Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ 107,000 Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) 850. Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 105,883 4 Investment income. 5a SCANNED JUN 1 6 5a Gross amount from sale of assets other than inventory 5 b **b** Less cost or other basis and sales expenses 5с c Gain or (loss) from sale of assets other than inventory (Subtract In 5b from In 5a) (att sch) 6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here a Gross revenue (not including \$ of contributions 6a reported on line 1) 6b b Less: direct expenses other than fundraising expenses c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 6с 7a Gross sales of inventory, less returns and allowances 7a 7b b Less cost of goods sold c Gross profit or (loss) from spice of mapping (Subtract line 7b from line 7a) 7 c See Statement_1 8 267. 8 Other revenue (describe 9 107,000. Total revenue (add lines 1, 2, 3, 4, 5c, 6c, Grants and similar armounts phi (atlach addule) 10 10 Benefits paid to or for members 11 11 Salaries, other compensation, and employee penefits Professional fees and other payments to independent 12 143,933. 13 8,817. 14 2,602. Occupancy, rent, utilities, and maintenance 15 1,362. 15 Printing, publications, postage, and shipping 25,682. Other expenses (describe ► See Statement 2 16 17 182,396. Total expenses (add lines 10 through 16) 17 18 -75,396. 18 Excess or (deficit) for the year (Subtract line 17 from line 9) Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year 19 19 105,331. figure reported on prior year's return) 5,324. Other changes in net assets or fund balances (attach explanation) See Statement 3 20 20 Net assets or fund balances at end of year Combine lines 18 through 20 21 <u>35,259.</u> 21 Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ Part II (A) Beginning of year (B) End of year (See the instructions for Part II) 105,331.22 35,259. 22 Cash, savings, and investments 23 23 Land and buildings 24 24 Other assets (describe 35,259 105,331 25 25 Total assets 0. 26 26 Total liabilities (describe 0. 105,331 35,259. Net assets or fund balances (line 27 of column (B) must agree with line 21) 27 27

BAA For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990. TEFA0803I 09/18/08

Form 990-EZ (2008)

						30037 Page 2
Par	t III Statement of Program Ser		Expenses			
What i	What is the organization's primary exempt purpose? See Statement 4					uired for 501(c)(3)
Desc desci progr	ribe what was achieved in carrying out thribe the services provided, the number of ram title.	oncise manner, each	4947	(4) organizations and (a)(1) trusts, optional thers)		
28	Membership Marketing and	Services				-
	(Grants \$) If the		28 a	50,893.		
29	Industry Corporate Policy	, 				
	 	is amount includes foreign gr			29 a	24,766.
30	Public and Industry Commu	mications				
	(Grants \$) If the	 is amount includes foreign gr	rants, check here		30 a	24,662.
31	Other program services (attach schedule	See Statement 5		▶ □	21 -	48,284.
32	(Grants \$) If the Total program service expenses (add line)	is amount includes foreign gr nes 28a through 31a)	rants, cneck nere		31 a	148,605.
Par			plovees. (List each o	ne even if not cor		
<u>ı aı</u>	(a) Name and address	(b) Title and average hours per week devoted	(c) Compensation (If not paid, enter -0)	(d) Contributions employee benefit plar deferred compensa	to is and	(e) Expense account
		to position		deferred compensa	11011	
						_
<u>See</u>	Statement 6		131,750.	3,7	20.	0.
				 		
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Other Information (Note the statement requirement in General Instruction V.

Yes No Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity 33 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 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (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? 35 a Х b If 'Yes,' has it filed a tax return on Form 990-T for this year? 35 b Was there a liquidation, dissolution, termination, or substantial contraction during the year? 36 Х If 'Yes,' complete applicable parts of Schedule N 37 a 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions 0 b Did the organization file Form 1120-POL for this year? 37 b 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were 38 a X any such loans made in a prior year and still unpaid at the start of the period covered by this return? b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38 b N/A 39 501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 9 39 a N/A b Gross receipts, included on line 9, for public use of club facilities 39 b N/A 40 a 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under N/A . section 4955 ► section 4911 ► N/A; section 4912 ► 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,' complete Schedule L, Part I 40 b 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? If 'Yes,' complete Form 8886-T Х 40 e List the states with which a copy of this return is filed None 42 a The books are in care of ► STEVE PUTNAM Telephone no ► (703) 242-3675 Located at ► 2100 L STREET NW WASHINGTON DC No Yes 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) 42 b Х 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 a Foreign Bank and Financial Accounts. 42 c X c At any time during the calendar year, did the organization maintain an office outside of the US? If 'Yes,' enter the name of the foreign country N/A 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here 43 N/A and enter the amount of tax-exempt interest received or accrued during the tax year Yes No Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead 44 Х of Form 990-EZ Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' X 45 Form 990 must be completed instead of Form 990-EZ

Form 990-EZ (2008)	ΝΑΨΤΩΝΑΤ	FEDERATION	OF	HIIMANE	SOCIETIES
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May the IRS discuss this return with the preparer shown above? See instructions

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Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 Part V and complete the tables for lines 50 and 51. No Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I 46 46 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II 47 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E 48 49a Did the organization make any transfers to an exempt non-charitable related organization? 49 a b If 'Yes,' was the related organization(s) a section 527 organization? 49 b Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None' (c) Compensation (d) Contributions to employee (b) Title and average (e) Expense account and other allowances (a) Name and address of each employee paid more than \$100,000 hours per week devoted to position benefit plans and deferred compensation Total number of other employees paid over \$100,000 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation Total number of other independent contractors receiving over \$100,000 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. Sign Here Robert Downey 009 2008 Chairman Type print name and title Preparer's Identifying Number (See instructions) Check if Paid self-5-12-6 signature P00229770 employed Pre-**PETERS** & CHUNKA P.C L.L.O parer's yours if rel employed), address, ar 13TH ST STE 320 47-0675730 Ùse 411 S LINCOLN, 474-1003 Only NE 68508-2518 Phone no (402)►|X| Yes

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lient 9999	NATIONAL FEDERATION OF HUMANE SOCIETIES		74-318003
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Statement 1 Form 990-EZ, Part I, Line 8 Other Revenue Exp Reimb 269 & Rnding	r -2	\$ Total <u>\$</u>	267. 267.
Statement 2 Form 990-EZ, Part I, Line 16 Other Expenses			
Advertising and Promot Dues & Subscriptions Filing Fees Furniture & Equipment Information Technology Marketing Membership Services Office Expenses		\$	548. 809. 75. 761. 744. 453. 2,768. 410.
Speaker Expense Sponsorship/Events Telephone Travel		Total \$	8,258. 2,376. 1,497. 6,983. 25,682.
Statement 3 Form 990-EZ, Part I, Line 20 Other Changes In Net Asset	ts Or Fund Balances		
Payroll adjustments		Total \$	5,324. 5,324.
Statement 4 Form 990-EZ, Part III Organization's Primary Exe	mpt Purpose		
To develop and utilize community.	e a unified voice of advocacy for the ani	mal care and	d control
Statement 5 Form 990-EZ, Part III, Line 3 Statement of Program Servi	11 ice Accomplishments		
	Description	0. Crants	Program Service
Legislative Initiative	Description	<u>Grants</u> _	Expenses 24,142.
Industry Best Practice	Includes Foreign Grants: No		24,142.
	Includes Foreign Grants: No Total \$	0. \$	48,284.

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NATIONAL FEDERATION OF HUMANE SOCIETIES

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Statement 6 Form 990-EZ, Part IV List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours <u>Per Week Devoted</u>	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
Barbara Carr, 2007-2008 2100 L Street NW Washington, DC 20037	Chairman 4.00	\$ 0.	\$ 0.	\$ 0.
Jane McCall, 2007-2008 2100 L Street NW Washington, DC 20037	President 4.00	0.	0.	0.
Elizabeth McCorkle, 2007-2008 2100 L Street NW Washington, DC 20037	Secretary 4.00	0.	0.	0.
Pam Carey, 2007-2008 2100 L Street NW Washington, DC 20037	Treasurer 5.00	0.	0.	0.
Christopher Agostino, 2007-08 2100 L Street NW Washington, DC 20037	Director 2.00	0.	0.	0.
Martha Boden, 2007-2008 2100 L Street NW Washington, DC 20037	Director 2.00	0.	0.	0.
Robert Downey, 2007-2008 2100 L Street NW Washington, DC 20037	Director 5.00	0.	0.	0.
Beth Drake, 2007-2008 2100 L Street NW Washington, DC 20037	Director 2.00	0.	0.	0.
Sharon Harmon, 2007-2008 2100 L Street NW Washington, DC 20037	Director 2.00	0.	0.	0.
Sarah J. Hayes, 2007-2008 2100 L Street NW Washington, DC 20037	Director 2.00	0.	0.	0.
Cal Morgan, 2007-2008 2100 L Street NW Washington, DC 20037	Director 2.00	0.	0.	0.
Wayne Pacelle, 2007-2008 2100 L Street NW Washington, DC 20037	Director 2.00	0.	0.	0.

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Statement 6 (continued)
Form 990-EZ, Part IV
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours <u>Per Week Devoted</u>	Compen- sation	Contri- bution to EBP & DC	Account/
Robin Robertson-Starr, 2007-08 2100 L Street NW Washington, DC 20037	Director 2.00	\$ 0.	\$ 0.	\$ 0.
Victoria Wellens, 2007-2008 2100 L Street NW Washington, DC 20037	Director 2.00	0.	0.	0.
Angie Wood, 2007-2008 2100 L Street NW Washington, DC 20037	Director 2.00	0.	0.	0.
Robert Downey, 2008-2009 2100 L Street NW Washington, DC 20037	Chairman 4.00	0.	0.	0.
Jane McCall, 2008-2009 2100 L Street NW Washington, DC 20037	President 4.00	0.	0.	0.
Elizabeth McCorkle, 2008-2009 2100 L Street NW Washington, DC 20037	Secretary 4.00	0.	0.	0.
Pam Carey, 2008-2009 2100 L Street NW Washington, DC 20037	Treasurer 4.00	0.	0.	0.
Christopher Agostino, 2008-09 2100 L Street NW Washington, DC 20037	Director 2.00	0.	0.	0.
John Aleshire, 2008-2009 2100 L Street NW Washington, DC 20037	Director 2.00	0.	0.	0.
Barbara Carr, 2008-2009 2100 L Street NW Washington, DC 20037	Director 2.00	0.	0.	0.
Janelle Dixon, 2008-2009 2100 L Street NW Washington, DC 20037	Director 2.00	0.	0.	0.
Beth Drake, 2008-2009 2100 L Street NW Washington, DC 20037	Director 2.00	0.	0.	0.

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Statement 6 (continued)
Form 990-EZ, Part IV
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours <u>Per Week Devoted</u>	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
Sharon Harmon, 2008-2009 2100 L Street NW Washington, DC 20037	Director 2.00	\$ 0.	\$ 0.	\$ 0.
Sarah J. Hayes, 2008-2009 2100 L Street NW Washington, DC 20037	Director 2.00	0.	0.	0.
Cal Morgan, 2008-2009 2100 L Street NW Washington, DC 20037	Director 2.00	0.	0.	0.
Wayne Pacelle, 2008-2009 2100 L Street NW Washington, DC 20037	Director 2.00	0.	0.	0.
Robin Robertson Starr, 2008-09 2100 L Street NW Washington, DC 20037	Director 2.00	0.	0.	0.
Angie Wood, 2008-2009 2100 L Street NW Washington, DC 20037	Director 2.00	0.	0.	0.
Steve Putnam 2100 L Street NW Washington, DC 20037	Executive Direc 40.00	131,750.	3,720.	0.
	Total	<u>\$ 131,750.</u>	\$ 3,720.	<u>\$ 0.</u>

Statement 7 Form 990-EZ, Part VI Regarding Transfers Associated with Personal Benefit Contracts

(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?

No No