| Form <b>990-T</b>                                      | E           | xempt Organization Bus   | ines   | s Income Ta                                    | x Return      |               | 2008  |
|--|-------------|--|--|--|---------------|---------------|---|
| Department of the Treasury<br>Internal Revenue Service | F           | (and proxy tax und   | er sec   | tion 6033(e))                                  |               | 9             | pen to Public Inspection for<br>11(c)(3) Organizations Only |
| A Check box if address changed                         |             | Name of organization ( Check box if name co  | D Employer identification number<br>(Employees' trust, see instructions<br>for Block D on page 9.) |  |               |               |   |
| B Exempt under section  X 501(c)(3)                    | Print       | THE HUMANE SOCIETY OF  Number, street, and room or suite no. If a P.O. box                 | 53-0225390<br>E Unrelated business activity codes  |  |               |               |   |
| 408(e)220(e  | Туре        | 2100 L STREET, NW  | ou bage  | structions for Block E<br>9.)                  |               |               |   |
| 408A530(a<br>529(a)                                    |             | City or town, state, and ZIP code WASHINGTON, DC 20037                                     |  |  |               | 5418          | 300   |
| at end of year   |             | p exemption number (See instructions for Block F.) k organization type                     |  | 501(c) trust                                   | 401(a) trust  | C.            | Other trust   |
| 188 101 300.   | ion's orin  | nary unrelated business activity. > ADVERTI  | SING   |  |               |               |   |
| 1 During the tay year wa                               | is the cor  | poration a subsidiary in an affiliated group or a parei                                    | ıt-subsid  | iary controlled group?                         |               | Yes           | X No  |
|  |             | ntitying number of the parent corporation.   |  |  |               |               |   |
| J The books are in care                                |             | G. THOMAS WAITE III  |  | Telepho  | ne number 🕨 💈 | <u> 202-4</u> |   |
| Part I Unrelat   | ed Tra      | de or Business Income  |  | (A) Income                                     | (B) Expense   | <u> </u>      | (C) Net   |
| 1a Gross receipts or s                                 | ales        |  |  | [  |               |               |   |
| b Less returns and al                                  |             |  | 1c   |  |               |               |   |
| -  |             | le A, line 7)  | 2  |  |               |               |   |
| -  |             | from line 1c   | 3  |  |               |               | · · · · · · · · · · · · · · · · · · ·                       |
|  |             | ch Schedule D)   | 4a<br>4b   |  |               |               |   |
|  |             | Part II, line 17) (attach Form 4797)   | 4c   |  |               |               |   |
| c Capital loss deduct                                  | ion tot tri | ists hips and S corporations (attach statement)  | 5  |  |               |               |   |
|  |             |  | 6  |  |               |               |   |
| 6 Rent income (Sche                                    | -           | orne (Schedule E)  | 7  |  |               |               |   |
|  |             | and rents from controlled organizations (Sch. F)   | 8  |  |               |               |   |
|  |             | tion 501(c)(7), (9), or (17) organization  |  |  |               |               |   |
| ="   |             |  | 9  | 1  |               |               |   |
| 10 Exploited exempt a                                  | ctivity inc | come (Schedule I)  | 10   |  |               |               |   |
|  |             | ile J)   | 11   | 219,779.                                       | 157.          | 339.          | 62,440.   |
|  |             | ons; attach schedule.)   | 12   |  | : *           |               |   |
| 13 Total Combine lis                                   | nes 3 thro  | wich 12  | 13   | 219,779.                                       | 157,          | 339.          | 62,440.   |
| Part II Deduct   | rions N     | lot Taken Elsewhere (see instructions for butions, deductions must be directly connected.) | or limite<br>ed with t   | tions on deductions.)<br>he unrelated business | income.)      |               |   |
|  |             | directors, and trustees (Schedule K)   |  |  |               | 14            |   |
| ·  |             |  |  |  |               | 15            |   |
|  |             |  |  |  |               | 16            |   |
| 17 Bad debts   |             | ***************************************  |  |  |               | 17            |   |
|  |             |  |  |  |               | 18_           | 100   |
|  |             |  |  |  |               | 19            | 100.  |
| 20 Charitable contril                                  | butions (S  | See instructions for limitation rules.)  | *** *** *  |  |               | 20            |   |
| 21 Depreciation (atta                                  | ach Form    | 4562)  |  | 21   |               | 226           |   |
| 22 Less depreciation                                   | n claimed   | on Schedule A and elsewhere on return  |  | [228]  |               |               |   |
| 23 Depletion   |             | · · · · · · · · · · · · · · · · · · ·  |  |  |               |               |   |
| 24 Contributions to                                    | deterred    | compensation plans   |  |  |               |               |   |
|  |             | Sepandulo D  |  |  |               |               |   |
|  |             | Schedule I) Schedule J)  |  |  |               |               | 62,440.   |
|  |             | schedule)  |  |  |               |               |   |
|  |             | lines 14 through 28  |  |  |               |               | 62,540.   |
| 30 Unrelated busine                                    | ss taxabi   | e income before net operating loss deduction. Subtri                                       | sct line 2   | 9 from line 13                                 |               | 30            | -100.   |
|  |             | ion (limited to the amount on line 30)   |  |  |               | 31            | 0.  |
|  |             | e income before specific deduction. Subtract line 31                                       |  |  |               | 32            | -100.   |
| 33 Specific deduction                                  | on (Gener   | ally \$1,000, but see instructions for exceptions)   |  |  |               | 33            | 1,000.  |
| 34 Unrelated bus                                       | iness to    | exable income. Subtract line 33 from line 32. If lin                                       |  |  |               |               |   |
| of zero or line 32                                     |             |  |  |  |               | 34            | -100.   |

| Form 990-T       | (2008) THE HUMANE SOCIETY OF THE UNITED STATES 53-022  | 5390                   | Page 2           |
|------------------|--|------------------------|------------------|
| Part I           |  |                        |                  |
|                  | Organizations Taxable as Corporations. See instructions for tax computation.   | *                      |                  |
|                  | Controlled group members (sections 1561 and 1563) check here   See Instructions and:   | -                      |                  |
|                  | Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):   |                        |                  |
|                  | (1) S (2) S (3) S  | 1 1                    |                  |
|                  | Enter organization's share of: (1) Additional 5% tax (not more than \$11,750)  |                        |                  |
| U                | (2) Additional 3% tax (not more than \$100,000)  |                        |                  |
| _                | Income tax on the amount on line 34  | 35c                    | 0.               |
| 00               | Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from:   |                        |                  |
| 36               | Tax rate schedule or Schedule D (Form 1041)  | 36                     |                  |
| 4=               | Tax rate scriptors of Contractions of Contractions of Contractions of Contractions   | 37                     |                  |
|                  | Proxy tax. See instructions  | 38                     |                  |
| 38               | Alternative minimum tax  | 39                     | 0.               |
|                  | Total. Add lines 37 and 38 to line 35c or 36, whichever applies  | 1 38 1                 |                  |
|                  | V Tax and Payments   | T T T                  |                  |
|                  | Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)  | 4                      |                  |
| þ                | Other credits (see instructions)   | -                      |                  |
| C                | General business credit, Attach Form 3800  | 4 1                    |                  |
| d                | Credit for prior year minimum tax (attach Form 8801 or 8827)   | 1                      |                  |
| e                | Total credits. Add lines 40a through 40d   | 40e                    | 0.               |
| 41               | Subtract line 40e from tine 39 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schoolule)  | 41                     | <u> </u>         |
| 42               |  |                        |                  |
| 43               | Total tax. Add lines 41 and 42   | 43                     | 0.               |
| 44 a             | Payments: A 2007 overpayment credited to 2008  | 4 1                    |                  |
|                  | 2008 estimated tax payments  | 4                      |                  |
|                  | Tax deposited with Form 8868   | _                      |                  |
| ď                | Foreign organizations: Tax paid or withheld at source (see instructions) 44d   |                        |                  |
|                  | Backup withholding (see instructions)  44e   |                        |                  |
|                  | Other credits and payments: Form 2439  |                        |                  |
| •                | ☐ Form 4136 X Other 5,953. Total ► 44f 5,953.  | .                      |                  |
| 45               | Total payments. Add lines 44a through 44f SEE STATEMENT 1  | 45                     | 5,953.           |
|                  | Estimated tax penalty (see instructions). Check if Form 2220 is attached   | 46                     |                  |
| 46               | Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed   | 47                     |                  |
| 47               | Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid   | 48                     | 5,953.           |
| 48               | Enter the amount of line 48 you want: Credited to 2009 estimated tax   5,953. Refunded   | 49                     | 0.               |
| Part             | Lines the distinct of the Toyle frame of the Control of the Contro | ge 18)                 |                  |
| Part             | any time during the 2008 calendar year, did the organization have an interest in or a signature or other authority over a financial a  |                        | Yes No           |
| 1 At             | nk, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank  | and                    | X                |
|                  |  |                        |                  |
| Fin.<br>2 Dar    | ancial Accounts. If YES, enter the name of the foreign country here  ung the tax year, did the organization receive a distribution form, or was it the granter of, or transferor to, a foreign trust? ES, see page 5 of the instructions for other forms the organization may have to file.  |                        | x                |
| ii Y             | ES, see page 5 of the instructions for other forms the organization may have to file.  |                        |                  |
| 3 En             | ter the amount of tax-exempt interest received or accrued during the tax year > \$   |                        |                  |
| Scле             | dule A - Cost of Goods Sold. Enter method of inventory valuation   |                        |                  |
|                  | N/A  | T 6                    |                  |
| 1 Inv            | entory at beginning of year 1 6 Inventory at end of year   | - <del></del>          |                  |
|                  | rchases 7 Cost of goods sold. Subtract line 6  | 1 _ 1                  |                  |
| 3 Co             | st of labor from line 5. Enter here and in Part I, line 2  | 7                      | Mar Ma           |
| 4a Ad            | ditional section 263A costs 4a 8 Do the rules of section 263A (with respect to   |                        | Yes No           |
| b 011            | ner costs (attach schedule) 4b property produced or acquired for resale) apply to  |                        | ,,               |
| <u>5 To</u>      | tal. Add lines 1 through 4b 5 the organization?  |                        | X                |
|                  | Under penalties of persury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowned, and complete. Declaration of preparer (hither than turpoyer) is based on all information of which preparer has any knowledge.  | lowledge and bellet, t | t is true.       |
| Sign             |  | May the IRS discuss    | this roturn with |
| Here             |  | the properer shown b   |                  |
|                  |  | instructions)?         |                  |
|                  | richard a Cilcux II  | reparer's SSN or       |                  |
| Paid             |  | 047 -96 - 7            | 10693            |
| Prepar<br>Use Or |  | 1-194441               | .6               |
|                  | employed. 8000 TOWERS CRESCENT DR. STE 500 Phone no.   | ,                      |                  |
|                  | address, and VIENNA, VA 22182-6205   | 703-336                | -6400            |
|                  |  | Form                   | 990-T (2008)     |

| om 990-7 (2008) THE HIIM/<br>Schedule C - Rent Incon   | ANK SOCIE   | TY OF                          | THR<br>y and                                     | TINTTRD<br>Personal F  | STATE Property | Lease                               | 53-02<br>od With Real Pr   | 2539<br>oper                                   | 9.0 Pago 3<br><b>ty)</b> (see instr. on pg 19)                   |
|--|---|--------------------------------|--|--|----------------|-------------------------------------|--|--|--|
| Description of property  |   |                                |  |  |                |                                     |  |  |  |
| 1)   |   |                                |  |  |                |                                     |  |  |  |
| 2)   |   |                                |  |  |                |                                     |  |  |  |
| 3)   |   |                                |  |  |                |                                     |  |  |  |
| (4)  |   |                                |  |  |                |                                     |  |  |  |
|  | 2 Rent receiv   |                                |  |  |                |                                     | 9/n l Dodumena dra   | the coor                                       | sacted with the income in  |
| (a) From perconal property (if the rent for perconal property is 10% but not more than                 | more tran   | (b) Fr                         | rent for pe                                      | id personal property<br>reconal property exc<br>us based on profit o | ecas sure or i | tage<br>f                           | octumes 2(a  | and 20   | ) (attach schedulo)  |
| (1)  | ·   |                                |  |  |                |                                     |  |  |  |
| (3)  |   |                                |  |  |                |                                     |  |  |  |
| (4)  |   |                                |  |  |                |                                     |  |  |  |
| fotal  | 0.  | Total                          |  |  |                | 0.                                  |  |  |  |
| c) Total income. Add totals of colur<br>nere and on page 1, Part I, line 6, col                        | lumn (A)  |                                |  |  |                | 0.                                  | (b) Total deductions<br>Enter here and on page 1<br>Part I, line 6, column (8) |  | 0.   |
| Schedule E - Unrelated   | Debt-Finance  | d Incom                        | e (See   | instructions on  | page 19)       |                                     |  |  |  |
|  |   |                                |  |  |                |                                     | 3 Deductions directly o  | connecte                                       | ed with or allocable   |
| 1 Description of de  | ebt-financed property   |                                |  | 2 Gross inc<br>or allocable<br>financed p                            | to debt-       | (a)                                 | to debt-fin<br>Straight line depreciation<br>(attach schedule)                 |  | (b) Other deductions<br>(attach schodule)                        |
| (1)  |   | <del></del>                    |  |  |                | -                                   |  | $\dashv$                                       |  |
| (1)<br>(2)   |   |                                |  |  |                | 1                                   |  |  |  |
| (2)  |   |                                |  |  |                |                                     |  |  |  |
| (3)  |   |                                |  | <del></del>  |                | <b>—</b>                            |  |  |  |
| (4)  |   |                                |  | 2  |                | +                                   | 7 Gross income   | _  | 8 Allocable deductions   |
| 4 Amount of average acquisition<br>debt on or allocable to debt-financed<br>property (attach schedule) | 4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 5 Average adjusted basis of or allocable to debt-financed property (attach schedule) |                                | 6 Column 4 divided<br>by column 5                |  |                | reportable (column<br>2 x column 6) |  | (column 6 x total of columns<br>3(a) and 3(b)) |  |
| (1)  |   |                                |  |  | %              |                                     |  |  |  |
| (2)  |   |                                |  |  | %              |                                     |  |  |  |
| (3)  |   |                                |  |  | %              |                                     |  |  |  |
| (4)  |   |                                |  |  | %              |                                     |  |  |  |
|  |   |                                |  |  |                |                                     | ero and on page 1,<br>ine 7, column (A).                                       |  | Enter here and on page 1.<br>Part I, line 7, column (B)          |
| Totals   |   |                                |  |  |                | ▶                                   |  | 0.   | 0  |
| Total dividends-received deduction   | ns included in colu   | mn B                           |  |  |                |                                     |  | .▶   | 0  |
| Schedule F - Interest, A   | nnuities, Roy   | alties, ar                     | id Rer   | nts From C   | ontrolled      | i Orga                              | nizations (See i   | instruc  | tions on page 20)  |
|  |   |                                |  | ot Controlled O  |                |                                     |  |  |  |
| 1 Name of controlled organization  | Employa   | 2<br>r Idontification<br>umber |  | 3<br>rvelated income<br>(see instructions)                           |                | 4<br>specified<br>nts made          | 5 Part of column 4 included in the con organization's gross                    | aomuō  | 6 Deductions directly connected with income in column 5          |
| 441  |   |                                | <del>                                     </del> |  | <del> </del>   |                                     |  |  |  |
| <u>(1)</u>   |   | <del></del>                    | <del> </del>                                     | <del></del>  | <del> </del>   |                                     |  |  | <u> </u>   |
| (2)  |   |                                | <del>                                     </del> |  | <del> </del>   |                                     |  | <del></del>                                    |  |
| (3)  |   |                                | <del> </del>                                     |  | <del> </del>   |                                     |  |  |  |
| (4)  | <u> </u>  |                                | <u> </u>   |  |                |                                     |  |  | <u> </u>   |
| Nonexempt Controlled Organiza  | ations  |                                | 1  |  | <del></del>    |                                     |  | т  |  |
| 7 Taxable Income   | 8 Net unrelated ind<br>(see instructi   |                                | 9 74   | ntal of specified pay<br>made  | monts 1        | in the co                           | column 9 that is included<br>introlling organization's<br>gross income         | 11   | Deductions directly connected with income in column 10           |
| (1)  |   |                                |  |  |                |                                     |  |  |  |
| (2)  |   |                                |  |  |                |                                     |  | <b></b>  |  |
| (3)  |   |                                |  |  |                |                                     |  | <u> </u>                                       |  |
| (4)  |   |                                |  |  |                |                                     |  | L  |  |
|  |   |                                |  |  | E              |                                     | is 5 and 10.<br>and on page 1, Part I,<br>nn (A).                              | Enter  | columns 6 and 11,<br>here and on page 1, Parl I,<br>, column (B) |
| <b>9</b> 1.  |   |                                |  |  |                |                                     | 0.   |  | n  |
| Totals   |   |                                |  |  | ., PL          |                                     | U.   | ٠  | O<br>Form <b>990-T</b> (200                                      |
| 823721 03-09-09  |   |                                |  |  |                |                                     |  |  | ratm <b>990-1 (</b> 20   |

| lula G - | Investment | income of | a Section | 501(c)(7). | . (9), or (17 | ) Organization |
|----------|------------|-----------|-----------|------------|---------------|----------------|

| (see instructions on page 21)  1 Description of income |   |  |   |   |  | ctions<br>rinocted<br>hydule)  | 4 Set-asides<br>(attach schedule)         | 5 Total deductions<br>and set-asides<br>(col. 3 plus col. 4)                     |
|--|---|--|---|---|--|--|---|--|
| /4\  |   |  |   |   | 14.00.00                                   | 1,0,0,0,0  |   |  |
| (1)  |   |  |   |   |  |  |   |  |
| (3)  |   |  |   |   |  |  |   |  |
| (4)  |   |  |   |   |  |  |   |  |
|  |   | · · · · · · · · · · · · · · · · · · ·                                      |   | for here and an page 1,<br>rt i, line 9, column (A).  |  |  | V - 2                                     | Enter here and on page 1.<br>Part I, line 9, column (8)                          |
| Totals   |   |  |   | 0.  |  |  |   | 0.   |
| Schedule I - Exploited                                 | Exempt Activity ctions on page 21)                                | / Income,  | Other 1   | Than Advertisi  | ng Inco                                    | ne   |   |  |
| 1 Description of exploited activity                    | 2 Gross<br>unrelated business<br>income from<br>trade or business | 3 Exponse<br>directly conne<br>with product<br>of unrelate<br>business inc | ected "<br>tion<br>id "                           | 4 Net income (loss)<br>om urrelated bade or<br>business (column 2<br>minus column 3). It a<br>gain, compute cols. 5<br>through 7. | 5 Gross of trom active ro not ure business | nty that<br>related  | 6 Expenses<br>altributable to<br>column 5 | 7 Excess exempt expenses (column 6 mmus column 5, but not more than column 4).   |
| (1)  |   |  |   |   |  |  |   |  |
| (2)  |   |  |   |   |  |  |   |  |
| (3)  |   |  |   |   |  |  |   |  |
| (4)  | Enter here and on<br>page 1, Part I,<br>tine 10, col. (A).        | Enter here an page 1, Pai  | 11,   |   |  |  |   | Enter here and<br>on page 1,<br>Part II, line 28.                                |
| Totals   | 0.  |  | 0.  | a •   | <u> </u>                                   |  |   | 0.   |
| Schedule J - Advertisis                                | ng Income (see  | instructions o   | n page 2  | 1)  |  |  |   |  |
| Part I Income From                                     | Periodicals Rep   | orted on a   | a Cons  | olidated Basis  |  |  |   |  |
| 2 Gr<br>1 Name of periodical advertinos                |   |  |   | 4 Advertising gain or (loss) (cal. 2 minus cel. 3), if a gain, comput cols. 5 through 7.  |  | outation<br>ome  | 6 Readership<br>costs                     | 7 Excess readership costs (column 8 minus column 5, but not more than column 4). |
| (1) ANIMAL   |   |  |   |   |  |  |   |  |
| (2) SHELTERING   |   |  |   | 40 P 4  |  |  |   | - 4 <b>.</b>   |
| (3) MAGAZINE   | 219,77  | 9. 157   | ,339.   |   | 83   | <u>,981. 3</u>   | <u>302,759.</u>                           |  |
| (4)  |   |  |   |   | ·  |  |   |  |
| Totale (carry to Part II line (51)                     | ▶ 219,77  | 79. 157  | ,339.   | 62,440  | . 83                                       | ,981.  | 302,759.                                  | 62,440.  |
| Part II Income From                                    | Periodicals Re  | ported on  | a Sepa  | rate Basis (For   | each perlo                                 | dical listed in  | Part II, fill in                          |  |
|  | 7 on a line-by-line b   |  | _   |   |  |  |   |  |
| 1 Name of periodical                                   | 2 Gross<br>advertising<br>income                                  |  | Proct<br>ing costs                                | 4 Advertising gain<br>or (loss) (cot. 2 minus<br>col. 3). If a gain, compu<br>cols. 5 through 7.                                  |  | culation<br>zame   | 6 Readership<br>costs                     | 7 Excess readership costs (column 6 minus column 5, but not more than column 4). |
| (1)  |   |  |   |   |  |  |   |  |
| (2)  |   |  |   | ļ   |  |  |   |  |
| (3)  |   |  |   |   |  |  |   |  |
| (4)  |   |  |   |   |  |  |   |  |
| (5) Totals from Part I                                 | 219,7°<br>Enter here and<br>page 1, Pert<br>line 11, col. (       | I on Enter he<br>I, page<br>A). line 11                                    | , 339 .<br>re and on<br>1, Part I,<br>, col. (8). |   |  | \$ 16.50<br>\$ 10.50<br>\$ 1 |   | 62,440.<br>Enter here and<br>on page 1.<br>Part II, line 27.                     |
| Totals, Part II (lines 1-5)                            | ▶ 219,7   |  | <u>.339.</u>                                      |   |  |  |   | 62,440.  |
| Schedule K - Compen                                    | sation of Office  | ers, Direct  | ors, an   | d Trustees (see   | instructio                                 |  |   |  |
| 11   | Vaimo   |  |   | 2 Titto   |  | 3 Percent of<br>time devoted<br>business   | lo lou                                    | pensation attributable<br>nrelated business                                      |
|  |   |  |   |   |  | ļ  | %   |  |
|  |   |  |   |   |  | ļ  | %   |  |
|  |   |  |   |   |  | ļ  | %   |  |
|  |   |  | <u></u>   |   |  | <u> </u>   | %   |  |
| Total, Enter here and on page 1,                       | Part II, line 14  | <u> </u>   |   | rayyesar warsen forewaransas  | ····                                       |  |   | 0 .<br>Form <b>990-T</b> (2008   |

| FORM 990-T OTHER CREDITS AND PAYME               | nts statemen | T 1   |
|--|--------------|-------|
| DESCRIPTION                                      | AMOUN        | T     |
| ERRONEOUS BACKUP WITHHOLDING NEW YORK LOTTERY    | 5            | ,953. |
| TOTAL INCLUDED ON FORM 990-T, PAGE 2, PART IV, L | INE 44F 5    | ,953. |