

Return of Organization Exempt From Income Tax

1999

Department of the Treasury
Internal Revenue Service

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

This Form is Open to Public Inspection

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

A For the 1999 calendar year, OR tax year period beginning **OCTOBER 1, 1999** and ending **SEPTEMBER 30, 2000**

- B** Check if:
- Change of address
 - Initial return
 - Final return
 - Amended return (required also for state reporting)

C Name of organization
HUMANE SOCIETY OF VERO BEACH AND INDIAN RIVER COUNTY, FL, INC.

Please use IRS label or print or type. See Specific Instructions

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
POST OFFICE BOX 644

City or town, state or country, and ZIP+4
4701 41ST STREET
VERO BEACH, FL 32961-0644

D Employer identification number
59-0863199

E Telephone number
(561) 567-2309

F Check If exemption application is pending

G Type of organization -> Exempt under section 501(c)(**3**) (insert number) OR section 4947(a)(1) nonexempt charitable trust

Note: Section 501(c)(3) exempt organizations and 4947(a)(1) nonexempt charitable trusts MUST attach a completed Schedule A (Form 990).

H (a) Is this a group return filed for affiliates? Yes No

(b) If "Yes," enter the number of affiliates for which this return is filed: **N/A**

(c) Is this a separate return filed by an organization covered by a group ruling? Yes No

I If either box in H is checked "Yes," enter four-digit group exemption number (GEN): **N/A**

J Accounting method: Cash Accrual Other (specify) _____

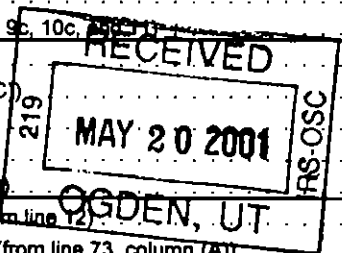
K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if it received a Form 990 Package in the mail, it should file a return without financial data. **Some states require a complete return.**

Note: Form 990-EZ may be used by organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at end of year.

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

1	Contributions, gifts, grants, and similar amounts received:			
	a Direct public support	1a	1,331,844	
	b Indirect public support	1b		
	c Government contributions (grants)	1c		
d Total (add lines 1a through 1c) (attach schedule of contributors) (cash \$ 1,321,319 noncash \$ 10,525)			SEE STMT 1.	1d 1,331,844
2	Program service revenue including government fees and contracts (from Part VII, line 93)			2 217,747
3	Membership dues and assessments			3
4	Interest on savings and temporary cash investments			4 165,873
5	Dividends and interest from securities			5
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	(A) Securities		(B) Other
		8a		
		8b		
		8c		
d	Net gain or (loss) (combine line 8c, columns (A) and (B))			8d
9	Special events and activities (attach schedule)			
a	Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a	188,948	
b	Less: direct expenses other than fundraising expenses	9b	28,288	
c	Net income or (loss) from special events (subtract line 9b from line 9a)		SEE STMT 2.	9c 160,660
10a	Gross sales of inventory, less returns and allowances	10a		
		10b		
		10c		
11	Other revenue (from Part VII, line 103)			11 248,447
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, 11)			12 2,124,571
13	Program services (from line 44, column (B))			13 802,991
				14 177,068
				15 66,235
				16
				17 1,046,294
18	Excess or (deficit) for the year (subtract line 17 from line 12)			18 1,078,277
19	Net assets or fund balances at beginning of year (from line 73, column (A))			19 4,391,662
20	Other changes in net assets or fund balances (attach explanation)		SEE STMT 3.	20 -283,064
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)			21 5,186,875

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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 & section 4947(a)(1) nonexempt charitable trusts but optional for others. (See Specific Instr.)

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 \$ _____ noncash \$ _____)	22			
23	Specific assistance to individuals (attach schedule)	23			
24	Benefits paid to or for members (attach schedule)	24			
25	Compensation of officers, directors, etc	25	44,437	29,773	3,555
26	Other salaries and wages	26	326,049	274,244	44,996
27	Pension plan contributions	27			
28	Other employee benefits	28	49,355	42,531	5,255
29	Payroll taxes	29	28,554	23,441	3,719
30	Professional fundraising fees	30			
31	Accounting fees	31	14,705	14,558	147
32	Legal fees	32	6,463	6,399	64
33	Supplies	33	38,793	35,746	1,518
34	Telephone	34	12,618	7,326	5,292
35	Postage and shipping	35			
36	Occupancy	36	74,852	1,583	73,269
37	Equipment rental and maintenance	37	29,080	18,787	10,293
38	Printing and publications	38	63,225	24,568	179
39	Travel	39	3,978	3,978	
40	Conferences, conventions, and meetings	40			
41	Interest	41			
42	Depreciation, depletion, etc. (attach schedule) SEE DEPRECIABLE ASSETS WKST	42	60,944	56,786	4,158
43	Other expenses (itemize): a _____	43a			
	b SEE STMT 4	43b	293,241	263,271	24,623
	c _____	43c			
	d _____	43d			
	e _____	43e			
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	1,046,294	802,991	177,068

Reporting of Joint Costs. Did you report in column (B) (Program services) any joint costs from a combined educational campaign and fundraising solicitation? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A; (ii) the amount allocated to Program services \$ N/A; (iii) the amount allocated to Management and general \$ N/A; and (iv) the amount allocated to Fundraising \$ N/A

Part III Statement of Program Service Accomplishments (See Specific Instructions.)

What is the organization's primary exempt purpose? PROVIDE SHELTER & PREVENT CRUELTY TO ANIMALS	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)
a THE HUMANE SOCIETY OF VERO BEACH AND INDIAN RIVER COUNTY, INC. CONDUCTS SEVERAL PROGRAMS AND ACTIVITIES DESIGNED TO PROMOTE WELFARE AND HAPPINESS OF ANIMALS. DURING THE YEAR ENDING 09/30/00 5,174 ANIMALS WERE SHELTERED. (Grants and allocations \$ _____)	371,069
b 1,127 ANIMALS WERE PLACED IN HOMES BY ADOPTION (Grants and allocations \$ _____)	239,360
c 647 ANIMALS WERE REUNITED WITH THEIR FAMILIES (Grants and allocations \$ _____)	52,199
d THE ORGANIZATION ALSO PROVIDES HUMANE EDUCATION APPROXIMATELY 6,000 PEOPLE PER YEAR (Grants and allocations \$ _____)	61,520
e Other program services (attach schedule) SEE STMT 5 (Grants and allocations \$ _____)	78,843
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	802,991

Part IV Balance Sheets (See Specific 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
A s s e t s	45 Cash - non-interest-bearing	34,907	45	26,273
	46 Savings and temporary cash investments	3,282,728	46	3,876,811
	47a Accounts receivable	16,830		
	b Less: allowance for doubtful accounts		47c	16,830
	48a Pledges receivable	704,184		
	b Less: allowance for doubtful accounts	5,182	48c	699,002
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51a Other notes and loans receivable (attach schedule)		51c	
	b Less: allowance for doubtful accounts		51b	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	11,354	53	12,628
	54 Investments - securities (attach schedule)		54	
	55a Investments - land, buildings, and equipment: basis		55a	
	b Less: accumulated depreciation (attach schedule)		55b	55c
	56 Investments - other (attach schedule)		56	
	57a Land, buildings, and equipment: basis SEE STMT 6	819,441		
	b Less: accumulated depreciation (attach schedule)	156,908	57c	662,533
	58 Other assets (describe ► ACCRUED INTEREST)	6,062	58	7,033
	59 Total assets (add lines 45 through 58) (must equal line 74)	4,423,339	59	5,301,110
L i a b i l i t i e s	60 Accounts payable and accrued expenses	31,677	60	114,235
	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 ►)		65	
	66 Total liabilities (add lines 60 through 65)	31,677	66	114,235
N e t A s s e t s o r F u n d B a l a n c e s	Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	1,748,069	67	2,505,857
	68 Temporarily restricted	2,643,593	68	2,681,018
	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)	4,391,662	73	5,186,875
	74 Total liabilities and net assets/fund balances (add lines 66 and 73)	4,423,339	74	5,301,110

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.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See Specific Instructions.)

a	Total revenue, gains, and other support per audited financial statements	a	2,152,859
b	Amounts included on line a but not on line 12, Form 990:		
(1)	Net unrealized gains on investments \$		
(2)	Donated services and use of facilities \$		
(3)	Recoveries of prior year grants \$		
(4)	Other (specify):		
	SEE STMT 7 \$ 28,288		
	Add amounts on lines (1) through (4)	b	28,288
c	Line a minus line b	c	2,124,571
d	Amounts included on line 12, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify):		
	Add amounts on lines (1) and (2)	d	
e	Total revenue per line 12, Form 990 (line c plus line d)	e	2,124,571

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

a	Total expenses and losses per audited financial statements	a	1,074,582
b	Amounts included on line a but not on line 17, Form 990:		
(1)	Donated services and use of facilities \$		
(2)	Prior year adjustments reported on line 20, Form 990 \$		
(3)	Losses reported on line 20, Form 990 \$		
(4)	Other (specify):		
	SEE STMT 8 \$ 28,288		
	Add amounts on lines (1) through (4)	b	28,288
c	Line a minus line b	c	1,046,294
d	Amounts included on line 17, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify):		
	Add amounts on lines (1) and (2)	d	
e	Total expenses per line 17, Form 990 (line c plus line d)	e	1,046,294

Part V: List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; see Specific 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 STMT 9				

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? Yes No
If "Yes," attach schedule - see Specific Instructions.

Part VI Other Information (See Specific Instructions.)

		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
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.		X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	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		X
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?		X
b	If "Yes," enter the name of the organization _____ and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt.		
81a	Enter the amount of political expenditures, direct or indirect, as described in the instructions for line 81.	81a	NONE
b	Did the organization file Form 1120-POL for this year?	81b	N/A
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?	82a	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 for reporting in Part III.)	N/A	82b
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	N/A
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.	85b	N/A
c	Dues, assessments, and similar amounts from members	N/A	85c
d	Section 162(e) lobbying and political expenditures	N/A	85d
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	N/A	85e
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	N/A	85f
g	Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	85g	N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86	501(c)(7) orgs. Enter:		
a	Initiation fees and capital contributions included on line 12.	N/A	86a
b	Gross receipts, included on line 12, for public use of club facilities	N/A	86b
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders	N/A	87a
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	87b
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 <input type="checkbox"/> NONE ; section 4912 <input type="checkbox"/> NONE ; section 4955 <input type="checkbox"/> 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		NONE
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		NONE
90a	List the states with which a copy of this return is filed <input type="checkbox"/> FLORIDA		
b	Number of employees employed in the pay period that includes March 12, 1999 (See inst.)	90b	17
91	The books are in care of <input type="checkbox"/> DOROTHY RITCHEY Telephone no. <input type="checkbox"/> (561) 567-2309 Located at <input type="checkbox"/> 4701 41ST STREET VERO BEACH, FL ZIP+4 <input type="checkbox"/> 32962		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year	N/A	92

Part VII Analysis of Income-Producing Activities (See Specific Instructions.)

Enter gross amounts unless otherwise indicated.

Table with 5 columns: (A) Business code, (B) Amount, (C) Exclusion code, (D) Amount, (E) Related or exempt function income. Rows include: 93 Program service revenue: a ADOPTION FEES (15,828), b, c, d, e, f Medicare/Medicaid payments, g Fees and contracts from government agencies (201,919), 94 Membership dues and assessments, 95 Interest on savings and temporary cash investments (14, 165,873), 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 (1, 160,660), 102 Gross profit or (loss) from sales of inventory, 103 Other revenue: a THRIFT SHOP SALES (05, 248,447), b, c, d, e, 104 Subtotal (add columns (B), (D), and (E)) (574,980, 217,747), 105 Total (add line 104, columns (B), (D), and (E)) (792,727).

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 Specific 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). Rows include: 93B ADOPTION FEES COVER A PORTION OF THE COST OF CARING FOR THE ANIMALS., 93G MONIES COLLECTED FROM THE COUNTY OF INDIAN RIVER FOR ANIMAL CONTROL.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific 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.

including accompanying schedules and statements, and to the best of my knowledge and belief, officer) is based on all information of which preparer has any knowledge

05/14/01 DAVID K. BROWER TREASURER

**SCHEDULE A
(Form 990)**

Organization Exempt Under Section 501(c)(3)
(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust
Supplementary Information - (See separate instructions.)

OMB No. 1545-0047

1999

Department of the Treasury
Internal Revenue Service

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization **HUMANE SOCIETY OF VERO BEACH AND INDIAN RIVER
COUNTY, FL, INC.**

Employer identification number
59-0863199

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Total number of other employees paid over \$50,000 ▶	NONE			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
		NONE
Total number of others receiving over \$50,000 for professional services ▶	NONE	

For Paperwork Reduction Act Notice, see instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990) 1999

Part III Statements About Activities

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum?		X
If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ <u>N/A</u>		
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any of its trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary:		
a Sale, exchange, or leasing of property?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		X
e Transfer of any part of its income or assets?		X
If the answer to any question is "Yes," attach a detailed statement explaining the transactions.		
3 Does the organization make grants for scholarships, fellowships, student loans, etc.?		X
4a Do you have a section 403(b) annuity plan for your employees?		X
b Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments. (See instructions.)		

Part IV Reason for Non-Private Foundation Status (See instructions.)

The organization is not a private foundation because it is: (Please check only ONE applicable box.)

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V, page 4.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ▶ _____
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the Support Schedule in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
- 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
- 12 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See instructions.)

Part IV-A: Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 1998	(b) 1997	(c) 1996	(d) 1995	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	1,416,212	1,838,138	887,881	126,957	4,269,188
16 Membership fees received.	113,707	108,418	114,303	93,266	429,694
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable, etc., purpose.	338,737	335,769	294,258	427,384	1,396,148
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975.	112,679	62,970	29,830	28,849	234,328
19 Net income from unrelated business activities not included in line 18.					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.					
23 Total of lines 15 through 22	1,981,335	2,345,295	1,326,272	676,456	6,329,358
24 Line 23 minus line 17	1,642,598	2,009,526	1,032,014	249,072	4,933,210
25 Enter 1% of line 23	19,813	23,453	13,263	6,765	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 98,664
b Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1995 through 1998 exceeded the amount shown in line 26a. Enter the sum of all these excess amounts. SEE STMT. 10 SEE STMT 11					26b 288,605
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 4,933,210
d Add: Amounts from column (e) for lines: 18 234,328 19 22 288,605					26d 522,933
e Public support (line 26c minus line 26d total)					26e 4,410,277
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 89.40 %
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," attach a list to show the name of, and total amounts received in each year from, each "disqualified person." Enter the sum of such amounts for each year: (1998) _____ (1997) _____ (1996) _____ (1995) _____					
b For any amount included in line 17 that was received from a nondisqualified person, attach a list to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (1998) _____ (1997) _____ (1996) _____ (1995) _____					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c _____
d Add: Line 27a total _____ and line 27b total _____					27d _____
e Public support (line 27c total minus line 27d total)					27e _____
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f _____
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1995 through 1998, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15. (See instructions.)					

Part V Private School Questionnaire (See instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

THIS PART NOT REQUIRED

- 29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?
- 30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?
- 31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?
- If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)

	Yes	No
29		
30		
31		

- 32 Does the organization maintain the following:
- a Records indicating the racial composition of the student body, faculty, and administrative staff?
- b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?
- c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?
- d Copies of all material used by the organization or on its behalf to solicit contributions?
- If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)

32a		
32b		
32c		
32d		

- 33 Does the organization discriminate by race in any way with respect to:
- a Students' rights or privileges?
- b Admissions policies?
- c Employment of faculty or administrative staff?
- d Scholarships or other financial assistance?
- e Educational policies?
- f Use of facilities?
- g Athletic programs?
- h Other extracurricular activities?

33a		
33b		
33c		
33d		
33e		
33f		
33g		
33h		

If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)

- 34 a Does the organization receive any financial aid or assistance from a governmental agency?
- b Has the organization's right to such aid ever been revoked or suspended?
- If you answered "Yes" to either 34a or b, please explain using an attached statement.

34a		
34b		

- 35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation

35		
----	--	--

Part VI-A Lobbying Expenditures by Electing Public Charities (See instructions.)

(To be completed ONLY by an eligible organization that filed Form 5768)

Check here a if the organization belongs to an affiliated group.

Check here b if you checked "a" above and "limited control" provisions apply.

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)

		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount. Enter the amount from the following table-		
	If the amount on line 40 is-		
	The lobbying nontaxable amount is-		
	Not over \$500,000 20% of the amount on line 40		
	Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000 . . . \$175,000 plus 10% of the excess over \$1,000,000	41	
	Over \$1,500,000 but not over \$17,000,000 . . \$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000 \$1,000,000		
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.)

See the instructions for lines 45 through 50.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 1999	(b) 1998	(c) 1997	(d) 1996	(e) Total
45	Lobbying nontaxable amount				
46	Lobbying ceiling amount (150% of line 45(e))				
47	Total lobbying expenditures				
48	Grassroots nontaxable amount				
49	Grassroots ceiling amount (150% of line 48(e))				
50	Grassroots lobbying expenditures				

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

	Yes	No	Amount
a Volunteers	N/A		
b Paid staff or management (Include compensation in expenses reported on lines c through h.)	N/A		
c Media advertisements	N/A		
d Mailings to members, legislators, or the public	N/A		
e Publications, or published or broadcast statements	N/A		
f Grants to other organizations for lobbying purposes	N/A		
g Direct contact with legislators, their staffs, government officials, or a legislative body	N/A		
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means	N/A		
i Total lobbying expenditures (add lines c through h)			NONE

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See instructions.)

- 51** Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?
- | | | | | |
|---|--|--|------------|-----------|
| a | Transfers from the reporting organization to a noncharitable exempt organization of: | | Yes | No |
| | (i) Cash | | | X |
| | (ii) Other assets | | | X |
| b | Other transactions: | | | |
| | (i) Sales or exchanges of assets with a noncharitable exempt organization | | | X |
| | (ii) Purchases of assets from a noncharitable exempt organization | | | X |
| | (iii) Rental of facilities, equipment, or other assets | | | X |
| | (iv) Reimbursement arrangements | | | X |
| | (v) Loans or loan guarantees | | | X |
| | (vi) Performance of services or membership or fundraising solicitations | | | X |
| c | Sharing of facilities, equipment, mailing lists, other assets, or paid employees | | | X |
| <p>d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received: THIS SECTION NOT REQUIRED</p> | | | | |

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

- 52a** Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes No
- b** If "Yes," complete the following schedule: **THIS SECTION NOT REQUIRED**

(a) Name of organization	(b) Type of organization	(c) Description of relationship

Supplementary Statements
For Year Ended 09/30/2000

HUMANE SOCIETY OF VERO BEACH AND INDIAN RIVER
COUNTY, FL, INC.

59-0863199

Statement 11
Schedule A, Part IV-A - Excess Contributions

Name	1995	1996	1997	1998	Total	Line 26a	Excess of Line 26a
			128,300		128,300	98,664	29,636
			163,998		163,998	98,664	65,334
			53,000	50,679	103,679	98,664	5,015
			184,108	447	184,555	98,664	85,891
100,000				200,057	100,000	98,664	1,336
					200,057	98,664	101,393
					880,589		288,605

Total

Supplementary Statements
For Year Ended 09/30/2000

HUMANE SOCIETY OF VERO BEACH AND INDIAN RIVER
COUNTY, FL, INC.

59-0863199

Statement 1
Form 990, Part I - Schedule of Contributors

Name	Description & Purpose	Date of Contribution	Contribution 1999
	BUILDING	VARIOUS	10,800
	BUILDING	VARIOUS	20,850
	BUILDING	VARIOUS	5,000
	BEQUEST	VARIOUS	20,000
	VET EQUIPMENT & SUPPLIES	VARIOUS	10,525
	BUILDING	VARIOUS	5,478
	BEQUEST	VARIOUS	241,760
	BUILDING	VARIOUS	25,000
	BEQUEST	VARIOUS	130,000
	BUILDING	VARIOUS	25,862
	BEQUEST	VARIOUS	5,000
	BUILDING	VARIOUS	51,400
	BUILDING	VARIOUS	6,500

Supplementary Statements
For Year Ended 09/30/2000

HUMANE SOCIETY OF VERO BEACH AND INDIAN RIVER
COUNTY, FL, INC.

59-0863199

Statement 1
Form 990, Part I - Schedule of Contributors

Name	Description & Purpose	Date of Contribution	Contribution 1999
	BEQUEST	VARIOUS	340,343
	BUILDING	VARIOUS	8,200
	BUILDING	VARIOUS	5,500
	BUILDING	VARIOUS	5,145
	BUILDING	VARIOUS	15,000
	BUILDING	VARIOUS	11,160
	BUILDING	VARIOUS	5,000
	BUILDING	VARIOUS	12,000
	BUILDING	VARIOUS	6,500
	BUILDING	VARIOUS	5,170
	BUILDING	VARIOUS	50,000
	BUILDING	VARIOUS	5,100
	BUILDING	VARIOUS	25,120

Supplementary Statements
For Year Ended 09/30/2000

HUMANE SOCIETY OF VERO BEACH AND INDIAN RIVER
COUNTY, FL, INC.

59-0863199

Statement 1
Form 990, Part I - Schedule of Contributors

Name	Description & Purpose	Date of Contribution	Contribution 1999
	BUILDING	VARIOUS	5,100
	BUILDING	VARIOUS	5,000
VARIOUS CONTRIBUTORS UNDER \$5,000 VARIOUS	VARIOUS	VARIOUS	269,331
Total			1,331,844

Statement 2
Form 990, Part I - Revenue from Special Events

Description of Revenue	Gross Receipts	Contributions	Gross Revenue	Direct Expenses	Net Income/ (Loss)
CAUSE FOR PAWS	185,256		185,256	28,288	156,968
CALENDERS	3,062		3,062		3,062
TAGS	630		630		630
Total					160,660

Statement 3
Form 990, Part I - Other Changes in Net Assets

Description	Amount
ASSET IMPAIRMENT LOSS	-283,064
Total	
	-283,064

Supplementary Statements
For Year Ended 09/30/2000

HUMANE SOCIETY OF VERO BEACH AND INDIAN RIVER
COUNTY, FL, INC.

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Statement 4
Form 990, Part II - Other Expenses

Expense Description	Total Other Expenses	Program Services	Management and General	Fundraising
ADVERTISING	12,783	11,788	995	
ANIMAL ASSISTANCE AND MAINTENANCE	163,048	163,048		
DUES AND SUBSCRIPTIONS	2,184	2,184		
INSURANCE	28,948	21,316	7,632	
MISCELLANEOUS	7,727	1,080	1,607	5,040
OFFICE EXPENSE	5,420	5,244	176	
PROMOTIONAL	3,159	3,159		
SECURITY	10,601	10,495	106	
UNIFORMS	4,426	4,382	44	
UTILITIES	40,353	26,586	13,460	307
VEHICLES	8,487	7,884	603	
PUBLIC EDUCATION	6,105	6,105		
Total	293,241	263,271	24,623	5,347

Statement 5
Form 990, Part III - Statement of Program Services

Description of Program Services	Grants and Allocations	Program Service Expense
CRUELTY INVESTIGATION	0	56,916
VOLUNTEER PROGRAMS	0	7,383
COMMUNITY OUTREACH PROGRAMS	0	14,544
Total	0	78,843

Supplementary Statements
For Year Ended 09/30/2000

HUMANE SOCIETY OF VERO BEACH AND INDIAN RIVER
COUNTY, FL, INC.

59-0863199

Statement 6 .
Fm 990 Depreciable Assets-Land, Bldg, Equip & Depr

Property Description	Change In Assets	Cost or Other Basis	Accumulated Depreciation	Ending Book Balance
BOY DEPRECATED ASSETS		1,024,150	506,945	517,205
LAND		126,660		126,660
CONSTRUCTION IN PROGRESS		56,969		56,969
ADDITIONS	ADDITION	329,564		329,564
DELETIONS	RETIRED	-717,902	-410,981	-306,921
PROGRAM SERVICES			56,786	-56,786
MANAGEMENT & GENERAL			4,158	-4,158
** SEE FIXED ASSET REPORT				
Total		819,441	156,908	662,533

Supplementary Statements
For Year Ended 09/30/2000

HUMANE SOCIETY OF VERO BEACH AND INDIAN RIVER
COUNTY, FL, INC.

59-0863199

Statement 7
Form 990, Part IV-A - Other Deductions

Description	Amount
----- SPECIAL EVENTS EXPENSES	28,288

Total	28,288

Statement 8
Form 990, Part IV-B - Other Deductions

Description	Amount
----- SPECIAL EVENTS EXPENSES	28,288

Total	28,288

Form 990 - Depreciable Assets

<u>Description</u>	Line 55a Investments - Land, Buildings, etc.	Line 55b Accumulated Depreciation	Line 57a Land, Buildings, etc. Basis	Line 57b Accumulated Depreciation
Beginning balance			1,207,779	506,945
Additions			329,564	
Retirements			-717,902	410,981
Transfers/other				
Total depreciation expense				60,944
Depreciation expenses - program services				56,786
Depreciation expenses - management and general				4,158
Depreciation expenses - fundraising				
Ending balance			819,441	156,908

Supplementary Statements
For Year Ended 09/30/2000

HUMANE SOCIETY OF VERO BEACH AND INDIAN RIVER
COUNTY, FL, INC.

59-0863199

Statement 9
Form 990 Part V - List of Officers and Directors

Name Address	Title	Average Hours Per Week	Compensation	Employee Benefit Contributions	Expense Account
DONALD N. WRIGHT 1775 44TH AVENUE VERO BEACH, FL 32966	PRESIDENT	2	0		NONE
DR. HOWARD J. SMITH 2250 SANDERLING LANE VERO BEACH, FL 32963	2ND VICE-PRES	2	0		NONE
EILEEN E. DERRICK 825 BARKER STREET SEBASTIAN, FL 32958	3RD VICE-PRES	2	0		NONE
JANE L. CAMMANN 3554 OCEAN DRIVE APT 601N VERO BEACH, FL 32963	1ST VICE-PRES	2	0		NONE
DONNA C. STARCK 541 MELROSE LANE SEBASTIAN, FL 32958	SECRETARY	2	0		NONE
LILLIAN M. BECKER 130 SOUTH SHORE CIRCLE VERO BEACH, FL 32963	DIRECTOR	1	0		NONE
DAVID K. BROWER 736 34TH TERRACE VERO BEACH, FL 32968	TREASURER	2	0		NONE
J. DIANNE CLUFF 4550 19TH STREET VERO BEACH, FL 32966	DIRECTOR	1	0		NONE
BARBARA W. EVANS 221 SANDPIPER POINT VERO BEACH, FL 32963	DIRECTOR	1	0		NONE
JOANNE D. GRYMES 845 PAINTED BUNTING LANE VERO BEACH, FL 32963	DIRECTOR	1	0		NONE
JANE B. KING 1506 WEST CAMINO DEL RIO VERO BEACH, FL 32963	DIRECTOR	1	0		NONE

Supplementary Statements
For Year Ended 09/30/2000

HUMANE SOCIETY OF VERO BEACH AND INDIAN RIVER
COUNTY, FL, INC.

59-0863199

Statement 9
Form 990 Part V - List of Officers and Directors

Name Address	Title	Average Hours Per Week	Compensation	Employee Benefit Contributions	Expense Account
DEBBIE A. VICKERS 1672 STONECROP STREET SEBASTIAN, FL 32958	DIRECTOR	1	0	0	NONE
JOAN G. CARLSON 2016 14TH AVENUE S.W. VERO BEACH, FL 32962	EXEC-DIRECTOR	40	44,437	0	NONE
CYNTHIA WEBB-HASKETT 2095 SPRING PLACE VERO BEACH, FL 32963	DIRECTOR	1	0	0	NONE
ALEXANDER P. CANNON 8814 LAKESIDE CIRCLE VERO BEACH, FL 32963	DIRECTOR	1	0	0	NONE
RICHARD H. PIPPERT 125 RIVER WAY VERO BEACH, FL 32963	DIRECTOR	1	0	0	NONE
NANCY H. BENEDICT 607 LANTANA LANE VERO BEACH, FL 32963	PAST PRESIDENT	1	0	0	NONE
CAROL M. BARROWS 202 SPINNAKER DR VERO BEACH, FL 32963	DIRECTOR	1	0	0	NONE
JOANN M. BECKER 155 SAGO PALM ROAD VERO BEACH, FL 32963	DIRECTOR	1	0	0	NONE
ELIZABETH M. BYBEE, DVM 7707 NORTH U.S. 1 VERO BEACH, FL 32967	DIRECTOR	1	0	0	NONE
FREDERIC L. COOK 2165 PERIWINKLE DRIVE VERO BEACH, FL 32963	DIRECTOR	1	0	0	NONE
SUZANNE M. GEYER 1919 TREASURE LANE VERO BEACH, FL 32963	DIRECTOR	1	0	0	NONE

Supplementary Statements
For Year Ended 09/30/2000

HUMANE SOCIETY OF VERO BEACH AND INDIAN RIVER
COUNTY, FL, INC.

59-0863199

Statement 9
Form 990 Part V - List of Officers and Directors

Name	Address	Title	Average Hours Per Week	Compensation	Employee Benefit Contributions	Expense Account
PETER A. ILLING	144 ANCHOR DRIVE VERO BEACH, FL 32963	DIRECTOR	1	0		NONE
LAURIE B. IODICE	307-A EAST WAVERLY PLACE VERO BEACH, FL 32960	DIRECTOR	1	0		NONE
LINDA V. OBERKOTTER	155 ISLAND CREEK DR. VERO BEACH, FL 32963	DIRECTOR	1	0		NONE
BARBARA JEAN SMITH	660 26TH STREET SW VERO BEACH, FL 32962	DIRECTOR	1	0		NONE
MRS. E. BRAND BEACHAM, JR.	181 CLARKSON LANE VERO BEACH, FL 32963	HONOR DIRECTOR	1	0		NONE
WILLIAM H. COCHRANE	740 ST ANNES LANE VERO BEACH, FL 32967	HONOR DIRECTOR	1	0		NONE
DRS. HENRY M. & HELEN B. DOREMUS	7477 CYPRESS BEND MANOR VERO BEACH, FL 32966	HONOR DIRECTOR	1	0		NONE
HORACE C. FORD	408 SABLE OAK LANE VERO BEACH, FL 32963	HONOR DIRECTOR	1	0		NONE
MRS. DEAN D. LOCKWOOD	P.O.BOX 6383 VERO BEACH, FL 32961	HONOR DIRECTOR	1	0		NONE

Supplementary Statements
For Year Ended 09/30/2000

HUMANE SOCIETY OF VERO BEACH AND INDIAN RIVER
COUNTY, FL, INC.

59-0863199

Statement 12.
Fm 990 Depreciable Assets-Land, Bldg, Equip & Depr

Property Description	Date Acquired/ Disposed	Change In Assets	Cost or Other Basis	Prior Years' Depreciation	Depreciation Expense
	Depr Method	Rate(%)/ Life(Yrs)			
BOY DEPRECATED ASSETS			1,024,150	506,945	
LAND			126,660		
CONSTRUCTION IN PROGRESS			56,969		
ADDITIONS	09/30/2000	ADDITION	329,564		
DELETIONS	09/30/2000	RETIRED	-717,902	-410,981	
PROGRAM SERVICES					56,786
MANAGEMENT & GENERAL					4,158
** SEE FIXED ASSET REPORT					
Total			819,441	95,964	60,944

ENTITY NO: 6489 ENTITY: HUMANE SOCIETY OF VERO BEACH AND IRC, FL., INC.
 YEAR END: 09/00 MID-QTR: ALLOW-NO TAX ID: 59-0863199
 RANGE: 10/99 - 09/00, FULL YEAR
 BOOK: FD - AS CALCULATED

REL/OPR: 8.20/_BF
 DATE: 05/01/01
 TIME: 16.03:13
 PAGE: 1

FIXED ASSET REPORT
 (All Assets In Selected Range)

SEPTEMBER 30, 2000

*=CURRENT AMOUNT
 +=RETIRED ASSETS
 <=ITC METHOD 1

ASSET NUMBER CODE	ACQUIRED LIFE	DESCRIPTION	Description # 2		Description # 3		
Serial Number	BEGINNING COST	ADJUSTED BASIS	PRIOR DEPR	CURRENT DEPR	ACCUM DEPR		
	SEC 179	ITC AMOUNT	ENDING COST	RETIRED COST	PROCEEDS	SALVAGE	
006	SLM 1 01/21/83	7.00 CABINETS	250	250	250	0	250
	0	0	250	0	0	0	0
008	SLM 1 05/12/83	7 00 4 DRAWER FILE	179	179	179	0	179
	0	0	179	0	0	0	0
011	SLM 1 11/16/83	7.00 LEGAL HANG FILE	100	100	100	0	100
	0	0	100	0	0	0	0
016	SLM 1 08/31/85	7.00 SHELVING	855	855	855	0	855
	0	0	855	0	0	0	0
017	SLM 1 08/31/85	7 00 OFFICE FURNITURE	414	414	414	0	414
	0	0	414	0	0	0	0
018	SLM 1 08/31/85	7 00 SHELVING	43	43	43	0	43
	0	0	43	0	0	0	0
019	SLM 1 09/30/85	7.00 SHELVING	1,065	1,065	1,065	0	1,065
	0	0	1,065	0	0	0	0
021	SLM 1 09/30/85	7.00 SHELVES	57	57	57	0	57
	0	0	57	0	0	0	0
023	SLM 1 10/31/85	15 00 CABINETS	6,888	6,888	6,389	459	6,848
	0	0	6,888	0	0	0	0
024	SLM 1 01/31/86	7.00 BULLETIN BOARDS	147	147	147	0	147
	0	0	147	0	0	0	0

ENTITY NO: 6489 ENTITY: HUMANE SOCIETY OF VERO BEACH AND IRC, FL., INC.
 YEAR END: 09/00 MID-QTR: ALLOW-NO TAX ID: 59-0863199
 RANGE: 10/99 - 09/00, FULL YEAR
 BOOK: FD - AS CALCULATED

REL/OPR: 8.20/BF
 DATE: 05/01/01
 TIME: 16:03:13
 PAGE: 2

FIXED ASSET REPORT
 (All Assets In Selected Range)

SEPTEMBER 30, 2000

*=CURRENT AMOUNT
 +=RETIRED ASSETS
 <=ITC METHOD 1

ASSET NUMBER	CODE	ACQUIRED	LIFE	DESCRIPTION	Description # 2	Description # 3
Serial Number		BEGINNING COST	ADJUSTED BASIS	PRIOR DEPR	CURRENT DEPR	ACCUM DEPR
	SEC 179	ITC AMOUNT	ENDING COST	RETIRED COST	PROCEEDS	SALVAGE
025	SLM 1 02/28/86	7.00	BULLETIN BOARDS			
		163	163	163	0	163
	0	0	163	0	0	0
028	SLM 1 08/31/86	5.00	VIDEO EQUIPMENT			
		600	600	600	0	600
	0	0	600	0	0	0
029	SLM 1 11/11/86	7.00	CAMERA			
		403	403	403	0	403
	0	0	403	0	0	0
030	SLM 1 03/26/87	10 00	FILE CABINETS			
		990	990	990	0	990
	0	0	990	0	0	0
037	SLM 1 02/10/88	5.00	SIGNS			
		204	204	204	0	204
	0	0	204	0	0	0
038	SLM 1 03/24/88	5.00	OFFICE EQUIPMENT			
		204	204	204	0	204
	0	0	204	0	0	0
039	SLM 1 03/16/89	10.00	SIGN			
		230	230	230	0	230
	0	0	230	0	0	0
044	SLM 1 05/01/90	7.00	2 FOUR DRAWER FILING CABINETS			
		951	951	951	0	951
	0	0	951	0	0	0
045	SLM 1 05/01/90	7.00	4 X 6 REMARKABLE BOARD			
		275	275	275	0	275
	0	0	275	0	0	0
046	SLM 1 05/01/90	7.00	LATERAL FILE			
		634	634	634	0	634
	0	0	634	0	0	0
047	SLM 1 05/01/90	7.00	MESSAGE BOARD			
		195	195	195	0	195
	0	0	195	0	0	0

ENTITY NO: 6489 ENTITY: HUMANE SOCIETY OF VERO BEACH AND IRC. FL., INC.
 YEAR END: 09/00 MID-QTR: ALLOW-NO TAX ID. 59-0863199
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*=CURRENT AMOUNT
 +=RETIRED ASSETS
 <=ITC METHOD 1

ASSET NUMBER	CODE	ACQUIRED	LIFE	DESCRIPTION	Description # 2	Description # 3
Serial Number		BEGINNING COST	ADJUSTED BASIS	PRIOR DEPR	CURRENT DEPR	ACCUM DEPR
	SEC 179	ITC AMOUNT	ENDING COST	RETIRED COST	PROCEEDS	SALVAGE
048	SLM 1	05/01/90	7.00	C & H DISTRIBUTORS		
			232	232	232	0
	0	0	232	0	0	232
049	SLM 1	08/01/90	7.00	CASH REGISTER		
			190	190	190	0
	0	0	190	0	0	190
050	SLM 1	09/01/90	7.00	WINKEL & SON CABINETS		
			113	113	113	0
	0	0	113	0	0	113
052	SLM 1	12/20/90	5.00	CABINETS		
			2,629	2,629	2,629	0
	0	0	2,629	0	0	2,629
053	SLM 1	02/20/91	5.00	KENNEL AIRE		
			5	5	5	0
	0	0	5	0	0	5
055	SLM 1	01/19/79	15 00	CAT CAGES		
			1,000	1,000	1,000	0
	0	0	1,000	0	0	1,000
056	SLM 1	02/01/80	10 00	T.S RACKS & COUNTER		
			256	256	256	0
	0	0	256	0	0	256
058	SLM 1	09/18/80	5 00	FIRE EXTINGUISHER		
			31	31	31	0
	0	0	31	0	0	31
059	SLM 1	12/31/80	3.00	5 DOG BEDS		
			150	150	150	0
	0	0	150	0	0	150
060	SLM 1	02/27/81	10.00	ANIMAL STRETCHER		
			42	42	42	0
	0	0	42	0	0	42
061	SLM 1	11/06/83	15.00	CAGES		
			1,123	1,123	1,123	0
	0	0	1,123	0	0	1,123

ENTITY NO: 6489 ENTITY: HUMANE SOCIETY OF VERO BEACH AND IRC, FL., INC.
 YEAR END: 09/00 MID-QTR: ALLOW-NO TAX ID: 59-0863199
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 <=ITC METHOD 1

ASSET NUMBER	CODE	ACQUIRED	LIFE	DESCRIPTION	Description # 2	Description # 3
Serial Number		BEGINNING COST	ADJUSTED BASIS	PRIOR DEPR	CURRENT DEPR	ACCUM DEPR
	SEC 179	ITC AMOUNT	ENDING COST	RETIRED COST	PROCEEDS	SALVAGE
062	SLM 1	05/17/82	5.00	6 52" FANS		
			906	906	906	0
		0	0	906	0	0
063	SLM 1	05/19/82	3.00	20 BEDS		
			591	591	591	0
		0	0	591	0	0
064	SLM 1	05/19/82	3.00	BOWLS		
			181	181	181	0
		0	0	181	0	0
066	SLM 1	10/13/82	15.00	CAGES		
			3,699	3,699	3,699	0
		0	0	3,699	0	0
067	SLM 1	01/03/83	10.00	CABINETS		
			248	248	248	0
		0	0	248	0	0
068	SLM 1	01/28/83	5.00	HEATERS		
			406	406	406	0
		0	0	406	0	0
069	SLM 1	04/18/83	10.00	CAT CAGE CABINETS		
			265	265	265	0
		0	0	265	0	0
070	SLM 1	05/12/83	15.00	CAGES		
			2,259	2,259	2,259	0
		0	0	2,259	0	0
072	SLM 1	07/06/83	5.00	CATCH POLE		
			58	58	58	0
		0	0	58	0	0
073	SLM 1	07/06/83	10.00	CAT TRAPS		
			259	259	259	0
		0	0	259	0	0
074	SLM 1	12/08/83	10.00	10 BENCHES		
			296	296	296	0
		0	0	296	0	0

ENTITY NO: __6489 ENTITY: HUMANE SOCIETY OF VERO BEACH AND IRC, FL.,INC.
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 <=ITC METHOD 1

ASSET NUMBER	CODE	ACQUIRED LIFE	DESCRIPTION	Description # 2	Description # 3		
Serial Number		BEGINNING COST	ADJUSTED BASIS	PRIOR DEPR	CURRENT DEPR	ACCUM DEPR	
	SEC 179	ITC AMOUNT	ENDING COST	RETIRED COST	PROCEEDS	SALVAGE	
075	SLM 1	01/06/84	5.00 AIRLINE CARRIER				
			11	11	11	0	11
	0	0	11	0	0	0	0
078	SLM 1	02/11/84	7.00 30 X 63 TABLE				
			40	40	40	0	40
	0	0	40	0	0	0	0
080	SLM 1	03/30/84	10 00 TRAP				
			244	244	244	0	244
	0	0	244	0	0	0	0
082	SLM 1	08/22/84	3 00 WATER COOLER				
			25	25	25	0	25
	0	0	25	0	0	0	0
083	SLM 1	09/24/84	3.00 MEDICAL EQUIP				
			244	244	244	0	244
	0	0	244	0	0	0	0
084	SLM 1	08/31/85	5.00 EQUIPMENT				
			109	109	109	0	109
	0	0	109	0	0	0	0
086	SLM 1	09/30/85	3.00 REGFRIGERATOR				
			109	109	109	0	109
	0	0	109	0	0	0	0
087	SLM 1	11/30/85	7.00 2010 LATHEM				
			200	200	200	0	200
	0	0	200	0	0	0	0
090	SLM 1	03/31/86	7.00 SHELTER EQUIPMENT				
			385	385	385	0	385
	0	0	385	0	0	0	0
091	SLM 1	04/30/86	7.00 SHELTER EQUIPMENT				
			6,399	6,399	6,399	0	6,399
	0	0	6,399	0	0	0	0
092	SLM 1	04/30/86	7.00 ANIMAL CARRIERS				
			97	97	97	0	97
	0	0	97	0	0	0	0

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 +=RETIRED ASSETS
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ASSET NUMBER	CODE	ACQUIRED LIFE	DESCRIPTION	Description # 2	Description # 3	
Serial Number		BEGINNING COST	ADJUSTED BASIS	PRIOR DEPR	CURRENT DEPR	ACCUM DEPR
	SEC 179	ITC AMOUNT	ENDING COST	RETIRED COST	PROCEEDS	SALVAGE
093	SLM 1	06/30/86	7 00 SHELTER EQUIPMENT			
			355	355	355	0
	0	0	355	0	0	355
095	SLM 1	06/30/86	5.00 CAGE CARD HOLDERS			
			65	65	65	0
	0	0	65	0	0	65
096	SLM 1	12/04/86	7 00 CARRIERS			
			82	82	82	0
	0	0	82	0	0	82
098	SLM 1	05/08/87	5.00 16 TRAPS			
			308	308	308	0
	0	0	308	0	0	308
099	SLM 1	07/15/87	3 00 40 DOG BOWLS			
			177	177	177	0
	0	0	177	0	0	177
101	SLM 1	10/15/86	7 00 CARRIERS			
			178	178	178	0
	0	0	178	0	0	178
102	SLM 1	10/16/86	5.00 SHELVES - CAT			
			279	279	279	0
	0	0	279	0	0	279
104	SLM 1	09/10/87	7.00 PET CARRIERS			
			70	70	70	0
	0	0	70	0	0	70
105	SLM 1	01/30/87	7 00 PET CARRIERS			
			106	106	106	0
	0	0	106	0	0	106
106	SLM 1	12/10/87	5.00 8 FIRE EXTINGUISHERS			
			280	280	280	0
	0	0	280	0	0	280
107	SLM 1	12/28/87	5.00 1987 NISSAN TRUCK			
			9,671	9,671	9,671	0
	0	0	9,671	9,671	200	9,671+

ENTITY NO: 6489 ENTITY: HUMANE SOCIETY OF VERO BEACH AND IRC, FL ,INC.
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 <=ITC METHOD 1

ASSET NUMBER	CODE	ACQUIRED	LIFE	DESCRIPTION	Description # 2	Description # 3
Serial Number		BEGINNING COST	ADJUSTED BASIS	PRIOR DEPR	CURRENT DEPR	ACCUM DEPR
	SEC 179	ITC AMOUNT	ENDING COST	RETIRED COST	PROCEEDS	SALVAGE
108	SLM 1	05/23/88	5.00	CATCH POLES		
				168	168	168
	0	0	168	0	0	0
109	SLM 1	06/03/88	5.00	KENNER EQUIPMENT		
				193	193	193
	0	0	193	0	0	0
112	SLM 1	10/27/87	5.00	CARRIERS		
				162	162	162
	0	0	162	0	0	0
113	SLM 1	02/25/88	5.00	KENNELS		
				368	368	368
	0	0	368	0	0	0
114	SLM 1	04/11/88	5.00	CARRIERS		
				82	82	82
	0	0	82	0	0	0
115	SLM 1	08/04/88	5.00	KENNELS		
				490	490	490
	0	0	490	0	0	0
116	SLM 1	08/09/88	5.00	CENTRIFUSE		
				1,100	1,100	1,100
	0	0	1,100	0	0	0
117	SLM 1	06/12/89	7.00	KENNEL CAGES		
				1,967	1,967	1,967
	0	0	1,967	0	0	0
118	SLM 1	07/06/89	7.00	CAGE STATIONARY BASE		
				319	319	319
	0	0	319	0	0	0
123	SLM 1	12/01/89	3.00	THE DOG'S OUTFITTER		
				1,902	1,902	1,902
	0	0	1,902	0	0	0
124	SLM 1	02/01/90	3.00	DOG BOWLS		
				98	98	98
	0	0	98	0	0	0

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*=CURRENT AMOUNT
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 <=ITC METHOD 1

ASSET NUMBER	CODE	ACQUIRED	LIFE	DESCRIPTION	Description # 2	Description # 3
Serial Number		BEGINNING COST	ADJUSTED BASIS	PRIOR DEPR	CURRENT DEPR	ACCUM DEPR
	SEC 179	ITC AMOUNT	ENDING COST	RETIRED COST	PROCEEDS	SALVAGE
125	SLM 1	02/01/90	5.00	SOFTWARE		
			240	240	240	0
	0	0	240	0	0	240
126	SLM 1	04/01/90	5 00	TOMOHAWK TRAP CO		
			63	63	63	0
	0	0	63	0	0	63
127	SLM 1	05/01/90	3.00	THE DOG'S OUTFITTER		
			250	250	250	0
	0	0	250	0	0	250
128	SLM 1	07/01/90	5.00	TOMOHAWK TRAP CO.		
			87	87	87	0
	0	0	87	0	0	87
129	SLM 1	08/01/90	3 00	SAM'S WHOLESALE		
			40	40	40	0
	0	0	40	0	0	40
130	SLM 1	02/01/90	5 00	ROTT HOME IMPROVEMENT		
			128	128	128	0
	0	0	128	0	0	128
131	SLM 1	01/01/91	5 00	FILE CABINET		
			89	89	89	0
	0	0	89	0	0	89
133	SLM 1	03/01/91	5 00	SCALE		
			990	990	990	0
	0	0	990	0	0	990
134	SLM 1	07/01/91	5.00	PARALYSING GUN		
			76	76	76	0
	0	0	76	0	0	76
135	SLM 1	01/01/92	7.00	FEED & SEED		
			889	889	858	31
	0	0	889	0	0	889
136	SLM 1	02/02/92	7.00	APPLIANCE WAREHOUSE		
			848	848	827	21
	0	0	848	0	0	848

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*=CURRENT AMOUNT
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 <=ITC METHOD 1

ASSET NUMBER	CODE	ACQUIRED	LIFE	DESCRIPTION	Description # 2	Description # 3
Serial Number		BEGINNING COST	ADJUSTED BASIS	PRIOR DEPR	CURRENT DEPR	ACCUM DEPR
	SEC 179	ITC AMOUNT	ENDING COST	RETIRED COST	PROCEEDS	SALVAGE
137	SLM 1	03/01/92	7.00	ANIMAL CARE EQUIPMENT		
			86	86	83	3
	0	0	86	0	0	86
138	SLM 1	03/01/92	7 00	CLARK CAGES		
			784	784	775	9
	0	0	784	0	0	784
139	SLM 1	03/01/92	7 00	SEWELL HARDWARE		
			76	76	76	0
	0	0	76	0	0	76
140	SLM 1	03/01/92	7.00	SHOR LINE		
			220	220	215	5
	0	0	220	0	0	220
141	SLM 1	05/01/92	7 00	ENVIRACAIRE		
			3,069	3,069	3,069	0
	0	0	3,069	0	0	3,069
142	SLM 1	07/01/92	7 00	ANIMAL CARE EQUIPMENT		
			763	763	763	0
	0	0	763	0	0	763
143	SLM 1	08/01/92	7.00	KANE'S APPLIANCE		
			2,520	2,520	2,520	0
	0	0	2,520	0	0	2,520
144	SLM 1	08/01/92	7.00	ENVIRACAIRE		
			99	99	99	0
	0	0	99	0	0	99
145	SLM 1	10/01/92	15 00	TREES		
			208	208	98	14
	0	0	0	208	0	112+
146	SLM 1	10/01/92	15.00	LANDSCAPNG		
			267	267	126	18
	0	0	0	267	0	144+
147	SLM 1	05/30/88	15.00	DRAINAGE AND PAVING		
			5,212	5,212	4,601	347
	0	0	0	5,212	0	4,948+

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*=CURRENT AMOUNT
 +=RETIRED ASSETS
 <=ITC METHOD 1

ASSET NUMBER	CODE	ACQUIRED LIFE	DESCRIPTION	Description # 2	Description # 3	
Serial Number		BEGINNING COST	ADJUSTED BASIS	PRIOR DEPR	CURRENT DEPR	ACCUM DEPR
	SEC 179	ITC AMOUNT	ENDING COST	RETIRED COST	PROCEEDS	SALVAGE
148	SLM 1	09/30/85 30.00	NEW BUILDING			
		291,140	291,140	239,093	16,983	256,076+
	0	0	0	509,480	0	0
151	SLM 1	08/31/85 7.00	FENCING			
		550	550	550	0	550+
	0	0	0	550	0	0
152	SLM 1	09/30/85 5.00	GAS METER			
		565	565	565	0	565+
	0	0	0	565	0	0
153	SLM 1	09/30/85 7.00	FENCING			
		902	902	902	0	902+
	0	0	0	902	0	0
154	SLM 1	10/31/85 30.00	ADMINISTRATION			
		1,080	1,080	501	36	537+
	0	0	0	1,080	0	0
155	SLM 1	10/31/85 30.00	ENGINEERING			
		437	437	206	15	221+
	0	0	0	437	0	0
156	SLM 1	10/31/85 30.00	AIR CONDITIONING			
		2,700	2,700	1,253	90	1,343+
	0	0	0	2,700	0	0
157	SLM 1	10/31/85 15.00	SCREENING			
		12,486	12,486	11,582	832	12,414+
	0	0	0	12,486	0	0
158	SLM 1	10/31/85 15.00	SHELVING - CAT ROOM			
		333	333	308	22	330+
	0	0	0	333	0	0
160	SLM 1	10/31/85 5.00	GAS METER			
		41	41	41	0	41+
	0	0	0	41	0	0
161	SLM 1	10/31/85 7.00	FENCING			
		6,500	6,500	6,500	0	6,500+
	0	0	0	6,500	0	0

ENTITY NO: __6489 ENTITY HUMANE SOCIETY OF VERO BEACH AND IRC, FL.,INC.
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 <=ITC METHOD 1

ASSET NUMBER	CODE	ACQUIRED LIFE	DESCRIPTION	Description # 2	Description # 3		
Serial Number			BEGINNING COST	ADJUSTED BASIS	PRIOR DEPR	CURRENT DEPR	ACCUM DEPR
		SEC 179	ITC AMOUNT	ENDING COST	RETIRED COST	PROCEEDS	SALVAGE
162	SLM 1	10/31/85	30.00	NAME PLATES			
			79	79	39	3	42+
		0	0	0	79	0	0
163	SLM 1	11/30/85	30.00	PLAQUES & NAMEPLATES			
			459	459	210	15	225+
		0	0	0	459	0	0
164	SLM 1	12/31/85	30.00	ENGINEERING			
			35	35	15	1	16+
		0	0	0	35	0	0
165	SLM 1	02/28/86	7.00	FENCING			
			13,134	13,134	13,134	0	13,134+
		0	0	0	13,134	0	0
166	SLM 1	02/28/86	7.00	HORSE FENCE			
			1,980	1,980	1,980	0	1,980+
		0	0	0	1,980	0	0
168	SLM 1	09/30/86	30 00	ACCUSTICAL TILE			
			3,212	3,212	1,391	107	1,498+
		0	0	0	3,212	0	0
169	SLM 1	01/26/87	15 00	WATER HEATER WIRING			
			252	252	214	17	231+
		0	0	0	252	0	0
170	SLM 1	04/03/87	10.00	COMPUTER COUNTER/DESK			
			2,100	2,100	2,100	0	2,100+
		0	0	0	2,100	0	0
171	SLM 1	06/15/87	15.00	CAGE/FENCE			
			1,538	1,538	1,268	103	1,371+
		0	0	0	1,538	0	0
172	SLM 1	12/18/86	30.00	CEILINGS OFFICE BUS/DIRECT			
			1,578	1,578	673	53	726+
		0	0	0	1,578	0	0
173	SLM 1	07/17/87	7.00	SHADE PAVILLION			
			443	443	443	0	443+
		0	0	0	443	0	0

ENTITY NO: __6489 ENTITY: HUMANE SOCIETY OF VERO BEACH AND IRC, FL.,INC.
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 +=RETIRED ASSETS
 <=ITC METHOD 1

ASSET NUMBER	CODE	ACQUIRED LIFE	DESCRIPTION	Description # 2	Description # 3	
Serial Number		BEGINNING COST	ADJUSTED BASIS	PRIOR DEPR	CURRENT DEPR	ACCUM DEPR
	SEC 179	ITC AMOUNT	ENDING COST	RETIRED COST	PROCEEDS	SALVAGE
174	SLM 1	03/17/87 30 00	LOWENSTEIN PLAQUE			
		150	150	63	4	67+
	0	0	0	150	0	0
176	SLM 1	12/14/87 7.00	FLIGHT CAGE			
		141	141	141	0	141+
	0	0	0	141	0	0
177	SLM 1	01/18/88 7.00	FLIGHT CAGE			
		162	162	162	0	162+
	0	0	0	162	0	0
178	SLM 1	02/11/88 7 00	FLIGHT CAGE			
		96	96	96	0	96+
	0	0	0	96	0	0
180	SLM 1	02/09/89 10 00	BRISTER SIGNS			
		635	635	635	0	635+
	0	0	0	635	0	0
181	SLM 1	06/21/89 7.00	ALARMS & AUDIO ASSOC			
		626	626	626	0	626+
	0	0	0	626	0	0
183	SLM 1	03/15/90 10 00	CEMENT WORK			
		377	377	363	14	377+
	0	0	0	377	0	0
184	SLM 1	03/01/90 10 00	CAT VILLA ROOM			
		125	125	123	2	125+
	0	0	0	125	0	0
185	SLM 1	04/01/90 10 00	CEMENT/ROOM			
		53	53	48	3	51+
	0	0	0	53	0	0
186	SLM 1	05/01/90 10 00	CLIMATIC SOLAR CORP			
		640	640	603	37	640+
	0	0	0	640	0	0
187	SLM 1	12/01/90 10.00	STORAGE SHED			
		1,325	1,325	1,130	133	1,263+
	0	0	0	1,325	0	0

ENTITY NO: __6489 ENTITY: HUMANE SOCIETY OF VERO BEACH AND IRC, FL.,INC.
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ASSET NUMBER	CODE	ACQUIRED LIFE	DESCRIPTION	Description # 2	Description # 3		
Serial Number			BEGINNING COST	ADJUSTED BASIS	PRIOR DEPR	CURRENT DEPR	ACCUM DEPR
		SEC 179	ITC AMOUNT	ENDING COST	RETIRED COST	PROCEEDS	SALVAGE
188	SLM 1	02/01/91	10 00	DRAIN COVERS			
			230	230	196	23	219+
		0	0	0	230	0	0
189	SLM 1	02/01/91	10.00	DRAIN COVERS			
			229	229	195	23	218+
		0	0	0	229	0	0
190	SLM 1	05/08/87	5.00	16 TRAPS			
			450	450	450	0	450
		0	0	450	0	0	0
191	SLM 1	12/08/92	15.00	LIFT STATION			
			13,358	13,358	6,088	891	6,979+
		0	0	0	13,358	0	0
192	SLM 1	03/09/93	15.00	PARKING LOT			
			79,958	79,958	35,095	5,331	40,426+
		0	0	0	79,958	0	0
193	SLM 1	03/15/93	31.50	ELECTRICAL UPGRADE			
			3,307	3,307	691	105	796+
		0	0	0	3,307	0	0
194	SLM 1	11/30/92	5.00	CANON COPIER			
			6,989	6,989	6,989	0	6,989
		0	0	6,989	0	0	0
195	SLM 1	02/19/93	7.00	3 SHOW TENTS			
			450	450	422	27	449
		0	0	450	0	0	0
196	SLM 1	06/03/93	5.00	LASER PRINTER & POWER SUPPLY			
			850	850	850	0	850
		0	0	850	0	0	0
197	SLM 1	06/03/93	5.00	120 TAPE BACK-UP			
			160	160	160	0	160
		0	0	160	0	0	0
198	SLM 1	06/03/93	5.00	386SX/33 COMPUTER			
			1,000	1,000	1,000	0	1,000
		0	0	1,000	0	0	0

ENTITY NO: __6489 ENTITY HUMANE SOCIETY OF VERO BEACH AND IRC, FL.,INC.
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ASSET NUMBER	CODE	ACQUIRED	LIFE	DESCRIPTION	Description # 2	Description # 3
Serial Number		BEGINNING COST	ADJUSTED BASIS	PRIOR DEPR	CURRENT DEPR	ACCUM DEPR
	SEC 179	ITC AMOUNT	ENDING COST	RETIRED COST	PROCEEDS	SALVAGE
199	SLM 1	06/03/93	5.00	486DX/33 COMPUTER		
			2,200	2,200	2,200	0
	0	0	2,200	0	0	2,200
200	SLM 1	06/03/93	5.00	386SX/33 COMPUTER		
			1,000	1,000	1,000	0
	0	0	1,000	0	0	1,000
201	SLM 1	06/10/93	5.00	386SX/33 COMPUTER		
			1,000	1,000	1,000	0
	0	0	1,000	0	0	1,000
202	AMT	06/28/93	5.00	SOFTWARE		
			124	124	124	0
	0	0	124	0	0	124
203	SLM 1	06/28/93	5.00	FAX MODEM		
			174	174	174	0
	0	0	174	0	0	174
204	SLM 1	06/28/93	5.00	PANASONIC PRINTER & CABLE		
			428	428	428	0
	0	0	428	0	0	428
205	SLM 1	08/18/93	7.00	HOSE REEL		
			1,979	1,979	1,722	257
	0	0	1,979	0	0	1,979
206	SLM 1	09/15/93	7.00	SECURITY SYSTEM		
			3,035	3,035	2,640	395
	0	0	3,035	0	0	3,035
207	SLM 1	09/28/93	31.42	16 FIBERGLASS DOORS		
			3,420	3,420	654	109
	0	0	0	3,420	0	763+
209	SLM 1	02/15/93	7.00	4 KENNELS		
			269	269	254	13
	0	0	269	0	0	267
210	SLM 1	04/23/93	7.00	MAYTAG DRYER		
			245	245	225	20
	0	0	245	0	0	245

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ASSET NUMBER	CODE	ACQUIRED	LIFE	DESCRIPTION	Description # 2	Description # 3
Serial Number		BEGINNING COST	ADJUSTED BASIS	PRIOR DEPR	CURRENT DEPR	ACCUM DEPR
	SEC 179	ITC AMOUNT	ENDING COST	RETIRED COST	PROCEEDS	SALVAGE
211	SLM 1	06/02/93	7 00	8 SMALL KENNELS		
		363	363	329	34	363
	0	0	363	0	0	0
212	SLM 1	06/16/93	7.00	33 LARGE KENNELS		
		2,361	2,361	2,106	253	2,359
	0	0	2,361	0	0	0
213	SLM 1	10/03/93	39.00	GUTTERS		
		1,845	1,845	282	47	329+
	0	0	0	1,845	0	0
214	AMT	01/31/94	3.00	ACCOUNTING SOFTWARE		
		595	595	595	0	595
	0	0	595	0	0	0
215	AMT	02/18/94	3.00	SMART SWEET UPGRADE		
		270	270	270	0	270
	0	0	270	0	0	0
216	SLM 1	02/28/94	7 00	FAX MACHINE		
		680	680	542	97	639
	0	0	680	0	0	0
217	SLM 1	06/06/94	7.00	TABLE		
		69	69	53	10	63
	0	0	69	0	0	0
218	SLM 1	11/24/93	7.00	CAT TRAP		
		25	25	23	2	25
	0	0	25	0	0	0
219	SLM 1	12/09/93	7.00	CASH REGISTER - TRIFT SHOP		
		499	499	414	71	485
	0	0	499	0	0	0
220	SLM 1	02/18/94	7.00	CALCULATOR		
		50	50	39	7	46
	0	0	50	0	0	0
221	SLM 1	03/31/94	7.00	HANDLING CAGE		
		261	261	204	37	241
	0	0	261	0	0	0

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ASSET NUMBER	CODE	ACQUIRED	LIFE	DESCRIPTION	Description # 2	Description # 3
Serial Number		BEGINNING COST	ADJUSTED BASIS	PRIOR DEPR	CURRENT DEPR	ACCUM DEPR
	SEC 179	ITC AMOUNT	ENDING COST	RETIRED COST	PROCEEDS	SALVAGE
222	SLM 1	04/30/94	7.00	PLAY GROUND EQUIPMENT		
			702	702	542	100
	0	0	702	0	0	642
223	SLM 1	05/04/94	7.00	TIME CLOCK		
			244	244	190	35
	0	0	244	0	0	225
224	SLM 1	05/04/94	7.00	SIGN HUMANE SOC - FRONT OFFICE		
			80	80	60	11
	0	0	80	0	0	71
225	SLM 1	09/16/94	7.00	NORSTOR/STARTALK PHONE SYSTEM		
			18,136	18,136	12,955	2,591
	0	0	18,136	0	0	15,546
226	SLM 1	06/13/94	7.00	CATCH POLES		
			172	172	133	25
	0	0	172	0	0	158
227	SLM 1	01/31/95	5.00	DODGE VAN		
			15,520	15,520	14,485	1,035
	0	0	15,520	0	0	15,520
228	SLM 1	02/28/95	5.00	REMOVABLE CAGES/VAN LETTERING		
			9,394	9,394	8,612	782
	0	0	9,394	0	0	9,394
229	SLM 1	01/13/95	40.00	GREEN ROOM		
			61,149	61,149	7,263	1,529
	0	0	0	61,149	0	8,792+
230	SLM 1	11/30/94	40.00	COVERED WALK/KENNEL ROOF		
			31,805	31,805	3,843	795
	0	0	0	31,805	0	4,638+
231	SLM 1	08/30/95	15.00	LIFT STATION UPGRADE		
			3,198	3,198	870	213
	0	0	0	3,198	0	1,083+
232	SLM 1	12/12/94	7.00	BRONZE PLATE COVERWALK		
			172	172	120	25
	0	0	172	0	0	145

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ASSET NUMBER	CODE	ACQUIRED LIFE	DESCRIPTION	Description # 2	Description # 3		
Serial Number		BEGINNING COST	ADJUSTED BASIS	PRIOR DEPR	CURRENT DEPR	ACCUM DEPR	
	SEC 179	ITC AMOUNT	ENDING COST	RETIRED COST	PROCEEDS	SALVAGE	
233	SLM 1	01/23/95	7.00 TWO LATERAL 4 DRAW FILE CABINETS				
			856	856	570	122	692
	0	0	856	0	0	0	0
234	SLM 1	06/21/95	7.00 12 BENCHES FOR KENNEL				
			939	939	570	134	704
	0	0	939	0	0	0	0
235	SLM 1	07/12/95	7.00 VCR				
			194	194	119	28	147
	0	0	194	0	0	0	0
236	SLM 1	07/12/95	7.00 PRINTER				
			229	229	140	33	173
	0	0	229	0	0	0	0
237	SLM 1	08/09/95	7.00 REFRIGERATOR				
			399	399	238	57	295
	0	0	399	0	0	0	0
238	SLM 1	08/23/95	7.00 LATERAL FILE				
			397	397	233	57	290
	0	0	397	0	0	0	0
239	SLM 1	10/20/94	7 00 LARGER DOG DRYER				
			218	218	153	31	184
	0	0	218	0	0	0	0
240	SLM 1	05/05/95	7 00 FIRE PANEL				
			695	695	437	99	536
	0	0	695	0	0	0	0
241	SLM 1	07/21/95	7.00 ZIP COMPUTER DRIVE				
			205	205	121	29	150
	0	0	205	0	0	0	0
242	SLM 1	08/23/95	7.00 LAMINATOR				
			187	187	110	27	137
	0	0	187	0	0	0	0
243	SLM 1	09/29/95	4.00 1986 MAZDA PICK-UP				
			2,630	2,630	2,104	526	2,630+
	0	0	0	0	2,630	200	0

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ASSET NUMBER	CODE	ACQUIRED LIFE	DESCRIPTION	Description # 2	Description # 3	
Serial Number		BEGINNING COST	ADJUSTED BASIS	PRIOR DEPR	CURRENT DEPR	ACCUM DEPR
	SEC 179	ITC AMOUNT	ENDING COST	RETIRED COST	PROCEEDS	SALVAGE
244	SLM 1	01/31/96 40 00	ENGINEER FEES			
		407	407	37	10	47+
	0	0	0	407	0	0
245	SLM 1	12/06/95 7.00	TV STAND - EDUCATION ROOM			
		127	127	69	18	87
	0	0	127	0	0	0
246	SLM 1	12/06/95 7.00	THREE BEEPERS			
		120	120	65	17	82
	0	0	120	0	0	0
247	SLM 1	12/06/95 7 00	3 SYRINGE POLES			
		107	107	58	15	73
	0	0	107	0	0	0
248	SLM 1	03/28/96 7.00	SECURITY SYSTEM			
		625	625	312	89	401
	0	0	625	0	0	0
249	SLM 1	04/25/96 7.00	DROP SAFE			
		155	155	75	22	97
	0	0	155	0	0	0
250	SLM 1	05/15/96 7.00	VIDEO CAMERA			
		240	240	116	34	150
	0	0	240	0	0	0
251	SLM 1	10/01/96 15 00	LAND IMPROVEMENTS			
		16,044	16,044	10,209	3,403	13,612+
	0	0	0	16,044	0	0
252	SLS B	10/23/96 5.00	COMPUTERS(FRONT)			
		3,228	3,228	2,299	372	2,671
	0	0	3,228	0	0	0
253	SLS B	04/09/97 5.00	GENERATOR			
		2,175	2,175	1,549	250	1,799
	0	0	2,175	0	0	0
254	SLS B	09/27/97 5.00	3 COMPUTERS			
		3,967	3,967	2,825	457	3,282
	0	0	3,967	0	0	0

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 +=RETIRED ASSETS
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ASSET NUMBER	CODE	ACQUIRED	LIFE	DESCRIPTION	Description # 2	Description # 3
Serial Number		BEGINNING COST	ADJUSTED BASIS	PRIOR DEPR	CURRENT DEPR	ACCUM DEPR
	SEC 179	ITC AMOUNT	ENDING COST	RETIRED COST	PROCEEDS	SALVAGE
255	SLS B 09/27/97	5.00	2 MONITORS			
		478	478	341	55	396
	0	0	478	0	0	0
256	MCR G 06/13/97	27.50	TRAILER PREPARATIONS			
		10,146	10,146	846	9,300	10,146+
	0	0	0	10,146	0	0
257	AMT 08/31/97	3.00	PARADIGM SOFTWARE			
		5,900	5,900	4,098	1,802	5,900
	0	0	5,900	0	0	0
258	SLM 1 10/30/97	7.00	AIR CONDITIONER			
		1,252	1,252	343	179	522
	0	0	1,252	0	0	0
259	SLM 1 06/18/98	5.00	1988 CHEVY G-10 VAN			
		3,200	3,200	800	640	1,440
	0	0	3,200	0	0	0
260	SLM 1 07/23/98	7 00	FILE CABINET			
		300	300	50	43	93
	0	0	300	0	0	0
261	SLM 1 12/29/97	5.00	DISPLAY BOARD - DAVID'S			
		325	325	114	65	179
	0	0	325	0	0	0
262	SLM 1 04/21/98	7.00	EGP USED COPIER			
		795	795	161	114	275
	0	0	795	0	0	0
263	SLM 1 09/25/98	5 00	VETROL COMPUTER			
		580	580	116	116	232
	0	0	580	0	0	0
264	SLM 1 10/30/97	5.00	AST COMPUTER/MONITER HP LAZER PRINT			
		1,404	1,404	538	281	819
	0	0	1,404	0	0	0
266	SLM 1 02/04/99	7.00	HAND HELD RADIOS			
		750	750	71	107	178
	0	0	750	0	0	0

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ASSET NUMBER	CODE	ACQUIRED	LIFE	DESCRIPTION	Description # 2	Description # 3
Serial Number		BEGINNING COST	ADJUSTED BASIS	PRIOR DEPR	CURRENT DEPR	ACCUM DEPR
	SEC 179	ITC AMOUNT	ENDING COST	RETIRED COST	PROCEEDS	SALVAGE
267	SLM 1	05/28/99	5 00	COPIER		
			7,500	7,500	500	1,500
	0	0	7,500	0	0	2,000
268	SLM 1	05/20/99	7 00	AIR CONDITIONER		
			540	540	26	77
	0	0	540	0	0	103
269	SLM 1	06/13/99	7.00	WASHER		
			435	435	21	62
	0	0	435	0	0	83
270	SLM 1	02/28/99	10 00	THRIFT SHOP IMPROVEMENTS		
			9,534	9,534	556	953
	0	0	9,534	0	0	1,509
271	SLM 1	04/06/99	7 00	THRIFT SHOP - RACKS		
			960	960	69	137
	0	0	960	0	0	206
272	SLM 1	04/14/99	7 00	THRIFT SHOP - SHELVES		
			205	205	15	29
	0	0	205	0	0	44
273	MCR C	07/18/99	7 00	DRYER		
			455	455	65	111
	0	0	455	0	0	176
274	MCR B	07/22/99	5.00	DIGITAL CAMERA		
			500	500	100	160
	0	0	500	0	0	260
275	MCR C	07/22/99	7.00	2 A/C UNITS		
			800	800	114	196
	0	0	800	0	0	310
276	MCR C	09/11/99	7.00	A/C UNIT		
			405	405	58	99
	0	0	405	0	0	157
277	MCR B	09/09/99	5.00	BACK UP		
			218	218	44	70
	0	0	218	0	0	114

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 +=RETIRED ASSETS
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ASSET NUMBER	CODE	ACQUIRED LIFE	DESCRIPTION	Description # 2	Description # 3		
Serial Number			BEGINNING COST	ADJUSTED BASIS	PRIOR DEPR	CURRENT DEPR	ACCUM DEPR
	SEC 179	ITC AMOUNT	ENDING COST	RETIRED COST	PROCEEDS	SALVAGE	
278	MCR C	09/23/99	7 00 PRESSURE WASHER				
			568	568	81	139	220
	0	0	568	0	0	0	0
279	MCR C	01/29/99	7 00 4 TON A/C				
			1,465	1,465	209	359	568
	0	0	1,465	0	0	0	0
280	MCR B	07/26/99	5.00 CASH REGISTER-T.S				
			560	560	112	179	291
	0	0	560	0	0	0	0
281	SLA C	12/31/99	10 00 KENNEL CRATES-RUN GATES				
			28,829	28,829	0	1,441	1,441
	0	0	28,829	0	0	0	0
282	SLA B	11/26/99	5.00 SATELLITE LAPTOP PC'S(2)				
			2,200	2,200	0	220	220
	0	0	2,200	0	0	0	0
283	SLA B	12/31/99	5 00 AMD PC'S (2)				
			1,725	1,725	0	173	173
	0	0	1,725	0	0	0	0
284	SLA B	12/31/99	7 00 RESTING BENCHES - GRANITE				
			643	643	0	46	46
	0	0	643	0	0	0	0
285	SLA B	12/31/99	5 00 SAFE				
			150	150	0	15	15
	0	0	150	0	0	0	0
286	SLA B	12/31/99	5 00 TABLES (6)				
			420	420	0	42	42
	0	0	420	0	0	0	0
287	SLA B	12/31/99	7 00 2 DRWR LATERAL FILES (3)				
			642	642	0	46	46
	0	0	642	0	0	0	0
288	SLA B	12/31/99	5 00 HP LASER PRINTERS (2)				
			2,678	2,678	0	268	268
	0	0	2,678	0	0	0	0

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ASSET NUMBER	CODE	ACQUIRED	LIFE	DESCRIPTION	Description # 2	Description # 3
Serial Number		BEGINNING COST	ADJUSTED BASIS	PRIOR DEPR	CURRENT DEPR	ACCUM DEPR
	SEC 179	ITC AMOUNT	ENDING COST	RETIRED COST	PROCEEDS	SALVAGE
289	SLA B	12/31/99	7 00	PIII SERVER, MONITOR & KEYBOARD		
			4,900	4,900	0	350
	0	0	4,900	0	0	0
290	SLA B	12/31/99	5 00	MICROSOFT NT SOFTWARE		
			315	315	0	32
	0	0	315	0	0	0
291	SLA B	12/31/99	5 00	SQL SERVER SOFTWARE		
			1,602	1,602	0	160
	0	0	1,602	0	0	0
292	SLA B	12/31/99	7.00	UPS BACKUPS (6)		
			1,364	1,364	0	97
	0	0	1,364	0	0	0
293	SLA B	12/31/99	5.00	VERITAS & SEAGATE SOFTWARE		
			1,453	1,453	0	145
	0	0	1,453	0	0	0
294	SLA A	12/31/99	4.00	1990 FORD F150 TRUCK		
			8,284	8,284	0	1,036
	0	0	8,284	0	0	0
500	OTH	09/30/85	0.00	BUILDINGS		
			218,340	218,340	0	0
	0	0	218,340	0	0	0
501	SLM 1	10/01/96	15 00	LAND IMPROVEMENTS		
			35,000	35,000	0	0
	0	0	35,000	0	0	0
503	OTH	12/31/99	0 00	DONATED VET EQUIPMENT		
			10,526	10,526	0	0
	0	0	10,526	0	0	0
504	OTH	12/31/99	0 00	CONTRUCTION IN PROGRESS		
			191,857	191,857	0	0
	0	0	191,857	0	0	0
505	OTH	12/31/99	0 00	LAND		
			126,660	126,660	0	0
	0	0	126,660	0	0	0

ENTITY NO: 6489 ENTITY: HUMANE SOCIETY OF VERO BEACH AND IRC, FL., INC
 YEAR END: 09/00 MID-QTR. ALLOW-NO TAX ID: 59-0863199
 RANGE: 10/99 - 09/00, FULL YEAR
 BOOK: FD - AS CALCULATED

REL/OPR: 8 20/ BF
 DATE: 05/01/01
 TIME: 16:03:13
 PAGE: 23

FIXED ASSET REPORT
 (All Assets In Selected Range)

SEPTEMBER 30, 2000

*=CURRENT AMOUNT
 +=RETIRED ASSETS
 <=ITC METHOD 1

ASSET NUMBER CODE	ACQUIRED LIFE	DESCRIPTION	Description # 2		Description # 3	
Serial Number		BEGINNING COST	ADJUSTED BASIS	PRIOR DEPR	CURRENT DEPR	ACCUM DEPR
	SEC 179	ITC AMOUNT	ENDING COST	RETIRED COST	PROCEEDS	SALVAGE
Serial Number						
TOTALS	0	1,408,399	1,408,399	506,945	60,944	567,889
BEG BALANCES	0	1,024,151	1,024,151	506,945	56,873	563,818
ASSET ADD	0	384,248	384,248	0	4,071	4,071
ASSET RET	0	807,298	588,958	369,827	41,154	410,981
END BALANCES	0	601,101	819,441	137,118	19,790	156,908

ENTITY NO: __6489 ENTITY: HUMANE SOCIETY OF VERO BEACH AND IRC, FL..INC
 YEAR END 09/00 MID-QTR: ALLOW-NO TAX ID 59-0863199
 RANGE: 10/99 - 09/00, FULL YEAR
 BOOK: FD - AS CALCULATED

REL/OPR: 8.20/_BF
 DATE: 05/01/01
 TIME: 16:03:13
 PAGE: 24

FIXED ASSET REPORT
 (All Assets In Selected Range)

SEPTEMBER 30, 2000

	SEC 179	BEGINNING COST	ADJUSTED BASIS	PRIOR DEPR	CURRENT DEPR	ACCUM DEPR
GRAND TOTALS	0	1,408,399	1,408,399	506,945	60,944	567,889
BEG BALANCES	0	1,024,151	1,024,151	506,945	56,873	563,818
ASSET ADD	0	384,248	384,248	0	4,071	4,071
ASSET RET	0	807,298	588,958	369,827	41,154	410,981
END BALANCES	0	601,101	819,441	137,118	19,790	156,908

DEPRECIATION TOTALS BY METHOD

STRAIGHT LINE F & C	43,324
200% DECLINING BALANCE	0
150% DECLINING BALANCE	0
125% DECLINING BALANCE	0
SUM OF YEARS DIGITS	0
ACCELERATED ACRS	0
STRAIGHT LINE ACRS	4,071
ACCELERATED MACRS	10,613
STRAIGHT LINE MACRS	1,134
UNITS OF PRODUCTION	0
AMORTIZATION	1,802
OTHER DEPRECIATIONS	0
TOTAL	60,944

** FOR DETAIL INFORMATION ON ASSET RETIREMENTS SEE RETIRED ASSET REPORT **

Application for Extension of Time To File Certain Excise, Income, Information, and Other Returns

OMB No. 1545-0148

▶ **File a separate application for each return.**

Please type or print. File the original and one copy by the due date for filing your return. See instructions.	Name HUMANE SOCIETY OF VERO BEACH AND INDIAN RIVER COUNTY, FL, INC.	Employer identification number 59-0863199
	Number, street, and room or suite no. (or P.O. box no. if mail is not delivered to street address) POST OFFICE BOX 644 4701 41ST STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. VERO BEACH, FL 32961-0644	

Note: Corporate income tax return filers must use Form 7004 to request an extension of time to file. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

1 I request an extension of time until May 15, 2001 to file (check only one):

<input type="checkbox"/> Form 706-GS(D)	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 1120-ND (sec. 4951 taxes)	<input type="checkbox"/> Form 8612
<input type="checkbox"/> Form 706-GS(T)	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 3520-A	<input type="checkbox"/> Form 8613
<input checked="" type="checkbox"/> Form 990 or 990-EZ	<input type="checkbox"/> Form 1041 (estate) (see instructions)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 8725
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 5227	<input type="checkbox"/> Form 8804
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1042	<input type="checkbox"/> Form 6069	<input type="checkbox"/> Form 8831

If the organization does not have an office or place of business in the United States, check this box

2a For calendar year _____ or other tax year beginning October 1, 1999 and ending September 30, 2000

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

3 Has an extension of time to file been previously granted for this tax year? Yes No

4 State in detail why you need the extension WAITING ON ADDITIONAL INFORMATION TO PROPERLY PREPARE RETURN

5a If this form is for Form 706-GS(D), 706-GS(T), 990-BL, 990-PF, 990-T, 1041 (estate), 1042, 1120-ND, 4720, 6069, 8612, 8613, 8725, 8804, or 8831, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____

b If this form is for Form 990-PF, 990-T, 1041 (estate), 1042, or 8804, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ _____

c **Balance due.** Subtract line 5b from line 5a. Include your payment with this form, or deposit with FTD coupon if required. See instructions. \$ _____

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete; and that I am authorized to prepare this form.

Signature ▶ Rebecca B. Colton Title ▶ CPA Date ▶ 2/3/01

FILE ORIGINAL AND ONE COPY. The IRS will show below whether or not your application is approved and will return the copy.

Notice to Applicant - To Be Completed by the IRS

- We **HAVE** approved your application. Please attach this form to your return.
- We **HAVE NOT** approved your application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of your return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to your return.
- We **HAVE NOT** approved your application. After considering the information stated in item 4, we cannot grant your request for an extension of time to file. We

We cannot consider your application for an extension of time to file. We

Other: _____

IN THE FUTURE EXTENSIONS FOR FORMS 990PF, 990, 990EZ, 990T, 990BL, 4720, 5227, 1041A, 6069, AND 8870 MUST FILE USING FORM 8868.

date of the return for which an extension was requested. _____
Date 2/3/01

If you want a copy of this form to be returned to an address other than that shown above, please enter the address to which the copy should be sent.

Please Type or Print	Name REBECCA B. COLTON, P.A., C.P.A.'S	
	Number, street, and room or suite no. (or P.O. box no. if mail is not delivered to street address) 3055 CARDINAL DRIVE SUITE 303	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. VERO BEACH, FL 32963-4921	

EXTENSION APPROVED
 FEB 21 2001
 Date