

Return of Organization Exempt from Income Tax

2000

Under section 501(c) of the Internal Revenue Code (except black lung benefit trust or private foundation), section 527, or section 4947(a)(1) nonexempt charitable trust

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2000 calendar year, or tax year period beginning , 2000, and ending , 20

B Check if applicable <input type="checkbox"/> Change of address <input type="checkbox"/> Change of name <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input checked="" type="checkbox"/> Amended return	Please use IRS label or print or type See specific instructions.	C Name of organization WILLIAMSON COUNTY HUMANE SOCIETY INC	D Employer identification number 74-2069592
		Number & street (or P.O. box if mail is not delivered to street addr) Room/suite 3737 CR 272	E Telephone number (512) 260-3602
		City/Town or Country State ZIP code LEANDER TX 78641	F Check <input type="checkbox"/> if application pending

G Organization type (check only one) 501(c) 3 (insert no) 527 or 4947(a)(1)

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

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 the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

Note: H and I are not applicable to section 527 orgs

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

H (b) If yes, enter number of affiliates: _____

H (c) Are all affiliates included? (If "no," attach a list. See instructions) Yes No

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

I Enter 4-digit group exemption no. (GEN): _____

L Check this box if the organization is not required to attach Schedule B (Form 990 or 990-EZ)

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see instructions)

1 Contributions, gifts, grants, and similar amounts received				
a Direct public support	1a	207,974.		
b Indirect public support	1b			
c Government contributions (grants)	1c			
d Total (add lines 1a through 1c) (cash \$ 123,597, noncash \$ 84,377)	1d		207,974	
2 Program service revenue including government fees and contracts (from Part VII, line 93)	2		227,610	
3 Membership dues and assessments	3			
4 Interest on savings and temporary cash investments	4			
5 Dividends and interest from securities	5			
6a Gross rents	6a	2,725.		
b Less rental expenses	6b			
c Net rental income or (loss) (subtract line 6b from line 6a)	6c		2,725	
7 Other investment income (describe _____)	7			
8a Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
b Less cost or other basis and sales expenses	8a	297,661.		
c Gain or (loss) (attach schedule) See L-8 Stmt	8b	263,507.		
d Net gain or (loss) (combine line 8c, columns (A) and (B))	8c	34,154		
d Net gain or (loss) (combine line 8c, columns (A) and (B))	8d		34,154	
9a Gross revenue (not including _____ of contributions reported on line 1a)	9a	4,203.		
b Less expenses other than fundraising expenses	9b			
c Net income or (loss) from special events (subtract line 9b from line 9a)	9c		4,203	
c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10a			
d Less cost of goods sold	10b			
d Less cost of goods sold	10c			
11 Other revenue (from Part VII, line 103)	11			
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		476,666	
13 Program services (from line 44, column (B))	13		497,262	
14 Management and general (from line 44, column (C))	14		26,891.	
15 Fundraising (from line 44, column (D))	15		0.	
16 Payments to affiliates (attach schedule)	16			
17 Total expenses (add lines 16 and 44, column (A))	17		524,153	
18 Excess or (deficit) for the year (subtract line 17 from line 12)	18		-47,487	
19 Net assets or fund balances at beginning of year (from line 73, column (A))	19		273,044	
20 Other changes in net assets or fund balances (attach explanation)	20			
21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21		225,557	

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Part II Statement of Functional Expenses All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others

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 \$ _____ non-cash \$ _____)	22			
23 Specific assistance to individuals (attach sch)	23			
24 Benefits paid to or for members (attach sch)	24			
25 Compensation of officers, directors, etc	25 24,039.	22,116.	1,923	0
26 Other salaries and wages	26 251,324.	231,218.	20,106	0
27 Pension plan contributions	27			
28 Other employee benefits	28 17,046	15,682	1,364	0
29 Payroll taxes	29 21,512.	19,791	1,721	0
30 Professional fundraising fees	30			
31 Accounting fees	31 2,192	2,017	175.	0
32 Legal fees	32			
33 Supplies	33			
34 Telephone	34 2,846	2,618	228	0
35 Postage and shipping	35			
36 Occupancy	36			
37 Equipment rental and maintenance	37			
38 Printing and publications	38 5,533.	5,533.	0	0
39 Travel	39			
40 Conferences, conventions, and meetings	40			
41 Interest	41 37,917	37,917.	0	0.
42 Depreciation, depletion, etc (attach schedule)	42 35,619	35,619	0	0.
43 Other expenses (itemize)				
a Amortization	43a 882	882	0	0
b Animal Care	43b 108,066	108,066	0	0.
c Insurance	43c 9,474	8,716	758.	0
d Office Expenses	43d 5,591	5,144	447.	0
e Maintenance & repairs	43e 2,112	1,943	169	0.
44 Total functional expenses (add lines 22 - 43) Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	44 524,153	497,262	26,891.	0

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 \$ _____, (ii) the amount allocated to program services \$ _____, (iii) the amount allocated to management and general \$ _____, and (iv) the amount allocated to fundraising \$ _____

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? <input type="checkbox"/> PREVENTION OF CRUELTY TO ANIMALS	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts but optional for others)
a THE ORGANIZATION PERFORMS THE TRADITIONAL FUNCTIONS OF A HUMANE SOCIETY CONCERNING THE CARE AND TREATMENT OF LOST AND UNWANTED ANIMALS, PREVENTION OF NEGLECT AND ABUSE THROUGH HUMANE EDUCATION, AND RESCUE OF THESE ANIMALS (Grants and allocations \$ 0)	0.
b DURING 2000, THE ORGANIZATION RESCUED AND PROVIDED SERVICES TO APPROXIMATELY 7,000 ANIMALS. THE ORGANIZATION ALSO PROVIDES INSTRUCTION IN RESPONSIBLE PET OWNERSHIP AND SPAY/NEUTER OF PETS THROUGHOUT THE COUNTY (Grants and allocations \$ 0.)	0
c AND COOPERATES WITH CITY AND COUNTY ANIMAL CONTROL OFFICERS TO REDUCE THE NUMBER OF ANIMALS REPRODUCING AT LARGE. (Grants and allocations \$ 0)	497,262.
d (Grants and allocations \$)	
e Other program services (Grants and allocations \$)	
f Total of Program Service Expenses (should equal line 44, column (B), program services)	497,262

Part IV Balance Sheets (See 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
ASSETS	45 Cash – non-interest-bearing	33,027	45	-260.
	46 Savings and temporary cash investments		46	
	47a Accounts receivable	11,734		
	b Less allowance for doubtful accounts		831	47c 11,734.
	48a Pledges receivable			
	b Less allowance for doubtful accounts			48c
	49 Grants receivable	28,950	49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51a Other notes & loans receivable (attach schedule)			
	b Less allowance for doubtful accounts			51c
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	9,140	53	30.
	54 Investments – securities (attach schedule)		54	
	55a Investments – land, buildings, & equipment basis			
b Less accumulated depreciation (attach schedule)			55c	
56 Investments – other (attach schedule)		56		
57a Land, buildings, and equipment basis	697,340			
b Less accumulated depreciation (attach schedule) L-57 Stmt	75,333.	545,989	57c 622,007	
58 Other assets (describe ▶ See Line 58 Stmt)	313,798	58	16,800	
59 Total assets (add lines 45 through 58) (must equal line 74)	931,735	59	650,311.	
LIABILITIES	60 Accounts payable and accrued expenses	24,632.	60	30,108
	61 Grants payable		61	
	62 Deferred revenue	250	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)	612,771	64b	387,167
	65 Other liabilities (describe ▶ See Line 65 Stmt)	21,038	65	7,479
66 Total liabilities (add lines 60 through 65)	658,691	66	424,754.	
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	273,044.	67	225,557.
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19 and column (B) must equal line 21)	273,044	73	225,557
	74 Total liabilities and net assets/fund balances (add lines 66 and 73)	931,735	74	650,311

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.

BAA

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

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

a Total revenue, gains, and other support per audited financial statements	a	N/A	a Total expenses and losses per audited financial statements	a	N/A
b Amounts included on line a but not on line 12, Form 990			b Amounts included on line a but not on line 17, Form 990		
(1) Net unrealized gains on investments \$			(1) Donated services and use of facilities \$		
(2) Donated services and use of facilities \$			(2) Prior year adjustments reported on line 20, Form 990 \$		
(3) Recoveries of prior year grants \$			(3) Losses reported on line 20, Form 990 \$		
(4) Other (specify)			(4) Other (specify)		
----- \$			----- \$		
Add amounts on lines (1) through (4)	b		Add amounts on lines (1) through (4)	b	
c Line a minus line b	c		c Line a minus line b	c	
d Amounts included on line 12, Form 990 but not on line a :			d Amounts included on line 17, Form 990 but not on line a :		
(1) Investment expenses not included on line 6b, Form 990 \$			(1) Investment expenses not included on line 6b, Form 990 \$		
(2) Other (specify)			(2) Other (specify)		
----- \$			----- \$		
Add amounts on lines (1) and (2)	d		Add amounts on lines (1) and (2)	d	
e Total revenue per line 12, Form 990 (line c plus line d)	e		e Total expenses per line 17, Form 990 (line c plus line d)	e	

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see 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 and deferred compensation	(E) Expense account and other allowances
GUY S. BILYEU 12601 EUROPA LANE- AUSTIN, TX 78727	EXECUTIVE DIRECTOR 45	24,039	0	0
MAHLON ARNETT II 454 LOGAN RANCH ROAD- GEORGETOWN, TX 78628	PRESIDENT 0	0	0	0
TINA WALLEN 13322 BROADMEADE AVE - AUSTIN, TX 78729	VICE-PRESIDENT 0	0	0	0
DOUG CORNWELL 106 FANNIN AVE EAST- ROUND ROCK, TX 78664	SECRETARY 0	0	0	0
H R. STRICKLAND 2107 REDWING WAY- ROUND ROCK, TX 78664	TREASURER 12	0	0	0
BONNIE TURRELL 304 WOODSTONE DR - GEORGETOWN, TX 78628	DIRECTOR 0	0	0	0
ROBERT WEISS 255 FAUBION DR - GEORGETOWN, TX 78628	DIRECTOR 0	0	0	0

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 instructions

Part VI Other Information (See specific instructions)

		N/A	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	76		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	77		X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		X
78b	If 'Yes,' has it filed a tax return on Form 990-T for this year?	78b		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement	79		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?	80a		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	81a		0
81b	Did the organization file Form 1120-POL for this year?	81b		X
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.)		82b		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
83b	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		
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	85a		
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		
c Dues, assessments, and similar amounts from members		85c		
d Section 162(e) lobbying and political expenditures		85d		
e Aggregate nondeductible amount of Section 6033(e)(1)(A) dues notices		85e		
f Taxable amount of lobbying and political expenditures (line 85d less 85e)		85f		
g Does the organization elect to pay the Section 6033(e) tax on the amount in 85f?		85g		
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		
86	501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12	86a		
b Gross receipts, included on line 12, for public use of club facilities		86b		
87	501(c)(12) organizations Enter a Gross income from members or shareholders	87a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		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 _____ 0, Section 4912 _____ 0, Section 4955 _____ 0			
b 501(c)(3) and 501(c)(4) organizations Did the organization engage in any Section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach 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				0
d Enter Amount of tax on line 89c, above, reimbursed by the organization				
90a	List the states with which a copy of this return is filed			NONE
b Number of employees employed in the pay period that includes March 12, 2000 (see instructions)		90b		18
91	The books are in care of H. R. STRICKLAND Telephone number (512) 260-3602 Located at 3737 CR 272- LEANDER TX ZIP code 78641			
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year	92		

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

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
Enter gross amounts unless otherwise indicated					
93 Program service revenue					
a ADOPTION FEES					56,815
b BOARDING FEES					13,395
c CLINIC FEES					13,330
d IMPOUND FEES					10,271
e See Program Service Revenue Stmt					38,486
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					95,313
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts					
96 Dividends & interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					2,725
b not debt-financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			01	34,154	
101 Net income or (loss) from special events					4,203
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				34,154	234,538
105 Total (add line 104, columns (B), (D), and (E))					268,692

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 instructions)

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)
93a	Adoption fees help defray the costs of providing services for homeless animals and accomplish the organization's primary goal, placing companion animals into lifetime loving homes
93b	Fees received for providing services to animals returned to suitable homes
See Relationship of Activities to the Accomplishment of Exempt Purposes Statement	

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See instructions) N/A

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See instructions)

- a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
- b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If 'Yes' to a, file Form 8870 and Form 4720 (see instructions)

I have prepared this return and accompanying schedules and statements, and to the best of my knowledge and belief it is based on all information of which preparer has any knowledge. (See instructions)

02/28/02

Date

H R. Strickland, Treasurer

Type or Print Name and Title

Schedule A
(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service
Organization Exempt Under
Section 501(c)(3)

2000

IRS use only — Do not write or staple in this space

(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

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

Name of the Organization: **WILLIAMSON COUNTY HUMANE SOCIETY INC**
 Employer Identification Number: **74-2069592**

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
N O N E				

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
N O N E		

Total number of others receiving over \$50,000 for professional services ▶ **N O N E**

Part III Statements About Activities

	Yes	No
<p>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? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____</p> <p>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</p>	1	X
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?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
e Transfer of any part of its income or assets? If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions	2e	X
3 Does the organization make grants for scholarships, fellowships, student loans, etc?	3	X
4a Do you have a section 403(b) annuity plan for your employees?	4a	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 5)
- 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) 1999	(b) 1998	(c) 1997	(d) 1996	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	203,308	168,150	162,831	204,258	738,547
16 Membership fees received	1,085	6,220			7,305
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	319,906	265,973	251,398	232,892	1,070,169
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		174	462	418	1,054
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	9,530	9,582			19,112
23 Total of lines 15 through 22	533,829	450,099	414,691	437,568	1,836,187
24 Line 23 minus line 17	213,923	184,126	163,293	204,676	766,018
25 Enter 1% of line 23	5,338	4,501	4,147	4,376	
26 Organizations described on lines 10 or 11:					
a Enter 2% of amount in column (e), line 24					26a 15,320
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 1996 through 1999 exceeded the amount shown in line 26a Enter the sum of all these excess amounts					26b
c Total support for Section 509(a)(1) test Enter line 24, column (e)					26c 766,018
d Add Amounts from column (e) for lines	18	19			
	22	26b			
e Public support (line 26c minus line 26d total)					26d 20,166
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26e 745,852
					26f 97.37%
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 (which is not open to public inspection) 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	(1999)	(1998)	(1997)	(1996)	
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	(1999)	(1998)	(1997)	(1996)	
c Add Amounts from column (e) for lines	15	16			
	17	20	21		
d Add Line 27a total and line 27b total					27c
e Public support (line 27c total minus line 27d total)					27d
f Total support for section 509(a)(2) test Enter amount on line 23, column (e)					27e
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27f
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27g %
					27h %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1996 through 1999, 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)

N/A

	Yes	No
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) ----- ----- -----		
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) ----- -----		
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? If you answered 'Yes' to any of the above, please explain (If you need more space, attach a separate statement) ----- -----		
34a 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		
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		

Part VI-A Lobbying Expenditures by Electing Public Charities (See instructions)
 (To be completed **Only** by an eligible organization that filed Form 5768)

N/A

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		(a) Affiliated group totals	(b) To be completed for all electing organizations
(The term 'expenditures' means amounts paid or incurred)			
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 -- Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$17,000,000 Over \$17,000,000 The lobbying nontaxable amount is -- 20% of the amount on line 40 \$100,000 plus 15% of the excess over \$500,000 \$175,000 plus 10% of the excess over \$1,000,000 \$225,000 plus 5% of the excess over \$1,500,000 \$1,000,000	41	
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) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots non-taxable 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

- a Volunteers
- b Paid staff or management (include compensation in expenses reported on lines c through h.)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (add lines c through h)

Yes	No	Amount
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	

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

Schedule B
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary information for line 1d of Form 990 or
and line 1 of Form 990-EZ (see instructions)

OMB No 1545-0047

2000

Name of Organization

WILLIAMSON COUNTY HUMANE SOCIETY INC

Employer Identification Number

74-2069592

Organization type (check one) – Section 501(c)(3) ◀ (enter number), 527 or
 4947(a)(1) nonexempt charitable trust

A Section 501(c)(7), (8), or (10) organizations – Check this box if the organization had no charitable contributors who contributed more than \$1,000 during the year (But see **General rule** below) ▶

Enter here the total gifts received during the year for a religious, charitable, etc., purpose ▶ \$

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

Schedule B (Form 990 or 990-EZ) (2000)

Name of Organization

Employer Identification Number

WILLIAMSON COUNTY HUMANE SOCIETY INC

74-2069592

Part I Contributors

(a) Number	(b) Name, address and ZIP code	(c) Aggregate contributions	(d) Type of contribution
<u>1</u>		\$ <u>6,000</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
<u>2</u>		\$ <u>8,000</u>	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if a noncash contribution)
<u>3</u>		\$ <u>13,925</u>	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if a noncash contribution)
<u>4</u>		\$ <u>6,880</u>	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if a noncash contribution)
<u>5</u>		\$ <u>5,000</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
<u>6</u>		\$ <u>6,000</u>	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if a noncash contribution)

Name of Organization

Employer Identification Number

WILLIAMSON COUNTY HUMANE SOCIETY INC

74-2069592

Part I Contributors

(a) Number	(b) Name, address and ZIP code	(c) Aggregate contributions	(d) Type of contribution
7		\$ 5,140	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if a noncash contribution)
8		\$ 12,009	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
---	-----	\$ -----	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
---	-----	\$ -----	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
---	-----	\$ -----	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
---	-----	\$ -----	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)

Name of Organization

Employer Identification Number

WILLIAMSON COUNTY HUMANE SOCIETY INC

74-2069592

Part II Noncash Property

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	1993 Plymouth Voyager LX Van ----- ----- -----	\$ 8,000	10/31/00
3	1995 Mazda Millenia-S Sport Sedan ----- ----- -----	\$ 13,925	08/30/00
4	1992 Ford F-150 Supercab Truck ----- ----- -----	\$ 6,880	12/31/00
6	1992 Dodge D250 Turbo-Diesel Supercab Truck ----- ----- -----	\$ 6,000	12/16/00
7	1990 Geo Prizm Sedan 1982 Chevrolet 1500 Truck ----- ----- -----	\$ 5,140	08/31/00
-----	----- ----- -----	\$ -----	-----

Depreciation and Amortization
(Including Information on Listed Property)

2000
67

Department of the Treasury
Internal Revenue Service (99)

▶ See separate instructions.
▶ Attach this form to your return

Name(s) Shown on Return

Business or Activity to Which This Form Relates

Identifying Number

WILLIAMSON COUNTY HUMANE SOCIETY INC

Form 990, page 2

74-2069592

Part I Election to Expense Certain Tangible Property (Section 179)
Note: If you have any 'listed property,' complete Part V before you complete Part I

1	Maximum dollar limitation If an enterprise zone business, see instructions	1	\$20,000
2	Total cost of Section 179 property placed in service See instructions	2	
3	Threshold cost of Section 179 property before reduction in limitation	3	\$200,000
4	Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property Enter amount from line 27	7	
8	Total elected cost of Section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from 1999 See instructions	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instrs)	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2001 Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property (automobiles, certain other vehicles, cellular telephones, certain computers, or property used for entertainment, recreation, or amusement) Instead, use Part V for listed property

Part II MACRS Depreciation for Assets Placed in Service Only During Your 2000 Tax Year
(Do not include listed property)

Section A - General Asset Account Election

14 If you are making the election under Section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check this box See instructions

Section B - General Depreciation System (GDS) (See instructions)

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
15a 3-year property						
b 5-year property		14,104	5 0 yrs	HY	Various	1,454.
c 7 year property						
d 10-year property		19,592.	10 0 yrs	HY	SL	980
e 15 year property		30,571	15 0 yrs	HY	150DB	1,528
f 20 year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
i Nonresidential real property			27 5 yrs	MM	S/L	
			39 yrs	MM	S/L	

Section C - Alternative Depreciation System (ADS) (See instructions)

16a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part III Other Depreciation (Do not include listed property) (See instructions)

17	GDS and ADS deductions for assets placed in service in tax years beginning before 2000	17	31,387
18	Property subject to Section 168(f)(1) election	18	
19	ACRS and other depreciation	19	270

Part IV Summary (See instructions)

20	Listed property Enter amount from line 26	20	
21	Total Add deductions from line 12, lines 15 and 16 in column (g), and lines 17 through 20 Enter here and on the appropriate lines of your return Partnerships and S corporations - see instructions	21	35,619.
22	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to Section 263A costs	22	

Part V

Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only 23a, 23b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable**

Section A - Depreciation and Other Information (Caution: See instructions for limits for passenger automobiles)

23a Do you have evidence to support the business/investment use claimed?		<input type="checkbox"/> Yes <input type="checkbox"/> No		23b If 'Yes,' is the evidence written?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected Section 179 cost
24 Property used more than 50% in a qualified business use (see instructions)								
25 Property used 50% or less in a qualified business use (see instructions)								
26 Add amounts in column (h) Enter the total here and on line 20, page 1							26	
27 Add amounts in column (i) Enter the total here and on line 7, page 1								27

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

28 Total business/investment miles driven during the year (do not include commuting miles - see instructions)	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
29 Total commuting miles driven during the year												
30 Total other personal (noncommuting) miles driven												
31 Total miles driven during the year Add lines 28 through 30												
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
32 Was the vehicle available for personal use during off-duty hours?												
33 Was the vehicle used primarily by a more than 5% owner or related person?												
34 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons. See instructions.

35 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
36 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See instructions for vehicles used by corporate officers, directors, or 1% or more owners.		
37 Do you treat all use of vehicles by employees as personal use?		
38 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
39 Do you meet the requirements concerning qualified automobile demonstration use? See instructions.		

Note: If your answer to 35, 36, 37, 38, or 39 is 'Yes,' you need not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code Section	(e) Amortization period or percentage	(f) Amortization for this year
40 Amortization of costs that begins during your 2000 tax year (see instructions)					
LOAN COSTS	11/22/00	829	163	1 00 yrs	829
41 Amortization of costs that began before 2000				41	53.
42 Total. Add amounts in column (f). See instructions for where to report				42	882.

▶ Attach to return

Name WILLIAMSON COUNTY HUMANE SOCIETY INC	Employer Identification Number 74-2069592
---	---

Part I, Line 8, Column (A) Securities

Public Securities

Description	Gross Sales Price	Basis	
		Cost	
Publicly Traded Securities		Selling Expenses	
		Basis	

Nonpublic Securities

Description	Date Acquired and Method	Date Sold and to Whom	Gross Sales Price	Cost, other basis or FMV when donated (State which on top)
-----	-----	-----		-----
-----	-----	-----		-----
-----	-----	-----		-----
-----	-----	-----		-----
-----	-----	-----		-----
Total Securities				

Gain or (Loss) from Sale of Securities

Part I, Line 8, Column (B) Other Assets

Description	Date Acquired and Method	Date Sold and to Whom	Gross Sales Price	Cost, other basis or FMV when donated	
				Cost	
Land, Buildings & Improvements 2121 N Mays Street Round Rock, TX 78664	Various Purchase	05/30/00 Cathron s SafeBlock	296,661	Cost	304,620.
				Depreciation	-42,048
				Basis	262,572
				Donation FMV	
1988 Ford EconoLine Van	08/28/96 Donation	04/17/00 Detail Pro Audio LLC	1,000	Cost	4,528
				Depreciation	-3,593
				Basis	935
				Donation FMV	
-----	-----	-----		Cost	
-----	-----	-----		Depreciation	
-----	-----	-----		Basis	
-----	-----	-----		Donation FMV	
-----	-----	-----		Cost	
-----	-----	-----		Depreciation	
-----	-----	-----		Basis	
-----	-----	-----		Donation FMV	
Total Other Assets			297,661.		263,507

Gain or (Loss) from Sale of Other Assets

34,154

Form 990, Page 3, Part IV, Lines 57a & 57b
Land, Buildings and Equipment Statement

	(a) Cost/Other Basis	(b) Accumulated Depreciation	(c) Book Value
EQUIPMENT	81,450.	37,852	43,598
LAND	162,400.	0	162,400
LOAN COSTS	2,926.	2,926	0
SHELTER FACILITY	450,564	34,555	416,009
Total	<u>697,340.</u>	<u>75,333</u>	<u>622,007.</u>

Form 990, Page 3, Part IV, Line 58
Other Assets Statement

Line 58 - Other Assets:	Beginning of Year	End of Year
BUILDINGS- NET OF DEPRECIATION (HELD FOR SALE)	185,202	
DEPOSITS (HELD FOR SALE)	3,340	
DONATED PROPERTY INVENTORY	11,715	16,800
LAND (HELD FOR SALE)	112,000	
LOAN COSTS- NET OF AMORTIZATION (HELD FOR SALE)	1,541	
Total	<u>313,798.</u>	<u>16,800</u>

Form 990, Page 3, Part IV, Line 65
Other Liabilities Statement

Line 65 - Other Liabilities:	Beginning of Year	End of Year
ACCRUED SALARIES	3,600	
OTHER PAYABLES	17,438	
PRIOR YEAR CHECKS OUTSTANDING		463
REIMBURSEMENTS PAYABLE		7,016.
Total	<u>21,038.</u>	<u>7,479.</u>

Form 990, Page 6, Part VII, Line 93
Program Service Revenue Stmt

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusn code	(D) Amount	
Program service revenue LICENSE FEES					28,692

Form 990, Page 6, Part VII, Line 93

Continued

Program Service Revenue Stmt

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusn code	(D) Amount	
Program service revenue RABIES FEES					9,794.
Total					<u>38,486</u>

Form 990, Page 6, Part VIII

Relationship of Activities to the Accomplishment of Exempt Purposes Statement

Line Number ▼	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)
93c	<u>Vaccination of healthy animals against rabies, low-cost spay & neuter services</u>
93d	<u>Fees received for providing services to animals returned to suitable homes</u>
93e	<u>Licensing protects and identifies companion animals.</u>
93E	<u>Vaccination of healthy animals against rabies</u>
93g	<u>These contracts enable the organization to provide a safe environment for animals impounded by animal control, until animals are reclaimed, adopted, or humanely euthanized</u>
97a	<u>Rental of a portion of our facility to Emancipet, an organization providing no-cost and/or low-cost spay & neuter services, and to Travis Agility Group, an organization providing obedience training for companion dogs and their human companions, enables the organization to work closely with other animal welfare organizations in the community, while helping to defray a portion of related costs</u>
101	<u>Newsletter and other fundraisers to provide community awareness.</u>

Supporting Statement of:

Form 990 p 3/Line 60, column (B)

Description	Amount
TRADE ACCOUNTS PAYABLE	28,939
PAYROLL TAXES PAYABLE	1,169.
Total	<u>30,108</u>

Supporting Statement of:

Form 990 p 3/Line 64b, column (B)

Description	Amount
CREDIT LINE- BANK ONE TEXAS	20,000
CREDIT LINE- TEXAS HERITAGE BANK	39,886
FIXTURE NOTE- FIRST SIERRA INTERNATIONAL	4,717
INSURANCE NOTES	636
MORTGAGE NOTE- BELL FAMILY TRUST	321,928.
Total	<u>387,167.</u>