

Return of Organization Exempt From Income Tax

OMB No 1545-0047
2002
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

A For the 2002 calendar year, or tax year period beginning and ending

B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending. C Name of organization: SUNCOAST HUMANE SOCIETY, INC. D Employer identification number: 23-7174193. E Telephone number: 941-474-7884. F Accounting method: Cash, Accrual.

G Web site: N/A. H and I are not applicable to section 527 organizations. H(a) Is this a group return for affiliates? H(b) If "Yes," enter number of affiliates.

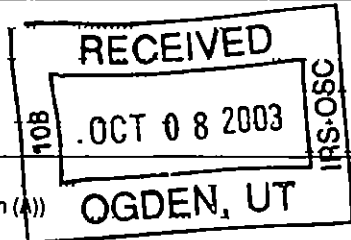
J Organization type (check only one): [X] 501(c)(3) (3) (insert no) 4947(a)(1) or 527. H(c) Are all affiliates included? N/A. H(d) Is this a separate return filed by an organization covered by a group ruling?

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. I Enter 4-digit GEN.

L Gross receipts Add lines 6b, 8b, 9b and 10b to line 12: 562,535. M Check if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF).

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Table with 21 rows and 4 columns. Rows include: 1 Contributions, gifts, grants, and similar amounts received; 2 Program service revenue including government fees and contracts; 3 Membership dues and assessments; 4 Interest on savings and temporary cash investments; 5 Dividends and interest from securities; 6 Gross rents; 7 Other investment income (UNREALIZED LOSSES); 8 Gross amount from sale of assets other than inventory; 9 Special events and activities; 10 Gross sales of inventory, less returns and allowances; 11 Other revenue; 12 Total revenue; 13 Program services; 14 Management and general; 15 Fundraising; 16 Payments to affiliates; 17 Total expenses; 18 Excess or (deficit) for the year; 19 Net assets or fund balances at beginning of year; 20 Other changes in net assets or fund balances; 21 Net assets or fund balances at end of year.



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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 Page 2

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 48,789.	0.	48,789.	0.
26 Other salaries and wages	26 365,979.	314,587.	51,392.	
27 Pension plan contributions	27			
28 Other employee benefits	28			
29 Payroll taxes	29			
30 Professional fundraising fees	30 25,762.			25,762.
31 Accounting fees	31 6,680.		6,680.	
32 Legal fees	32			
33 Supplies	33 9,664.		9,664.	
34 Telephone	34 7,926.		7,926.	
35 Postage and shipping	35			
36 Occupancy	36			
37 Equipment rental and maintenance	37 12,128.	1,815.	10,313.	
38 Printing and publications	38 22,524.	22,524.		
39 Travel	39			
40 Conferences, conventions, and meetings	40 1,934.	1,934.		
41 Interest	41 40,325.	30,244.	10,081.	
42 Depreciation, depletion, etc (attach schedule)	42 50,511.	36,503.	14,008.	
43 Other expenses not covered above (itemize)				
a _____	43a			
b _____	43b			
c _____	43c			
d _____	43d			
e SEE STATEMENT 4	43e 106,180.	89,148.	15,832.	1,200.
44 Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D) carry these totals to lines 13-15	44 698,402.	496,755.	174,685.	26,962.

Joint Costs Check  if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  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"/>	Program Service Expenses (Required for 501(c)(3) and (4) orgs and 4947(a)(1) trusts, but optional for others.)
TO PROVIDE CARE AND TREATMENT FOR STRAY & UNWANTED PETS	
<small>All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)</small>	
a TO HUMANELY AND COST EFFECTIVELY CARE FOR AND PLACE INTO LOVING HOMES THE LARGEST NUMBER OF STRAY AND UNWANTED PETS AS POSSIBLE AND TO EDUCATE THE PUBLIC IN THE PROPER CARE OF ANIMALS. (Grants and allocations \$ _____)	496,755.
b _____ (Grants and allocations \$ _____)	
c _____ (Grants and allocations \$ _____)	
d _____ (Grants and allocations \$ _____)	
e Other program services (attach schedule) (Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	496,755.

**Part IV Balance Sheets**

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
<b>Assets</b>	45 Cash - non-interest-bearing	73,720.	22,169.
	46 Savings and temporary cash investments		
	47 a Accounts receivable	17,749.	
	b Less allowance for doubtful accounts		17,749.
	48 a Pledges receivable		
	b Less allowance for doubtful accounts		
	49 Grants receivable		
	50 Receivables from officers, directors, trustees, and key employees		
	51 a Other notes and loans receivable		
	b Less allowance for doubtful accounts	2,492.	
	52 Inventories for sale or use	7,627.	
	53 Prepaid expenses and deferred charges	6,638.	4,682.
	54 Investments - securities STMT 5 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	393,498.	274,011.
	55 a Investments - land, buildings, and equipment basis	1,110,899.	
	b Less accumulated depreciation	374,535.	736,364.
56 Investments - other			
57 a Land, buildings, and equipment basis			
b Less accumulated depreciation			
58 Other assets (describe SEE STATEMENT 6 )	33,428.	26,207.	
59 Total assets (add lines 45 through 58) (must equal line 74)	1,285,942.	1,081,182.	
<b>Liabilities</b>	60 Accounts payable and accrued expenses	34,304.	38,137.
	61 Grants payable		
	62 Deferred revenue		
	63 Loans from officers, directors, trustees, and key employees		
	64 a Tax-exempt bond liabilities		
	b Mortgages and other notes payable STMT 7	495,829.	489,845.
	65 Other liabilities (describe )		
66 Total liabilities (add lines 60 through 65)	530,133.	527,982.	
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74		
	67 Unrestricted	755,809.	553,200.
	68 Temporarily restricted		
	69 Permanently restricted		
	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		
	71 Paid-in or capital surplus, or land, building, and equipment fund		
	72 Retained earnings, endowment, accumulated income, or other funds		
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)	755,809.	553,200.
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)	1,285,942.	1,081,182.

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 VI Other Information		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
78 a	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
80 a	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		
81 a	Enter direct or indirect political expenditures. See line 81 instructions. 81a 0.		
b	Did the organization file Form 1120-POL for this year?		X
82 a	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?		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 in Part III.) 82b N/A		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A		
85	501(c)(4), (5), or (6) organizations		
a	Were substantially all dues nondeductible by members? 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. N/A		
c	Dues, assessments, and similar amounts from members. 85c N/A		
d	Section 162(e) lobbying and political expenditures. 85d N/A		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices. 85e N/A		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e). 85f N/A		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? N/A		
86	501(c)(7) organizations		
a	Initiation fees and capital contributions included on line 12. 86a N/A		
b	Gross receipts, included on line 12, for public use of club facilities. 86b N/A		
87	501(c)(12) organizations		
a	Gross income from members or shareholders. 87a N/A		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them). 87b N/A		
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.		X
89 a	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.		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. 0.		
90 a	List the states with which a copy of this return is filed. FL		
b	Number of employees employed in the pay period that includes March 12, 2002. 90b 18		
91	The books are in care of DEBRA PARSONS-DRAKE Telephone no 941-474-7884		
Located at ENGLEWOOD, FL ZIP + 4 34224			
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 N/A		

**Part VII Analysis of Income-Producing Activities** (See page 31 of the instructions)

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
<b>93 Program service revenue</b>					
<b>a NET ADOPTION FEES</b>					64,168.
<b>b COUNTY CONTRACTS</b>					92,456.
<b>c MISCELLANEOUS</b>					1,876.
<b>d</b>					
<b>e</b>					
<b>f Medicare/Medicaid payments</b>					
<b>g Fees and contracts from government agencies</b>					
<b>94 Membership dues and assessments</b>					24,163.
<b>95 Interest on savings and temporary cash investments</b>			14	322.	
<b>96 Dividends and interest from securities</b>			14	4,994.	
<b>97 Net rental income or (loss) from real estate</b>					
<b>a debt-financed property</b>					
<b>b not debt-financed property</b>					
<b>98 Net rental income or (loss) from personal property</b>					
<b>99 Other investment income</b>					<101,224.>
<b>100 Gain or (loss) from sales of assets other than inventory</b>					30,449.
<b>101 Net income or (loss) from special events</b>					38,403.
<b>102 Gross profit or (loss) from sales of inventory</b>					31,042.
<b>103 Other revenue</b>					
<b>a</b>					
<b>b</b>					
<b>c</b>					
<b>d</b>					
<b>e</b>					
<b>104 Subtotal (add columns (B), (D), and (E))</b>		0.		5,316.	181,333.
<b>105 Total (add line 104, columns (B), (D), and (E))</b>					186,649.

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 page 32 of the 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)
	SEE STATEMENT 9

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See page 32 of the instructions)

(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
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See page 33 of the 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

Comparing schedules and statements and to the best of my knowledge and belief, it is true, information of which preparer has any knowledge

10/2/03 DEBRA PARSONS-DRAKE, C.E.O.  
 Date 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)**

(Except Private Foundation) and Section 501(a), 501(f), 501(k),  
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

**Supplementary Information-(See separate instructions.)**  
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No 1545-0047

**2002**

Name of the organization: **SUNCOAST HUMANE SOCIETY, INC.** Employer identification number: **23 7174193**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 1 of the 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
NONE > \$50,000				
Total number of other employees paid over \$50,000 ▶	0			

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the 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 > \$50,000		
Total number of others receiving over \$50,000 for professional services ▶	0	

**Part III Statements About Activities** (See page 2 of the instructions )

	Yes	No
<b>1</b> 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 <b>▶</b> \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B ) 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		<b>X</b>
<b>2</b> During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, 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? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions )		
<b>a</b> Sale, exchange, or leasing of property?		<b>X</b>
<b>b</b> Lending of money or other extension of credit?		<b>X</b>
<b>c</b> Furnishing of goods, services, or facilities?		<b>X</b>
<b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	<b>X</b>	
<b>e</b> Transfer of any part of its income or assets?		<b>X</b>
<b>3</b> Does the organization make grants for scholarships, fellowships, student loans, etc ? (See Note below )		<b>X</b>
<b>4</b> Do you have a section 403(b) annuity plan for your employees?		<b>X</b>
<b>Note</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		

**Part IV Reason for Non-Private Foundation Status** (See pages 3 through 5 of the 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 )
- 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 page 5 of the 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 page 5 of the 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) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28)	302,082.	213,095.	248,303.	261,431.	1,024,911.
16 Membership fees received	18,846.	36,143.	19,821.	5,827.	80,637.
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	58,868.	85,305.	51,599.		195,772.
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	9,332.	29,423.	37,126.	52,454.	128,335.
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			SEE STATEMENT 10	55,951.	55,951.
23 Total of lines 15 through 22	389,128.	363,966.	356,849.	375,663.	1,485,606.
24 Line 23 minus line 17	330,260.	278,661.	305,250.	375,663.	1,289,834.
25 Enter 1% of line 23	3,891.	3,640.	3,568.	3,757.	
26 Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24				26a 25,797.
	b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1998 through 2001 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the sum of all these excess amounts				26b 4,203.
	c Total support for section 509(a)(1) test. Enter line 24, column (e)				26c 1,289,834.
	d Add Amounts from column (e) for lines	18 128,335.	19	22 55,951.	26d 188,489.
			26b 4,203.		26e 1,101,345.
	e Public support (line 26c minus line 26d total)				26f 85.3866%
	f Public support percentage (line 26e (numerator) divided by line 26c (denominator))				
27 Organizations described on line 12	a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year				N/A
	(2001)	(2000)	(1999)	(1998)	
	b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records 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). Do not file this list with your return. 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				N/A
	(2001)	(2000)	(1999)	(1998)	
	c Add Amounts from column (e) for lines	15	16		27c N/A
		17	20	21	27d N/A
	d Add Line 27a total and line 27b total				27e N/A
	e Public support (line 27c total minus line 27d total)				
	f Total support for section 509(a)(2) test. Enter amount on line 23, column (e)				27f N/A
	g Public support percentage (line 27e (numerator) divided by line 27f (denominator))				27g N/A %
	h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))				27h N/A %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1998 through 2001, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15	NONE				

**Part V Private School Questionnaire** (See page 7 of the instructions)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		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 )		
<hr/>			
<hr/>			
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 )		
<hr/>			
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 )		
<hr/>			
<hr/>			
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		
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 page 9 of the instructions )

N/A

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

Check  **a** if the organization belongs to an affiliated group Check  **b** if you checked "a" 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
		N/A	
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)	<b>36</b>		
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying)	<b>37</b>		
<b>38</b> Total lobbying expenditures (add lines 36 and 37)	<b>38</b>		
<b>39</b> Other exempt purpose expenditures	<b>39</b>		
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39)	<b>40</b>		
<b>41</b> 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		
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		
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41)	<b>42</b>		
<b>43</b> Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	<b>43</b>		
<b>44</b> Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	<b>44</b>		

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 on page 11 of the instructions )

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
<b>45</b> Lobbying nontaxable amount					0.
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					0.
<b>47</b> Total lobbying expenditures					0.
<b>48</b> Grassroots nontaxable amount					0.
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					0.
<b>50</b> Grassroots lobbying expenditures					0.

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions )

N/A

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
		0.

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



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**FORM 990**                      **GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES**                      **STATEMENT**      **1**


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DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
VARIOUS SECURITIES	149,743.	119,294.	0.	30,449.
TO FORM 990, PART I, LINE 8	149,743.	119,294.	0.	30,449.

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**FORM 990**                                      **SPECIAL EVENTS AND ACTIVITIES**                                      **STATEMENT**      **2**


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DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
VARIOUS EVENTS THROUGHOUT THE YEAR	60,274.		60,274.	21,871.	38,403.
TO FM 990, PART I, LINE 9	60,274.		60,274.	21,871.	38,403.

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FORM 990

INCOME AND COST OF GOODS SOLD  
INCLUDED ON PART I, LINE 10

STATEMENT 3

INCOME

1. GROSS RECEIPTS . . . . .	75,913	
2. RETURNS AND ALLOWANCES . . . . .		
3. LINE 1 LESS LINE 2 . . . . .		75,913
4. COST OF GOODS SOLD (LINE 13) . . . . .	44,871	
5. GROSS PROFIT (LINE 3 LESS LINE 4) . . . . .		31,042

COST OF GOODS SOLD

6. INVENTORY AT BEGINNING OF YEAR . . . . .	7,627	
7. MERCHANDISE PURCHASED . . . . .		
8. COST OF LABOR . . . . .		
9. MATERIALS AND SUPPLIES . . . . .	37,244	
10. OTHER COSTS . . . . .		
11. ADD LINES 6 THROUGH 10 . . . . .		44,871
12. INVENTORY AT END OF YEAR . . . . .	0	
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12). . . . .		44,871

FORM 990	OTHER EXPENSES			STATEMENT 4
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
KENNEL SUPPLIES, MEDICAL, FOOD	44,643.	44,643.		
BANK FEES	1,123.		1,123.	
DUES & SUBSCRIPTIONS	1,267.		1,267.	
REPAIRS	5,355.	4,016.	1,339.	
INSURANCE	15,656.	14,737.	919.	
UTILITIES	14,162.	10,622.	3,540.	
CLEANING & PEST CONTROL	929.	929.		
DONOR RECOGNITION VOLUNTEER RECOGNITION	1,200.			1,200.
VEHICLE COSTS	2,072.		2,072.	
MISCELLANEOUS TAXES	2,297.	2,297.		
COMMUNITY OUTREACH/EDUCATION	644.		644.	
DOG TRAINING	2,406.	2,406.		
FINANCIAL MGMT FEES	7,486.	7,486.		
	4,928.		4,928.	
<b>TOTAL TO FM 990, LN 43</b>	<b>106,180.</b>	<b>89,148.</b>	<b>15,832.</b>	<b>1,200.</b>

FORM 990	NON-GOVERNMENT SECURITIES			STATEMENT 5	
SECURITY DESCRIPTION	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	OTHER SECURITIES	TOTAL NON-GOV'T SECURITIES
EQUITIES			274,011.		274,011.
TO 990, LN 54 COL B			274,011.		274,011.



FORM 990

PART V - LIST OF OFFICERS, DIRECTORS,  
TRUSTEES AND KEY EMPLOYEES

STATEMENT 8

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
DEBRA PARSONS-DRAKE 6781 SAN CASA DRIVE ENGLEWOOD, FL 34224	C.E.O. 50/WEEK	48,789.	0.	0.
MICHAEL E. WILLIAMS, DC SAME SAME	PRESIDENT AS REQUIRED	0.	0.	0.
DEAN CALAMARAS SAME SAME	VICE PRESIDENT AS REQUIRED	0.	0.	0.
HAL JOHNSON SAME SAME	2ND VICE PRESIDENT AS REQUIRED	0.	0.	0.
KATHY DAMEWOOD SAME SAME	TREASURER AS REQUIRED	0.	0.	0.
DALE AUSTIN SAME SAME	BOARD MEMBER AS REQUIRED	0.	0.	0.
BARBARA CALAMARAS SAME SAME	BOARD MEMBER AS REQUIRED	0.	0.	0.
KAY EBERHARDT SAME SAME	BOARD MEMBER AS REQUIRED	0.	0.	0.
MOLLY CALDWELL, DVM SAME SAME	BOARD MEMBER AS REQUIRED	0.	0.	0.
JOHN COMBS, DVM SAME SAME	BOARD MEMBER AS REQUIRED	0.	0.	0.
JOHN GURLAND, DVM SAME SAME	BOARD MEMBER AS REQUIRED	0.	0.	0.

BRENDAN BRADLEY SAME SAME	BOARD MEMBER AS REQUIRED	0.	0.	0.
CLIFF BRADLEY SAME SAME	BOARD MEMBER AS REQUIRED	0.	0.	0.
CLIFF MYBURGH, DVM SAME SAME	BOARD MEMBER AS REQUIRED	0.	0.	0.
CYNTHIA DAVIS SAME SAME	BOARD MEMBER AS REQUIRED	0.	0.	0.
ABBIE WEIST-BOWDEN SAME SAME	BOARD MEMBER AS REQUIRED	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V		<u>48,789.</u>	<u>0.</u>	<u>0.</u>

FORM 990                      PART VIII - RELATIONSHIP OF ACTIVITIES TO                      STATEMENT 9  
 ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93A	NET FEES CHARGED LESS RABIES & SPAYING COSTS-BALANCE TO OPERATING
93B	PAID BY TWO COUNTIES SERVED - USED TO DEFRAY OPERATING COSTS
93C	VARIOUS SMALL REVENUE RAISERS TO HELP DEFRAY COSTS
94	DUES ENTITLE MEMBERS TO RECEIVE NEWSLETTER
99	UNREALIZED LOSS ON MARKETABLE SECURITIES
100	RECOGNIZED GAINS ON SECURITIES - USED IN OPERATIONS
101	VARIOUS FUND RAISERS - ALL NET PROCEEDS TO OPERATIONS
102	NET FROM OPERATION OF THRIFT STORE - PROCEEDS TO OPERATIONS

SCHEDULE A    OTHER INCOME    STATEMENT 10

DESCRIPTION	2001 AMOUNT	2000 AMOUNT	1999 AMOUNT	1998 AMOUNT
	0.	0.	0.	55,951.
TOTAL TO SCHEDULE A, LINE 22	<u>0.</u>	<u>0.</u>	<u>0.</u>	<u>55,951.</u>

Asset *	Property Description	Date In Service	Cost	Sec 179 Exp Current = c	Salvage Value	Prior Depreciation	Current Depreciation	End Depreciation	Net Book Value	Method	Period
<b>BUILDINGS</b>											
1	BUILDING	7/01/75	85,518.11	0.00	0.00	74,954.00	2,850.60	77,804.60	7,713.51	S/L	30.0
2	BUILDING	7/01/89	32,033.00	0.00	0.00	14,948.85	1,067.77	16,016.62	16,016.38	S/L	30.0
4	BUILDING	7/01/90	6,029.00	0.00	0.00	6,029.00	0.00	6,029.00	0.00	S/L	10.0
5	BUILDING	7/01/91	300.00	0.00	0.00	300.00	0.00	300.00	0.00	S/L	10.0
6	BUILDING	7/01/92	3,892.00	0.00	0.00	3,892.00	0.00	3,892.00	0.00	S/L	10.0
7	BUILDING	7/01/93	280.00	0.00	0.00	252.00	28.00	280.00	0.00	S/L	10.0
8	BUILDING	7/01/94	13,659.00	0.00	0.00	13,659.00	0.00	13,659.00	0.00	S/L	10.0
9	BUILDING	7/01/95	2,612.00	0.00	0.00	1,828.00	261.20	2,089.20	522.80	S/L	10.0
10	NEW BUILDING	12/01/97	626,718.44	0.00	0.00	64,948.37	16,069.70	81,018.07	545,700.37	S/L	39.0
11	CABINETS & COUNTERS	11/14/97	20,000.00	0.00	0.00	2,765.57	512.82	3,278.39	16,721.61	S/L	39.0
12	CABINETS	11/24/97	3,324.00	0.00	0.00	459.63	85.23	544.86	2,779.14	S/L	39.0
13	NEW BUILDING	7/01/98	37,010.17	0.00	0.00	3,321.43	948.98	4,270.41	32,739.76	S/L	39.0
14	OLD BUILDING	7/01/98	19,938.13	0.00	0.00	6,978.34	1,993.81	8,972.15	10,965.98	S/L	10.0
15	AIR CONDITIONING UNIT	7/01/98	2,085.00	0.00	0.00	729.75	208.50	938.25	1,146.75	S/L	10.0
16	NEW BUILDING	4/17/98	1,239.00	0.00	0.00	116.49	31.77	148.26	1,090.74	S/L	39.0
17	ELECTRICAL RENOVATIONS	7/31/99	5,153.65	0.00	0.00	319.34	132.14	451.48	4,702.17	S/L	39.0
65	REGRADE RE TOP DRIVEWAY	8/14/01	3,277.50	0.00	0.00	136.56	327.75	464.31	2,813.19	S/L	10.0
81	CONCRETE WALLS ETC IN KEN	6/30/02	7,298.00	0.00c	0.00	0.00	101.36	101.36	7,196.64	S/L	39.0
			<b>870,367.00</b>	<b>0.00c</b>	<b>0.00</b>	<b>195,638.33</b>	<b>24,619.63</b>	<b>220,257.96</b>	<b>650,109.04</b>		
<b>BUILDINGS</b>											
<b>CLINIC EQUIPMENT</b>											
69	ANESTHESIA MACHINE	2/05/02	1,590.00	0.00c	0.00	0.00	227.14	227.14	1,362.86	200DB	7.0
70	VAPORIZER	2/05/02	1,453.00	0.00c	0.00	0.00	207.57	207.57	1,245.43	200DB	7.0
71	AUTOCLAVE	2/08/02	2,795.00	0.00c	0.00	0.00	399.29	399.29	2,395.71	200DB	7.0
72	SCALE	2/22/02	999.09	0.00c	0.00	0.00	142.73	142.73	856.36	200DB	7.0
73	LIGHT CENTURION	3/19/02	1,200.00	0.00c	0.00	0.00	171.43	171.43	1,028.57	200DB	7.0
74	V TOP TABLE	3/26/02	1,810.00	0.00c	0.00	0.00	258.57	258.57	1,551.43	200DB	7.0
75	WET/PREP CABINET	3/26/02	1,724.00	0.00c	0.00	0.00	246.29	246.29	1,477.71	200DB	7.0
76	PULSE OX ALARM	6/03/02	1,015.00	0.00c	0.00	0.00	145.00	145.00	870.00	200DB	7.0
			<b>12,586.09</b>	<b>0.00c</b>	<b>0.00</b>	<b>0.00</b>	<b>1,798.02</b>	<b>1,798.02</b>	<b>10,788.07</b>		
<b>CLINIC EQUIPMENT</b>											
<b>COMPUTERS</b>											
45	COMPUTER WORKSTATION	10/31/97	1,323.00	0.00	0.00	1,232.51	90.49	1,323.00	0.00	200DB	5.0
46	COMPUTER SERVER	11/12/97	3,128.00	0.00	0.00	2,914.04	213.96	3,128.00	0.00	200DB	5.0
47	COMPUTER WORKSTATION	12/03/97	2,585.00	0.00	0.00	2,408.19	176.81	2,585.00	0.00	200DB	5.0
48	GATEWAY WORKSTATION	11/09/98	1,810.00	0.00	0.00	1,497.23	208.51	1,705.74	104.26	200DB	5.0
49	GATEWAY WORKSTATION	2/03/98	1,322.00	0.00	0.00	1,093.56	152.29	1,245.85	76.15	200DB	5.0
50	HP 4050 LASER PRINTER	10/17/99	1,339.96	0.00	0.00	954.05	154.36	1,108.41	231.55	200DB	5.0
51	GATEWAY WORKSTATION	1/21/99	1,413.00	0.00	0.00	1,006.06	162.78	1,168.84	244.16	200DB	5.0
58	COMPUTER - DELL - DEBIT CAJ	6/26/00	1,190.91	0.00	0.00	619.27	228.66	847.93	342.98	200DB	5.0
64	COMPUTER-RECEPTION	8/23/00	1,030.23	0.00	0.00	494.51	214.29	708.80	321.43	200DB	5.0
67	DELL SERVER	7/31/01	3,117.00	0.00	0.00	623.40	997.44	1,620.84	1,496.16	200DB	5.0
80	COMPUTER EQUIP (HANUSHEK	6/30/02	4,944.00	0.00c	0.00	0.00	988.80	988.80	3,955.20	200DB	5.0

**Tax Asset Detail 1/01/02 - 12/31/02**

Asset #	Property Description	Date In Service	Cost	Sec 179 Exp Current = c	Salvage Value	Prior Depreciation	Current Depreciation	End Depreciation	Net Book Value	Method	Period
<b>COMPUTERS</b>											
			23,203.10	0.00c	0.00	12,842.82	3,588.39	16,431.21	6,771.89		
<b>COMPUTERS (continued)</b>											
<b>Group - EQUIPMENT</b>											
22	CAGES	9/23/97	3,096.75	0.00	0.00	2,377.01	287.90	2,664.91	431.84	200DB	7.0
27	CAGES	11/18/97	13,221.69	0.00	0.00	8,575.38	1,858.52	10,433.90	2,787.79	200DB	7.0
30	WASHER/DRYER	12/02/97	829.53	0.00	0.00	621.31	83.29	704.60	124.93	200DB	7.0
34	LCD PROJECTOR	11/16/98	2,299.00	0.00	0.00	1,580.86	205.18	1,786.04	512.96	200DB	7.0
35	FLOOR BUFFER	4/17/98	1,199.18	0.00	0.00	824.59	107.03	931.62	267.56	200DB	7.0
36	CAGES	4/09/98	1,062.70	0.00	0.00	730.74	94.85	825.59	237.11	200DB	7.0
37	FIBERGLASS BEDDING	7/01/98	2,265.00	0.00	0.00	1,557.48	202.15	1,759.63	505.37	200DB	7.0
38	CAGES	1/13/98	3,455.78	0.00	0.00	2,376.29	308.43	2,684.72	771.06	200DB	7.0
40	AMPLIFIER & MICROPHONE	5/12/98	200.00	0.00	0.00	137.53	17.85	155.38	44.62	200DB	7.0
41	NEW WASHER	4/25/98	427.00	0.00	0.00	293.61	38.11	331.72	95.28	200DB	7.0
43	EVENT TENT	9/27/99	586.29	0.00	0.00	329.90	73.25	403.15	183.14	200DB	7.0
44	KENNEL EQUIPMENT	4/06/99	1,180.00	0.00	0.00	663.96	147.44	811.40	368.60	200DB	7.0
57	CAGE DRYER - DOG OUTFITTE	3/28/00	342.86	0.00	0.00	150.44	54.98	205.42	137.44	200DB	7.0
59	ANIMAL CAGES IN COURTYAR	4/25/00	1,100.00	0.00	0.00	463.94	181.73	645.67	454.33	200DB	7.0
62	WASHER(HANUSHEK)	8/25/00	674.99	0.00	0.00	238.77	124.63	363.40	311.59	200DB	7.0
63	WASHER(HANUSHEK)	8/18/00	684.99	0.00	0.00	242.31	126.48	368.79	316.20	200DB	7.0
78	CANON DIGITAL CAMERA	2/12/02	748.95	0.00c	0.00	0.00	106.99	106.99	641.96	200DB	7.0
79	TRAPS	9/19/02	1,120.94	0.00c	0.00	0.00	160.13	160.13	960.81	200DB	7.0
82	WATERING SYSTEM - NELSON	7/23/02	1,943.17	0.00c	0.00	0.00	277.60	277.60	1,665.57	200DB	7.0
			36,438.82	0.00c	0.00	21,164.12	4,456.54	25,620.66	10,818.16		
<b>EQUIPMENT</b>											
<b>Group - FURNITURE &amp; FIXTURES</b>											
3	BUILDING	7/01/89	32,804.00	0.00	0.00	14,215.35	1,093.47	15,308.82	17,495.18	S/L	30.0
19	PHONE SYSTEM	4/03/97	5,725.00	0.00	0.00	4,500.85	489.66	4,990.51	734.49	200DB	7.0
20	OFFICE FURNITURE	6/26/97	2,413.38	0.00	0.00	1,897.34	206.42	2,103.76	309.62	200DB	7.0
21	SIGN	7/23/97	1,075.00	0.00	0.00	825.15	99.94	925.09	149.91	200DB	7.0
23	BENCHES	10/03/97	380.92	0.00	0.00	285.31	38.24	323.55	57.37	200DB	7.0
24	OFFICE FURNITURE	10/29/97	2,664.83	0.00	0.00	1,995.93	267.56	2,263.49	401.34	200DB	7.0
25	PHONE CONDUIT	10/29/97	500.00	0.00	0.00	374.49	50.20	424.69	75.31	200DB	7.0
26	REFRIGERATOR	10/31/97	900.00	0.00	0.00	674.09	90.36	764.45	135.55	200DB	7.0
28	CHAIR - FROM TARGET	11/20/97	944.00	0.00	0.00	707.04	94.78	801.82	142.18	200DB	7.0
29	PICTURE FRAMING	11/24/97	609.13	0.00	0.00	456.23	61.16	517.39	91.74	200DB	7.0
31	CABINETS	12/08/97	381.00	0.00	0.00	285.36	38.26	323.62	57.38	200DB	7.0
32	CHAIRS FROM TARGET	12/29/97	944.00	0.00	0.00	707.04	94.78	801.82	142.18	200DB	7.0
33	GORILLA CHAIRS	12/30/97	1,177.11	0.00	0.00	881.65	118.18	999.83	177.28	200DB	7.0
39	PLATFORMS	3/04/98	709.37	0.00	0.00	487.78	63.31	551.09	158.28	200DB	7.0
42	AIR PURIFIER	6/25/99	599.00	0.00	0.00	337.04	74.85	411.89	187.11	200DB	7.0
77	VOICE MAIL PHONE	9/10/02	2,100.00	0.00c	0.00	0.00	420.00	420.00	1,680.00	200DB	5.0
			53,926.74	0.00c	0.00	28,630.65	3,301.17	31,931.82	21,994.92		
<b>FURNITURE &amp; FIXTURES</b>											

Asset *	Property Description	Date In Service	Cost	Sec 179 Exp Current = c	Salvage Value	Prior Depreciation	Current Depreciation	End Depreciation	Net Book Value	Method	Period
<b>LAND IMPROVEMENTS</b>											
52	FENCING	4/03/97	21,166.86	0.00	0.00	9,789.69	2,116.69	11,906.38	9,260.48	S/L	10.0
53	POWER POLE	6/23/97	1,774.00	0.00	0.00	820.48	177.40	997.88	776.12	S/L	10.0
54	SPRINKLER SYSTEM	11/06/97	7,430.00	0.00	0.00	3,064.88	743.00	3,807.88	3,622.12	S/L	10.0
	<b>LAND IMPROVEMENTS</b>		<b>30,370.86</b>	<b>0.00c</b>	<b>0.00</b>	<b>13,675.05</b>	<b>3,037.09</b>	<b>16,712.14</b>	<b>13,658.72</b>		
<b>LOAN COSTS</b>											
66	LOAN COSTS	4/24/01	12,319.50	0.00	0.00	615.98	821.30	1,437.28	10,882.22	Amort	15.0
	<b>LOAN COSTS</b>		<b>12,319.50</b>	<b>0.00c</b>	<b>0.00</b>	<b>615.98</b>	<b>821.30</b>	<b>1,437.28</b>	<b>10,882.22</b>		
<b>OUTREACH VEHICLE</b>											
55	1995 INTRUDER - 35'	6/25/99	52,290.00	0.00	0.00	29,422.65	6,533.53	35,956.18	16,333.82	200DB	7.0
56	EQUIPMENT	11/15/99	11,656.00	0.00	0.00	6,558.62	1,456.39	8,015.01	3,640.99	200DB	7.0
	<b>OUTREACH VEHICLE</b>		<b>63,946.00</b>	<b>0.00c</b>	<b>0.00</b>	<b>35,981.27</b>	<b>7,989.92</b>	<b>43,971.19</b>	<b>19,974.81</b>		
<b>SIGNAGE</b>											
60	6781 SIGN - FRANK DORSETT	1/28/00	5,000.00	0.00	0.00	2,363.94	753.16	3,117.10	1,882.90	200DB	7.0
61	SIGN - PAW PRINTS - FRANK DORSETT	6/07/00	860.00	0.00	0.00	348.09	146.26	494.35	365.65	200DB	7.0
	<b>SIGNAGE</b>		<b>5,860.00</b>	<b>0.00c</b>	<b>0.00</b>	<b>2,712.03</b>	<b>899.42</b>	<b>3,611.45</b>	<b>2,248.55</b>		
<b>TRUCKS</b>											
18	FORD TRUCK	7/01/96	14,200.00	0.00	0.00	14,200.00	0.00	14,200.00	0.00	S/L	5.0
	<b>TRUCKS</b>		<b>14,200.00</b>	<b>0.00c</b>	<b>0.00</b>	<b>14,200.00</b>	<b>0.00</b>	<b>14,200.00</b>	<b>0.00</b>		
	<b>Grand Total</b>		<b>1,123,218.11</b>	<b>0.00c</b>	<b>0.00</b>	<b>325,460.25</b>	<b>50,511.48</b>	<b>375,971.73</b>	<b>747,246.38</b>		

• If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only Part II and check this box  **X**

**Note** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

• If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1)

<b>Part II</b>	<b>Additional (not automatic) 3-Month Extension of Time - Must file Original and One Copy.</b>		
Type or print File by the extended due date for filing the return See instructions	Name of Exempt Organization <b>SUNCOAST HUMANE SOCIETY, INC.</b>		Employer identification number <b>23-7174193</b>
	Number, street, and room or suite no. If a P O box, see instructions <b>6781 SAN CASA DRIVE</b>		For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions <b>ENGLEWOOD, FL 34224</b>		

**Check type of return to be filed** (File a separate application for each return)

- Form 990   
  Form 990-EZ   
  Form 990 T (sec 401(a) or 408(a) trust)   
  Form 1041 A   
  Form 5227   
  Form 8870  
 Form 990 BL   
  Form 990 PF   
  Form 990 T (trust other than above)   
  Form 4720   
  Form 6069

**STOP Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868**

- If the organization does not have an office or place of business in the United States, check this box   
 • If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the **whole group**, check this box  If it is for **part of the group**, check this box  and attach a list with the names and EINs of all members the extension is for

- 4 I request an additional 3 month extension of time until NOVEMBER 17, 2003  
 5 For calendar year 2002, or other tax year beginning \_\_\_\_\_ and ending \_\_\_\_\_  
 6 If this tax year is for less than 12 months, check reason  Initial return     Final return     Change in accounting period  
 7 State in detail why you need the extension  
**ADDITIONAL TIME IS REQUIRED TO ASSURE AN ACCURATE TAX RETURN IS FILED**

- 8a If this application is for Form 990 BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions \$ \_\_\_\_\_  
 b If this application is for Form 990 PF, 990 T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ \_\_\_\_\_  
 c **Balance Due** Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions \$ N/A

**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  Title **C.P.A.** Date

**Notice to Applicant - To Be Completed by the IRS**

- We have approved this application Please attach this form to the organization's return  
 We have not approved this application However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's 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 the organization's return  
 We have not approved this application After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file We are not granting the 10-day grace period  
 We cannot consider this application because it was filed after the due date of the return for which an extension was requested  
 Other \_\_\_\_\_

Director \_\_\_\_\_ By \_\_\_\_\_ Date \_\_\_\_\_

**Alternate Mailing Address** - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above

Type or print 223832 05-22 02	Name <b>HOUGH &amp; COMPANY, P.A., C.P.A.S</b>
	Number and street (include suite, room, or apt no) Or a P O box number <b>P. O. BOX 1806</b>
	City or town, province or state, and country (including postal or ZIP code) <b>VENICE, FL 34284-1806</b>