

**Return of Organization Exempt From Income Tax**

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)

Open to Public Inspection

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

**A** For the 2001 calendar year, or tax year period beginning **OCT 1, 2001** and ending **SEP 30, 2002**

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return  
 Amended return  
 Application pending

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

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

Number and street (or P O box if mail is not delivered to street address) Room/suite  
**POST OFFICE BOX 644 4701 41ST STREET**

City or town, state or country, and ZIP + 4  
**VERO BEACH, FL 32961-0644**

**D** Employer identification number  
**59-0863199**

**E** Telephone number  
**772-567-2309**

**F** Accounting method:  Cash  Accrual  
 Other (specify) \_\_\_\_\_

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

**H** and **I** are not applicable to section 527 organizations  
**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** If "Yes," enter number of affiliates \_\_\_\_\_

**G** Web site **N/A**

**H(c)** Are all affiliates included? **N/A**  Yes  No (If "No," attach a list)

**J** Organization type (check only one)  501(c)(3) (Insert no.)  4947(a)(1) or  527

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

**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 **3,464,799.**

**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**

Revenue	1	Contributions, gifts, grants, and similar amounts received			
	a	Direct public support	1a	2,522,820.	
	b	Indirect public support	1b		
	c	Government contributions (grants)	1c		
	d	Total (add lines 1a through 1c) (cash \$ 2,434,606. noncash \$ 88,214.)	1d	2,522,820.	
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	247,116.	
	3	Membership dues and assessments	3		
	4	Interest on savings and temporary cash investments	4	100,444.	
	5	Dividends and interest from securities	5		
	6a	Gross rents	6a		
	b	Less rental expenses	6b		
	c	Net rental income or (loss) (subtract line 6b from line 6a)	6c		
	7	Other investment income (describe _____)	7		
	8a	Gross amount from sale of assets other than inventory	(A) Securities	8a	
	b	Less cost or other basis and sales expenses	(B) Other	8b	
	c	Gain or (loss) (attach schedule)		8c	
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))		8d	
	9	Special events and activities (attach schedule)			
	a	Gross revenue (not including \$ 0. of contributions reported on line 1a)	9a	208,624.	
	b	Less direct expenses other than fundraising expenses	9b	47,943.	
	c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c	160,681.	
10a	Gross sales of inventory less returns and allowances	10a			
b	Less cost of goods sold	10b			
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c			
11	Other revenue (from Part VII, line 103)	11	385,795.		
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	3,416,856.		
13	Program services (from line 44, column (B))	13	939,511.		
14	Management and general (from line 44, column (C))	14	306,212.		
15	Fundraising (from line 44, column (D))	15	35,923.		
16	Payments to affiliates (attach schedule)	16			
17	Other expenses (add lines 16 and 44, column (A))	17	1,281,646.		
18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	2,135,210.		
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	7,102,148.		
20	Other changes in net assets or fund balances (attach explanation)	20	-25,165.		
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	9,212,193.		

MAR 13 '03

CANNED

28

RECEIVED  
 FEB 27 2003  
 OPEN UP

See Statement 1

See Statement 2

13  
9

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

<b>Part II Statement of Functional Expenses</b>		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 \$ _____ noncash \$ _____				
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc	56,259.	29,817.	21,941.	4,501.
26	Other salaries and wages	450,297.	357,886.	89,779.	2,632.
27	Pension plan contributions				
28	Other employee benefits	114,193.	89,516.	23,582.	1,095.
29	Payroll taxes	38,001.	29,199.	8,266.	536.
30	Professional fundraising fees				
31	Accounting fees	16,596.	16,430.	166.	
32	Legal fees	1,950.	1,930.	20.	
33	Supplies	41,458.	35,173.	2,258.	4,027.
34	Telephone	19,677.	12,293.	7,384.	
35	Postage and shipping				
36	Occupancy	141,269.	52,631.	88,638.	
37	Equipment rental and maintenance	29,336.	19,966.	9,370.	
38	Printing and publications	58,483.	34,598.	1,080.	22,805.
39	Travel	8,583.	8,583.		
40	Conferences, conventions, and meetings				
41	Interest				
42	Depreciation, depletion, etc (attach schedule)	24,053.	12,976.	11,077.	
43	Other expenses not covered above (itemize)				
a					
b					
c					
d					
e	See Statement 3	281,491.	238,513.	42,651.	327.
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D) carry these totals to lines 13-15	1,281,646.	939,511.	306,212.	35,923.

**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? <b>PROVIDE SHELTER &amp; PREVENT CRUELTY TO ANIMALS</b>		Program Service Expenses
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.)		(Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts but optional for others.)
a	THE HUMANE SOCIETY OF VERO BEACH AND INDIAN RIVER COUNTY, INC CONDUCTS SEVERAL PROGRAMS AND ACTIVITIES DESIGNED TO PROMOTE WELFARE AND HAPPINESS OF ANIMALS. 5,940 ANIMALS WERE SHELTERED. (Grants and allocations \$ _____)	416,580.
b	1,291 ANIMALS WERE PLACED IN HOMES BY ADOPTION (Grants and allocations \$ _____)	242,577.
c	2,645 LOST PETS WERE REUNITED WITH THEIR OWNERS (Grants and allocations \$ _____)	64,036.
d	THE ORGANIZATION ALSO PROVIDES HUMANE EDUCATION AND OUTREACH PROGRAMS TO OVER 6,000 INDIVIDUALS (Grants and allocations \$ _____)	96,511.
e	Other program services (attach schedule) <b>Statement 4</b> (Grants and allocations \$ _____)	119,807.
f	<b>Total of Program Service Expenses</b> (should equal line 44, column (B), Program services)	939,511.

**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
Assets	45 Cash - non-interest-bearing	45 45,745.	35,284.
	46 Savings and temporary cash investments	46 5,671,351.	4,370,365.
	47 a Accounts receivable	47a 20,970.	
	b Less allowance for doubtful accounts	47b	47c 20,970.
	48 a Pledges receivable	48a 2,057,723.	
	b Less allowance for doubtful accounts	48b 21,268.	48c 2,036,455.
	49 Grants receivable		49
	50 Receivables from officers, directors, trustees, and key employees		50
	51 a Other notes and loans receivable	51a	
	b Less allowance for doubtful accounts	51b	51c
	52 Inventories for sale or use		52
	53 Prepaid expenses and deferred charges	15,429.	53 19,461.
	54 Investments - securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54
	55 a Investments - land, buildings, and equipment basis	55a	
	b Less accumulated depreciation	55b	55c
56 Investments - other		56	
57 a Land, buildings, and equipment basis	57a 3,501,518.		
b Less accumulated depreciation Stmt 5	57b 201,997.	57c 3,299,521.	
58 Other assets (describe ▶)		58	
59 Total assets (add lines 45 through 58) (must equal line 74)	7,154,693.	59 9,782,056.	
Liabilities	60 Accounts payable and accrued expenses	52,545.	60 569,863.
	61 Grants payable		61
	62 Deferred revenue		62
	63 Loans from officers, directors, trustees, and key employees		63
	64 a Tax-exempt bond liabilities		64a
	b Mortgages and other notes payable		64b
	65 Other liabilities (describe ▶)		65
66 Total liabilities (add lines 60 through 65)	52,545.	66 569,863.	
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	3,863,943.	67 8,007,483.
	68 Temporarily restricted	3,238,205.	68 1,204,710.
	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, column (B) must equal line 21)	7,102,148.	73 9,212,193.
74 Total liabilities and net assets / fund balances (add lines 66 and 73)	7,154,693.	74 9,782,056.	

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.

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

Form 990 (2001)

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**Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return**

**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	3,490,487.
b	Amounts included on line a but not on line 12, Form 990		
(1)	Net unrealized gains on investments \$		
(2)	Donated services and use of facilities \$		
(3)	Recoveries of prior year grants \$		
(4)	Other (specify) Stmt 6 \$ 73,631.		
	Add amounts on lines (1) through (4)	b	73,631.
c	Line a minus line b	c	3,416,856.
d	Amounts included on line 12, Form 990 but not on line a		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify) \$		
	Add amounts on lines (1) and (2)	d	0.
e	Total revenue per line 12, Form 990 (line c plus line d)	e	3,416,856.

a	Total expenses and losses per audited financial statements	a	1,329,589.
b	Amounts included on line a but not on line 17, Form 990		
(1)	Donated services and use of facilities \$		
(2)	Prior year adjustments reported on line 20, Form 990 \$		
(3)	Losses reported on line 20, Form 990 \$		
(4)	Other (specify) Stmt 7 \$ 47,943.		
	Add amounts on lines (1) through (4)	b	47,943.
c	Line a minus line b	c	1,281,646.
d	Amounts included on line 17, Form 990 but not on line a		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify) \$		
	Add amounts on lines (1) and (2)	d	0.
e	Total expenses per line 17, Form 990 (line c plus line d)	e	1,281,646.

**Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated)**

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
DONALD N. WRIGHT 1775 44TH AVENUE VERO BEACH, FL 32966	PRESIDENT 2	0.	0.	0.
JANE L. CAMMANN 3554 OCEAN DRIVE APT 601N VERO BEACH, FL 32966	1ST VICE-PRESIDENT 2	0.	0.	0.
DR. HOWARD J. SMITH 2250 SANDERLING LANE VERO BEACH, FL 32963	2ND VICE-PRESIDENT 2	0.	0.	0.
DEBBIE A. VICKERS 1672 STONECROP STREET SEBASTIAN, FL 32958	3RD VICE-PRESIDENT 2	0.	0.	0.
CYNTHIA WEBB-HASKETT 2095 SPRING PLACE VERO BEACH, FL 32963	SECRETARY 2	0.	0.	0.
DAVID K. BROWER 736 34TH TERRACE VERO BEACH, FL 32968	TREASURER 2	0.	0.	0.
JOAN G. CARLSON 2016 14TH AVENUE S.W. VERO BEACH, FL 32962	EXEC-DIRECTOR 40	56,259.	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? If "Yes" attach schedule  Yes  No Form 990 (2001)

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

Form 990 (2001)

59-0863199

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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	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
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	N/A
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	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?	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		
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?	81b	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?	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 in Part III)	82b	N/A
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A
85	501(c)(4), (5), or (6) organizations		
a	Were substantially all dues nondeductible by members?	85a	N/A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year	85b	N/A
c	Dues, assessments, and similar amounts from members	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 in 85f?	85g	N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86	501(c)(7) 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	88	X
89 a	501(c)(3) organizations		
Enter	Amount of tax imposed on the organization during the year under section 4911	0.	
Enter	Amount of tax imposed on the organization during the year under section 4912	0.	
Enter	Amount of tax imposed on the organization during the year under 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		0.
90 a	List the states with which a copy of this return is filed		FLORIDA
b	Number of employees employed in the pay period that includes March 12, 2001	90b	21
91	The books are in care of		DOROTHY RITCHEY
Telephone no			772-567-2309
Located at			4701 41ST STREET VERO BEACH, FL
ZIP + 4			32962
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		N/A

**Part VII Analysis of Income-Producing Activities** (See Specific Instructions on page 32)

Note Enter gross amounts unless otherwise indicated	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	
93 Program service revenue					
a <b>ADOPTION FEES</b>					16,221.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					230,895.
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	100,444.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events			01	160,681.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a <b>THRIFT SHOP SALES</b>			05	385,795.	
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		646,920.	247,116.
105 Total (add line 104, columns (B), (D) and (E))					894,036.

Note Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See Specific Instructions on page 32)

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)
93b	ADOPTION FEES COVER A PORTION OF THE COST OF CARING FOR THE ANIMALS.
93g	MONIES COLLECTED FROM THE COUNTY OF INDIAN RIVER FOR ANIMAL CONTROL.

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See Specific Instructions on page 33)

(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 Specific Instructions on page 33)

- (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

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

-18-03 Jane Camman, President

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Organization Exempt Under Section 501(c)(3)**

OMB No 1545-0047

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

**2001**

Department of the Treasury  
Internal Revenue Service

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

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

Employer identification number  
**59 0863199**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See 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
<u>None</u>				
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
<u>NONE</u>		
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
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 <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		X
2a Sale, exchange, or leasing of property?		X
2b Lending of money or other extension of credit?		X
2c Furnishing of goods, services, or facilities?		X
2d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		X
2e Transfer of any part of its income or assets?		X
3 Does the organization make grants for scholarships, fellowships, student loans, etc ? (See Note below )		X
4 Do you have a section 403(b) annuity plan for your employees?		X
<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 6 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 6 of the instructions )



HUMANE SOCIETY OF VERO BEACH AND INDIAN

Schedule A (Form 990 or 990-EZ) 2001 RIVER COUNTY, FL, INC.

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**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) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	2,077,688.	1,331,844.	1,416,212.	1,838,138.	6,663,882.
16 Membership fees received	134,602.	124,604.	113,707.	108,418.	481,331.
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	567,166.	530,538.	338,737.	335,769.	1,772,210.
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	224,643.	165,873.	112,679.	62,970.	566,165.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.					
23 Total of lines 15 through 22	3,004,099.	2,152,859.	1,981,335.	2,345,295.	9,483,588.
24 Line 23 minus line 17	2,436,933.	1,622,321.	1,642,598.	2,009,526.	7,711,378.
25 Enter 1% of line 23	30,041.	21,529.	19,813.	23,453.	
26 Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24				26a 154,228.
	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 1997 through 2000 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts.				26b 1,027,752.
	c Total support for section 509(a)(1) test. Enter line 24, column (e).				26c 7,711,378.
	d Add Amounts from column (e) for lines	18 566,165.	19	226 1,027,752.	26d 1,593,917.
		22			26e 6,117,461.
	e Public support (line 26c minus line 26d total)				26f 79.3303%
	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
	(2000)	(1999)	(1998)	(1997)	
	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
	(2000)	(1999)	(1998)	(1997)	
	c Add Amounts from column (e) for lines				27c N/A
	15	16	17	20	21
	d Add Line 27a total and line 27b total				27d N/A
	e Public support (line 27c total minus line 27d total)				27e N/A
	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 1997 through 2000, 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

HUMANE SOCIETY OF VERO BEACH AND INDIAN

**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)		
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)		
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		

HUMANE SOCIETY OF VERO BEACH AND INDIAN

**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		
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 -	41		
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		
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 on page 11 of the instructions)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A (e) Total
	(a) 2001	(b) 2000	(c) 1999	(d) 1998	
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 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 12 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

**Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations** (See page 12 of the instructions)

**51** Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

**a** Transfers from the reporting organization to a noncharitable exempt organization of

- (i) Cash
- (ii) Other assets
- b** Other transactions
  - (i) Sales or exchanges of assets with a noncharitable exempt organization
  - (ii) Purchases of assets from a noncharitable exempt organization
  - (iii) Rental of facilities, equipment, or other assets
  - (iv) Reimbursement arrangements
  - (v) Loans or loan guarantees
  - (vi) Performance of services or membership or fundraising solicitations

	Yes	No
<b>51a(i)</b>		X
<b>a(ii)</b>		X
<b>b(i)</b>		X
<b>b(ii)</b>		X
<b>b(iii)</b>		X
<b>b(iv)</b>		X
<b>b(v)</b>		X
<b>b(vi)</b>		X
<b>c</b>		X

**c** Sharing of facilities, equipment, mailing lists, other assets, or paid employees

**d** If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. N/A

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

**52 a** Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶  Yes  No

**b** If "Yes," complete the following schedule N/A

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

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis - ITC, 179, Salvage	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
3	LAND	093001L				278,807.			278,807.			0.
4	CONSTRUCTION IN PROGRESS	093001		.000	16	2896973.			2896973.			0.
*	990 Page 2 Total Other Program Services					3175780.		0.	3175780.	0.	0.	0.
1	PROGRAM SERVICES	093001SL		.000	16	175,736.			175,736.	96,001.		12,976.
*	990 page 2 Total Program Services					175,736.		0.	175,736.	96,001.	0.	12,976.
	Management and General											
2	MANAGEMENT & GENERAL	093001SL		.000	16	150,002.			150,002.	81,943.		11,077.
*	990 Page 2 Total Management and General					150,002.		0.	150,002.	81,943.	0.	11,077.
*	Grand Total 990 Page 2 Depr					3501518.		0.	3501518.	177,944.	0.	24,053.

(D) - Asset disposed

Form 990 Special Events and Activities Statement 1

Description of Event	Gross Receipts	Contribut. Included	Gross Revenue	Direct Expenses	Net Income
CAUSE FOR PAWS	198,683.		198,683.	47,943.	150,740.
MUTT SHOW/OPEN HOUSE	2,530.		2,530.		2,530.
CALENDARS AND T-SHIRTS	7,411.		7,411.		7,411.
<b>To Fm 990, Part I, line 9</b>	<b>208,624.</b>		<b>208,624.</b>	<b>47,943.</b>	<b>160,681.</b>

Form 990 Other Changes in Net Assets or Fund Balances Statement 2

Description	Amount
TRANSFER TO FOUNDATION	-25,165.
<b>Total to Form 990, Part I, line 20</b>	<b>-25,165.</b>

Form 990 Other Expenses Statement 3

Description	(A) Total	(B) Program Services	(C) Management and General	(D) Fundraising
ADVERTISING	15,361.	14,587.	774.	
ANIMAL ASSISTANCE AND MAINTENANCE	142,972.	142,972.		
DUES AND SUBSCRIPTIONS	1,038.	977.	61.	
INSURANCE	29,207.	16,301.	12,906.	
OFFICE EXPENSE	9,692.	8,489.	1,203.	
PROMOTIONAL	6,947.	6,947.		
SECURITY	3,143.	3,112.	31.	
UNIFORMS	2,145.	2,124.	21.	
UTILITIES	43,570.	29,886.	13,357.	327.
VEHICLES	5,291.	4,752.	539.	
PUBLIC EDUCATION	1,670.	1,670.		
PROGRAM SUPPORT	6,718.	6,696.	22.	
COMMISSIONS	11,078.		11,078.	
RETAIL ITEMS	2,659.		2,659.	
<b>Total to Fm 990, ln 43</b>	<b>281,491.</b>	<b>238,513.</b>	<b>42,651.</b>	<b>327.</b>

Form 990 Other Program Services Statement 4

Description	Grants and Allocations	Expenses
CRUELTY INVESTIGATION		47,345.
VOLUNTEER PROGRAMS (200 ACTIVE)		12,024.
BET BEHAVIOR		60,438.
Total to Form 990, Part III, line e		119,807.

Form 990 Depreciation of Assets Not Held for Investment Statement 5

Description	Cost or Other Basis	Accumulated Depreciation	Book Value
PROGRAM SERVICES	175,736.	108,977.	66,759.
MANAGEMENT & GENERAL	150,002.	93,020.	56,982.
LAND	278,807.	0.	278,807.
CONSTRUCTION IN PROGRESS	2,896,973.	0.	2,896,973.
Total to Form 990, Part IV, ln 57	3,501,518.	201,997.	3,299,521.

Form 990 Other Revenue Not Included on Form 990 Statement 6

Description	Amount
SPECIAL EVENTS EXPENSES	47,943.
DONATION FOR FOUNDATION	25,000.
INTEREST INCOME FOUNDATION	688.
Total to Form 990, Part IV-A	73,631.

Form 990 Other Expenses Not Included on Form 990 Statement 7

Description	Amount
SPECIAL EVENTS EXPENSES	47,943.
Total to Form 990, Part IV-B	47,943.