

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 2003 calendar year, or tax year beginning **OCT 1, 2003** and ending **SEP 30, 2004**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See Specific Instructions	C Name of organization HUMANE SOCIETY OF VERO BEACH AND INDIAN COUNTY, FL, INC.		D Employer identification number 59-0863199
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite POST OFFICE BOX 644 4701 41ST STREET		E Telephone number 772-567-2309
		City or town, state or country, and ZIP + 4 VERO BEACH, FL 32961-0644		F Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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: _____
H(c) Are all affiliates included? **N/A** Yes No (If "No," attach a list.)
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

G Website: **WWW.VEROBEACH.COM/HUMANE SOCIETY**

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

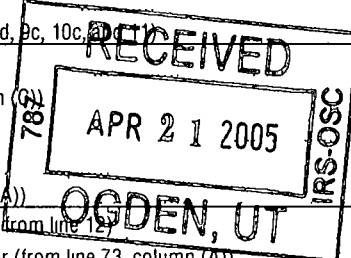
K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **1,859,436.**

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	822,705.	
	b Indirect public support	1b		
	c Government contributions (grants)	1c		
	d Total (add lines 1a through 1c) (cash \$ 801,020. noncash \$ 21,685.)	1d		822,705.
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2		298,422.
	3 Membership dues and assessments	3		
	4 Interest on savings and temporary cash investments	4		8,829.
	5 Dividends and interest from securities	5		
	6 a 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		
Revenue 8 a Gross amount from sales of assets other than inventory	(A) Securities	8a		
	(B) Other	8b		
	b Less: cost or other basis and sales expenses	8c		
	d Net gain or (loss) (combine line 8c, columns (A) and (B))	8d		
Revenue 9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>	a Gross revenue (not including \$ 0. of contributions reported on line 1a)	9a	231,365.	
	b Less: direct expenses other than fundraising expenses	9b	35,906.	
	c Net income or (loss) from special events (subtract line 9b from line 9a)	9c	See Statement 1	195,459.
	10 a Gross sales of inventory, less returns and allowances	10a	17,558.	
	b Less: cost of goods sold	10b	8,969.	
c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c	Stmt 2	8,589.	
11 Other revenue (from Part VII, line 103)	11		480,557.	
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, 11)	12		1,814,561.	
Expenses 13 Program services (from line 44, column (B))	13		1,709,605.	
	14 Management and general (from line 44, column (C))	14	378,872.	
	15 Fundraising (from line 44, column (D))	15	59,849.	
	16 Payments to affiliates (attach schedule)	16		
	17 Total expenses (add lines 13 and 14, column (A))	17		2,148,326.
18 Excess or (deficit) for the year (subtract line 17 from line 12)	18		-333,765.	
Net Assets 19 Net assets or fund balances at beginning of year (from line 73, column (A))	19		10,901,819.	
	20 Other changes in net assets or fund balances (attach explanation)	20	See Statement 3	-120,000.
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21		10,448,054.



SCANNED MAY 23 2005

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

59-0863199

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

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</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	58,861.	39,241.	19,620.	0.
26 Other salaries and wages	26	719,383.	602,457.	107,165.	9,761.
27 Pension plan contributions	27	17,297.	11,971.	5,326.	
28 Other employee benefits	28	129,271.	108,679.	18,754.	1,838.
29 Payroll taxes	29	60,739.	50,082.	9,895.	762.
30 Professional fundraising fees	30				
31 Accounting fees	31	23,101.	19,049.	3,763.	289.
32 Legal fees	32	11,673.	5,791.	3,784.	2,098.
33 Supplies	33	82,502.	67,259.	3,174.	12,069.
34 Telephone	34	26,724.	15,860.	9,732.	1,132.
35 Postage and shipping	35				
36 Occupancy	36	110,616.	3,816.	105,737.	1,063.
37 Equipment rental and maintenance	37	88,856.	78,777.	9,362.	717.
38 Printing and publications	38	61,914.	35,043.	1,204.	25,667.
39 Travel	39				
40 Conferences, conventions, and meetings	40				
41 Interest	41	4,554.		4,554.	
42 Depreciation, depletion, etc. (attach schedule)	42	219,768.	194,278.	24,013.	1,477.
43 Other expenses not covered above (itemize):					
a _____	43a				
b _____	43b				
c _____	43c				
d _____	43d				
e See Statement 4	43e	533,067.	477,302.	52,789.	2,976.
44 <small>Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15</small>	44	2,148,326.	1,709,605.	378,872.	59,849.

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? **▶**

PROVIDE SHELTER & PREVENT CRUELTY TO ANIMALS

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.)

Program Service Expenses
(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)

a THE HUMANE SOCIETY OF VERO BEACH AND INDIAN RIVER COUNTY, INC CONDUCTS SEVERAL PROGRAMS AND ACTIVITIES DESIGNED TO PROMOTE WELFARE AND HAPPINESS OF ANIMALS.	
8,217 ANIMALS WERE SHELTERED. (Grants and allocations \$ _____)	575,460.
b 1,342 ANIMALS WERE PLACED IN HOMES BY ADOPTION	
(Grants and allocations \$ _____)	701,503.
c 1,241 LOST PETS WERE REUNITED WITH THEIR OWNERS	
(Grants and allocations \$ _____)	70,841.
d THE ORGANIZATION ALSO PROVIDES HUMANE EDUCATION AND OUTREACH PROGRAMS TO OVER 6,000 INDIVIDUALS	
(Grants and allocations \$ _____)	133,673.
e Other program services (attach schedule) Statement 5 (Grants and allocations \$ _____)	228,128.
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶	1,709,605.

HUMANE SOCIETY OF VERO BEACH AND INDIAN
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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	1,763.	675.
	46 Savings and temporary cash investments	2,131,175.	1,470,522.
	47 a Accounts receivable	47a 20,350.	
	b Less: allowance for doubtful accounts	47b	47c 20,350.
	48 a Pledges receivable	48a 2,435,125.	
	b Less: allowance for doubtful accounts	48b 7,098.	48c 2,428,027.
	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 2,665.
	53 Prepaid expenses and deferred charges	73,415.	53 25,763.
	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 7,107,287.		
b Less: accumulated depreciation Stmt 6	57b 396,806.	57c 6,710,481.	
58 Other assets (describe ▶ AUCTION ITEMS)		58 20,000.	
59 Total assets (add lines 45 through 58) (must equal line 74)	11,611,302.	59 10,678,483.	
Liabilities	60 Accounts payable and accrued expenses	269,483.	60 110,429.
	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 Stmt 7	440,000.	64b
	65 Other liabilities (describe ▶ See Statement 8)		65 120,000.
66 Total liabilities (add lines 60 through 65)	709,483.	66 230,429.	
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	10,885,842.	67 10,305,201.
	68 Temporarily restricted	15,977.	68 142,853.
	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)	10,901,819.	73 10,448,054.
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)	11,611,302.	74 10,678,483.

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

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

a	Total revenue, gains, and other support per audited financial statements	a	1,859,977.
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 9 \$ 45,416.		
	Add amounts on lines (1) through (4)	b	45,416.
c	Line a minus line b	c	1,814,561.
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	1,814,561.

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

a	Total expenses and losses per audited financial statements	a	2,313,201.
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 10 \$ 164,875.		
	Add amounts on lines (1) through (4)	b	164,875.
c	Line a minus line b	c	2,148,326.
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	2,148,326.

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
JANE L. CAMMANN 3554 OCEAN DRIVE APT 601N VERO BEACH, FL 32966	PRESIDENT 2	0.	0.	0.
CHALMERS I. MORSE 307 SABLE OAK DRIVE VERO BEACH, FL 32963	1ST VICE-PRESIDENT 2	0.	0.	0.
THOMAS E. McDEVITT 1715 45TH AVENUE VERO BEACH, FL 32966	2ND VICE-PRESIDENT 2	0.	0.	0.
JAMES C. BRITT 318 CONN WAY VERO BEACH, FL 32963	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	58,861.	2,341.	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

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

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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? N/A	78b		
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 See Statement 11 _____ 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? N/A	84b		
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members? N/A	85a		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A	85b		
	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.			
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?	85g		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?	85h		N/A
86	501(c)(7) organizations Enter: 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 Enter: 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. ; section 4912 0. ; section 4955 0.			
b	501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.			
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization ▶ 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, 2003	90b		27
91	The books are in care of ▶ DOROTHY RITCHEY Telephone no. ▶ 772-388-3331			
	Located at ▶ 6230 77TH 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 ▶ <input type="checkbox"/> 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 33 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	
Note: Enter gross amounts unless otherwise indicated					
93 Program service revenue:					
a ADOPTION FEES					33,672.
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					264,750.
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	8,829.	
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	195,459.	
102 Gross profit or (loss) from sales of inventory			02	8,589.	
103 Other revenue:					
a THRIFT SHOP SALES			05	480,557.	
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0.		693,434.	298,422.
105 Total (add line 104, columns (B), (D), and (E))					991,856.

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 34 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).
93a	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 page 34 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 34 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

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

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

Date: 3/8/05 Preparer's name and title: Chadwick I. Morse - President

Check if self: Preparer's SSN or PTIN: _____

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(e), 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

2003

Name of the organization **HUMANE SOCIETY OF VERO BEACH AND INDIAN 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
JOAN G. CARLSON ----- 2016 14TH AVENUE SW VERO BEACH, FL 340	EXEC-DIRECTOR	58,861.	2,341.	

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 -----		

Total number of others receiving over \$50,000 for professional services ▶	0	

HUMANE SOCIETY OF VERO BEACH AND INDIAN

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 ▶ \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i 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
2 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.)		
a Sale, exchange, or leasing of property?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		X
e Transfer of any part of its income or assets?		X
3 a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)		X
b Do you have a section 403(b) annuity plan for your employees?		X
4 Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		X

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

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) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	2,455,406.	2,522,820.	2,077,688.	1,331,844.	8,387,758.
16 Membership fees received			134,602.	124,604.	259,206.
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	960,050.	841,535.	567,166.	530,538.	2,899,289.
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	33,862.	100,444.	224,643.	165,873.	524,822.
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	3,449,318.	3,464,799.	3,004,099.	2,152,859.	12,071,075.
24 Line 23 minus line 17	2,489,268.	2,623,264.	2,436,933.	1,622,321.	9,171,786.
25 Enter 1% of line 23	34,493.	34,648.	30,041.	21,529.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 183,436.
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 1999 through 2002 exceeded the amount shown in line 26a. Do not file this list with your return Enter the total of all these excess amounts					26b 1,951,224.
c Total support for section 509(a)(1) test Enter line 24, column (e)					26c 9,171,786.
d Add: Amounts from column (e) for lines. 18 524,822. 19 _____ 22 _____ 26b 1,951,224.					26d 2,476,046.
e Public support (line 26c minus line 26d total)					26e 6,695,740.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 73.0037%
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	(2002) N/A	(2001) _____	(2000) _____	(1999) _____	
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	(2002) N/A	(2001) _____	(2000) _____	(1999) _____	
c Add: Amounts from column (e) for lines. 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c N/A
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 1999 through 2002, 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?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
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.)	32d	

33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)	33h	

34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
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.	34b	
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	

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		(a) Affiliated group totals	(b) To be completed for ALL electing organizations												
(The term "expenditures" means amounts paid or incurred)															
		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 -														
	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">If the amount on line 40 is -</td> <td style="width: 50%;">The lobbying nontaxable amount is -</td> </tr> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 40</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </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	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
	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
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

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

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

(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

Depreciation and Amortization 990
 (Including Information on Listed Property)

2003

Attachment
 Sequence No 67

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return HUMANE SOCIETY OF VERO BEACH AND INDIAN COUNTY, FL, INC.	Business or activity to which this form relates Form 990 Page 2	Identifying number 59-0863199
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Part I Election To Expense Certain Tangible Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I

1 Maximum amount See instructions for a higher limit for certain businesses	1	100,000.
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation	3	400,000.
4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	
6 (a) Description of property (b) Cost (business use only) (c) Elected cost		
7 Listed property Enter the amount from line 29	7	
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2002 Form 4562	10	
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5	11	
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13 Carryover of disallowed deduction to 2004 Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property Instead, use Part V

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election (see instructions)	15	
16 Other depreciation (including ACRS) (see instructions)	16	219,768.

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

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2003	17	
18 If you are electing under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B - Assets Placed in Service During 2003 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property	/		27.5 yrs	MM	S/L	
	/		27.5 yrs	MM	S/L	
i Nonresidential real property	/		39 yrs	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2003 Tax Year Using the Alternative Depreciation System

20a Class life	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
b 12-year			12 yrs		S/L	
c 40-year	/		40 yrs	MM	S/L	

Part IV Summary (See instructions)

21 Listed property Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr	22	219,768.
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement)
Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable

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

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use							25	
26 Property used more than 50% in a qualified business use.								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1							28	
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1								29

Section B - Information on Use of Vehicles

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

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

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

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

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles		

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2003 tax year.					
43 Amortization of costs that began before your 2003 tax year					43
44 Total. Add amounts in column (f). See instructions for where to report					44

2003 DEPRECIATION AND AMORTIZATION REPORT

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
1	LAND	Varies	L			540,700.			540,700.			0.
2	LAND IMPROVEMENTS	Varies	SL	15.00	16	437,509.			437,509.	9,609.		24,939.
3	BUILDING - RC	Varies	SL	39.00	16	2065796.			2065796.	2,182.		52,545.
4	BUILDING - AC	Varies	SL	39.00	16	3556875.			3556875.	34,183.		91,185.
5	FURNITURE & EQUIPMENT LEASEHOLD IMPROVEMENTS	Varies	SL	7.00	16	460,350.			460,350.	114,437.		45,897.
6	- TS VERO	Varies	SL	10.00	16	28,645.			28,645.	7,333.		3,732.
7	EQUIPMENT - TS VERO LEASEHOLD IMPROVEMENTS	Varies	SL	7.00	16	13,137.			13,137.	9,294.		1,365.
8	- TS SEB	Varies	SL	10.00	16	864.			864.			29.
9	EQUIPMENT - TS SEB	Varies	SL	7.00	16	3,411.			3,411.			76.
	* Total 990 Page 2 Depr					7107287.		0.	7107287.	177,038.	0.	219,768.

Form 990 Special Events and Activities Statement 1

Description of Event	Gross Receipts	Contribut. Included	Gross Revenue	Direct Expenses	Net Income
CAUSE FOR PAWS	220,907.		220,907.	35,906.	185,001.
SANTA PICTURES	1,675.		1,675.		1,675.
GOLF TOURNAMENT	8,349.		8,349.		8,349.
MUTT SHOW	434.		434.		434.
 To Fm 990, Part I, line 9	 231,365.		 231,365.	 35,906.	 195,459.

Form 990

Income and Cost of Goods Sold
Included on Part I, Line 10

Statement 2

Income		
1. Gross receipts	17,558	
2. Returns and allowances		
3. Line 1 less line 2		17,558
4. Cost of goods sold (line 13)	8,969	
5. Gross profit (line 3 less line 4)		8,589
<hr/>		
Cost of Goods Sold		
6. Inventory at beginning of year		
7. Merchandise purchased	11,634	
8. Cost of labor		
9. Materials and supplies		
10. Other costs		
11. Add lines 6 through 10		11,634
12. Inventory at end of year	2,665	
13. Cost of goods sold (line 11 less line 12).		8,969
<hr/>		

Form 990	Other Changes in Net Assets or Fund Balances	Statement	3
Description		Amount	
HURRICANE LOSS		-120,000.	
Total to Form 990, Part I, line 20		-120,000.	

Form 990	Other Expenses			Statement	4
Description	(A) Total	(B) Program Services	(C) Management and General	(D) Fundraising	
ADVERTISING	13,983.	10,272.	3,711.		
ANIMAL ASSISTANCE AND MAINTENANCE DUES AND SUBSCRIPTIONS	224,065.	224,065.			
INSURANCE	1,501.	400.	356.	745.	
OFFICE EXPENSE	108,138.	84,229.	23,120.	789.	
PROMOTIONAL	23,690.	14,115.	9,575.		
SECURITY	10,583.	10,583.			
UNIFORMS	11,338.	11,251.	57.	30.	
UTILITIES	5,049.	4,838.	211.		
VEHICLES	106,315.	93,818.	11,736.	761.	
PUBLIC EDUCATION	7,706.	5,374.	2,281.	51.	
PROGRAM SUPPORT	2,062.	2,062.			
COMMISSIONS	8,070.	6,870.	600.	600.	
TRAINING AND EDUCATION	1,142.		1,142.		
Total to Fm 990, ln 43	9,425.	9,425.			
	533,067.	477,302.	52,789.	2,976.	

Form 990	Other Program Services	Statement	5
Description		Grants and Allocations	Expenses
CRUELTY INVESTIGATION			108,703.
VOLUNTEER PROGRAMS (200 ACTIVE) (33,450 HOURS)			48,877.
PET BEHAVIOR			70,548.
Total to Form 990, Part III, line e			228,128.

Form 990 Depreciation of Assets Not Held for Investment Statement 6

Description	Cost or Other Basis	Accumulated Depreciation	Book Value
LAND	540,700.	0.	540,700.
LAND IMPROVEMENTS	437,509.	34,548.	402,961.
BUILDING - RC	2,065,796.	54,727.	2,011,069.
BUILDING - AC	3,556,875.	125,368.	3,431,507.
FURNITURE & EQUIPMENT	460,350.	160,334.	300,016.
LEASEHOLD IMPROVEMENTS - TS VERO	28,645.	11,065.	17,580.
EQUIPMENT - TS VERO	13,137.	10,659.	2,478.
LEASEHOLD IMPROVEMENTS - TS SEB	864.	29.	835.
EQUIPMENT - TS SEB	3,411.	76.	3,335.
Total to Form 990, Part IV, ln 57	7,107,287.	396,806.	6,710,481.

Form 990	Other Notes and Loans Payable	Statement	7
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<u>Lender's Name</u>	<u>Terms of Repayment</u>
WACHOVIA BANK - LINE OF CREDIT	INTEREST ONLY MONTHLY

<u>Date of Note</u>	<u>Maturity Date</u>	<u>Original Loan Amount</u>	<u>Interest Rate</u>
09/17/03	09/30/04	1,300,000.	1.75%

<u>Security Provided by Borrower</u>	<u>Purpose of Loan</u>
BUILDINGS	CONSTRUCTION

Relationship of Lender

NONE

<u>Description of Consideration</u>	<u>FMV of Consideration</u>	<u>Balance Due</u>
	0.	0.

Total included on Form 990, Part IV, line 64, Column B

Form 990	Other Liabilities	Statement	8
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<u>Description</u>	<u>Amount</u>
ACCRUED LOSS - HURRICANE DAMAGE	120,000.
Total to Form 990, Part IV, line 65, Column B	120,000.

Form 990	Other Revenue Not Included on Form 990	Statement	9
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<u>Description</u>	<u>Amount</u>
SPECIAL EVENTS EXPENSES	35,906.
COST OF RETAIL SALES	8,969.
INTEREST INCOME FOUNDATION	541.
Total to Form 990, Part IV-A	45,416.

Form 990	Other Expenses Not Included on Form 990	Statement	10
Description		Amount	
SPECIAL EVENTS EXPENSES		35,906.	
COST OF RETAIL SALES		8,969.	
HURRICANE LOSS		120,000.	
Total to Form 990, Part IV-B		164,875.	

Form 990	Identification of Related Organizations Part VI, Line 80b	Statement	11
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Name of Organization	Exempt	NonExempt
HUMANE SOCIETY OF VERO BEACH AND INDIAN RIVER COUNTY, FL FOUNDATION, INC.	X	

2003 DEPRECIATION AND AMORTIZATION REPORT
 - CURRENT YEAR FEDERAL - HUMANE SOCIETY OF VERO BEACH AND INDIAN COUNTY, FL, INC.

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
1	LAND	VariesL				540,700.			540,700.			0.
2	LAND IMPROVEMENTS	VariesSL		15.00	16	437,509.			437,509.	9,609.		24,939.
3	BUILDING - RC	VariesSL		39.00	16	2065796.			2065796.	2,182.		52,545.
4	BUILDING - AC	VariesSL		39.00	16	3556875.			3556875.	34,183.		91,185.
5	FURNITURE & EQUIPMENT LEASEHOLD IMPROVEMENTS	VariesSL		7.00	16	460,350.			460,350.	114,437.		45,897.
6	- TS VERO	VariesSL		10.00	16	28,645.			28,645.	7,333.		3,732.
7	EQUIPMENT - TS VERO LEASEHOLD IMPROVEMENTS	VariesSL		7.00	16	13,137.			13,137.	9,294.		1,365.
8	- TS SEB	VariesSL		10.00	16	864.			864.			29.
9	EQUIPMENT - TS SEB	VariesSL		7.00	16	3,411.			3,411.			76.
	* Total 990 Page 2 Depr					7107287.		0.	7107287.	177,038.	0.	219,768.

HUMANE SOCIETY OF VERO BEACH AND [6489]
Depreciation Expense
Federal

10/01/2003 - 09/30/2004

System No.	S	Description	Date In Service	Method / Conv.	Life	Cost / Other Basis	Bus. / Inv. %	Sec. 179 / Bonus	Salvage / Basis Adj.	Beg. Accum. Depreciation	Current Depreciation	Total Depreciation
990, Pg 2 #1 - Form 990, Page 2												
10		BULLETIN BO	1/31/1986	SL / N/A	7.0000	147.00	100.0000	0.00	0.00	147.00	0.00	147.00
11		BULLETIN BO	2/28/1986	SL / N/A	7.0000	163.00	100.0000	0.00	0.00	163.00	0.00	163.00
19		4 X 6 REMAR	5/1/1990	SL / N/A	7.0000	275.00	100.0000	0.00	0.00	275.00	0.00	275.00
20		LATERAL FIL	5/1/1990	SL / N/A	7.0000	634.00	100.0000	0.00	0.00	634.00	0.00	634.00
51		2010 LATHE	11/30/1985	SL / N/A	7.0000	200.00	100.0000	0.00	0.00	200.00	0.00	200.00
59		40 DOG BOWL	7/15/1987	SL / N/A	3.0000	177.00	100.0000	0.00	0.00	177.00	0.00	177.00
74		THE DOG'S O	12/1/1989	SL / N/A	3.0000	1,902.00	100.0000	0.00	0.00	1,902.00	0.00	1,902.00
85		FEED & SEED	1/1/1992	SL / N/A	7.0000	889.00	100.0000	0.00	0.00	889.00	0.00	889.00
88		CLARK CAGE	3/1/1992	SL / N/A	7.0000	784.00	100.0000	0.00	0.00	784.00	0.00	784.00
97		3 SHOW TENI	2/19/1993	SL / N/A	7.0000	450.00	100.0000	0.00	0.00	450.00	0.00	450.00
111		8 SMALL KEN	6/2/1993	SL / N/A	7.0000	363.00	100.0000	0.00	0.00	363.00	0.00	363.00
112		33 LARGE KEI	6/16/1993	SL / N/A	7.0000	2,361.00	100.0000	0.00	0.00	2,361.00	0.00	2,361.00
113		ACCOUNTIN	1/31/1994	MSL / HY	3.0000	595.00	100.0000	0.00	0.00	595.00	0.00	595.00
114		SMART SUIT	2/18/1994	MSL / HY	3.0000	270.00	100.0000	0.00	0.00	270.00	0.00	270.00
115		FAX MACHIN	2/28/1994	SL / N/A	7.0000	680.00	100.0000	0.00	0.00	680.00	0.00	680.00
118				/	0.0000	0.00	100.0000	0.00	0.00	0.00	0.00	0.00
120		HANDLING C/	3/31/1994	SL / N/A	7.0000	261.00	100.0000	0.00	0.00	261.00	0.00	261.00
122		TIME CLOCK	5/4/1994	SL / N/A	7.0000	244.00	100.0000	0.00	0.00	244.00	0.00	244.00
123		SIGN HUMAN	5/4/1994	SL / N/A	7.0000	80.00	100.0000	0.00	0.00	80.00	0.00	80.00
126		DODGE VAN	1/31/1995	SL / N/A	5.0000	15,520.00	100.0000	0.00	0.00	15,520.00	0.00	15,520.00
127		REMOVABLE	2/28/1995	SL / N/A	5.0000	9,394.00	100.0000	0.00	0.00	9,394.00	0.00	9,394.00
129		TWO LATERA	1/23/1995	SL / N/A	7.0000	856.00	100.0000	0.00	0.00	856.00	0.00	856.00
130		12 BENCHES	6/21/1995	SL / N/A	7.0000	939.00	100.0000	0.00	0.00	939.00	0.00	939.00
134		LATERAL FIL	8/23/1995	SL / N/A	7.0000	397.00	100.0000	0.00	0.00	397.00	0.00	397.00
135		LARGER DO	10/20/1994	SL / N/A	7.0000	218.00	100.0000	0.00	0.00	218.00	0.00	218.00
137		ZIP COMPUTE	7/21/1995	SL / N/A	7.0000	205.00	100.0000	0.00	0.00	205.00	0.00	205.00
138		LAMINATOR	8/23/1995	SL / N/A	7.0000	187.00	100.0000	0.00	0.00	187.00	0.00	187.00
139		TV STAND - EI	12/6/1995	SL / N/A	7.0000	127.00	100.0000	0.00	0.00	127.00	0.00	127.00
140		THREE BEEPE	12/6/1995	SL / N/A	7.0000	120.00	100.0000	0.00	0.00	120.00	0.00	120.00
141		3 SYRINGE P/	12/6/1995	SL / N/A	7.0000	107.00	100.0000	0.00	0.00	106.13	0.00	106.13
143		DROP SAFE	4/25/1996	SL / N/A	7.0000	155.00	100.0000	0.00	0.00	154.20	0.00	154.20
144		VIDEO GAMEF	5/15/1996	SL / N/A	7.0000	240.00	100.0000	0.00	0.00	238.58	0.00	238.58
145		A/C UNIT	12/31/2002	SL / N/A	7.0000	6,560.00	100.0000	0.00	0.00	702.86	937.14	1,640.00
146		COMPUTERS	10/23/1996	ME / HY	5.0000	3,228.00	100.0000	0.00	0.00	3,228.00	0.00	3,228.00
147		GENERATOR	4/9/1997	ME / HY	5.0000	2,175.00	100.0000	0.00	0.00	2,175.00	0.00	2,175.00
148		3 COMPUTER	9/27/1997	ME / HY	5.0000	3,967.00	100.0000	0.00	0.00	3,967.00	0.00	3,967.00
149		2 MONITORS	9/27/1997	ME / HY	5.0000	478.00	100.0000	0.00	0.00	478.00	0.00	478.00
150		PARADIGM S/	8/31/1997	MSL / HY	3.0000	5,900.00	100.0000	0.00	0.00	5,900.00	0.00	5,900.00
152		DRIVEWAY P/	1/17/2003	SL / N/A	5.0000	5,150.00	100.0000	0.00	0.00	686.67	1,030.00	1,716.67
153		FILE CABINE	7/23/1998	SL / N/A	7.0000	300.00	100.0000	0.00	0.00	221.58	42.86	264.44
154		DISPLAY BOA	12/29/1997	SL / N/A	5.0000	325.00	100.0000	0.00	0.00	325.00	0.00	325.00
155		EGP USED CC	4/21/1998	SL / N/A	7.0000	795.00	100.0000	0.00	0.00	615.71	113.57	729.28
156		VETROL COM	9/25/1998	SL / N/A	5.0000	580.00	100.0000	0.00	0.00	580.00	0.00	580.00

HUMANE SOCIETY OF VERO BEACH AND [6489]
Depreciation Expense

Federal

10/01/2003 - 09/30/2004

System No.	S	Description	Date In Service	Method / Conv.	Life	Cost / Other Basis	Bus. / Inv. %	Sec. 179 / Bonus	Salvage / Basis Adj.	Beg. Accum. Depreciation	Current Depreciation	Total Depreciation
158		990, Pg 2 #1 - Form 990, Page 2										
158		SIGN - TS	8/31/2003	SL / N/A	5.0000	715.60	100.0000	0.00	0.00	11.93	143.12	155.05
160		COPIER	5/28/1999	SL / N/A	5.0000	7,500.00	100.0000	0.00	0.00	6,500.00	1,000.00	7,500.00
163		THRIFT SHO	2/28/1999	SL / N/A	10.0000	9,533.40	100.0000	0.00	0.00	4,369.20	953.34	5,322.54
164		THRIFT SHO	4/6/1999	SL / N/A	7.0000	960.00	100.0000	0.00	0.00	617.42	137.14	754.56
165		THRIFT SHO	4/14/1999	SL / N/A	7.0000	205.17	100.0000	0.00	0.00	131.87	29.31	161.18
167		DIGITAL CAMI	7/22/1999	ME / HY	5.0000	500.00	100.0000	0.00	0.00	471.20	28.80	500.00
170		BACK UP	9/9/1999	ME / HY	5.0000	218.00	100.0000	0.00	0.00	205.60	12.40	218.00
171		PRESSURE W	9/23/1999	ME / HY	7.0000	568.00	100.0000	0.00	0.00	429.66	55.34	485.00
173		CASH REGIST	7/26/1999	ME / HY	5.0000	560.00	100.0000	0.00	0.00	527.80	32.20	560.00
174		CASH REGIST	1/28/2003	SL / N/A	5.0000	464.83	100.0000	0.00	0.00	61.98	92.97	154.95
175		SATELLITE LA	11/26/1999	M / HY	5.0000	2,200.00	100.0000	0.00	0.00	1,540.00	440.00	1,980.00
176		AMD PC'S (2)	12/31/1999	M / HY	5.0000	1,725.00	100.0000	0.00	0.00	1,208.00	344.67	1,552.67
177		RESTING BEN	12/31/1999	M / HY	5.0000	643.00	100.0000	0.00	0.00	321.58	214.28	535.86
178		SAFE	12/31/1999	M / HY	5.0000	150.00	100.0000	0.00	0.00	105.00	30.00	135.00
179		TABLES (6)	12/31/1999	M / HY	5.0000	420.00	100.0000	0.00	0.00	294.00	84.00	378.00
180		2 DRWR LATE	12/31/1999	M / HY	5.0000	642.00	100.0000	0.00	0.00	321.16	213.89	535.05
181		HP LASER PR	12/31/1999	M / HY	5.0000	2,678.00	100.0000	0.00	0.00	1,874.80	535.47	2,410.27
185		UPS BACKUP	12/31/1999	M / HY	5.0000	1,364.00	100.0000	0.00	0.00	681.62	454.92	1,136.54
186		VERITAS & SE	12/31/1999	M / HY	5.0000	1,453.00	100.0000	0.00	0.00	1,016.80	290.80	1,307.60
187		1990 FORD F1	12/31/1999	M / HY	5.0000	8,284.00	100.0000	0.00	0.00	7,249.00	690.00	7,939.00
188		SHELVING - ur	1/31/2003	SL / N/A	5.0000	150.00	100.0000	0.00	0.00	20.00	30.00	50.00
189		SONY CAMCC	10/25/2002	SL / N/A	5.0000	584.00	100.0000	0.00	0.00	107.07	116.80	223.87
190		CANON G-2 C	10/13/2002	SL / N/A	5.0000	909.00	100.0000	0.00	0.00	181.80	181.80	363.60
191		DONATED VE	9/30/2000	No Calc / N/A	0.0000	10,526.00	100.0000	0.00	0.00	0.00	0.00	0.00
192				/	0.0000	0.00	100.0000	0.00	0.00	0.00	0.00	0.00
193		CANON VIDE	10/31/2002	SL / N/A	5.0000	2,100.00	100.0000	0.00	0.00	385.00	420.00	805.00
194		LAND - COST	4/4/2001	No Calc / N/A	0.0000	278,807.30	100.0000	0.00	0.00	0.00	0.00	0.00
195		LAND IMPROV	5/1/2003	No Calc / N/A	0.0000	261,892.70	100.0000	0.00	0.00	0.00	0.00	0.00
196		THRIFT SHO	5/31/2001	SL / N/A	10.0000	6,686.00	100.0000	0.00	0.00	1,562.51	668.60	2,231.11
197		FOUR Z CA	2/27/2001	SL / N/A	7.0000	500.00	100.0000	0.00	0.00	185.13	71.43	256.56
198		SAMSUNG CF	2/19/2001	SL / N/A	7.0000	525.00	100.0000	0.00	0.00	196.03	75.00	271.03
199		(TS) SHELVIN	6/13/2001	SL / N/A	7.0000	588.00	100.0000	0.00	0.00	193.32	84.00	277.32
200		DISHWASHE	1/17/2001	SL / N/A	7.0000	450.00	100.0000	0.00	0.00	173.84	64.29	238.13
201		DONATED - IE	1/15/2001	SL / N/A	5.0000	900.00	100.0000	0.00	0.00	487.73	180.00	667.73
202		CHAMELEON	11/30/2000	SL / N/A	3.0000	14,550.00	100.0000	0.00	0.00	13,741.67	808.33	14,550.00
203		CTX 17* MON	3/1/2001	SL / N/A	5.0000	170.00	100.0000	0.00	0.00	87.93	34.00	121.93
204		DURON 750 P	3/29/2001	SL / N/A	5.0000	1,142.00	100.0000	0.00	0.00	573.19	228.40	801.59
205		CANON GP 2C	4/30/2001	SL / N/A	5.0000	4,740.00	100.0000	0.00	0.00	2,295.98	948.00	3,243.98
206		CAT BOX & BI	4/23/2001	SL / N/A	7.0000	544.00	100.0000	0.00	0.00	189.70	77.71	267.41
207		1992 JEEP CF	7/24/2001	SL / N/A	5.0000	7,804.00	100.0000	0.00	0.00	3,416.66	1,560.80	4,977.46
208		DONATED 3 N	6/1/2001	SL / N/A	5.0000	167.00	100.0000	0.00	0.00	77.96	33.40	111.36
209		DONATED 4 N	6/1/2001	SL / N/A	5.0000	223.00	100.0000	0.00	0.00	104.11	44.60	148.71
210		Tables 4ft (3)	3/4/2003	SL / N/A	5.0000	105.00	100.0000	0.00	0.00	12.25	21.00	33.25

HUMANE SOCIETY OF VERO BEACH AND [6489]
Depreciation Expense
Federal

10/01/2003 - 09/30/2004

System No.	S	Description	Date In Service	Method / Conv.	Life	Cost / Other Basis	Bus. / Inv. %	Sec. 179/ Bonus	Salvage/ Basis Adj.	Beg. Accum. Depreciation	Current Depreciation	Total Depreciation
990, Pg 2 #1 - Form 990, Page 2												
211		SCALE, CANIF	6/1/2001	SL / N/A	7 0000	874 00	100 0000	0 00	0 00	291 45	124 86	416 31
212		COMPUTER	3/1/2003	SL / N/A	5 0000	699 00	100 0000	0 00	0 00	81 55	139 80	221 35
213		CAT CARRIE	3/31/2003	SL / N/A	5 0000	512 00	100 0000	0 00	0 00	51 20	102 40	153 60
214		TELEPHONE	5/1/2003	SL / N/A	7 0000	7,380 00	100 0000	0 00	0 00	439 29	1,054 29	1,493 58
215		TELEPHONE	5/1/2003	SL / N/A	7 0000	5,280 00	100 0000	0 00	0 00	314 29	754 29	1,068 58
216		TELEPHONE	9/1/2003	SL / N/A	7 0000	6,340 00	100 0000	0 00	0 00	75 48	905 71	981 19
217		KENNEL CRA	12/31/1999	SL / N/A	10 0000	28,829 00	100 0000	0 00	0 00	10,089 70	2,882 90	12,972 60
218		UTILITY SHE	4/8/2003	SL / N/A	7 0000	419 00	100 0000	0 00	0 00	29 93	59 86	89 79
219		1986 DODGE	10/11/2001	SL / N/A	5 0000	3,600 00	100 0000	0 00	0 00	1,420 27	720 00	2,140 27
220		ANIMAL CAPT	10/25/2001	SL / N/A	7 0000	2,140 00	100 0000	0 00	0 00	591 32	305 71	897 03
221		PC UPGRADE	12/28/2001	SL / N/A	5 0000	1,802 00	100 0000	0 00	0 00	633 91	360 40	994 31
222		2 LG DOG CR	1/11/2002	SL / N/A	7 0000	256 00	100 0000	0 00	0 00	62 92	36 57	99 49
223		3 OFFICE CH	5/2/2002	SL / N/A	7 0000	120 00	100 0000	0 00	0 00	24 28	17 14	41 42
224		PC MONITOR	5/2/2002	No Calc / N/A	5 0000	220 00	100 0000	0 00	0 00	62 32	0 00	62 32
225		POP UP TEN	5/2/2002	SL / N/A	7 0000	200 00	100 0000	0 00	0 00	40 47	28 57	69 04
226		REFRIGERATC	5/31/2002	SL / N/A	7 0000	457 00	100 0000	0 00	0 00	87 29	65 29	152 58
227		TWO-WAY RA	6/15/2002	SL / N/A	7 0000	80 00	100 0000	0 00	0 00	14 81	11 43	26 24
228		EPSON PRINT	6/15/2002	No Calc / N/A	5 0000	85 00	100 0000	0 00	0 00	22 03	0 00	22 03
229		1990 FORD S	7/1/2002	SL / N/A	5 0000	2,630 00	100 0000	0 00	0 00	658 58	526 00	1,184 58
230		TS - STORAG	10/18/2001	SL / N/A	7 0000	400 00	100 0000	0 00	0 00	111 62	57 14	168 76
231		DRAINAGE, PI	5/1/2003	SL / N/A	20 0000	171,464 00	100 0000	0 00	0 00	3,572 17	8,573 20	12,145 37
232		PAVING	5/1/2003	SL / N/A	15 0000	82,484 00	100 0000	0 00	0 00	2,291 22	5,498 93	7,790 15
233		DR MATHWE	8/26/2002	No Calc / N/A	0 0000	30,000 00	100 0000	0 00	0 00	0 00	0 00	0 00
234		GAZABO-CA	4/8/2003	SL / N/A	10 0000	1,515 00	100 0000	0 00	0 00	75 75	151 50	227 25
235		LOCKERS-VIN	5/6/2003	SL / N/A	7 0000	1,739 00	100 0000	0 00	0 00	103 51	248 43	351 94
236		COMPUTER	9/15/2003	SL / N/A	5 0000	899 00	100 0000	0 00	0 00	14 98	179 80	194 78
237		LOCKERS-VIN	9/1/2003	SL / N/A	7 0000	1,739 00	100 0000	0 00	0 00	20 70	248 43	269 13
238		IBERIA PARK	5/12/2003	SL / N/A	7 0000	240 00	100 0000	0 00	0 00	14 29	34 29	48 58
239		MOTOROLA F	5/27/2003	SL / N/A	5 0000	536 00	100 0000	0 00	0 00	35 73	107 20	142 93
240		BENCHES (13	5/26/2003	SL / N/A	7 0000	343 00	100 0000	0 00	0 00	16 33	49 00	65 33
241		HAND TRUC	5/27/2003	SL / N/A	7 0000	596 00	100 0000	0 00	0 00	28 38	85 14	113 52
242		SOFA, TABLE	6/6/2003	SL / N/A	5 0000	1,109 00	100 0000	0 00	0 00	73 93	221 80	295 73
243		REFRIG. & MIK	6/6/2003	SL / N/A	5 0000	588 00	100 0000	0 00	0 00	39 20	117 60	156 80
244		COPIER - CAN	6/11/2003	SL / N/A	5 0000	1,900 00	100 0000	0 00	0 00	126 67	380 00	506 67
245		NEXTEL TELE	6/30/2003	SL / N/A	5 0000	221 00	100 0000	0 00	0 00	11 05	44 20	55 25
246		CAGE & TABL	6/30/2003	SL / N/A	5 0000	312 00	100 0000	0 00	0 00	15 60	62 40	78 00
247		CAGE & TABL	9/1/2003	SL / N/A	5 0000	312 00	100 0000	0 00	0 00	5 20	62 40	67 60
248		VERSA CAGE	7/1/2003	SL / N/A	10 0000	2,834 00	100 0000	0 00	0 00	70 85	283 40	354 25
249		WASHER & DF	7/18/2003	SL / N/A	5 0000	855 00	100 0000	0 00	0 00	28 50	171 00	199 50
250		COMPUTERS	7/29/2003	SL / N/A	5 0000	1,598 00	100 0000	0 00	0 00	53 27	319 60	372 87
251		COMPUTER >	8/5/2003	SL / N/A	5 0000	1,475 00	100 0000	0 00	0 00	49 17	295 00	344 17
252		DOG WALK E	9/1/2003	SL / N/A	7 0000	5,463 00	100 0000	0 00	0 00	65 04	780 43	845 47
253		BENCHES (8)	9/1/2003	SL / N/A	7 0000	1,507 00	100 0000	0 00	0 00	17 94	215 29	233 23

HUMANE SOCIETY OF VERO BEACH AND [6489]
Depreciation Expense

Federal

10/01/2003 - 09/30/2004

System No.	S	Description	Date In Service	Method / Conv.	Life	Cost / Other Basis	Bus. / Inv. %	Sec. 179 / Bonus	Salvage / Basis Adj.	Beg. Accum. Depreciation	Current Depreciation	Total Depreciation
990, Pg 2 #1 - Form 990, Page 2												
254		BARK PARK I	9/1/2003	SL / N/A	7 0000	395 00	100 0000	0 00	0 00	4 70	56 43	51 13
255		LATERAL FILE	5/1/2003	SL / N/A	7 0000	2,000 00	100 0000	0 00	0 00	119 05	285 71	404 76
256		IRRIGATION F	5/1/2003	SL / N/A	10 0000	18,900 00	100 0000	0 00	0 00	787 50	1,890 00	2,677 50
257		IRRIGATION F	9/1/2003	SL / N/A	10 0000	13,500 00	100 0000	0 00	0 00	112 50	1,350 00	1,462 50
258		CAT CONDO	5/1/2003	SL / N/A	10 0000	37,005 00	100 0000	0 00	0 00	1,541 88	3,700 50	5,242 38
259		DOG CAGES I	5/1/2003	SL / N/A	10 0000	42,358 00	100 0000	0 00	0 00	1,764 92	4,235 80	6,000 72
260		CAGES & FEN	9/1/2003	SL / N/A	10 0000	63,536 00	100 0000	0 00	0 00	529 47	6,353 60	6,883 07
261		FREEZER - PC	9/1/2003	SL / N/A	10 0000	14,964 00	100 0000	0 00	0 00	124 70	1,496 40	1,621 10
262		TABLE, CHAIF	9/1/2003	SL / N/A	7 0000	6,000 00	100 0000	0 00	0 00	71 43	857 14	928 57
263		COMPUTER &	9/1/2003	SL / N/A	3 0000	10,500 00	100 0000	0 00	0 00	291 67	3,500 00	3,791 67
264		LANDSCAPIN	5/1/2003	SL / N/A	15 0000	75,990 00	100 0000	0 00	0 00	2,110 83	5,066 00	7,176 83
265		IRRIGATION S	5/1/2003	SL / N/A	20 0000	25,270 00	100 0000	0 00	0 00	526 46	1,263 50	1,789 96
266		FENCING	5/1/2003	SL / N/A	20 0000	47,172 00	100 0000	0 00	0 00	982 75	2,358 60	3,341 35
267		BUILDING - AI	5/1/2003	MSL / MM	39 0000	3,555,000 00	100 0000	0 00	0 00	34,182 69	91,153 85	125,336 54
268		BUILDING - RE	9/1/2003	MSL / MM	39 0000	2,042,300 00	100 0000	0 00	0 00	2,181 94	52,366 67	54,548 61
269		PIG YARD	9/1/2003	SL / N/A	15 0000	1,650 00	100 0000	0 00	0 00	9 17	110 00	119 17
270		EXERCISE PA	9/1/2003	SL / N/A	5 0000	7,000 00	100 0000	0 00	0 00	116 67	1,400 00	1,516 67
271				/	0 0000	0 00	100 0000	0 00	0 00	0 00	0 00	0 00
272		PIG YARD	12/31/2003	SL / N/A	15 0000	4,051 00	100 0000	0 00	0 00	0 00	202 55	202 55
273		BARN & PAST	6/30/2004	SL / N/A	15 0000	12,375 00	100 0000	0 00	0 00	0 00	206 25	206 25
274		77TH AVENU	12/31/2003	No Calc / N/A	0 0000	4,000 00	100 0000	0 00	0 00	0 00	0 00	0 00
275		FENCING	12/3/2003	SL / N/A	20 0000	5,119 00	100 0000	0 00	0 00	0 00	213 29	213 29
276		BARK PARK I	12/31/2003	SL / N/A	15 0000	934 00	100 0000	0 00	0 00	0 00	46 70	46 70
277		SAMSUNG MI	10/1/2003	SL / N/A	5 0000	549 00	100 0000	0 00	0 00	0 00	109 80	109 80
278		SYSTEM SERI	10/1/2003	SL / N/A	5 0000	2,930 00	100 0000	0 00	0 00	0 00	586 00	586 00
279		UTILITY CART	10/14/2003	SL / N/A	7 0000	1,063 00	100 0000	0 00	0 00	0 00	151 86	151 86
280		CAGES	12/16/2003	SL / N/A	10 0000	608 00	100 0000	0 00	0 00	0 00	50 67	50 67
281		SECURITY SY	1/31/2004	SL / N/A	10 0000	1,750 00	100 0000	0 00	0 00	0 00	116 67	116 67
282		STAINED GLA	6/15/2004	MSL / MM	39 0000	23,496 00	100 0000	0 00	0 00	0 00	175 72	175 72
283		COMMERATIV	1/31/2004	SL / N/A	7 0000	2,985 00	100 0000	0 00	0 00	0 00	284 29	284 29
284		ANIMAL CARF	12/31/2003	SL / N/A	7 0000	599 00	100 0000	0 00	0 00	0 00	64 18	64 18
285		UTILITY CART	3/31/2004	SL / N/A	7 0000	461 00	100 0000	0 00	0 00	0 00	32 93	32 93
286		GATEWAY P	6/8/2004	SL / N/A	5 0000	695 00	100 0000	0 00	0 00	0 00	46 33	46 33
287		ANIMAL CRAT	9/21/2004	SL / N/A	7 0000	185 00	100 0000	0 00	0 00	0 00	0 00	0 00
288		PATIO ROOF	8/16/2004	SL / N/A	10 0000	1,875 00	100 0000	0 00	0 00	0 00	31 25	31 25
289		IMPROVEMEN	8/1/2004	SL / N/A	5 0000	864 00	100 0000	0 00	0 00	0 00	28 80	28 80
290		HAND TRUCK	10/30/2003	SL / N/A	7 0000	500 00	100 0000	0 00	0 00	0 00	65 48	65 48
291		SIGN	9/1/2004	SL / N/A	7 0000	1,016 00	100 0000	0 00	0 00	0 00	12 09	12 09
292		CASH REGIST	9/1/2004	SL / N/A	5 0000	1,140 00	100 0000	0 00	0 00	0 00	19 00	19 00
293		SHELVING, C	7/1/2004	SL / N/A	7 0000	1,255 00	100 0000	0 00	0 00	0 00	44 82	44 82

HUMANE SOCIETY OF VERO BEACH AND [6489]
Depreciation Expense

Federal

10/01/2003 - 09/30/2004

System No.	S	Description	Date In Service	Method / Conv.	Life	Cost / Other Basis	Bus. / Inv. %	Sec. 179 / Bonus	Salvage / Basis Adj.	Beg. Accum. Depreciation	Current Depreciation	Total Depreciation
		Subtotal: 990, Pg 2 #1 - Form 990, Page 2				7,107,287.00		0.00	0.00	177,037.75	219,768.66	396,806.41
		Less dispositions and exchanges.				0.00		0.00	0.00	0.00	0.00	0.00
		Net for: 990, Pg 2 #1 - Form 990, Page 2				7,107,287.00		0.00	0.00	177,037.75	219,768.66	396,806.41
		Subtotal				7,107,287.00		0.00	0.00	177,037.75	219,768.66	396,806.41
		Less dispositions and exchanges.				0.00		0.00	0.00	0.00	0.00	0.00
		Grand Totals.				7,107,287.00		0.00	0.00	177,037.75	219,768.66	396,806.41

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

Note: Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time - Only submit original (no copies needed)

Note: Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only
 All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Type or print	Name of Exempt Organization HUMANE SOCIETY OF VERO BEACH AND INDIAN COUNTY, FL, INC.	Employer identification number 59-0863199
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions POST OFFICE BOX 644 4701 41ST STREET	
	City, town or post office, state, and ZIP code For a foreign address, see instructions. VERO BEACH, FL 32961-0644	

Check type of return to be filed (file a separate application for each return).

- | | | |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- 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 will cover.

1 I request an automatic 3-month (6-month, for **990-T corporation**) extension of time until May 16, 2005 to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning OCT 1, 2003, and ending SEP 30, 2004

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

3a 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 or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ _____

c **Balance Due.** Subtract line 3b from line 3a. 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 ▶ *RLA GHA* Title ▶ CIPA Date ▶ 2-2-05
 LHA For Paperwork Reduction Act Notice, see instruction Form 8868 (12-2000)