

Form **990**

Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047

2005

Open to Public Inspection

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

A For the 2005 calendar year, or tax year beginning _____, **and ending** _____

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

C Name of organization
 Suncoast Humane Society, Inc.
 Number and street (or P O box if mail is not delivered to street address) Room/suite
 6781 San Casa Drive
 City or town, state or country, and ZIP + 4
 Englewood FL 34224

D Employer identification no.
23-7174193

E Telephone number
941-474-7884

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 are not applicable to section 527 organizations. I

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? Yes No
(If "No," attach a list. See instr.)

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

I Group Exemption Number ▶ _____

M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)

G Website: ▶ www.humane.org

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

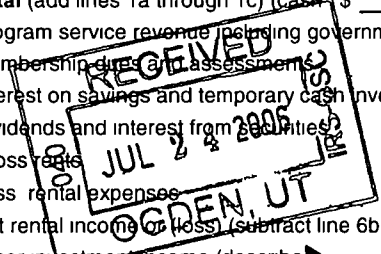
K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return.

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 1,281,442

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

Revenue	1	Contributions, gifts, grants, and similar amounts received					
	a	Direct public support	1a	641,202			
	b	Indirect public support	1b				
	c	Government contributions (grants)	1c				
	d	Total (add lines 1a through 1c) (cash \$ 514,676 noncash \$ 126,526)	1d		641,202		
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2		266,519		
	3	Membership dues and assessments	3		9,400		
	4	Interest on savings and temporary cash investments	4		7,205		
	5	Dividends and interest from securities	5		3,685		
	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					
Revenue	8a	Gross amount from sales of assets other than inventory	(A) Securities	208,248	8a	(B) Other 979	
	b	Less cost or other basis and sales expenses	183,622	8b			
	c	Gain or (loss) (attach schedule)	24,626	8c	979		
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))	See Stmt 1	See Stmt 2	8d	25,605	
	9	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>					
	a	Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a	59,107			
	b	Less direct expenses other than fundraising expenses	9b	26,768			
	c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c		32,339		
Revenue	10a	Gross sales of inventory, less returns and allowances	10a	85,097			
	b	Less cost of goods sold	10b	25,958			
	c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c	Stmt 3	59,139		
Revenue	11	Other revenue (from Part VII, line 103)	11				
	12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		1,045,094		
	Expenses	13	Program services (from line 44, column (B))	13		622,009	
		14	Management and general (from line 44, column (C))	14		248,934	
		15	Fundraising (from line 44, column (D))	15		33,534	
16		Payments to affiliates (attach schedule)	16				
17	Total expenses (add lines 16 and 44, column (A))	17		904,477			
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18		140,617		
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19		769,738		
	20	Other changes in net assets or fund balances (attach explanation)	20	See Statement 4	-21,250		
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21		889,105		

REVENUE SCANNED AUG 15 2006



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 (See the instructions)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>				
23	Specific assistance to individuals (attach schedule) <input type="checkbox"/>				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc	61,767		61,767	
26	Other salaries and wages	513,698	407,490	106,208	
27	Pension plan contributions				
28	Other employee benefits				
29	Payroll taxes				
30	Professional fundraising fees				
31	Accounting fees	10,154		10,154	
32	Legal fees				
33	Supplies	6,710	3,355	3,355	
34	Telephone	7,035	5,276	1,759	
35	Postage and shipping	4,134	2,067	2,067	
36	Occupancy	12,485	357	12,128	
37	Equipment rental and maintenance	7,541		7,541	
38	Printing and publications	22,906	11,254	6,537	5,115
39	Travel				
40	Conferences, conventions, and meetings	4,199	4,199		
41	Interest	25,777	19,333	6,444	
42	Depreciation, depletion, etc (attach schedule)	40,510	32,250	8,260	
43	Other expenses not covered above (itemize):				
a	See Statement 5	187,561	136,428	22,714	28,419
b					
c					
d					
e					
f					
g					
44	Total functional expenses. Add lines 22 through 43 (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	904,477	622,009	248,934	33,534

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 (See the instructions.)

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.

What is the organization's primary exempt purpose?

▶ To provide care and treatment for stray and unwanted pets

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) & (4) orgs. & 4947(a)(1) trusts, but optional for others.)

a To humanely and cost effectively care for and place into loving homes the largest number of stray and unwanted pets as possible and to educate the public in the proper care of animals.

(Grants and allocations \$) If this amount includes foreign grants, check here ▶

622,009

b

(Grants and allocations \$) If this amount includes foreign grants, check here ▶

c

(Grants and allocations \$) If this amount includes foreign grants, check here ▶

d

(Grants and allocations \$) If this amount includes foreign grants, check here ▶

e Other program services (attach schedule)

(Grants and allocations \$) If this amount includes foreign grants, check here ▶

f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶

622,009

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year
Assets	45* Cash-non-interest-bearing	258,821	45	74,874
	46 Savings and temporary cash investments		46	41,588
	47a Accounts receivable	15,441		
	b Less: allowance for doubtful accounts		47c	15,441
	48a Pledges receivable	24,781		
	b Less: allowance for doubtful accounts		48c	24,781
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51a Other notes and loans receivable (attach schedule) See Worksheet	1,257		
	b Less: allowance for doubtful accounts		51c	1,257
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	5,706	53	5,978
	54 Investments-securities See Statement 6 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	310,927	54	402,504
	55a Investments-land, buildings, and equipment basis	110,000		
	b Less: accumulated depreciation (attach schedule)		55c	110,000
56 Investments-other (attach schedule)		56		
57a Land, buildings, and equipment basis	1,113,325			
b Less: accumulated depreciation (attach schedule)	493,871	57c	619,454	
58 Other assets (describe See Statement 7)	23,235	58	22,557	
59 Total assets (must equal line 74) Add lines 45 through 58	1,250,999	59	1,318,434	
Liabilities	60 Accounts payable and accrued expenses	6,215	60	15,789
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)		64b	
	65 Other liabilities (describe See Statement 8)	475,046	65	413,540
66 Total liabilities. Add lines 60 through 65	481,261	66	429,329	
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	684,898	67	776,762
	68 Temporarily restricted	84,840	68	81,972
	69 Permanently restricted		69	30,371
	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)	769,738	73	889,105	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73	1,250,999	74	1,318,434	

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

a	Total revenue, gains, and other support per audited financial statements		a	1,023,844
b	Amounts included on line a but not on Part I, line 12			
1	Net unrealized gains on investments	b1	-18,437	
2	Donated services and use of facilities	b2		
3	Recoveries of prior year grants	b3		
4	Other (specify):	b4		
	Add lines b1 through b4		b	-18,437
c	Subtract line b from line a		c	1,042,281
d	Amounts included on Part I, line 12, but not on line a :			
1	Investment expenses not included on Part I, line 6b	d1	2,813	
2	Other (specify):	d2		
	Add lines d1 and d2		d	2,813
e	Total revenue (Part I, line 12) Add lines c and d		e	1,045,094

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

a	Total expenses and losses per audited financial statements		a	904,477
b	Amounts included on line a but not Part I, line 17.			
1	Donated services and use of facilities	b1		
2	Prior year adjustments reported on Part I, line 20	b2		
3	Losses reported on Part I, line 20	b3		
4	Other (specify):	b4		
	Add lines b1 through b4		b	
c	Subtract line b from line a		c	904,477
d	Amounts included on Part I, line 17, but not on line a :			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify):	d2		
	Add lines d1 and d2		d	
e	Total expenses (Part I, line 17) Add lines c and d		e	904,477

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated) (See the instructions)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contrib to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Warren Cox 6781 San Casa Dr Englewood FL 34224	Interim E D 40	23,269	0	10,000
Susan Forbes Englewood FL	Board Member 5	0	0	0
Nita Edmondson-Cole Englewood FL	Vice Preside 5	0	0	0
Molly Caldwell Englewood FL	Board Member 5	0	0	0
Michael Williams Englewood FL	Treasurer 5	0	0	0
Kathy Rohrbach Englewood FL	Board Member 5	0	0	0
Kathy Damewood Englewood FL	President 5	0	0	0
David Pascal Englewood FL	Board Member 5	0	0	0
Dale Austin Englewood FL	Board Member 5	0	0	0

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)	Yes	No
75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ▶ 9		
b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	75b	X
c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control? Note. Related organizations include section 509(a)(3) supporting organizations	75c	X
If "Yes," attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization		
d Does the organization have a written conflict of interest policy?	75d	X

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits
 (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation	(D) Contrib to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Deborah Parsons-Drake 317 Gulf Drive, Venice, FL, 34285	0	38,497	0	0
James Hanushek 150 North Oxford Dr, Englewood, FL,	0	15,380	0	0

Part VI Other Information (See the instructions.)	Yes	No
76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	77	X
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b If "Yes," has it filed a tax return on Form 990-T for this year?	78b	
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
b If "Yes," enter the name of the organization ▶ <div style="text-align: right;">and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt</div>		
81a Enter direct and indirect political expenditures (See line 81 instructions)	81a	
b Did the organization file Form 1120-POL for this year?	81b	X

Part VI Other Information (continued)

		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		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		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	N/A 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? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year		
	N/A 85b		
c	Dues, assessments, and similar amounts from members		
	85c		
d	Section 162(e) lobbying and political expenditures		
	85d		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
	85e		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
	85f		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
	N/A 85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		
	N/A 85h		
86	501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12		
	86a		
b	Gross receipts, included on line 12, for public use of club facilities		
	86b		
87	501(c)(12) orgs Enter a Gross income from members or shareholders		
	87a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
	87b		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
89a	501(c)(3) organizations Enter. Amount of tax imposed on the organization during the year under section 4911 \blacktriangleright 0 ; section 4912 \blacktriangleright 0 ; section 4955 \blacktriangleright 0		
b	501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year sections 4912, 4955, and 4958 \blacktriangleright 0		
d	Enter Amount of tax on line 89c, above, reimbursed by the organization \blacktriangleright 0		
90a	List the states with which a copy of this return is filed \blacktriangleright FL		
b	Number of employees employed in the pay period that includes March 12, 2005 (See instructions)		
	90b		15
91a	The books are in care of \blacktriangleright Susan Miller 6781 San Casa Drive Located at \blacktriangleright Englewood, FL Telephone no \blacktriangleright 941-474-7884 ZIP + 4 \blacktriangleright 34224		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country \blacktriangleright See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts At any time during the calendar year, did the organization maintain an office outside of the United States?		
	91b		X
c	If "Yes," enter the name of the foreign country \blacktriangleright		
	91c		X
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here \blacktriangleright <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year \blacktriangleright 92		

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

Note: Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by sec 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 <u>Net Adoption Fees</u>					108,104
b <u>County Contracts</u>					121,545
c <u>Miscellaneous</u>					36,870
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					9,400
95 Interest on savings and temporary cash investments			14	7,205	
96 Dividends and interest from securities			14	3,685	
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			14	179	25,426
101 Net income or (loss) from special events					32,339
102 Gross profit or (loss) from sales of inventory			5	59,139	
103 Other revenue a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))			0	70,208	333,684
105 Total (add line 104, columns (B), (D), and (E))					403,892

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 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).
95	Interest on securities held in building fund reserve
96	Dividends from securities held in building fund reserve
100	Capital gain distribution from securities in building fund
102	Gift shop / donated good sales to fund animal care expense

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See 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 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)

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer: Kathryn J. Rohrbach Date: 7-18-2006

Type or print name and title: KATHRYN J. ROHRBACH PRESIDENT

Paid Preparer's Use Only

Preparer's signature: [Signature] Date: 7/11/06 Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: Flischel, Townsend & Murtha, P.A.
900 E. Pine Street, Suite 126
Englewood, FL 34223

Preparer's SSN or PTIN (See Gen Instr W): P00546402

EIN: 59-2298770

Phone no: 941-475-7937

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

Organization Exempt Under Section 501(c)(3)

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

OMB No 1545-0047

2005

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

Suncoast Humane Society, Inc.

Employer identification number

23-7174193

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Comp	(d) Contrib to empl ben plans & deferred comp	(e) Expense account & other allowances
NONE				

Total number of other employees paid over \$50,000 ▶

Part II-A 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 ▶

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of other contractors receiving over \$50,000 for other services ▶

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?	2a	X
b	Lending of money or other extension of credit?	2b	X
c	Furnishing of goods, services, or facilities?	2c	X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
e	Transfer of any part of its income or assets?	2e	X
3a	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)	3a	X
b	Do you have a section 403(b) annuity plan for your employees?	3b	X
c	During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?	3c	X
4a	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4a	X
b	Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b	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). Check the box that describes the type of supporting organization. ► Type 1 Type 2 Type 3

Provide the following information about the supported organizations (See page 6 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)

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) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	577,533	454,698	309,144	302,082	1,643,457
16 Membership fees received	15,330	20,307	24,163	18,846	78,646
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	99,157	81,020	60,274	58,868	299,319
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	9,866	6,075	5,316	9,332	30,589
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
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					0
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets					0
23 Total of lines 15 through 22	701,886	562,100	398,897	389,128	2,052,011
24 Line 23 minus line 17	602,729	481,080	338,623	330,260	1,752,692
25 Enter 1% of line 23	7,019	5,621	3,989	3,891	

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24	▶	26a	35,054
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 2001 through 2004 exceeded the amount shown in line 26a Do not file this list with your return. Enter the total of all these excess amounts	▶	26b	
c Total support for section 509(a)(1) test. Enter line 24, column (e)	▶	26c	1,752,692
d Add: Amounts from column (e) for lines 18 <u>30,589</u> 19 _____ 22 _____ 26b _____	▶	26d	30,589
e Public support (line 26c minus line 26d total)	▶	26e	1,722,103
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))	▶	26f	98.2547%

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.		(2004)	(2003)	(2002)	(2001)	N/A
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 11b, 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.		(2004)	(2003)	(2002)	(2001)	N/A
c Add: Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____	▶	27c				
d Add. Line 27a total _____ and line 27b total _____	▶	27d				
e Public support (line 27c total minus line 27d total)	▶	27e				
f Total support for section 509(a)(2) test Enter amount from line 23, column (e)	▶	27f				
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	▶	27g				%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))	▶	27h				%

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, 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.

Part V Private School Questionnaire (See page 7 of the instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		N/A	Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?			
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?			
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement.)			
32	Does the organization maintain the following			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?			
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?			
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?			
d	Copies of all material used by the organization or on its behalf to solicit contributions?			
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)			
33	Does the organization discriminate by race in any way with respect to			
a	Students' rights or privileges?			
b	Admissions policies?			
c	Employment of faculty or administrative staff?			
d	Scholarships or other financial assistance?			
e	Educational policies?			
f	Use of facilities?			
g	Athletic programs?			
h	Other extracurricular activities?			
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement)			
34a	Does the organization receive any financial aid or assistance from a governmental agency?			
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement			
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation			

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)
 (To be completed **ONLY** by an eligible organization that filed Form 5768) N/A

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

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

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below
 See the instructions for lines 45 through 50 on page 11 of the instructions)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

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

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

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines through c 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 through c h.)

Yes	No	Amount

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

Forms 990 / 990-PF	Other Notes and Loans Receivable	2005
For calendar year 2005, or tax year beginning _____, and ending _____		

Name Suncoast Humane Society, Inc.	Employer Identification Number 23-7174193
--	---

Form 990, Part IV, Line 51a - Additional Information

Name of borrower	Relationship to disqualified person
(1) Loan receivable	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Security provided by borrower	Purpose of loan
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year	Fair market value (990-PF only)
(1)		1,257	
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Totals		1,257	

Federal Statements

Statement 1 - Form 990, Part I, Line 8c - Sale of Assets Other Than Inventory - Securities

Desc	How Rec'd	Whom Sold	Date Acquired	Date Sold	Sale Price	Cost & Expense	Deprec	Gain/-Loss
Publicly Traded Securities					\$ 208,248	\$ 183,622	\$	\$ 24,626
Total					\$ 208,248	\$ 183,622	0	\$ 24,626

Statement 2 - Form 990, Part I, Line 8c - Sale of Assets Other Than Inventory - Other

Desc	How Rec'd	Whom Sold	Date Acquired	Date Sold	Sale Price	Cost & Expense	Deprec	Gain/-Loss
Ford Truck	Purchase		7/01/96	3/09/05	800	\$ 14,200	\$ 14,200	\$ 800
Total					179	\$ 14,200	\$ 14,200	\$ 179
					\$ 979	\$ 14,200	\$ 14,200	\$ 979

Federal Statements**Statement 3 - Form 990, Line 10c - Sales of Inventory**

<u>Description</u>	<u>Gross Sales</u>	<u>COGS</u>	<u>Gross Profit</u>
Paw Prints Store	\$ 85,097	\$ 25,958	\$ 59,139
Total	<u>\$ 85,097</u>	<u>\$ 25,958</u>	<u>\$ 59,139</u>

Statement 4 - Form 990, Line 20 - Other Changes in Net Assets or Fund Balances

<u>Description</u>	<u>Amount</u>
Net Unrealized Gains on Investments	\$ -18,437
Management Fee	<u>-2,813</u>
Total	<u>\$ -21,250</u>

Federal Statements**Statement 5 - Form 990, Part II, Line 43 - Other Functional Expenses**

Description	Total Expenses	Program Service	Mgt & General	Fund- Raising
	\$	\$	\$	\$
Expenses				
Kennel Supplies, Medical, Foo	36,524	36,524		
Bank Charges	1,774		1,774	
Dues & Subscriptions	1,332		1,332	
Repairs	34,103	25,577	8,526	
Insurance	15,497	11,623	3,874	
Utilities	23,935	17,951	5,984	
Internal Fundraising Costs	27,324			27,324
Volunteer Recognition	3,872	3,872		
Vehicle Costs	1,601	1,601		
Miscellaneous	57		57	
Taxes	2,610	1,443	1,167	
Dog Training	4,608	4,608		
Adoption Expense	614	614		
Veterinary Care	29,193	29,193		
Bad Debt	158	158		
Marketing / Advertising	4,359	3,264		1,095
Total	<u>\$ 187,561</u>	<u>\$ 136,428</u>	<u>\$ 22,714</u>	<u>\$ 28,419</u>

23-7174193

Federal Statements

FYE: 12/31/2005

Statement 6 - Form 990, Part IV, Line 54 - Investments in Securities

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>	<u>Basis of Valuation</u>
Corporate Stock Equities	310,927	402,504	Market
	<u>310,927</u>	<u>402,504</u>	

Statement 7 - Form 990, Part IV, Line 58 - Other Assets

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
Security Deposits	\$ 1,460	\$ 1,710
Endowment Asset	12,535	12,429
Loan Costs (net of amortization)	9,240	8,418
Total	<u>\$ 23,235</u>	<u>\$ 22,557</u>

Statement 8 - Form 990, Part IV, Line 65 - Other Liabilities

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
Premier Community Bank	\$ 475,046	\$ 413,540
Total	<u>\$ 475,046</u>	<u>\$ 413,540</u>

Depreciation and Amortization
(Including Information on Listed Property)

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

Name(s) shown on return Suncoast Humane Society, Inc. Identifying number 23-7174193

Business or activity to which this form relates
Indirect Depreciation

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount See the instructions for a higher limit for certain businesses	1	105,000
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	420,000
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 instr	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 2004 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	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 2006 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.) (See instructions.)

14	Special allowance for certain aircraft, certain property with a long production period, and qualified NYL or GO Zone property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	38,383

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 2005	17	0
18	If you are electing 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 2005 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		8,594	5.0	MQ	200DB	773
c 7-year property		4,976	7.0	MQ	200DB	533
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 2005 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
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	39,689
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 the 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 allowance for certain aircraft, certain property with a long production period, and qualified NYL or GO Zone property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)							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-			
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.

30 Total business/investment miles driven during the year (do not include commuting miles)	(a)	(b)	(c)	(d)	(e)	(f)				
	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4	Vehicle 5	Vehicle 6				
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?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
36 Is another vehicle available for personal use?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No

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

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

	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 the 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? (See instructions)		

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 2005 tax year (see instructions):					
43 Amortization of costs that began before your 2005 tax year				43	821
44 Total. Add amounts in column (f). See the instructions for where to report				44	821

23-7174193

Federal Asset Report

FYE: 12/31/2005

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus Sec % 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
5-year GDS Property:								
84	Dell Computer	5/09/05	1,714		1,714	5 MQ200DB	0	429
85	Gutters	10/20/05	1,340		1,340	5 MQ200DB	0	67
86	3 A C Compressors	11/03/05	5,540		5,540	5 MQ200DB	0	277
			<u>8,594</u>		<u>8,594</u>		<u>0</u>	<u>773</u>
7-year GDS Property:								
87	Generator for RV	9/29/05	4,976		4,976	7 MQ200DB	0	533
			<u>4,976</u>		<u>4,976</u>		<u>0</u>	<u>533</u>
Other Depreciation:								
1	Building	7/01/75	85,518		85,518	30 MO S/L	83,506	2,012
2	Building	7/01/89	32,033		32,033	30 MO S/L	18,152	1,068
3	Building	7/01/89	32,804		32,804	30 MO S/L	17,496	1,093
4	Building	7/01/91	6,029		6,029	10 MO S/L	6,029	0
5	Building	7/01/92	300		300	10 MO S/L	300	0
6	Building	7/01/93	3,892		3,892	10 MO S/L	3,892	0
7	Building	7/01/93	280		280	10 MO S/L	280	0
8	Building	7/01/94	13,659		13,659	10 MO S/L	13,659	0
9	Building	7/01/95	2,612		2,612	10 MO S/L	2,612	0
10	New Building	12/01/97	626,718		626,718	39 MO S/L	113,157	16,070
11	Cabinets & Counters	11/14/97	20,000		20,000	39 MO S/L	4,304	513
12	Cabinets	11/24/97	3,324		3,324	39 MO S/L	715	86
13	New Building	7/01/98	37,010		37,010	39 MO S/L	6,168	949
14	Old Building	7/01/98	19,938		19,938	10 MO S/L	12,960	1,994
15	Air Conditioning Unit	7/01/98	2,085		2,085	10 MO S/L	1,355	209
16	New Building	4/17/98	1,239		1,239	39 MO S/L	212	32
17	Electrical Renovation	7/31/99	5,154		5,154	39 MO S/L	716	132
18	Ford Truck	7/01/96	14,200		14,200	5 MO S/L	14,200	0
	Sold/Scrapped: 3/09/05							
19	Phone System	4/03/97	5,725		5,725	7 MO200DB	5,725	0
20	Office Furniture	6/26/97	2,413		2,413	7 MO200DB	2,413	0
21	Sign	7/23/97	1,075		1,075	7 MO200DB	1,075	0
22	Cages	9/23/97	3,097		3,097	7 MO200DB	3,097	0
23	Benches	10/03/97	381		381	7 MO200DB	381	0
24	Office Furniture	10/29/97	2,665		2,665	7 MO200DB	2,665	0
25	Phone Conduit	10/29/97	500		500	7 MO200DB	500	0
26	Refrigerator	10/31/97	900		900	7 MO200DB	900	0
27	Cages	11/18/97	13,222		13,222	7 MO200DB	13,222	0
28	Chair (From Target)	11/20/97	944		944	7 MO200DB	944	0
29	Picture Framing	11/24/97	609		609	7 MO200DB	609	0
30	Washer/Dryer	12/02/97	830		830	7 MO200DB	830	0
31	Cabinets	12/08/97	381		381	7 MO200DB	381	0
32	Chairs (From Target)	12/29/97	944		944	7 MO200DB	944	0
33	Gorilla Chairs	12/30/97	1,177		1,177	7 MO200DB	1,177	0
34	LCD Projector	11/16/98	2,299		2,299	7 MO200DB	2,196	103
35	Floor Buffer	4/17/98	1,199		1,199	7 MO200DB	1,146	53
36	Cages	4/09/98	1,063		1,063	7 MO200DB	1,015	48
37	Fiberglass Bedding	7/01/98	2,265		2,265	7 MO200DB	2,164	101
38	Cages	1/13/98	3,456		3,456	7 MO200DB	3,302	154
39	Platforms	3/04/98	709		709	7 MO200DB	678	31
40	Amp & Microphone	5/12/98	200		200	7 MO200DB	191	9
41	New Washer	4/25/98	427		427	7 MO200DB	408	19
42	Air Purifier	6/25/99	599		599	7 MO200DB	519	53
43	Event Tent	9/27/99	586		586	7 MO200DB	508	45
44	Kennel Equipment	4/06/99	1,180		1,180	7 MO200DB	1,022	126
45	Computer Workstation	10/31/97	1,323		1,323	5 MO200DB	1,323	0
46	Computer Server	11/12/97	3,128		3,128	5 MO200DB	3,128	0
47	Computer Workstation	12/03/97	2,585		2,585	5 MO200DB	2,585	0
48	Gateway Workstation	11/09/98	1,810		1,810	5 MO200DB	1,810	0
49	Gateway Workstation	2/03/98	1,322		1,322	5 MO200DB	1,322	0
50	HP 4050 Laser Printer	10/17/99	1,340		1,340	5 MO200DB	1,340	0
51	Gateway Workstation	1/21/99	1,413		1,413	5 MO200DB	1,413	0
52	Fencing	4/03/97	21,167		21,167	10 MO S/L	16,140	2,116
53	Power Pole	6/23/97	1,774		1,774	10 MO S/L	1,353	177
54	Sprinkler System	11/06/97	7,430		7,430	10 MO S/L	5,294	743

23-7174193

Federal Asset Report

FYE: 12/31/2005

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus Sec % 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
55	1995 Intruder 35'	6/25/99	52,290		52,290	7 MO200DB	45,290	4,667
56	Equipment	11/15/99	11,656		11,656	7 MO200DB	10,096	851
57	Cage Dryer-Dog Outfit	3/28/00	343		343	7 MO200DB	275	30
58	Computer-Dell CAJ	6/26/00	1,191		1,191	5 MO200DB	1,122	69
59	Animal Cages-Ctyard	4/25/00	1,100		1,100	7 MO200DB	873	97
60	6781 Sign-Frank	1/28/00	5,000		5,000	7 MO200DB	4,091	436
61	Sign-Paw Prints-Frank	6/07/00	860		860	7 MO200DB	675	77
62	Washer (Hanushek)	8/25/00	675		675	7 MO200DB	516	60
63	Washer (Hanushek)	8/18/00	685		685	7 MO200DB	524	60
64	Computer-Reception	8/23/00	1,030		1,030	5 MO200DB	953	77
65	Regrade Retop Drive	8/14/01	3,278		3,278	10 MO S/L	1,120	328
67	Dell Server	7/31/01	3,117		3,117	5 MO200DB	2,578	341
69	Anesthesia Machine	2/05/02	1,590		1,590	7 MO200DB	895	198
70	Vaporizer	2/05/02	1,453		1,453	7 MO200DB	818	181
71	Autoclave	2/08/02	2,795		2,795	7 MO200DB	1,573	349
72	Scale	2/22/02	999		999	7 MO200DB	562	125
73	Light Centurion	3/19/02	1,200		1,200	7 MO200DB	675	150
74	V Top Table	3/26/02	1,810		1,810	7 MO200DB	1,018	227
75	Wet/Prep Cabinet	3/26/02	1,724		1,724	7 MO200DB	970	215
76	Pulse Ox Alarm	6/03/02	1,015		1,015	7 MO200DB	571	127
77	Voice Mail Phone	9/10/02	2,100		2,100	7 MO200DB	1,495	173
78	Canon Digital Camera	2/12/02	749		749	7 MO200DB	421	94
79	Traps	9/19/02	1,121		1,121	7 MO200DB	631	140
80	Computer - Hanusher	6/30/02	4,944		4,944	5 MO200DB	3,520	570
81	Concrete Walls Etc. in Kennel	6/30/02	7,298		7,298	39 MO S/L	476	187
82	Watering System - Nelson	7/23/02	1,943		1,943	7 MO200DB	1,093	243
83	Gazebo	7/09/03	3,057		3,057	7 MO200DB	2,121	375
	Total Other Depreciation		<u>1,113,956</u>		<u>1,113,956</u>		<u>468,385</u>	<u>38,383</u>
	Total ACRS and Other Depreciation		<u>1,113,956</u>		<u>1,113,956</u>		<u>468,385</u>	<u>38,383</u>
Amortization:								
66	Loan Cost	4/24/01	12,320		12,320	15 MOAmort	3,080	821
			<u>12,320</u>		<u>12,320</u>		<u>3,080</u>	<u>821</u>
	Grand Totals		1,139,846		1,139,846		471,465	40,510
	Less: Dispositions		<u>14,200</u>		<u>14,200</u>		<u>14,200</u>	<u>0</u>
	Net Grand Totals		<u>1,125,646</u>		<u>1,125,646</u>		<u>457,265</u>	<u>40,510</u>

Federal Statements**Form 990, Part I, Line 1a - Direct Public Support**

<u>Description</u>	<u>Cash</u>	<u>Noncash</u>	<u>Total</u>
Contributions from Schedule B	\$ 193,314	\$ 110,000	\$ 303,314
Total	<u>\$ 193,314</u>	<u>\$ 110,000</u>	<u>\$ 303,314</u>

Forms 990 / 990-EZ Return Summary

For calendar year 2005, or tax year beginning _____, and ending _____

23-7174193

Suncoast Humane Society, Inc.

Net Asset / Fund Balance at Beginning of Year		<u>769,738</u>
Revenue		
Contributions	<u>641,202</u>	
Program service revenue	<u>275,919</u>	
Investment income	<u>10,890</u>	
Capital gain / loss	<u>25,605</u>	
Special events:		
Gross revenue	<u>59,107</u>	
Direct expenses	<u>26,768</u>	
Net income	<u>32,339</u>	
Other income	<u>59,139</u>	
Total revenue		<u>1,045,094</u>
Expenses		
Program services	<u>622,009</u>	
Management and general	<u>248,934</u>	
Fundraising	<u>33,534</u>	
Payments to affiliates	<u> </u>	
Total expenses		<u>904,477</u>
Excess / (deficit)		<u>140,617</u>
Other changes		<u>-21,250</u>
Net Asset / Fund Balance at End of Year		<u><u>889,105</u></u>

Reconciliation of Revenue

Total revenue per financial statements	<u>1,023,844</u>
Less	
Unrealized gains	<u>-18,437</u>
Donated services	<u> </u>
Recoveries	<u> </u>
Other	<u> </u>
Plus:	
Investment expenses	<u>2,813</u>
Other	<u> </u>
Total revenue per return	<u><u>1,045,094</u></u>

Reconciliation of Expenses

Total expenses per financial statements	<u>904,477</u>
Less	
Donated services	<u> </u>
Prior year adjustments	<u> </u>
Losses	<u> </u>
Other	<u> </u>
Plus	
Investment expenses	<u> </u>
Other	<u> </u>
Total expenses per return	<u><u>904,477</u></u>

	Beginning	Balance Sheet Ending	Differences
Assets	<u>1,250,999</u>	<u>1,318,434</u>	
Liabilities	<u>481,261</u>	<u>429,329</u>	
Net assets	<u>769,738</u>	<u>889,105</u>	<u>119,367</u>

Miscellaneous Information
Return / extended due date 5/15/06