

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)

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

A For the 2006 calendar year, or tax year beginning _____, **and ending** _____

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

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

C Name of organization
WILLIAMSON COUNTY HUMANE SOCIETY INC.
 Number and street (or P O box if mail is not delivered to street address) Room/suite
10930 E. CRYSTAL FALLS PKWY.
 City or town, state or country, and ZIP + 4
LEANDER TX 78641

D Employer identification number
74-2069592
E Telephone number
512-260-3602
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 Yes No
H(c) Are all affiliates included? Yes No
 (If "No," attach a list. See instructions.)
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

G Website: **WWW.HSWC.NET**

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

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **770,746**

I Group Exemption Number _____
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 (See the instructions.)

		1a		1b		1c		1d		1e	
1 Contributions, gifts, grants, and similar amounts received:											
a Contributions to donor advised funds											
b Direct public support (not included on line 1a)				206,940							
c Indirect public support (not included on line 1a)											
d Government contributions (grants) (not included on line 1a)											
e Total (add lines 1a through 1d) (cash \$ 189,886 noncash \$ 17,054)										206,940	
2 Program service revenue including government fees and contracts (from Part VII, line 93)										503,802	
3 Membership dues and assessments											
4 Interest on savings and temporary cash investments										1,724	
5 Dividends and interest from securities											
6a Gross rents											
b Less rental expenses											
c Net rental income or (loss). Subtract line 6b from line 6a											
7 Other investment income (describe)											
8a Gross amount from sales of assets other than inventory		(A) Securities		(B) Other							
b Less cost or other basis and sales expenses											
c Gain or (loss) (attach schedule)											
d Net gain or (loss). Combine line 8c, columns (A) and (B)											
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 1b)											
b Less direct expenses other than fundraising expenses											
c Net income or (loss) from special events. Subtract line 9b from line 9a										27,918	
10a Gross sales of inventory, less returns and allowances											
b Less cost of goods sold											
c Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a											
11 Other revenue (from Part VII, line 103)										7,285	
12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11										747,669	
13 Program services (from line 44, column (B))										644,913	
14 Management and general (from line 44, column (C))										36,393	
15 Fundraising (from line 44, column (D))											
16 Payments to affiliates (attach schedule)											
17 Total expenses. Add lines 16 and 44, column (A)										681,306	
18 Excess or (deficit) for the year. Subtract line 17 from line 12										66,363	
19 Net assets or fund balances at beginning of year (from line 73, column (A))										368,344	
20 Other changes in net assets or fund balances (attach explanation)											
21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20										434,707	

SEP 04 2007

RECEIVED
 AUG 20 2007
 OGDEN, UT
 IRS-OS

0715

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
22a Grants paid from donor advised funds (attach schedule) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>				
22b Other 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)				
24 Benefits paid to or for members (attach schedule)				
25a Compensation of current officers, directors, key employees, etc listed in Part V-A (attach schedule)				
b Compensation of former officers, directors, key employees, etc listed in Part V-B (attach schedule)				
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)				
26 Salaries and wages of employees not included on lines 25a, b, and c	398,177	372,306	25,871	
27 Pension plan contributions not included on lines 25a, b, and c				
28 Employee benefits not included on lines 25a - 27				
29 Payroll taxes				
30 Professional fundraising fees				
31 Accounting fees				
32 Legal fees				
33 Supplies				
34 Telephone				
35 Postage and shipping				
36 Occupancy	24,939	22,944	1,995	
37 Equipment rental and maintenance	16,087	14,800	1,287	
38 Printing and publications				
39 Travel				
40 Conferences, conventions, and meetings				
41 Interest	16,685	15,350	1,335	
42 Depreciation, depletion, etc (attach schedule)	36,160	33,267	2,893	
43 Other expenses not covered above (itemize):				
a See Statement 1	189,258	186,246	3,012	
b				
c				
d				
e				
f				
g				
44 Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	681,306	644,913	36,393	0

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?

▶ **See Statement 2**

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 See Statement 3

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

660,447

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) ▶

660,447

Form 990 (2006)

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	61,245	45	48,822	
	46 Savings and temporary cash investments	50,005	46	138,539	
	47a Accounts receivable	589			
	b Less: allowance for doubtful accounts		47c	589	
	48a Pledges receivable				
	b Less: allowance for doubtful accounts		48c		
	49 Grants receivable	21,653	49		
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a		
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (att schedule)		50b		
	51a Other notes and loans receivable (attach schedule)				
	b Less: allowance for doubtful accounts		51c		
	52 Inventories for sale or use		52		
	53 Prepaid expenses and deferred charges		53		
	54a Investments—publicly-traded securities		54a		
	b Investments—other securities (attach schedule)		54b		
55a Investments-land, buildings, and equipment: basis					
b Less accumulated depreciation (attach schedule)		55c			
56 Investments-other (attach schedule)		56			
57a Land, buildings, and equipment basis	701,809				
b Less: accumulated depreciation (attach schedule) See Statement 4	238,390	468,414	57c	463,419	
58 Other assets, including program-related investments (describe See Statement 5)	3,530	58	10,712		
59 Total assets (must equal line 74) Add lines 45 through 58	607,739	59	662,081		
Liabilities	60 Accounts payable and accrued expenses	71	60	76	
	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 6)	239,324	65	227,298	
66 Total liabilities. Add lines 60 through 65	239,395	66	227,374		
Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.					
Net Assets or Fund Balances	67 Unrestricted	368,344	67	405,552	
	68 Temporarily restricted		68	29,155	
	69 Permanently restricted		69		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.				
	70 Capital stock, trust principal, or current funds		70		
	71 Paid-in or capital surplus, or land, building, and equipment fund		71		
	72 Retained earnings, endowment, accumulated income, or other funds		72		
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	368,344	73	434,707	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73	607,739	74	662,081		

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	787,631
b	Amounts included on line a but not on Part I, line 12:			
1	Net unrealized gains on investments	b1		
2	Donated services and use of facilities	b2	16,885	
3	Recoveries of prior year grants	b3		
4	Other (specify)	b4		
	Add lines b1 through b4		b	16,885
c	Subtract line b from line a		c	770,746
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	Other (specify)	d2	See Statement 7 -23,077	
	Add lines d1 and d2		d	-23,077
e	Total revenue (Part I, line 12) Add lines c and d		e	747,669

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

a	Total expenses and losses per audited financial statements		a	721,268
b	Amounts included on line a but not Part I, line 17:			
1	Donated services and use of facilities	b1	16,885	
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	16,885
c	Subtract line b from line a		c	704,383
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	See Statement 8 -23,077	
	Add lines d1 and d2		d	-23,077
e	Total expenses (Part I, line 17). Add lines c and d		e	681,306

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) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
JANET OTT 10930 E. CRYSTAL FALLS PKWY LEANDER TX 78641	PRESIDENT 0	0	0	0
SHANDELL BURGESS 10930 E. CRYSTAL FALLS PKWY LEANDER TX 78641	VICE PRES 0	0	0	0
JULIA WHITELY 10930 E. CRYSTAL FALLS PKWY LEANDER TX 78641	SECRETARY 0	0	0	0
H.R. STRICKLAND 10930 E. CRYSTAL FALLS PKWY LEANSER TX 78641	TREASURER 0	0	0	0
DIANE PAPPAS 10930 E. CRYSTAL FALLS PKWY LEANDER TX 78641	BOARD MEMBER 0	0	0	0
KIMBERLY SHEPARD 10930 E. CRYSTAL FALLS PKWY LEANDER TX 78641	BOARD MEMBER 0	0	0	0
SALLIE SCOTT 10930 E. CRYSTAL FALLS PKWY LEANDER TX 78641	BOARD MEMBER 0	0	0	0
KIMBERLY BRONNER 10930 E. CRYSTAL FALLS PKWY LEANDER TX 78641	BOARD MEMBER 0	0	0	0
KIM LUTZ 10930 E. CRYSTAL FALLS PKWY LEANDER TX 78641	BOARD MEMBER 0	0	0	0
SUSAN LANDGRAF 10930 E. CRYSTAL FALLS PKWY LEANDER TX 78641	BOARD MEMBER 0	0	0	0

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	16,885		
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?		
83b	N/A		
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?		
84b	N/A		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		
85a	N/A		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
85b	N/A		
c	Dues, assessments, and similar amounts from members		
85c			
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?		
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) 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			
88a	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
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI		X
88b			
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under section 4911 0 ; section 4912 0 ; section 4955 0		
b	501(c)(3) and 501(c)(4) 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
89b			
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0		
89c			
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization 0		
89d			
e	All organizations: At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
89e			
f	All organizations: Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
89f			
g	For supporting organizations and sponsoring organizations maintaining donor advised funds: Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
89g			
90a	List the states with which a copy of this return is filed None		
b	Number of employees employed in the pay period that includes March 12, 2006 (See instructions)		
90b	16		
91a	The books are in care of H.R. STRICKLAND 10930 E. CRYSTAL FALLS PKWY Located at LEANDER, TX		
	Telephone no. 512-255-1114		
	ZIP + 4 78641		
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 See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
91b			X

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c Yes No

If "Yes," enter the name of the foreign country ▶

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here ▶
and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92 |

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

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a Program Service Revenue					247,032
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					256,770
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	1,724	
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					27,918
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b MISCELLANEOUS			1	7,285	
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0		9,009	531,720
105 Total (add line 104, columns (B), (D), and (E))					540,729

Note: Line 105 plus line 1e, 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).
▼	See Statement 9

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).

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13)

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

Yes	No
	X

(A) Name, address, of each controlled entity	(B) Employer ID Number	(C) Description of transfer	(D) Amount of transfer
a			
b			
c			
Totals			

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

Yes	No
	X

(A) Name, address, of each controlled entity	(B) Employer ID Number	(C) Description of transfer	(D) Amount of transfer
a			
b			
c			
Totals			

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No

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] **HR STRICKLAND, TREASURER** Date **01/31/2007**

Paid Preparer's Use Only

Preparer's signature: *[Signature]* Date: **6/12/07** Check if self-employed: Preparer's SSN or PTIN (See Gen Instr X): **P00271675**

Firm's name (or yours if self-employed), address, and ZIP + 4: **Gindler, Chappell, Morrison & Co., P.C. 100 E. Anderson Lane, Ste. 250 Austin, TX 78752** EIN: **74-2532710** Phone no: **512-833-9600**

**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

2006

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
WILLIAMSON COUNTY HUMANE SOCIETY INC.

Employer identification number
74-2069592

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 2 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 ▶		

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

Schedule A (Form 990 or 990-EZ) 2006

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)		X
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		
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
3a Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)		X
b Did the organization have a section 403(b) annuity plan for its employees?		X
c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement		X
d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?		X
4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g		X
b Did the organization make any taxable distributions under section 4966?		
c Did the organization make a distribution to a donor, donor advisor, or related person?		
d Enter the total number of donor advised funds owned at the end of the tax year ▶ _____		
e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶ _____		
f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶ _____		0
g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶ _____		0

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)

I certify that 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 otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization:
 Type I Type II Type III-Functionally Intergrated Type III-Other

Provide the following information about the supported organizations. (See page 7 of the instructions)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					

14 An organization organized and operated to test for public safety Section 509(a)(4) (See page 7 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) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	432,591	383,448	343,390	212,505	1,371,934
16 Membership fees received					0
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	262,577	166,327	172,520	294,025	895,449
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					0
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 Stmt 10	7,432	6,875	24,059		38,366
23 Total of lines 15 through 22	702,600	556,650	539,969	506,530	2,305,749
24 Line 23 minus line 17	440,023	390,323	367,449	212,505	1,410,300
25 Enter 1% of line 23	7,026	5,567	5,400	5,065	

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24	26a	28,206
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 2002 through 2005 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	1,410,300
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 <u>38,366</u> 26b _____	26d	38,366
e Public support (line 26c minus line 26d total)	26e	1,371,934
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))	26f	97.2796%

27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A

(2005)	(2004)	(2003)	(2002)
--------	--------	--------	--------

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 N/A

(2005)	(2004)	(2003)	(2002)
--------	--------	--------	--------

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	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 2002 through 2005, 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 9 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?	29		
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?	30		
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.)	31		
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?	32d		
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?	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?	33h		
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?	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		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 10 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	
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 13 of the instructions)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(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 13 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

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

Federal Statements

Statement 1 - Form 990, Part II, Line 43 - Other Functional Expenses

Description	Total Expenses	Program Service	Mgt & General	Fund- Raising
	\$	\$	\$	\$
Expenses				
ADVERTISING	1,028	1,028		
ANIMAL CARE	135,541	135,221	320	
AUTOMOBILE EXPENSES	6,074	6,074		
BANK FEES	4,595	4,595		
BAD DEBT EXPENSE	4,171	4,171		
DISPOSAL FEES	3,528	3,528		
DUES & SUBSCRIPTIONS	671	671		
INSURANCE	11,299	10,395	904	
MISCELLANEOUS	17,552	16,148	1,404	
PROFESSIONAL FEES	4,799	4,415	384	
Total	<u>\$ 189,258</u>	<u>\$ 186,246</u>	<u>\$ 3,012</u>	<u>\$ 0</u>

Statement 2 - Form 990, Part III - Organization's Primary Exempt Purpose

TO PROMOTE HUMANE TREATMENT OF ANIMALS IN THE WILLIAMSON COUNTY, TX AREA.

Statement 3 - Form 990, Part III, Line a - Statement of Program Service AccomplishmentsDescription

HIGH VOLUME PET ADOPTIONS: OUR FACILITY IS OPEN SIX DAYS A WEEK FOR ADOPTIONS. OUR TRAINED ADOPTION COUNSELORS MATCH PET CHARACTERISTICS AND TEMPERAMENT TO FAMILY LIFESTYLES. WE CONDUCT OFFSITE ADOPTIONS AT LOCAL BUSINESSES AND EVENTS EVERY WEEKEND. WE HAVE CATS AVAILABLE FOR ADOPTION AT PETSMART SEVEN DAYS A WEEK. WE POST PETS AVAILABLE FOR ADOPTION ON PETFINDER AND OTHER ONLINE RESOURCES TO EXPAND OUR REACH. WE WORK CLOSELY WITH BREED RESCUE AND OTHER LOCAL SHELTERS TO PLACE ANIMALS.

LOW COST SPAY/NEUTER: WE OPERATE THE ONLY LOW COST SPAY/NEUTER CLINIC IN WILLIAMSON COUNTY. OUR ONCE A WEEK CLINIC COMPLETES 30-40 SURGERIES EVERY TUESDAY AND INCLUDES APPOINTMENTS FOR THE PUBLIC AND FOR OUR ADOPTED ANIMALS. THROUGH A PARTNERSHIP WITH EMANCIPET IN AUSTIN, WE FACILITATE AN ADDITIONAL 40-80 SURGERIES A MONTH IN WILLIAMSON COUNTY.

PET RETENTION SERVICES: WE OPERATE A ONCE A MONTH LOW COST WELLNESS CLINIC PROVIDING VITAL VACCINATIONS AND WELLNESS CARE TO LOW INCOME PET OWNERS. ALL OF OUR ADOPTED PETS ARE MICROCHIPPED AND LOW COST MICROCHIPPING IS AVAILABLE TO THE PUBLIC SIX DAYS A WEEK TO ENSURE LOST PETS ARE QUICKLY REUNITED WITH THEIR GUARDIANS. NEW ADOPTERS RECEIVE EDUCATION ON RESPONSIBLE PET OWNERSHIP AND HUMANE EDUCATION IS AVAILABLE FOR SCHOOL AND SCOUT GROUPS.

Federal Statements

Statement 4 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment

Description	Beginning of Year	Accum Deprec	End of Year	Accum Deprec
FURNITURE & EQUIPMENT	\$ 150,992	\$	\$ 170,992	\$
VEHICLES	23,790		22,566	
LAND, BUILDING & IMPROVEMENTS	501,062		508,251	
ACCUMULATED DEPERCIATION (IN TOTAL)		207,430		238,390
Total	\$ 675,844	\$ 207,430	\$ 701,809	\$ 238,390

Statement 5 - Form 990, Part IV, Line 58 - Other Assets

Description	Beginning of Year	End of Year
DONATED PROPERTY INVENTORY	\$ 3,500	\$ 10,469
UTILITY DEPOSIT	30	30
PETSMART GIFT CARD		213
Total	\$ 3,530	\$ 10,712

Statement 6 - Form 990, Part IV, Line 65 - Other Liabilities

Description	Beginning of Year	End of Year
OTHER PAYABLES	\$ 585	\$ 810
ACCRUED LEAVE TIME PAYABLE	2,489	2,458
CURRENT PORTION OF LONG TERM DEBT	12,220	10,959
LONG TERM DEBT	224,030	213,071
Total	\$ 239,324	\$ 227,298

Statement 7 - Form 990, Part IV-A - Other Revenue Included on Return

<u>Description</u>	<u>Amount</u>
RECLASS OF FUNDRAISING EXPENSES TO REVENUE	\$ <u>-23,077</u>
Total	\$ <u><u>-23,077</u></u>

Statement 8 - Form 990, Part IV-B - Other Expenses included on Return

<u>Description</u>	<u>Amount</u>
RECLASS OF FUNDRAISING EXPENSES TO REVENUE	\$ <u>-23,077</u>
Total	\$ <u><u>-23,077</u></u>

Statement 9 - Form 990, Part VIII - Relationship of Activities

<u>Line No.</u>	<u>Description</u>
93a	PROGRAM FEES INCLUDE ADOPTION FEES, RECLAIM FEES, LICENSE FEES AND MEDICAL FEES. ADOPTION, RECLAIM AND LICENSE FEES HELP DEFRAY THE COSTS OF PROVIDING SERVICES FOR HOMELESS ANIMALS AND ACCOMPLISH THE ORGANIZATION'S PRIMARY GOAL OF PLACING COMPANION ANIMALS INTO LIFETIME, LOVING HOMES. MEDICAL FEES PROVIDE FOR VACCINATION OF HEALTHY ANIMALS TO PROTECT AGAINST RABIES AND OTHER DISEASES AND PROVIDE LOW-COST SPAY/NEUTER SERVICES.
93g	THESE CONTRACTS ENABLE THE ORGANIZATION TO PROVIDE A SAFE ENVIRONMENT FOR ANIMALS IMPOUNDED BY ANIMAL CONTROL UNTIL ANIMALS ARE RECLAIMED, ADOPTED, OR HUMANELY EUTHANIZED.

Statement 10 - Schedule A, Part IV-A, Line 22 - Other Income

<u>Description</u>	<u>2005</u>	<u>2004</u>	<u>2003</u>	<u>2002</u>
Total	\$ <u>7,432</u>	\$ <u>6,875</u>	\$ <u>24,059</u>	\$ <u>0</u>

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ 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)

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).

Section 501(c)(3) corporations required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c)(3) corporations required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization WILLIAMSON COUNTY HUMANE SOCIETY INC	Employer identification number 74-2069592	
	Number, street, and room or suite number. If a P.O. box, see instructions. 10930 E. CRYSTAL FALLS PARKWAY		
	City, town, or post office. For a foreign address, see instructions. LEANDER		state ZIP code TX 78641-2234

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 (section 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

The books are in the care of ▶ **H.R. STRICKLAND** -----

Telephone No ▶ **(512) 260-3602** ----- FAX No ▶ **(512) 260-7563** -----

- 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 months for a section 501(c)(3) corporation required to file Form 990-T) extension of time until **Aug 15**, 20 **07**, to file the exempt organization return for the organization named above. The extension is for the organization's return for

- ▶ calendar year 20 **06** or
- ▶ tax year beginning _____, 20 _____, and ending _____, 20 _____

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	3a	\$	0.
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	3b	\$	0.
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	3c	\$	0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

COPY

Form **8868**
(Rev December 2006)

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Department of the Treasury
Internal Revenue Service

▶ 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)

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).

Section 501(c)(3) corporations required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c)(3) corporations required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization WILLIAMSON COUNTY HUMANE SOCIETY INC	Employer identification number 74-2069592
	Number, street, and room or suite number. If a P.O. box, see instructions. 10930 E. CRYSTAL FALLS PARKWAY	
	City, town or post office. For a foreign address, see instructions. LEANDER	state ZIP code TX 78641-2234

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 (section 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

- The books are in the care of ▶ H. R. STRICKLAND

Telephone No ▶ (512) 260-3602 FAX No ▶ (512) 260-7563

- 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 months for a section 501(c)(3) corporation required to file Form 990-T) extension of time until Aug 15, 2007, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year 2006 or
- ▶ tax year beginning _____, 20____, and ending _____, 20____

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	3a \$	0.
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	3b \$	0.
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	3c \$	0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev 12-2006)

COPY

If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box
Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868
If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

Part II Additional (not automatic) 3-Month Extension of Time. You must file original and one copy

Name of Exempt Organization: WILLIAMSON COUNTY HUMANE SOCIETY INC
Employer identification: 74-2069592
10930 E. CRYSTAL FALLS PARKWAY
LEANDER TX 78641-2234

Check type of return to be filed (File a separate application for each return).
[X] Form 990
Form 990-BL
Form 990-EZ
Form 990-PF
Form 990-T (section 401(a) or 408(a) trust)
Form 990-T (trust other than above)
Form 1041-A
Form 4720
Form 5227

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

The books are in care of H.R. STRICKLAND
Telephone No. (512) 260-3602 FAX No. (512) 260-7563
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)

I request an additional 3-month extension of time until Nov 15, 20 07.
For calendar year 2006, or other tax year beginning 20 and ending
If this tax year is for less than 12 months, check reason: Initial return Final return Change in acc
State in detail why you need the extension THE ORGANIZATION'S ANNUAL CERTIFIED AUDIT HAS BEEN COMPLETED, AND THE FORM 990 PREPARED BY THE AUDITING FIRM. ADDITIONAL TIME REQUESTED FOR BOARD OF DIRECTORS TO FORMALLY APPROVE.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions 8a \$
8b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8568 8b \$
8c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instrs 8c \$

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 correct, and I am authorized to prepare this form.
Signature: H.R. Strickland Title: TREASURER Date:

Notice to Applicant. (To be Completed by the IRS)

- We have approved this application. Please attach this form to the organization's return.
We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown on the organization's return (including any prior extensions). This grace period is considered to be a valid extension if the return is filed on a timely filed return. Please attach this form to the organization's return.
We have not approved this application. After considering the reasons stated in item 7 we cannot grant your request for a 10-day grace period. We are not granting a 10-day grace period.
We cannot consider this application because it was filed after the extended due date of the return for which an extension was granted.
Other

Director By Date

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

Name: H R Strickland
Number and street (include suite, room, or apartment number) or a P.O. box number: PO Box 5999
City or town, province or state, and country (including postal or ZIP code): Round Rock TX