

Form **990**

# 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

## 2006

Department of the Treasury  
Internal Revenue Service

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

Open to Public Inspection

**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

**C** Name of organization: **HUMANE SOCIETY OF UTAH**  
 Number and street (or P.O. box if mail is not delivered to street address): **4242 S 300 W**  
 City or town, state or country, and ZIP + 4: **MURRAY, UT 84107**

**D** Employer identification number: **87-0256350**

**E** Telephone number: **801-261-2919**

**F** Accounting method:  Cash  Accrual  
 Other (specify) ▶

**G** Website: ▶ **NONE**

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

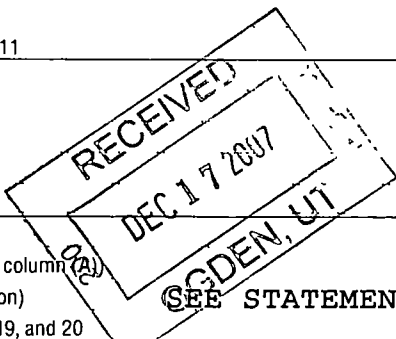
**K** Check here  if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **2,339,240.**

**H and I are not applicable to section 527 organizations**  
**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** If "Yes," enter number of affiliates ▶ **N/A**  
**H(c)** Are all affiliates included? **N/A**  Yes  No (If "No," attach a list.)  
**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No  
**I** Group Exemption Number ▶ **N/A**  
**M** Check  if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances											
Revenue	1	Contributions, gifts, grants, and similar amounts received.									
	a	Contributions to donor advised funds		1a							
	b	Direct public support (not included on line 1a)		1b		929,202.					
	c	Indirect public support (not included on line 1a)		1c							
	d	Government contributions (grants) (not included on line 1a)		1d							
	e	Total (add lines 1a through 1d) (cash \$ <u>929,202.</u> noncash \$ _____)			1e		929,202.				
	2	Program service revenue including government fees and contracts (from Part VII, line 93)			2		1,260,471.				
	3	Membership dues and assessments			3						
	4	Interest on savings and temporary cash investments			4		89,913.				
	5	Dividends and interest from securities			5						
Expenses	6a	Gross rents	SEE STATEMENT 1	6a		27,286.					
	b	Less: rental expenses	SEE STATEMENT 2	6b		7,627.					
	c	Net rental income or (loss). Subtract line 6b from line 6a			6c		19,659.				
	7	Other investment income (describe ▶ _____)			7						
	8a	Gross amount from sales of assets other than inventory	(A) Securities		8a						
			(B) Other		8b						
					8c						
	d	Net gain or (loss). Combine line 8c, columns (A) and (B)			8d						
	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)		9a							
b	Less: direct expenses other than fundraising expenses		9b								
c	Net income or (loss) from special events. Subtract line 9b from line 9a			9c							
10a	Gross sales of inventory, less returns and allowances			10a		32,368.					
		Less: cost of goods sold	STATEMENT 4	10b		21,117.					
		Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	STMT 3		10c		11,251.				
11	Other revenue (from Part VII, line 103)			11							
12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11			12		2,310,496.					
Net Assets	13	Program services (from line 44, column (B))			13		1,521,557.				
	14	Management and general (from line 44, column (C))			14		195,705.				
	15	Fundraising (from line 44, column (D))			15		199,925.				
	16	Payments to affiliates (attach schedule)			16						
	17	Total expenses. Add lines 16 and 44, column (A)			17		1,917,187.				
18	Excess or (deficit) for the year. Subtract line 17 from line 12			18		393,309.					
19	Net assets or fund balances at beginning of year (from line 73, column (A))			19		3,888,770.					
20	Other changes in net assets or fund balances (attach explanation)			20		132,240.					
21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20			21		4,414,319.					

SCANNED JAN 16 2008



**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.

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 \$ <u>0</u> . noncash \$ <u>0</u> . If this amount includes foreign grants, check here <input type="checkbox"/>				
22b Other grants and allocations (attach schedule) (cash \$ <u>0</u> . noncash \$ <u>0</u> . 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 <b>STMT 7</b>	257,967.	257,967.	0.	0.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	0.	0.	0.	0.
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)				
26 Salaries and wages of employees not included on lines 25a, b, and c	656,026.	552,791.	62,570.	40,665.
27 Pension plan contributions not included on lines 25a, b, and c				
28 Employee benefits not included on lines 25a - 27	91,880.	63,927.	21,036.	6,917.
29 Payroll taxes	68,434.	60,939.	4,419.	3,076.
30 Professional fundraising fees				
31 Accounting fees				
32 Legal fees				
33 Supplies	57,960.	48,984.	8,565.	411.
34 Telephone	15,081.	11,198.	3,725.	158.
35 Postage and shipping				
36 Occupancy				
37 Equipment rental and maintenance	59,041.	54,792.	3,875.	374.
38 Printing and publications				
39 Travel				
40 Conferences, conventions, and meetings				
41 Interest				
42 Depreciation, depletion, etc (attach schedule)	114,631.	101,575.	7,806.	5,250.
43 Other expenses not covered above (itemize)				
a _____				
b _____				
c _____				
d _____				
e _____				
f _____				
g <b>SEE STATEMENT 6</b>	596,167.	369,384.	83,709.	143,074.
44 <b>Total functional expenses</b> Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	1,917,187.	1,521,557.	195,705.	199,925.

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 \$ N/A , (ii) the amount allocated to Program services \$ N/A ;

(iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A

**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? <b>HUMANE TREATMENT OF ANIMALS</b>	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)
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.)	
<b>a</b> <u>LOW COST CLINIC FOR ANIMAL SURGERY</u>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	649,599.
<b>b</b> <u>ANIMAL SHELTER</u>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	626,194.
<b>c</b> <u>OUTREACH ADOPTION</u>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	123,112.
<b>d</b> <u>INVESTIGATIONS</u>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	62,354.
<b>e</b> Other program services (attach schedule) <b>SEE STATEMENT 8</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	60,298.
<b>f</b> <b>Total of Program Service Expenses</b> (should equal line 44, column (B), Program services)	<b>1,521,557.</b>

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
<b>Assets</b>	45 Cash - non interest-bearing	383,632.	734,424.
	46 Savings and temporary cash investments		
	47 a Accounts receivable	184,245.	
	b Less allowance for doubtful accounts	31,884.	152,361.
	48 a Pledges receivable		
	b Less allowance for doubtful accounts		
	49 Grants receivable		
	50 a Receivables from current and former officers, directors, trustees, and key employees		
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		
	51 a Other notes and loans receivable		
	b Less allowance for doubtful accounts		
	52 Inventories for sale or use		
	53 Prepaid expenses and deferred charges		10,695.
	54 a Investments - publicly-traded securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		
	b Investments - other securities <b>STMT 9</b> <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	1,650,863.	1,748,859.
55 a Investments - land, buildings, and equipment basis	136,800.		
b Less accumulated depreciation	51,178.	85,622.	
56 Investments - other			
57 a Land, buildings, and equipment basis	3,304,861.		
b Less accumulated depreciation	1,558,146.	1,746,715.	
58 Other assets, including program-related investments (describe ▶ )			
59 <b>Total assets</b> (must equal line 74) Add lines 45 through 58	3,971,790.	4,478,676.	
<b>Liabilities</b>	60 Accounts payable and accrued expenses	34,476.	15,668.
	61 Grants payable		
	62 Deferred revenue		
	63 Loans from officers, directors, trustees, and key employees		
	64 a Tax exempt bond liabilities		
	b Mortgages and other notes payable		
	65 Other liabilities (describe ▶ <b>ACCRUED LIABILITIES</b> )	48,544.	48,689.
66 <b>Total liabilities.</b> Add lines 60 through 65	83,020.	64,357.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74		
	67 Unrestricted	2,236,166.	2,665,265.
	68 Temporarily restricted	1,741.	195.
	69 Permanently restricted	1,650,863.	1,748,859.
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 70 through 74		
	70 Capital stock, trust principal, or current funds		
	71 Paid-in or capital surplus, or land, building, and equipment fund		
	72 Retained earnings, endowment, accumulated income, or other funds		
	73 <b>Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	3,888,770.	4,414,319.
	74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73	3,971,790.	4,478,676.





Part VI Other Information (continued)		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)		
	82b		N/A
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
			N/A
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?		
			N/A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year		
			N/A
c	Dues, assessments, and similar amounts from members		
	85c		N/A
d	Section 162(e) lobbying and political expenditures		
	85d		N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
	85e		N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
	85f		N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
			N/A
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) organizations. Enter a Initiation fees and capital contributions included on line 12		
			N/A
b	Gross receipts, included on line 12, for public use of club facilities		
	86b		N/A
87	501(c)(12) organizations Enter a Gross income from members or shareholders		
			N/A
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
	87b		N/A
88 a	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
88a			
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			
89 a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 0.; section 4912 0.; section 4955 0.		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
89b			
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
			0.
d	Enter Amount of tax on line 89c, above, reimbursed by the organization		
			0.
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			
90 a	List the states with which a copy of this return is filed		UT
b	Number of employees employed in the pay period that includes March 12, 2006	90b	41
91 a	The books are in care of	GENE BAIERSCHMIDT Telephone no 801-261-2919	
	Located at	4242 SOUTH 300 WEST, MURRAY, UT ZIP + 4 84107	
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		
			N/A
	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) Yes No

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 ▶ N/A

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

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

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue					
a <b>ADOPTION FEES</b>					578,877.
b <b>CLINIC FEES</b>					626,507.
c <b>OTHER SUPPORT</b>					55,087.
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					89,913.
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property	532000	19,659.			
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					
102 Gross profit or (loss) from sales of inventory					11,251.
103 Other revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		19,659.		0.	1,361,635.
105 Total (add line 104, columns (B), (D), and (E))					▶ 1,381,294.

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 13

**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) N/A

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

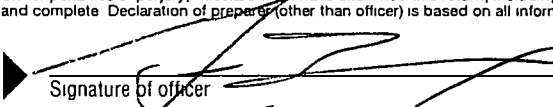
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	Yes	No
a	-----					
b	-----					
c	-----					
<b>Totals</b>						

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.

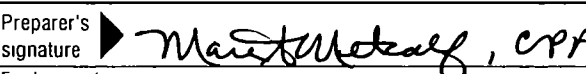
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	Yes	No
a	-----					
b	-----					
c	-----					
<b>Totals</b>						

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?

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.

Please Sign Here:  Date: 12-11-07

Type or print name and title: Gene Baerenschmidt Executive Director

Paid Preparer's Use Only: Preparer's signature:  Date: 11/13/07 Check if self-employed:  Preparer's SSN or PTIN (See Gen. Inst. X):

Firm's name (or yours if self-employed), address, and ZIP + 4: TANNER, LC CPAS 215 SOUTH STATE STREET, SUITE 800 SALT LAKE CITY, UT 84111

EIN: Phone no.: 801-532-7444

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

Department of the Treasury  
Internal Revenue Service

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

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

**Supplementary Information-(See separate instructions.)**

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No 1545-0047

**2006**

Name of the organization **HUMANE SOCIETY OF UTAH** Employer identification number **87 0256350**

**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) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000	▶ 3			

**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
NEWPORT CREATIVE COMMUNICATIONS 33 RAILROAD AVE, DUXBURY, MA 02332	POSTAGE AND MARKETING	123,337.
MWI VETERINARY SUPPLY PO BOX 910, MERIDIAN, ID 83680	VACCINATION/SURGICAL SUPPLIES	106,179.
ALTIUS HEALTH PLANS PO BOX 6550, CAROL STREAM, IL 60917	EMPLOYEE HEALTH INSURANCE	82,741.
Total number of others receiving over \$50,000 for professional services	▶ 0	

**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	▶ 0	

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

		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		X
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a	Sale, exchange, or leasing of property?		X
b	Lending of money or other extension of credit?		X
c	Furnishing of goods, services, or facilities?		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	X	
e	Transfer of any part of its income or assets?		X
3	a 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
4	a 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?	N/A	
c	Did the organization make a distribution to a donor, donor advisor, or related person?	N/A	
d	Enter the total number of donor advised funds owned at the end of the tax year	▶	N/A
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year	▶	N/A
f	Enter the total number of separate funds or accounts owned at the end of the 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 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 Integrated       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	
<b>Total</b>					<input type="checkbox"/>

- 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.)	677,231.	466,869.	2,289,574.	625,759.	4,059,433.
16 Membership fees received					
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	1,056,816.	979,888.	902,655.	835,954.	3,775,313.
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	60,319.	9,817.	7,243.	7,339.	84,718.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	31,611.		SEE STATEMENT 14		31,611.
23 Total of lines 15 through 22	1,825,977.	1,456,574.	3,199,472.	1,469,052.	7,951,075.
24 Line 23 minus line 17	769,161.	476,686.	2,296,817.	633,098.	4,175,762.
25 Enter 1% of line 23	18,260.	14,566.	31,995.	14,691.	
26 Organizations described on lines 10 or 11. a Enter 2% of amount in column (e), line 24					26a 83,515.
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 0.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 4,175,762.
d Add: Amounts from column (e) for lines: 18 84,718. 19 _____ 22 31,611. 26b _____					26d 116,329.
e Public support (line 26c minus line 26d total)					26e 4,059,433.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 97.2142%
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 N/A
d Add: Line 27a total _____ and line 27b total _____					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)			27f N/A		
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %

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

N/A

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

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement )		
<hr/> <hr/> <hr/>			
32	Does the organization maintain the following.		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement )	32d	
<hr/> <hr/>			
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement )	33h	
<hr/> <hr/>			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b	
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	

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

N/A

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

Check  a if the organization belongs to an affiliated group Check  b if you checked "a" and "limited control" provisions apply

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred )		(a) Affiliated group totals	(b) To be completed for all electing organizations												
		N/A													
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36													
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37													
38	Total lobbying expenditures (add lines 36 and 37)	38													
39	Other exempt purpose expenditures	39													
40	Total exempt purpose expenditures (add lines 38 and 39)	40													
41	Lobbying nontaxable amount. Enter the amount from the following table -														
	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"><b>If the amount on line 40 is -</b></td> <td style="width: 50%;"><b>The lobbying nontaxable amount is -</b></td> </tr> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 40</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </table>	<b>If the amount on line 40 is -</b>	<b>The lobbying nontaxable amount is -</b>	Not over \$500,000	20% of the amount on line 40	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000	41	
<b>If the amount on line 40 is -</b>	<b>The lobbying nontaxable amount is -</b>														
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				N/A
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
45	Lobbying nontaxable amount				0.
46	Lobbying ceiling amount (150% of line 45(e))				0.
47	Total lobbying expenditures				0.
48	Grassroots nontaxable amount				0.
49	Grassroots ceiling amount (150% of line 48(e))				0.
50	Grassroots lobbying expenditures				0.

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

(For reporting only by organizations that did not complete Part VI-A) (See page 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:	Yes	No	Amount
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 )			0.

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



[17-3539]  
**Depreciation Expense**  
Financial

01/01/2006 - 12/31/2006

System No.	S	Description	Date In Service	Method / Conv.	Life	Cost / Other Basis	Bus./ Inv. %	Sec. 179/ Bonus	Salvage/ Basis Adj.	Beg. Accum. Depreciation	Current Depreciation	Total Depreciation
<b>Auto Equipment</b>												
6		Auto	1/1/1989	MSL / HY	5 0000	48,796 00	100 0000	0 00	0 00	48,796 00	0 00	48,796 00
7		Pickup,	4/18/1997	SL / N/A	5 0000	19,483 59	100 0000	0 00	0 00	6,644 29	0 00	6,644 29
8		2 Bed Shell	5/5/1997	SL / N/A	5 0000	445 00	100 0000	0 00	0 00	445 00	0 00	445 00
9		Box	1/31/1998	SL / N/A	5 0000	9,000 00	100 0000	0 00	0 00	9,000 00	0 00	9,000 00
115		Penske	7/1/2005	M / HY	5 0000	8,198 00	100 0000	0 00	0 00	1,639 60	2,623 36	4,262 96
		Subtotal Auto Equipment				85,902.59		0.00	0.00	66,524.89	2,623.36	68,148.25
		Less dispositions and exchanges				0 00		0 00	0 00	0 00	0 00	0 00
		<b>Net for: Auto Equipment</b>				<b>85,902.59</b>		<b>0.00</b>	<b>0.00</b>	<b>66,524.89</b>	<b>2,623.36</b>	<b>69,148.25</b>
<b>Auto-Outreach</b>												
4		Adopt-o-	8/16/2001	SL / N/A	5 0000	67,216 85	100 0000	0 00	0 00	58,856 18	8,360 67	67,216 85
5		1998 Ford	1/27/2003	SL / N/A	5 0000	13,605 50	100 0000	0 00	0 00	7,969 47	2,721 10	10,690 57
		Subtotal Auto-Outreach				80,822.35		0.00	0.00	66,825.65	11,081.77	77,907.42
		Less dispositions and exchanges				0 00		0 00	0 00	0 00	0 00	0 00
		<b>Net for: Auto-Outreach</b>				<b>80,822.35</b>		<b>0.00</b>	<b>0.00</b>	<b>66,825.65</b>	<b>11,081.77</b>	<b>77,907.42</b>
<b>Buildings</b>												
10		Mury	1/1/1992	SL / N/A	30 0000	1,793,735 00	100 0000	0 00	0 00	837,416 98	59,791 17	897,208 15
11			2/10/2001	SL / N/A	30 0000	23,451 62	100 0000	0 00	0 00	3,822 93	781 72	4,604 65
		Subtotal Buildings				1,817,186.62		0.00	0.00	841,239.91	60,572.89	901,812.80
		Less dispositions and exchanges				0 00		0 00	0 00	0 00	0 00	0 00
		<b>Net for: Buildings</b>				<b>1,817,186.62</b>		<b>0.00</b>	<b>0.00</b>	<b>841,239.91</b>	<b>60,572.89</b>	<b>901,812.80</b>
<b>Clinic Equipment</b>												
12		Various	1/1/1984	SL / N/A	10 0000	49,302 00	100 0000	0 00	0 00	49,302 00	0 00	49,302 00
13		Computer	10/18/1994	SL / N/A	5 0000	911 80	100 0000	0 00	0 00	911 80	0 00	911 80
14		Clinic	12/4/1995	SL / N/A	10 0000	1,168 00	100 0000	0 00	0 00	1,167 23	0 00	1,167 23
15		Anesthesia	11/3/1995	SL / N/A	10 0000	2,890 00	100 0000	0 00	0 00	2,888 55	0 00	2,888 55
16		Mobile Exam	7/1/1996	SL / N/A	7 0000	406 50	100 0000	0 00	0 00	406 50	0 00	406 50
17		X-ray	8/7/1998	SL / N/A	5 0000	4,990 00	100 0000	0 00	0 00	4,990 00	0 00	4,990 00
18		Telephone	12/29/1998	SL / N/A	5 0000	238 78	100 0000	0 00	0 00	238 78	0 00	238 78
19		Hitachi 17*	2/20/2001	SL / N/A	5 0000	259 90	100 0000	0 00	0 00	252 78	7 12	259 90
20		Replaced 3	6/1/2003	SL / N/A	5 0000	193 70	100 0000	0 00	0 00	99 13	38 74	137 87
21		Desk	8/22/2003	SL / N/A	7 0000	230 00	100 0000	0 00	0 00	77 60	32 86	110 46
125		ONE SHOR-	4/24/2006	SL / N/A	7 0000	3,499 00	100 0000	0 00	0 00	0 00	333 24	333 24
129		20 GALLON	6/21/2006	SL / N/A	7 0000	149 00	100 0000	0 00	0 00	0 00	10 65	10 65
		Subtotal Clinic Equipment				64,238.68		0.00	0.00	60,334.37	422.61	60,756.98
		Less dispositions and exchanges				0 00		0 00	0 00	0 00	0 00	0 00
		<b>Net for: Clinic Equipment</b>				<b>64,238.68</b>		<b>0.00</b>	<b>0.00</b>	<b>60,334.37</b>	<b>422.61</b>	<b>60,756.98</b>
<b>Clinic Furniture</b>												
124		2	4/18/2006	SL / N/A	7 0000	468 00	100 0000	0 00	0 00	0 00	44 57	44 57

# Depreciation Expense

Financial

01/01/2006 - 12/31/2006

System No.	S	Description	Date In Service	Method / Conv.	Life	Cost / Other Basis	Bus./ Inv. %	Sec. 179/ Bonus	Salvage/ Basis Adj.	Beg. Accum. Depreciation	Current Depreciation	Total Depreciation
<b>Clinic Furniture</b>												
130		2 - FUSION	6/15/2006	SL / N/A	7 0000	994.00	100.0000	0.00	0.00	0.00	82.83	82.83
131		MISSION	6/22/2006	SL / N/A	7 0000	179.98	100.0000	0.00	0.00	0.00	12.86	12.86
132		CHENILLE	6/22/2006	SL / N/A	7.0000	55.98	100.0000	0.00	0.00	0.00	4.00	4.00
		Subtotal Clinic Furniture				1,697.96		0.00	0.00	0.00	144.26	144.26
		Less dispositions and exchanges				0.00		0.00	0.00	0.00	0.00	0.00
		<b>Net for: Clinic Furniture</b>				<b>1,697.96</b>		<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>144.26</b>	<b>144.26</b>
<b>Equipment &amp; Machinery</b>												
22		Commercia	9/5/1997	SL / N/A	7 0000	1,886.00	100.0000	0.00	0.00	1,883.29	0.00	1,883.29
23		Water	6/25/2001	SL / N/A	5 0000	9,481.31	100.0000	0.00	0.00	8,572.14	909.17	9,481.31
24		Float	7/18/2001	SL / N/A	5 0000	1,445.00	100.0000	0.00	0.00	1,288.23	156.77	1,445.00
119		WERNER 20'	1/15/2006	SL / N/A	7 0000	172.00	100.0000	0.00	0.00	0.00	24.57	24.57
134		2 - SPEED	9/20/2006	SL / N/A	7 0000	943.20	100.0000	0.00	0.00	0.00	33.69	33.69
137		2 - QUEEN	9/20/2006	SL / N/A	7 0000	5,356.00	100.0000	0.00	0.00	0.00	191.29	191.29
138		2 - 8" STEEL	9/20/2006	SL / N/A	7 0000	500.00	100.0000	0.00	0.00	0.00	17.86	17.86
155		2 - 20 LBS	9/20/2006	SL / N/A	7 0000	500.00	100.0000	0.00	0.00	0.00	196.64	196.64
156		2 - 8' BASES	9/20/2006	SL / N/A	7 0000	500.00	100.0000	0.00	0.00	0.00	17.86	17.86
157		2 - SPEED	9/20/2006	SL / N/A	7 0000	1,093.20	100.0000	0.00	0.00	0.00	39.04	39.04
		Subtotal Equipment & Machinery				26,882.71		0.00	0.00	11,743.66	1,586.89	13,330.55
		Less dispositions and exchanges.				0.00		0.00	0.00	0.00	0.00	0.00
		<b>Net for: Equipment &amp; Machinery</b>				<b>26,882.71</b>		<b>0.00</b>	<b>0.00</b>	<b>11,743.66</b>	<b>1,586.89</b>	<b>13,330.55</b>
<b>Investment Property</b>												
29		Butterfield	1/1/1993	No Calc / N/A	5 0000	38,100.00	100.0000	0.00	0.00	0.00	0.00	0.00
30		Butterfield	1/10/1993	SL / N/A	27 0000	98,700.00	100.0000	0.00	0.00	47,522.12	3,655.56	51,177.68
		Subtotal Investment Property				136,800.00		0.00	0.00	47,522.12	3,655.56	51,177.68
		Less dispositions and exchanges:				0.00		0.00	0.00	0.00	0.00	0.00
		<b>Net for: Investment Property</b>				<b>136,800.00</b>		<b>0.00</b>	<b>0.00</b>	<b>47,522.12</b>	<b>3,655.56</b>	<b>51,177.68</b>
<b>Land Improvements</b>												
31		Various Land	1/1/1965	SL / N/A	5 0000	23,470.00	100.0000	0.00	0.00	23,470.00	0.00	23,470.00
32		Message	10/10/1993	SL / N/A	30 0000	30,752.00	100.0000	0.00	0.00	12,813.84	1,025.07	13,838.91
33		Sprinkler	1/1/1993	SL / N/A	30 0000	8,978.00	100.0000	0.00	0.00	2,244.89	299.27	2,544.16
34		Lawn Hydro-	1/1/1993	SL / N/A	30 0000	4,500.00	100.0000	0.00	0.00	1,125.00	150.00	1,275.00
35		Puppy	1/15/1999	SL / N/A	10 0000	25,699.00	100.0000	0.00	0.00	17,890.73	2,569.90	20,460.63
36		Sprinkler	8/27/2001	SL / N/A	10 0000	5,565.00	100.0000	0.00	0.00	2,419.63	556.50	2,976.13
37		Sprinkler	4/29/2003	SL / N/A	15 0000	8,492.42	100.0000	0.00	0.00	1,515.45	566.16	2,081.61
38		New Sod on	5/20/2003	SL / N/A	15 0000	2,768.29	100.0000	0.00	0.00	483.37	184.55	667.92
39		Electric Sign	2/7/2003	SL / N/A	15 0000	272,343.11	100.0000	0.00	0.00	52,628.14	18,156.21	70,784.35
40		Constructed	7/9/2003	SL / N/A	15 0000	3,200.00	100.0000	0.00	0.00	529.53	213.33	742.86
41		Parking Lot	9/22/2003	SL / N/A	15 0000	6,333.63	100.0000	0.00	0.00	961.32	422.24	1,383.56
110		Sign	8/6/2004	SL / N/A	15 0000	75,897.00	100.0000	0.00	0.00	7,168.05	5,059.80	12,227.85

[17-3539]  
**Depreciation Expense**  
Financial

01/01/2006 - 12/31/2006

System No.	S	Description	Date in Service	Method / Conv.	Life	Cost / Other Basis	Bus./ Inv. %	Sec. 179/ Bonus	Salvage/ Basis Adj.	Beg. Accum. Depreciation	Current Depreciation	Total Depreciation
Subtotal Land Improvements												
Less dispositions and exchanges.												
Net for: Land Improvements												
Leasehold Improvements												
139		60' of 6"	9/20/2006	SL / N/A	39.0000	450.00	100.0000	0.00	0.00	0.00	2.89	2.89
140		2 - CFM	9/20/2006	SL / N/A	39.0000	337.50	100.0000	0.00	0.00	0.00	2.16	2.16
141		2 - RELAYS	9/20/2006	M / MM	39.0000	90.28	100.0000	0.00	0.00	0.00	0.68	0.68
142		LINOLEUM	7/15/2006	SL / N/A	39.0000	148.54	100.0000	0.00	0.00	0.00	148.54	148.54
152		PAINTING	9/15/2006	SL / N/A	39.0000	4,700.00	100.0000	0.00	0.00	0.00	40.17	40.17
153		PAINTING	10/15/2006	M / MM	39.0000	1,600.00	100.0000	0.00	0.00	0.00	8.55	8.55
154		PAINTING	10/15/2006	SL / N/A	39.0000	85.53	100.0000	0.00	0.00	0.00	85.53	85.53
158		60' OF 6"	9/20/2006	SL / N/A	39.0000	807.00	100.0000	0.00	0.00	0.00	5.17	5.17
159		2 - 250 CFM	9/20/2006	SL / N/A	39.0000	603.50	100.0000	0.00	0.00	0.00	3.87	3.87
160		2 - RELAYS	9/20/2006	SL / N/A	39.0000	167.28	100.0000	0.00	0.00	0.00	1.07	1.07
Subtotal: Leasehold Improvements												
Less dispositions and exchanges												
Net for: Leasehold Improvements												
Office Equipment												
1		Printer	5/5/2003	SL / N/A	5.0000	495.43	100.0000	0.00	0.00	263.60	99.09	362.69
2		CD-Rom	12/31/2003	SL / N/A	5.0000	180.00	100.0000	0.00	0.00	72.00	36.00	108.00
3		Desk	2/18/2003	SL / N/A	7.0000	229.98	100.0000	0.00	0.00	94.23	32.85	127.08
42		Various	1/1/1988	SL / N/A	10.0000	124,222.00	100.0000	0.00	0.00	124,222.00	0.00	124,222.00
43		Info Center	1/1/1993	SL / N/A	10.0000	2,500.00	100.0000	0.00	0.00	2,375.00	0.00	2,375.00
44		Building	1/1/1993	SL / N/A	10.0000	3,799.00	100.0000	0.00	0.00	3,609.10	0.00	3,609.10
45		Computer	11/17/1994	SL / N/A	5.0000	1,000.00	100.0000	0.00	0.00	1,000.00	0.00	1,000.00
46		Mail	8/24/1994	SL / N/A	5.0000	567.25	100.0000	0.00	0.00	510.53	0.00	510.53
47		Computer	8/12/1994	SL / N/A	5.0000	649.00	100.0000	0.00	0.00	584.10	0.00	584.10
48		Computer	2/10/1994	SL / N/A	5.0000	4,221.00	100.0000	0.00	0.00	3,891.60	0.00	3,891.60
49		Folding	12/4/1995	SL / N/A	10.0000	339.90	100.0000	0.00	0.00	339.68	0.00	339.68
50		Voice Mail	11/21/1995	SL / N/A	5.0000	6,000.00	100.0000	0.00	0.00	6,000.00	0.00	6,000.00
51		Macintosh	3/17/1995	SL / N/A	5.0000	6,000.00	100.0000	0.00	0.00	6,000.00	0.00	6,000.00
52		Server	2/6/1995	SL / N/A	5.0000	4,994.00	100.0000	0.00	0.00	4,994.00	0.00	4,994.00
53		Storage	5/1/1996	SL / N/A	5.0000	191.85	100.0000	0.00	0.00	191.85	0.00	191.85
54		Computer	8/9/1996	SL / N/A	5.0000	1,233.46	100.0000	0.00	0.00	1,233.46	0.00	1,233.46
55		Okidata	9/5/1996	SL / N/A	5.0000	498.00	100.0000	0.00	0.00	498.00	0.00	498.00
56		Office Desk	11/19/1996	SL / N/A	7.0000	1,273.34	100.0000	0.00	0.00	1,273.34	0.00	1,273.34
57		Computer	11/1/1996	SL / N/A	5.0000	1,200.00	100.0000	0.00	0.00	1,200.00	0.00	1,200.00
58		Phones,	1/1/1997	SL / N/A	5.0000	0.00	100.0000	0.00	0.00	0.00	0.00	0.00
59		Computer	6/1/1997	SL / N/A	5.0000	7,794.00	100.0000	0.00	0.00	7,794.00	0.00	7,794.00
60		Computer	6/30/1997	SL / N/A	5.0000	6,334.00	100.0000	0.00	0.00	6,334.00	0.00	6,334.00
61		Cellular	9/2/1997	SL / N/A	5.0000	244.02	100.0000	0.00	0.00	244.02	0.00	244.02
62		Computer	11/20/1997	SL / N/A	5.0000	339.00	100.0000	0.00	0.00	339.00	0.00	339.00

[17-3539]  
**Depreciation Expense**  
 Financial

01/01/2006 - 12/31/2006

System No.	S	Description	Date In Service	Method / Conv.	Life	Cost / Other Basis	Bus./ Inv. %	Sec. 179/ Bonus	Salvage/ Basis Adj.	Beg. Accum. Depreciation	Current Depreciation	Total Depreciation
<b>Office Equipment</b>												
63		Office	7/14/1998	SL / N/A	5 0000	800 00	100 0000	0 00	0 00	800 00	0 00	800 00
64		Blackbaud	11/17/1999	SL / N/A	3 0000	11,590 00	100 0000	0 00	0 00	11,590 00	0 00	11,590 00
65		Copy	8/9/2000	SL / N/A	5 0000	1,063 49	100 0000	0 00	0 00	1,059 14	0 00	1,059 14
66		Copy	10/5/2000	SL / N/A	5 0000	1,063 49	100 0000	0 00	0 00	1,061 46	0 00	1,061 46
67		HP DeskJet	2/10/2001	SL / N/A	5 0000	265 96	100 0000	0 00	0 00	265 96	0 00	265 96
68		Flat Bed	11/19/2001	SL / N/A	5 0000	129 00	100 0000	0 00	0 00	106 24	22 76	129 00
69		FujiFilm	3/26/2001	SL / N/A	5 0000	1,000 00	100 0000	0 00	0 00	953 97	46 03	1,000 00
70		Printer	3/1/2002	SL / N/A	5 0000	399 00	100 0000	0 00	0 00	306 30	79 80	386 10
71		Work Station	3/20/2002	SL / N/A	5 0000	1,051 62	100 0000	0 00	0 00	796 34	210 32	1,006 66
72		Software	10/31/2002	SL / N/A	3 0000	320 00	100 0000	0 00	0 00	320 00	0 00	320 00
73		Work Station	3/1/2002	SL / N/A	5 0000	738 00	100 0000	0 00	0 00	566 54	147 60	714 14
74		HP Laserjet	5/31/2003	SL / N/A	5 0000	399 00	100 0000	0 00	0 00	206 61	79 80	286 41
75		Cash	1/1/2003	SL / N/A	5 0000	199 99	100 0000	0 00	0 00	120 00	40 00	160 00
109		Clinic	7/10/2004	SL / N/A	5 0000	3,960 18	100 0000	0 00	0 00	1,188 06	792 04	1,980 10
111		Deil Laptop	2/1/2005	M / HY	5 0000	1,141 00	100 0000	0 00	0 00	228 20	365 12	593 32
112		Education	8/1/2005	M / HY	5 0000	798 00	100 0000	0 00	0 00	159 60	255 36	414 96
113		Vet office	8/1/2005	M / HY	5 0000	1,089 00	100 0000	0 00	0 00	217 80	348 48	566 28
114		Volunteer	10/1/2005	M / HY	5 0000	827 00	100 0000	0 00	0 00	165 40	264 64	430 04
117		17' FLAT-	1/15/2006	SL / N/A	5 0000	245 00	100 0000	0 00	0 00	0 00	49 00	49 00
118		-----	1/15/2006	SL / N/A	7 0000	68 87	100 0000	0 00	0 00	0 00	9 84	9 84
121		DVD/OCR	2/15/2006	SL / N/A	5 0000	118 86	100 0000	0 00	0 00	0 00	19 81	19 81
122		ROYAL	2/15/2006	SL / N/A	5 0000	199 84	100 0000	0 00	0 00	0 00	33 31	33 31
123		DELL	3/17/2006	SL / N/A	5 0000	223 82	100 0000	0 00	0 00	0 00	33 57	33 57
126		KODAK	5/15/2006	SL / N/A	5 0000	274 97	100 0000	0 00	0 00	0 00	36 66	36 66
127		SMITH	5/15/2006	SL / N/A	5 0000	79 99	100 0000	0 00	0 00	0 00	10 67	10 67
128		SMITH	6/13/2006	SL / N/A	5 0000	155 00	100 0000	0 00	0 00	0 00	18 08	18 08
Subtotal Office Equipment						202,506.31		0.00	0.00	193,175.13	3,030.83	196,205.96
Less dispositions and exchanges						0 00		0 00	0 00	0 00	0 00	0 00
<b>Net for: Office Equipment</b>						<b>202,506.31</b>		<b>0.00</b>	<b>0.00</b>	<b>193,175.13</b>	<b>3,030.83</b>	<b>196,205.96</b>
<b>Office Furniture</b>												
76		Vanous	1/1/1991	SL / N/A	10 0000	6,458 00	100 0000	0 00	0 00	6,429 60	0 00	6,429 60
77		Auditorium	1/1/1993	SL / N/A	10 0000	2,100 00	100 0000	0 00	0 00	1,995 00	0 00	1,995 00
78		Executive	6/4/1997	SL / N/A	7 0000	285 00	100 0000	0 00	0 00	284 79	0 00	284 79
79		CockTail	6/4/1997	SL / N/A	7 0000	229 00	100 0000	0 00	0 00	228 83	0 00	228 83
80		Side Chairs	6/4/1997	SL / N/A	7 0000	220 00	100 0000	0 00	0 00	219 84	0 00	219 84
81		Filing	7/31/1997	SL / N/A	5 0000	239 90	100 0000	0 00	0 00	239 90	0 00	239 90
82		Filing	7/31/1997	SL / N/A	5 0000	199 99	100 0000	0 00	0 00	199 99	0 00	199 99
83		Chairs For	1/13/1999	SL / N/A	7 0000	2,384 04	100 0000	0 00	0 00	2,208 15	0 00	2,208 15
84		3 Chairs &	2/22/2001	SL / N/A	7 0000	615 21	100 0000	0 00	0 00	426 93	87 89	514 82
85		Computer	11/30/2003	SL / N/A	5 0000	668 00	100 0000	0 00	0 00	362 42	173 60	536 02
143		MAJESTIC	12/19/2006	SL / N/A	7 0000	5,644 25	100 0000	0 00	0 00	0 00	0 00	0 00

# Depreciation Expense

Financial

01/01/2006 - 12/31/2006

System No.	S	Description	Date In Service	Method / Conv.	Life	Cost / Other Basis	Bus./ Inv. %	Sec. 179/ Bonus	Salvage/ Basis Adj.	Beg. Accum. Depreciation	Current Depreciation	Total Depreciation
<b>Office Furniture</b>												
144		MAJESTIC	12/19/2006	SL / N/A	7 0000	4,433.50	100.0000	0.00	0.00	0.00	0.00	0.00
145		MAJESTIC	12/19/2006	SL / N/A	7 0000	1,780.71	100.0000	0.00	0.00	0.00	0.00	0.00
146		22 DIVIDED	12/19/2006	SL / N/A	7 0000	400.62	100.0000	0.00	0.00	0.00	0.00	0.00
147		2 LARGE	12/19/2006	SL / N/A	7 0000	42.08	100.0000	0.00	0.00	0.00	0.00	0.00
148		SA MDHCK	12/19/2006	SL / N/A	7 0000	69.95	100.0000	0.00	0.00	0.00	0.00	0.00
149		4 DRAWER,	8/3/2006	SL / N/A	7 0000	186.63	100.0000	0.00	0.00	0.00	11.11	11.11
151		4 DRAWER	8/3/2006	SL / N/A	7 0000	186.63	100.0000	0.00	0.00	0.00	11.11	11.11
Subtotal Office Furniture						26,343.51		0.00	0.00	12,595.45	283.71	12,879.16
Less dispositions and exchanges						0.00		0.00	0.00	0.00	0.00	0.00
Net for: Office Furniture						26,343.51		0.00	0.00	12,595.45	283.71	12,879.16
<b>Outreach - Furniture</b>												
135		MILL'S	8/2/2006	SL / N/A	7 0000	49.97	100.0000	0.00	0.00	0.00	2.98	2.98
136		LOCKING	8/2/2006	SL / N/A	7 0000	56.86	100.0000	0.00	0.00	0.00	3.38	3.38
150		4 DRAWER,	8/3/2006	SL / N/A	7 0000	186.63	100.0000	0.00	0.00	0.00	11.11	11.11
Subtotal Outreach - Furniture						293.46		0.00	0.00	0.00	17.47	17.47
Less dispositions and exchanges						0.00		0.00	0.00	0.00	0.00	0.00
Net for: Outreach - Furniture						293.46		0.00	0.00	0.00	17.47	17.47
<b>Outreach-Equipment</b>												
25		Work Station	11/13/2002	SL / N/A	5 0000	738.00	100.0000	0.00	0.00	462.61	147.60	610.21
26		Computer	1/31/2003	SL / N/A	5 0000	1,596.00	100.0000	0.00	0.00	931.36	319.20	1,250.56
27		New	1/31/2003	SL / N/A	5 0000	400.00	100.0000	0.00	0.00	233.42	80.00	313.42
28		HP7660	12/31/2003	SL / N/A	5 0000	148.72	100.0000	0.00	0.00	59.48	29.74	89.22
120		SONY DSCS	2/15/2006	SL / N/A	5 0000	138.55	100.0000	0.00	0.00	0.00	23.09	23.09
Subtotal Outreach-Equipment						3,021.27		0.00	0.00	1,686.87	599.63	2,286.50
Less dispositions and exchanges						0.00		0.00	0.00	0.00	0.00	0.00
Net for: Outreach-Equipment						3,021.27		0.00	0.00	1,686.87	599.63	2,286.50
<b>Shelter Equipment</b>												
86		Various	1/1/1985	SL / N/A	10 0000	58,411.00	100.0000	0.00	0.00	58,411.00	0.00	58,411.00
87		Computer	4/28/1994	SL / N/A	5 0000	425.95	100.0000	0.00	0.00	383.36	0.00	383.36
88		Computer	12/8/1994	SL / N/A	5 0000	314.13	100.0000	0.00	0.00	282.73	0.00	282.73
89		Dog Carriers	10/7/1996	SL / N/A	5 0000	170.00	100.0000	0.00	0.00	170.00	0.00	170.00
90		High	4/30/1997	SL / N/A	5 0000	209.52	100.0000	0.00	0.00	209.52	0.00	209.52
91		Kodak 120	6/23/1997	SL / N/A	5 0000	949.00	100.0000	0.00	0.00	949.00	0.00	949.00
92		Hand Dryer	6/6/1997	SL / N/A	5 0000	1,020.00	100.0000	0.00	0.00	1,020.00	0.00	1,020.00
93		Mobile Cage	11/21/1997	SL / N/A	5 0000	785.20	100.0000	0.00	0.00	785.20	0.00	785.20
94		Washing	9/16/1998	SL / N/A	5 0000	1,640.00	100.0000	0.00	0.00	1,640.00	0.00	1,640.00
95		Dryer	11/20/1998	SL / N/A	5 0000	725.51	100.0000	0.00	0.00	725.51	0.00	725.51
96		File Server	12/31/1999	SL / N/A	5 0000	1,075.00	100.0000	0.00	0.00	1,075.00	0.00	1,075.00
97		Novell	12/31/1999	SL / N/A	3 0000	994.00	100.0000	0.00	0.00	994.00	0.00	994.00

[17-3539]  
**Depreciation Expense**  
Financial

01/01/2006 - 12/31/2006

87-0256350  
01/01/2006 - 12/31/2006  
Sorted: General - category

System No.	S	Description	Date In Service	Method / Conv.	Life	Cost / Other Basis	Bus./ Inv. %	Sec. 179/ Bonus	Salvage/ Basis Adj.	Beg. Accum. Depreciation	Current Depreciation	Total Depreciation
<b>Shelter Equipment</b>												
98		Cat Colony	7/8/2002	SL / N/A	5 0000	350.00	100 0000	0.00	0.00	243.95	70.00	313.95
99		Work Station	9/9/2002	SL / N/A	5 0000	1,073.00	100 0000	0.00	0.00	710.83	214.60	925.43
100		HP Desk Jet	9/18/2002	SL / N/A	5 0000	320.00	100 0000	0.00	0.00	210.41	64.00	274.41
101		Royal Alpha	12/16/2002	SL / N/A	5 0000	199.00	100 0000	0.00	0.00	121.14	39.80	160.94
102		North	4/29/2003	SL / N/A	5 0000	1,170.00	100 0000	0.00	0.00	626.35	234.00	860.35
103		Receiving	5/31/2003	SL / N/A	5 0000	1,238.00	100 0000	0.00	0.00	641.05	247.60	888.65
104		Replaced 3	8/26/2003	SL / N/A	5 0000	213.70	100 0000	0.00	0.00	100.47	42.74	143.21
105		Replaced 3	12/4/2003	SL / N/A	5 0000	213.70	100 0000	0.00	0.00	88.76	42.74	131.50
106		CR-Rom	7/31/2003	SL / N/A	5 0000	245.00	100 0000	0.00	0.00	118.67	49.00	167.67
107		Hub Switch	9/9/2003	SL / N/A	5 0000	210.00	100 0000	0.00	0.00	97.12	42.00	139.12
108		New Dryer	1/1/2003	SL / N/A	5 0000	319.80	100 0000	0.00	0.00	191.88	63.95	255.84
Subtotal Shelter Equipment						72,271.51		0.00	0.00	69,795.95	1,110.44	70,906.39
Less dispositions and exchanges.						0.00		0.00	0.00	0.00	0.00	0.00
<b>Net for: Shelter Equipment</b>						<b>72,271.51</b>		<b>0.00</b>	<b>0.00</b>	<b>69,795.95</b>	<b>1,110.44</b>	<b>70,906.39</b>
<b>Unassigned</b>												
116		/			0 0000	0.00	100 0000	0.00	0.00	0.00	0.00	0.00
133		/			0 0000	0.00	100 0000	0.00	0.00	0.00	0.00	0.00
Subtotal Unassigned						0.00		0.00	0.00	0.00	0.00	0.00
Less dispositions and exchanges						0.00		0.00	0.00	0.00	0.00	0.00
<b>Net for: Unassigned</b>						<b>0.00</b>		<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
Subtotal.						3,019,649.88		0.00	0.00	1,494,693.95	114,631.08	1,609,325.03
Less dispositions and exchanges.						0.00		0.00	0.00	0.00	0.00	0.00
<b>Grand Totals</b>						<b>3,019,649.88</b>		<b>0.00</b>	<b>0.00</b>	<b>1,494,693.95</b>	<b>114,631.08</b>	<b>1,609,325.03</b>

Ties materially to Adj 12/31/05 ending balance, WP 221

Unadjusted 12/31/05 WP 221

Adjusted 12/31/05, WP 221

+ Land

---



---

FORM 990 RENTAL INCOME STATEMENT 1

---

KIND AND LOCATION OF PROPERTY	ACTIVITY NUMBER	GROSS RENTAL INCOME
BUTTERFIELD PROPERTIES	1	27,286.
TOTAL TO FORM 990, PART I, LINE 6A		27,286.

---



---

FORM 990 RENTAL EXPENSES STATEMENT 2

---

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
RENTAL EXPENSE		7,627.	
- SUBTOTAL -	1		7,627.
TOTAL TO FORM 990, PART I, LINE 6B			7,627.

FORM 990

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

STATEMENT 3

INCOME

1. GROSS RECEIPTS . . . . .	32,368	
2. RETURNS AND ALLOWANCES . . . . .		
3. LINE 1 LESS LINE 2 . . . . .		32,368
4. COST OF GOODS SOLD (LINE 13) . . . . .	21,117	
5. GROSS PROFIT (LINE 3 LESS LINE 4) . . . . .		11,251

COST OF GOODS SOLD

6. INVENTORY AT BEGINNING OF YEAR . . . . .		
7. MERCHANDISE PURCHASED . . . . .		
8. COST OF LABOR . . . . .		
9. MATERIALS AND SUPPLIES . . . . .		
10. OTHER COSTS . . . . .	21,117	
11. ADD LINES 6 THROUGH 10 . . . . .		21,117
12. INVENTORY AT END OF YEAR . . . . .		
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12). . . . .		21,117



FORM 990

OFFICER COMPENSATION ALLOCATION  
PART II, LINE 25A

STATEMENT 7

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
PAUL W CHAPIN	75,084.	14,501.		89,585.
A. PROGRAM SERVICES	75,084.	14,501.		89,585.
B. MANAGEMENT AND GENERAL				
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
GENE BAERSCHMIDT	65,000.	13,696.		78,696.
A. PROGRAM SERVICES	65,000.	13,696.		78,696.
B. MANAGEMENT AND GENERAL				
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
SHAMA CHAPIN	50,040.	267.		50,307.
A. PROGRAM SERVICES	50,040.	267.		50,307.
B. MANAGEMENT AND GENERAL				
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
CARRIE GLAVIN	35,000.	4,379.		39,379.
A. PROGRAM SERVICES	35,000.	4,379.		39,379.
B. MANAGEMENT AND GENERAL				
C. FUNDRAISING				

TOTAL PROGRAM SERVICES				257,967.
TOTAL MANAGEMENT AND GENERAL				
TOTAL FUNDRAISING				
TOTAL OFFICER, ETC., COMPENSATION INCLUDED ON PART II, LINE 25A				257,967.

FORM 990 OTHER PROGRAM SERVICES STATEMENT 8

DESCRIPTION OF OTHER PROGRAM SERVICES	GRANTS AND ALLOCATIONS	EXPENSES
EDUCATION	0.	60,298.
TOTAL TO FORM 990, PART III, LINE E		60,298.

FORM 990 OTHER SECURITIES STATEMENT 9

SECURITY DESCRIPTION	COST/FMV	OTHER SECURITIES
MARKETABLE SECURITIES	FMV	1,372,600.
BENEFICIAL INTEREST IN ASSETS HELD	FMV	376,259.
TO FORM 990, LINE 54B, COL B		1,748,859.

---



---

FORM 990                      OTHER REVENUE NOT INCLUDED ON FORM 990                      STATEMENT 10

---

DESCRIPTION	AMOUNT
RECLASSIFICATION OF PROGRAM REVENUE TO GROSS SALES OF INVENTORY	21,117.
TOTAL TO FORM 990, PART IV-A	21,117.

---



---



---



---

FORM 990                      OTHER EXPENSES NOT INCLUDED ON FORM 990                      STATEMENT 11

---

DESCRIPTION	AMOUNT
RECLASSIFICATION OF PROGRAM EXPENSES TO COST OF GOODS SOLD	21,117.
TOTAL TO FORM 990, PART IV-B	21,117.

---



---



---



---

FORM 990                      PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES                      STATEMENT 12

---

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
PAUL W CHAPIN 8350 S TOP OF THE WORLD DR SALT LAKE CITY, UT	VETERINARIAN 40.00	75,084.	14,501.	0.
ERIC D BELNAP 845 E 500 S BOUNTIFUL, UT	DIRECTOR / OFFICER 0.00	0.	0.	0.
MICHELLE LYNN CHRISTENSEN 601 E WALNUT BROOK DRIVE MURRAY UT	DIRECTOR 0.00	0.	0.	0.
CRAIG S COOK 3645 E 3100 S SLC, UT	DIRECTOR / PRESIDENT 0.00	0.	0.	0.
JANET E HASKELL 7108 E KILLYONS CANYON SLC, UT	DIRECTOR 0.00	0.	0.	0.

RANDY JOHN 9070 S NEWCASTLE CIRCLE SANDY, UT	DIRECTOR / TREASURER 0.00	0.	0.	0.
JOANN SEGHINI 7890 PIONEER STREET MIDVALE, UT	DIRECTOR / SECRETARY 0.00	0.	0.	0.
LYNN WARD 480 NORTH HILLS DRIVE SLC, UT	DIRECTOR 0.00	0.	0.	0.
TIM J WILLIAMS 992 S VISTA VIEW DR SLC, UT	DIRECTOR 0.00	0.	0.	0.
GENE BAERSCHMIDT 4242 S 300 W MURRAY, UT 84107	EXECUTIVE DIRECTOR 40.00	65,000.	13,696.	0.
SHAMA CHAPIN 4242 S 300 W MURRAY UT 84107	VETERINARIAN 40.00	50,040.	267.	0.
STEVE STARLEY 2445 SUGAR PLACE WEST JORDAN UT 84088	DIRECTOR 0.00	0.	0.	0.
CARRIE GLAVIN 4242 S 300 W MURRAY UT 84107	SPECIAL EVENTS COORDINATOR 40.00	35,000.	4,379.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		<u>225,124.</u>	<u>32,843.</u>	<u>0.</u>

FORM 990                      PART VIII - RELATIONSHIP OF ACTIVITIES TO                      STATEMENT 13  
 ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93A	PROVIDE RESOURCES TO ASSIST IN HUMANE TREATMENT OF ANIMALS
93B	
93C	
95	
102	

SCHEDULE A	OTHER INCOME			STATEMENT 14
DESCRIPTION	2005 AMOUNT	2004 AMOUNT	2003 AMOUNT	2002 AMOUNT
RENTAL	<5,945.>	0.	0.	0.
INVESTMENTS	25,028.	0.	0.	0.
RETAIL	12,528.	0.	0.	0.
TOTAL TO SCHEDULE A, LINE 22	31,611.	0.	0.	0.

Form **4562**

Department of the Treasury  
Internal Revenue Service

Name(s) shown on return

# Depreciation and Amortization 990

(Including Information on Listed Property)

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

OMB No 1545-0172

# 2006

Attachment  
Sequence No 67

Identifying number

HUMANE SOCIETY OF UTAH

FORM 990 PAGE 2

87-0256350

### 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	108,000.
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	430,000.
4	Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2005 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2007 Add lines 9 and 10, less line 12	13	

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

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

14	Special allowance for qualified New York Liberty or Gulf Opportunity Zone property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

### 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 2006	17	
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 2006 Tax Year Using the General Depreciation System

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

#### Section C - Assets Placed in Service During 2006 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	114,631.
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	

618251 10-17-06 LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2006)

**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
<b>25</b> Special allowance for qualified New York Liberty or Gulf Opportunity Zone property placed in service during the tax year and used more than 50% in a qualified business use							<b>25</b>	
<b>26</b> Property used more than 50% in a qualified business use								
		%						
		%						
		%						
<b>27</b> Property used 50% or less in a qualified business use								
		%				S/L -		
		%				S/L -		
		%				S/L -		
<b>28</b> Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1							<b>28</b>	
<b>29</b> Add amounts in column (i), line 26 Enter here and on line 7, page 1								<b>29</b>

**Section B - Information on Use of Vehicles**

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

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

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

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

	Yes	No
<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
<b>38</b> 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		
<b>39</b> Do you treat all use of vehicles by employees as personal use?		
<b>40</b> 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?		
<b>41</b> Do you meet the requirements concerning qualified automobile demonstration use?		

**Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
<b>42</b> Amortization of costs that begins during your 2006 tax year					
<b>43</b> Amortization of costs that began before your 2006 tax year					<b>43</b>
<b>44</b> Total. Add amounts in column (f) See the instructions for where to report					<b>44</b>

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

<b>Part II Additional (not automatic) 3-Month Extension of Time.</b> You must file original and one copy		
Type or print File by the extended due date for filing the return. See instructions	Name of Exempt Organization <b>HUMANE SOCIETY OF UTAH</b>	Employer identification number <b>87-0256350</b>
	Number, street, and room or suite no. If a P O box, see instructions <b>4242 S 300 W</b>	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>MURRAY, UT 84107</b>	

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

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

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

- The books are in the care of **▶ GENE BAIERSCHMIDT**  
Telephone No **▶ 801-261-2919** FAX No **▶**
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ . If this is for the whole group, check this box  . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until **NOVEMBER 15, 2007**

5 For calendar year **2006**, or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

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

7 State in detail why you need the extension  
**TAXPAYER RESPECTFULLY REQUESTS ADDITIONAL TIME TO GATHER THE INFORMATION NECESSARY TO PREPARE A COMPLETE AND ACCURATE RETURN.**

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

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **▶ *Maria Metcalf*** Title **▶ *CPA*** Date **▶ *8/14/07***

**Notice to Applicant. (To Be Completed by the IRS)**

- We have approved this application. Please attach this form to the organization's return.
- We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
- We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting 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 requested.
- Other \_\_\_\_\_

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

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

Type or print 823832 05-01-07	Name <b>TANNER, LC CPAS</b>
	Number and street (include suite, room, or apt. no.) or a P.O. box number <b>215 SOUTH STATE STREET, SUITE 800</b>
	City or town, province or state, and country (including postal or ZIP code) <b>SALT LAKE CITY, UT 84111</b>