

**Return of Organization Exempt From Income Tax**

**2006**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

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** OCT 1, 2006 **and ending** SEP 30, 2007

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

Please use IRS label or print or type See Specific Instructions

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

Number and street (or P O box if mail is not delivered to street address) Room/suite  
**POST OFFICE BOX 644 6230 77TH STREET**

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

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

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

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

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

*H and I are not applicable to section 527 organizations.*

**H(a)** Is this a group return for affiliates?  Yes  No

**H(b)** If "Yes," enter number of affiliates 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

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

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

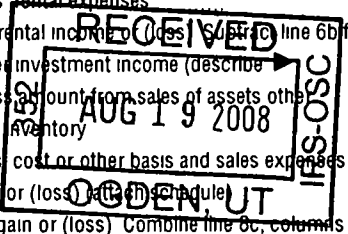
**K Check here**  if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return

**L Gross receipts** Add lines 6b, 8b, 9b, and 10b to line 12 3,558,705.

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

**Part 1 Revenue, Expenses, and Changes in Net Assets or Fund Balances**

SCANNED SEP 08 2008



<b>1</b>	Contributions, gifts, grants, and similar amounts received												
<b>a</b>	Contributions to donor advised funds	<b>1a</b>											
<b>b</b>	Direct public support (not included on line 1a)	<b>1b</b>	<u>1,941,355.</u>										
<b>c</b>	Indirect public support (not included on line 1a)	<b>1c</b>											
<b>d</b>	Government contributions (grants) (not included on line 1a)	<b>1d</b>											
<b>e</b>	<b>Total</b> (add lines 1a through 1d) (cash \$ <u>1,915,985.</u> noncash \$ <u>25,370.</u> )	<b>1e</b>		<u>1,941,355.</u>									
<b>2</b>	Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>		<u>476,804.</u>									
<b>3</b>	Membership dues and assessments	<b>3</b>											
<b>4</b>	Interest on savings and temporary cash investments	<b>4</b>		<u>109,595.</u>									
<b>5</b>	Dividends and interest from securities	<b>5</b>											
<b>6 a</b>	Gross rents <u>See Statement 1</u>	<b>6a</b>	<u>16,917.</u>										
<b>b</b>	Less rental expenses	<b>6b</b>											
<b>c</b>	Net rental income (loss) Subtract line 6b from line 6a	<b>6c</b>		<u>16,917.</u>									
<b>7</b>	Other investment income (describe _____)	<b>7</b>											
<b>8 a</b>	Gross amount from sales of assets other than inventory	<table border="1"> <tr> <th>(A) Securities</th> <th>(B) Other</th> </tr> <tr> <td><u>31,518.</u></td> <td><u>2,463.</u></td> </tr> <tr> <td><u>31,435.</u></td> <td><u>3,466.</u></td> </tr> <tr> <td><u>83.</u></td> <td><u>-1,003.</u></td> </tr> </table>		(A) Securities	(B) Other	<u>31,518.</u>	<u>2,463.</u>	<u>31,435.</u>	<u>3,466.</u>	<u>83.</u>	<u>-1,003.</u>	<b>8a</b>	<u>2,463.</u>
(A) Securities	(B) Other												
<u>31,518.</u>	<u>2,463.</u>												
<u>31,435.</u>	<u>3,466.</u>												
<u>83.</u>	<u>-1,003.</u>												
<b>b</b>	Less cost or other basis and sales expenses	<b>8b</b>	<u>3,466.</u>										
<b>c</b>	Gain or (loss) net of expenses	<b>8c</b>	<u>-1,003.</u>										
<b>d</b>	Net gain or (loss) Combine line 8c, column (A) and (B) <u>Stmt 2</u>	<b>8d</b>		<u>-920.</u>									
<b>9</b>	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>												
<b>a</b>	Gross revenue (not including \$ <u>0.</u> of contributions reported on line 1b)	<b>9a</b>	<u>297,014.</u>										
<b>b</b>	Less direct expenses other than fundraising expenses	<b>9b</b>	<u>76,869.</u>										
<b>c</b>	Net income or (loss) from special events Subtract line 9b from line 9a <u>See Statement 4</u>	<b>9c</b>		<u>220,145.</u>									
<b>10 a</b>	Gross sales of inventory, less returns and allowances	<b>10a</b>	<u>25,304.</u>										
<b>b</b>	Less cost of goods sold	<b>10b</b>	<u>17,004.</u>										
<b>c</b>	Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a <u>Stmt 5</u>	<b>10c</b>		<u>8,300.</u>									
<b>11</b>	Other revenue (from Part VII, line 103)	<b>11</b>		<u>657,735.</u>									
<b>12</b>	<b>Total revenue</b> Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	<b>12</b>		<u>3,429,931.</u>									
<b>13</b>	Program services (from line 44, column (B))	<b>13</b>		<u>2,173,133.</u>									
<b>14</b>	Management and general (from line 44, column (C))	<b>14</b>		<u>514,675.</u>									
<b>15</b>	Fundraising (from line 44, column (D))	<b>15</b>		<u>150,488.</u>									
<b>16</b>	Payments to affiliates (attach schedule)	<b>16</b>											
<b>17</b>	<b>Total expenses</b> Add lines 16 and 44, column (A)	<b>17</b>		<u>2,838,296.</u>									
<b>18</b>	Excess or (deficit) for the year Subtract line 17 from line 12	<b>18</b>		<u>591,635.</u>									
<b>19</b>	Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>		<u>10,269,457.</u>									
<b>20</b>	Other changes in net assets or fund balances (attach explanation) <u>See Statement 6</u>	<b>20</b>		<u>-264,592.</u>									
<b>21</b>	Net assets or fund balances at end of year Combine lines 18, 19, and 20	<b>21</b>		<u>10,596,500.</u>									

617,21  
2

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

Form 990 (2006)

59-0863199 Page 2

**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
<b>22a</b> 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"/>				
<b>22b</b> 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"/>				
<b>23</b> Specific assistance to individuals (attach schedule)				
<b>24</b> Benefits paid to or for members (attach schedule)				
<b>25a</b> Compensation of current officers, directors, key employees, etc listed in Part V-A Stmt 8	66,283.	33,142.	33,141.	0.
<b>b</b> Compensation of former officers, directors, key employees, etc listed in Part V-B	0.	0.	0.	0.
<b>c</b> 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)				
<b>26</b> Salaries and wages of employees not included on lines 25a, b, and c	1,066,226.	810,871.	174,862.	80,493.
<b>27</b> Pension plan contributions not included on lines 25a, b, and c	12,782.	10,006.	1,729.	1,047.
<b>28</b> Employee benefits not included on lines 25a - 27	120,773.	93,686.	20,321.	6,766.
<b>29</b> Payroll taxes				
<b>30</b> Professional fundraising fees				
<b>31</b> Accounting fees	31,370.	11,607.	12,548.	7,215.
<b>32</b> Legal fees	6,966.	4,816.	2,000.	150.
<b>33</b> Supplies	95,589.	91,265.	4,324.	
<b>34</b> Telephone				
<b>35</b> Postage and shipping				
<b>36</b> Occupancy	467,408.	318,354.	147,556.	1,498.
<b>37</b> Equipment rental and maintenance	21,279.	10,840.	10,056.	383.
<b>38</b> Printing and publications	101,532.	57,996.	1,638.	41,898.
<b>39</b> Travel				
<b>40</b> Conferences, conventions, and meetings				
<b>41</b> Interest				
<b>42</b> Depreciation, depletion, etc. (attach schedule)	293,824.	248,678.	42,411.	2,735.
<b>43</b> Other expenses not covered above (itemize):				
a _____				
b _____				
c _____				
d _____				
e _____				
f _____				
g <b>See Statement 7</b>	554,264.	481,872.	64,089.	8,303.
<b>44</b> Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	2,838,296.	2,173,133.	514,675.	150,488.

**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

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

Form 990 (2006)

59-0863199 Page 3

**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>▶</b> <b>PROVIDE SHELTER &amp; PREVENT CRUELTY TO ANIMALS</b>	<b>Program Service Expenses</b> (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> <b>THE HUMANE SOCIETY OF VERO BEACH AND INDIAN RIVER COUNTY, INC CONDUCTS SEVERAL PROGRAMS AND ACTIVITIES DESIGNED TO PROMOTE WELFARE AND HAPPINESS OF ANIMALS. 7,103 ANIMALS WERE SHELTERED.</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>746,515.</b>
<b>b</b> <b>1,488 ANIMALS WERE PLACED IN HOMES BY ADOPTION</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>880,356.</b>
<b>c</b> <b>927 LOST PETS WERE REUNITED WITH THEIR OWNERS</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>116,172.</b>
<b>d</b> <b>THE ORGANIZATION ALSO PROVIDES HUMANE EDUCATION AND OUTREACH PROGRAMS TO OVER 6,500 INDIVIDUALS</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>132,105.</b>
<b>e</b> Other program services (attach schedule) <b>See Statement 9</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>297,985.</b>
<b>f</b> <b>Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) <b>▶</b>	<b>2,173,133.</b>

Form 990 (2006)

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

Form 990 (2006)

59-0863199 Page 4

**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	700.	45	700.
	46 Savings and temporary cash investments	2,327,436.	46	1,852,507.
	47 a Accounts receivable	47a 76,230.		
	b Less: allowance for doubtful accounts	47b	47c	76,230.
	48 a Pledges receivable	48a 472,544.		
	b Less: allowance for doubtful accounts	48b	48c	472,544.
	49 Grants receivable		49	
	50 a Receivables from current and former officers, directors, trustees, and key employees		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		50b	
	51 a Other notes and loans receivable	51a		
	b Less: allowance for doubtful accounts	51b	51c	
	52 Inventories for sale or use	5,200.	52	4,690.
	53 Prepaid expenses and deferred charges	48,251.	53	52,032.
	54 a Investments - publicly-traded securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54a	
	b Investments - other securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54b	
	55 a Investments - land, buildings, and equipment: basis	55a		
	b Less: accumulated depreciation	55b	55c	
	56 Investments - other		56	
	57 a Land, buildings, and equipment: basis	57a 8,608,065.		
b Less: accumulated depreciation Stmt 10	57b 1,097,707.	57c	7,510,358.	
58 Other assets, including program-related investments (describe ▶ See Statement 11 )	207,566.	58	1,008,247.	
59 <b>Total assets</b> (must equal line 74). Add lines 45 through 58	10,411,011.	59	10,977,308.	
<b>Liabilities</b>	60 Accounts payable and accrued expenses	141,554.	60	380,808.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable		64b	
	65 Other liabilities (describe ▶ )		65	
66 <b>Total liabilities.</b> Add lines 60 through 65	141,554.	66	380,808.	
<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	9,901,580.	67	10,395,018.
	68 Temporarily restricted	367,877.	68	201,482.
	69 Permanently restricted		69	
	<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		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 <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)	10,269,457.	73	10,596,500.
	74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73	10,411,011.	74	10,977,308.

Form 990 (2006)





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

Form 990 (2006)

59-0863199 Page 7

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?		
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?		
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.		
c	Dues, assessments, and similar amounts from members		
d	Section 162(e) lobbying and political expenditures		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
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?		
85c	N/A		
85d	N/A		
85e	N/A		
85f	N/A		
85g	N/A		
85h	N/A		
86	501(c)(7) organizations Enter: a Initiation fees and capital contributions included on line 12		
b	Gross receipts, included on line 12, for public use of club facilities		
86a	N/A		
86b	N/A		
87	501(c)(12) organizations Enter: a Gross income from members or shareholders		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
87a	N/A		
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
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
88a			
88b			
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <u>0.</u> , section 4912 <u>0.</u> , section 4955 <u>0.</u>		
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
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <u>0.</u>		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization <u>0.</u>		
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
f	All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
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
89a			
89b			
89c			
89d			
89e			
89f			
89g			
90 a	List the states with which a copy of this return is filed <u>FL</u>		
b	Number of employees employed in the pay period that includes March 12, 2006	90b	41
91 a	The books are in care of <u>DOROTHY RITCHEY</u> Telephone no <u>772-388-3331</u> Located at <u>6230 77TH STREET VERO BEACH, FL</u> ZIP + 4 <u>32962</u>		
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 <u>N/A</u> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	91b	X

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

Form 990 (2006)

59-0863199 Page 8

**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.)

**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) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a ADOPTION FEES					39,612.
b PET BEHAVIOR & OTHER					12,362.
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					424,830.
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	109,595.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property			16	16,917.	
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			03	-920.	
101 Net income or (loss) from special events			01	220,145.	
102 Gross profit or (loss) from sales of inventory			02	8,300.	
103 Other revenue:					
a THRIFT SHOP SALES			05	655,233.	
b MITIGATION FOR ANIMAL c CRUELTY					2,502.
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		1,009,270.	479,306.
105 Total (add line 104, columns (B), (D), and (E))					1,488,576.

**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)
93a	ADOPTION FEES COVER A PORTION OF THE COST OF CARING FOR THE ANIMALS.
93g	MONIES COLLECTED FROM THE COUNTY OF INDIAN RIVER FOR ANIMAL CONTROL.
103	COURT ORDERED FINES REIMBURSING SOCIETY FOR ANIMAL CRUELTY COSTS

**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).



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

Form 990 (2006)

59-0863199 Page 9

**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.

Yes	No

(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
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.

Yes	No

(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
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?

Yes	No

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

Signature of officer: *David K. Brower* Date: 8/12/08  
 Type or print name and title: DAVID K. BROWER DIRECTOR

Paid Preparer's Use Only

Preparer's signature: *Rebecca B. Colton CPA* Date: 8/08/08 Check if self-employed:   
 Firm's name (or yours if self-employed), address, and ZIP + 4: REBECCA B. COLTON, P.A., C.P.A.'S  
 1575 INDIAN RIVER BLVD., SUITE C-240  
 VERO BEACH, FL 32960  
 EIN: Phone no: (772) 231-1440

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

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

OMB No 1545-0047

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

**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 **HUMANE SOCIETY OF VERO BEACH AND INDIAN COUNTY, FL, INC.** Employer identification number **59 0863199**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 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	▶ 0			

**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	▶ 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	

HUMANE SOCIETY OF VERO BEACH AND INDIAN

Schedule A (Form 990 or 990-EZ) 2006 COUNTY, FL, INC.

59-0863199 Page 2

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

	Yes	No
<p>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 )</p> <p>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</p>		X
<p>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.)</p>		
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.

Schedule A (Form 990 or 990-EZ) 2006

**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>					►

- 14  An organization organized and operated to test for public safety Section 509(a)(4) (See page 7 of the instructions )

HUMANE SOCIETY OF VERO BEACH AND INDIAN

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**  
 Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	920,992.	1,387,369.	822,705.	2,455,406.	5,586,472.
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	1,338,968.	1,249,731.	1,027,902.	960,050.	4,576,651.
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	96,773.	49,801.	8,829.	33,862.	189,265.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.					
23 Total of lines 15 through 22	2,356,733.	2,686,901.	1,859,436.	3,449,318.	10,352,388.
24 Line 23 minus line 17	1,017,765.	1,437,170.	831,534.	2,489,268.	5,775,737.
25 Enter 1% of line 23	23,567.	26,869.	18,594.	34,493.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 115,515.
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 989,899.
c Total support for section 509(a)(1) test. Enter line 24, column (e)					26c 5,775,737.
d Add: Amounts from column (e) for lines 18 189,265. 19 22 989,899.					26d 1,179,164.
e Public support (line 26c minus line 26d total)					26e 4,596,573.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 79.5842%
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	(2005) N/A	(2004) N/A	(2003) N/A	(2002) N/A	
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year	(2005) N/A	(2004) N/A	(2003) N/A	(2002) N/A	
c Add: Amounts from column (e) for lines 15 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

None

HUMANE SOCIETY OF VERO BEACH AND INDIAN

**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 )		
32	Does the organization maintain the following		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement )		
33	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement )		
34 a	Does the organization receive any financial aid or assistance from a governmental agency?		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement		
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation		

HUMANE SOCIETY OF VERO BEACH AND INDIAN

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred)		(a) Affiliated group totals	(b) To be completed for all electing organizations
		N/A	
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount Enter the amount from the following table - If the amount on line 40 is - The lobbying nontaxable amount is - Not over \$500,000 20% of the amount on line 40 Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,000	41	
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





**Depreciation and Amortization** 990  
(Including Information on Listed Property)

Department of the Treasury  
Internal Revenue Service

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

Attachment  
Sequence No **67**

Name(s) shown on return

Business or activity to which this form relates

Identifying number

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

Form 990 Page 2

59-0863199

**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	108,000.
2	Total cost of section 179 property placed in service (see instructions)	
3	Threshold cost of section 179 property before reduction in limitation	430,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	

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	
9	Tentative deduction. Enter the smaller of line 5 or line 8	
10	Carryover of disallowed deduction from line 13 of your 2005 Form 4562	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	
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	
15	Property subject to section 168(f)(1) election	
16	Other depreciation (including ACRS)	293,824.

**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.	22 293,824.
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

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

**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? <b>Note:</b> 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>

2006 DEPRECIATION AND AMORTIZATION REPORT

Form 990 Page 2

990

Asset No	Description	Date Acquired	Method	Life	Con- v	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec. 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	LAND	Various	L		HY	780,700.				780,700.			0.	
2	LAND IMPROVEMENTS	Various	SL	15.00	HY16	446,304.				446,304.	85,915.		25,928.	111,843.
3	BUILDING - RC	Various	SL	39.00	MM16	2,197,440.				2,197,440.	161,271.		60,694.	221,965.
4	BUILDING ~ AC	Various	SL	39.00	MM16	3,753,799.				3,753,799.	309,365.		103,041.	412,406.
5	FURNITURE & EQUIPMENT	Various	SL	7.00	HY16	560,329.				560,329.	193,411.		71,977.	265,388.
6	LEASEHOLD IMPROVEMENTS - TS VERO	Various	SL	10.00	HY16	29,257.				29,257.	18,278.		3,779.	22,057.
7	EQUIPMENT - TS VERO	Various	SL	7.00	HY16	36,106.				36,106.	6,017.		5,158.	11,175.
8	EQUIPMENT ~ TS SEB	Various	SL	7.00	HY16	11,870.				11,870.	1,694.		2,932.	4,626.
9	BUILDING - SEBASTIAN	Various	SL	39.00	MM16	792,260.				792,260.	27,932.		20,315.	48,247.
	* Total 990 Page 2 Depr					8,608,065.				8,608,065.	803,883.		293,824.	1,097,707.

Form 990	Rental Income	Statement	1
Kind and Location of Property		Activity Number	Gross Rental Income
OFFICE SPACE RENTAL IN THRIFT SHOP		1	16,917.
Total to Form 990, Part I, line 6a			16,917.

Form 990	Gain (Loss) From Publicly Traded Securities	Statement	2	
Description	Gross Sales Price	Cost or Other Basis	Expense of Sale	Net Gain or (Loss)
INVESTMENT SALES	31,518.	31,435.	0.	83.
To Form 990, Part I, line 8	31,518.	31,435.	0.	83.

Form 990                      Gain (Loss) From Sale of Other Assets                      Statement    3

Description	Date Acquired	Date Sold	Method Acquired		
SALE OF AUTOMOBILE	05/01/06	03/05/07	DONATED		
Name of Buyer	Gross Sales Price	Cost or Other Basis	Expense of Sale	Deprec	Net Gain or (Loss)
SATURN OF VERO BEACH	2,463.	4,800.	0.	1,334.	-1,003.
To Fm 990, Part I, ln 8	2,463.	4,800.	0.	1,334.	-1,003.

Form 990                      Special Events and Activities                      Statement    4

Description of Event	Gross Receipts	Contribut. Included	Gross Revenue	Direct Expenses	Net Income
CAUSE FOR PAWS- SOCIAL & AUCTION	242,559.		242,559.	63,579.	178,980.
GOLF TOURNAMENT	54,455.		54,455.	13,290.	41,165.
To Fm 990, Part I, line 9	297,014.		297,014.	76,869.	220,145.

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Form 990 Income and Cost of Goods Sold Statement 5  
Included on Part I, Line 10

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Income

1. Gross receipts . . . . .	25,304	
2. Returns and allowances . . . . .		
3. Line 1 less line 2 . . . . .		25,304
4. Cost of goods sold (line 13) . . . . .	17,004	
5. Gross profit (line 3 less line 4) . . . . .		8,300

Cost of Goods Sold

6. Inventory at beginning of year . . . . .	5,200	
7. Merchandise purchased . . . . .	16,494	
8. Cost of labor . . . . .		
9. Materials and supplies . . . . .		
10. Other costs . . . . .		
11. Add lines 6 through 10 . . . . .		21,694
12. Inventory at end of year . . . . .	4,690	
13. Cost of goods sold (line 11 less line 12). . . . .		17,004

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Form 990	Other Changes in Net Assets or Fund Balances	Statement	6
<u>Description</u>		<u>Amount</u>	
	TRANSFER TO AFFILIATED FOUNDATION	-265,000.	
	UNREALIZED LOSS ON SECURITIES	408.	
	RELEASE OF RESTRICTED NET ASSETS		
Total to Form 990, Part I, line 20		-264,592.	

Form 990	Other Expenses			Statement	7
	(A)	(B)	(C)	(D)	
<u>Description</u>	<u>Total</u>	<u>Program Services</u>	<u>Management and General</u>	<u>Fundraising</u>	
ADVERTISING	16,835.	11,531.	5,304.		
ANIMAL ASSISTANCE AND MAINTENANCE DUES AND SUBSCRIPTIONS	283,400.	283,400.			
INSURANCE	2,941.	2,941.			
OFFICE EXPENSE	88,802.	60,447.	27,787.	568.	
PROGRAM SUPPORT	32,855.	14,961.	14,901.	2,993.	
PROMOTIONAL	7,455.	5,760.	848.	847.	
PUBLIC EDUCATION	15,390.	15,390.			
SECURITY	442.	442.			
TELEPHONE	21,928.	18,473.	2,264.	1,191.	
TEMPORARY SERVICES	37,551.	22,955.	11,892.	2,704.	
TRAINING AND EDUCATION	35,310.	34,245.	1,065.		
UNIFORMS	6,104.	6,104.			
	5,251.	5,223.	28.		
Total to Fm 990, ln 43	554,264.	481,872.	64,089.	8,303.	





Form 990                      Depreciation of Assets Not Held for Investment                      Statement 10

Description	Cost or Other Basis	Accumulated Depreciation	Book Value
LAND	780,700.	0.	780,700.
LAND IMPROVEMENTS	446,304.	111,843.	334,461.
BUILDING - RC	2,197,440.	221,965.	1,975,475.
BUILDING - AC	3,753,799.	412,406.	3,341,393.
FURNITURE & EQUIPMENT	560,329.	265,388.	294,941.
LEASEHOLD IMPROVEMENTS - TS			
VERO	29,257.	22,057.	7,200.
EQUIPMENT - TS VERO	36,106.	11,175.	24,931.
EQUIPMENT - TS SEB	11,870.	4,626.	7,244.
BUILDING - SEBASTIAN	792,260.	48,247.	744,013.
Total to Form 990, Part IV, ln 57	8,608,065.	1,097,707.	7,510,358.

Form 990    Other Assets    Statement 11

Description	Amount
CONSTRUCTION IN PROGRESS	1,000,968.
ACCRUED INTEREST	7,279.
Total to Form 990, Part IV, line 58, Column B	1,008,247.

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Form 990      Part V-A - List of Current Officers, Directors, Trustees and Key Employees      Statement 12

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Name and Address	Title and Avrg Hrs/Wk	Compen- sation	Employee Ben Plan Contrib	Expense Account
CHALMERS I. MORSE 307 SABLE OAK DRIVE VERO BEACH, FL 32963	PRESIDENT 10.00	0.	0.	0.
HAROLD F. OBERKOTTER 115 ISLAND CREEK DRIVE VERO BEACH, FL 32963	1ST VICE PRESIDENT 2.00	0.	0.	0.
DONNA C. STARCK 541 MELROSE LANE VERO BEACH, FL 32958	SECRETARY 2.00	0.	0.	0.
THOMAS E. McDEVITT 1715 45TH AVENUE VERO BEACH, FL 32966	TREASURER 6.00	0.	0.	0.
JAMES C. BRITT 1686 ANGLERS COVE VERO BEACH, FL 32963	2ND VICE PRESIDENT 2.00	0.	0.	0.
JOAN G. CARLSON 2016 14TH AVENUE S.W. VERO BEACH, FL 32962	EXEC-DIRECTOR 40.00	64,353.	1,930.	0.
NANCY L. HENDRICKS 700 MARBRISA RIVER LANE VERO BEACH, FL 32963	ALT. VICE PRESIDENT 2.00	0.	0.	0.
LIN ANGELL 4104 OCEAN DRIVE #4A VERO BEACH, FL 32963	DIRECTOR 2.00	0.	0.	0.
JANE L. CAMMANN 5035 FAIRWAYS CIRCLE #204S VERO BEACH, FL 32967	DIRECTOR 2.00	0.	0.	0.
ROBERT PARKER CROWELL, JR 280 COCONUT PALM ROAD VERO BEACH, FL 32963	DIRECTOR 2.00	0.	0.	0.
DANETTE DIEFFENBACH 553 WHITE PELICAN CIRCLE VERO BEACH, FL 32963	DIRECTOR 2.00	0.	0.	0.

HUMANE SOCIETY OF VERO BEACH AND INDIAN

59-0863199

GARY E. FOX 1920 BAREFOOT PLACE VERO BEACH, FL 32963	DIRECTOR 2.00	0.	0.	0.
RICHARD H. PIPPERT 125 RIVERWAY DRIVE VERO BEACH, FL 32963	DIRECTOR 2.00	0.	0.	0.
VIRGINIA R. SCHWERIN 667 OCEAN DRIVE VERO BEACH, FL 32963	DIRECTOR 2.00	0.	0.	0.
DEBORAH A. VICKERS 13855 81ST STREET FELLSMERE, FL 32948	DIRECTOR 2.00	0.	0.	0.
Totals Included on Form 990, Part V-A		64,353.	1,930.	0.

Form 990 Identification of Related Organizations Statement 13  
Part VI, Line 80b

Name of Organization	Exempt	NonExempt
HUMANE SOCIETY OF VERO BEACH AND INDIAN RIVER COUNTY, FL FOUNDATION, INC.	X	

# Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
  - If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- 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) 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) 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](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

<b>Type or print</b>	Name of Exempt Organization <b>HUMANE SOCIETY OF VERO BEACH AND INDIAN COUNTY, FL, INC.</b>	<b>Employer identification number</b>  <b>59-0863199</b>
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions. <b>POST OFFICE BOX 644 6230 77TH STREET</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>VERO BEACH, FL 32961-0644</b>	

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

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

- The books are in the care of ▶ **DOROTHY RITCHEY**  
Telephone No. ▶ **772-388-3331** 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 will cover.

**1** I request an automatic 3-month (6-months for a section 501(c) corporation required to file Form 990-T) extension of time until May 15, 2008, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year \_\_\_\_\_ or  
 ▶  tax year beginning OCT 1, 2006, and ending SEP 30, 2007.

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

<b>3a</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>3a</b>	\$	
<b>b</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.	<b>3b</b>	\$	
<b>c Balance Due.</b> 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	<b>3c</b>	\$	N/A

**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.

• 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 VERO BEACH AND INDIAN COUNTY, FL, INC.</b>	Employer identification number <b>59-0863199</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>POST OFFICE BOX 644 6230 77TH STREET</b>	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>VERO BEACH, FL 32961-0644</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 **DOROTHY RITCHEY**  
 Telephone No. **772-388-3331**      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 **August 15, 2008**.
- 5 For calendar year \_\_\_\_\_, or other tax year beginning **OCT 1, 2006**, and ending **SEP 30, 2007**.
- 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  
**ADDITIONAL TIME IS REQUIRED FOR GATHERING SUFFICIENT DATA TO PREPARE AN ACCURATE AND COMPLETE 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>	\$	N/A

**Signature and Verification**

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

Signature **[Signature]** Title **CRA** Date **4/22/08**

**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	Name <b>REBECCA B. COLTON, P.A., C.P.A.'S</b>
	Number and street (include suite, room, or apt. no.) or a P.O. box number <b>1575 INDIAN RIVER BLVD., SUITE C-240</b>
	City or town, province or state, and country (including postal or ZIP code) <b>VERO BEACH, FL 32960</b>