

Form **990**
Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2018
Open to Public Inspection

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2018 calendar year, or tax year beginning 10/01/18, and ending 09/30/19

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization Humane Society of Vero Beach and Indian River County, FL, Inc. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 6230 77th Street City or town, state or province, country, and ZIP or foreign postal code Vero Beach FL 32961-0644	D Employer identification number 59-0863199 E Telephone number 772-388-3331 G Gross receipts \$ 3,521,862
F Name and address of principal officer: Susan Schulyer Smith 3602 Eagle Drive Vero Beach FL 32963		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () <input type="checkbox"/> t (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number u
J Website: u www.hsvb.org		L Year of formation: 1953 M State of legal domicile: FL
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other u		

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: Provide Shelter, Medical Care, Adoption Services for & Prevent Cruelty to Animals.		
	2	Check this box <input type="checkbox"/> u if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	17
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	17
	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	132
	6	Total number of volunteers (estimate if necessary)	6	300
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	b Net unrelated business taxable income from Form 990-T, line 38	7b	0	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 2,603,799	Current Year 1,025,764
	9	Program service revenue (Part VIII, line 2g)	799,211	826,602
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,413	-80,712
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,644,943	1,061,724
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,051,366	2,833,378
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,925,765	1,929,918
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	Total fundraising expenses (Part IX, column (D), line 25) u 249,476		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,070,165	2,221,450	
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,995,930	4,151,368	
19	Revenue less expenses. Subtract line 18 from line 12	1,055,436	-1,317,990	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 9,608,020	End of Year 8,977,347
	21	Total liabilities (Part X, line 26)	525,562	1,175,876
	22	Net assets or fund balances. Subtract line 21 from line 20	9,082,458	7,801,471

Part II Signature Block

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.

Sign Here	Signature of officer Susan Schulyer Smith	Date			
	Type or print name and title President				
Paid Preparer Use Only	Print/Type preparer's name Richard W. Bradley	Preparer's signature Richard W. Bradley	Date 08/06/20	Check <input type="checkbox"/> if self-employed	PTIN P01282078
	Firm's name CBH Advisory Group, LLC.	Firm's EIN 27-0547026			
	Firm's address 212 S Seventh St Fort Pierce, FL 34950-4224	Phone no. 772-595-6800			

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:

Provide Shelter, Medical Care, Adoption Services for & Prevent Cruelty to Animals.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ **2,639,878** including grants of \$) (Revenue \$ **826,602**)

The Humane Society of Vero Beach and Indian River County, FL, Inc. conducts several Programs and Activities designed to promote Welfare and Happiness of Animals, including Adoption and Reuniting Pets with their Owners.

4b (Code:) (Expenses \$ **159,615** including grants of \$) (Revenue \$)

The Organization also provides Humane Education and Outreach Programs to Individuals.

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

N/A

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **u** **2,799,493**

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 132		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
4a	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)?		X
b	If "Yes," enter the name of the foreign country: u See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	17		
b	Enter the number of voting members included in line 1a, above, who are independent		
	17		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
12c		X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	X	
15b		X	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
16b			

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **u** **FL**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **u**
Susan Schulyer Smith **3602 Eagle Drive**
Vero Beach **FL 32963** **772-388-3331**

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Susan Schulyer Smith President	1.00 0.00	X		X				0	0	0
(2) Lynn Cambest Treasurer	1.00 0.00	X		X				0	0	0
(3) Wendy Trimarche Secretary	1.00 0.00	X		X				0	0	0
(4) Charles Cruice Director	1.00 0.00	X						0	0	0
(5) Prisilla "LaLa" Maresi Director	1.00 0.00	X						0	0	0
(6) Harold F Oberkotter, Jr Director	1.00 0.00	X						0	0	0
(7) Eric Barkett Director	1.00 0.00	X						0	0	0
(8) Kathryn Barton Director	1.00 0.00	X						0	0	0
(9) Jan Christensen Director	1.00 0.00	X						0	0	0
(10) Roz Cline Director	1.00 0.00	X						0	0	0
(11) William Frates Director	1.00 0.00	X						0	0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) Anne Dunwoody Director	1.00 0.00	X						0	0	0
(13) Gena Grove Director	1.00 0.00	X						0	0	0
(14) Dale Keyser Director	1.00 0.00	X						0	0	0
(15) Kari Mason Director	1.00 0.00	X						0	0	0
(16) Jeff Powers Director	1.00 0.00	X						0	0	0
(17) Andrew Sowers Director	1.00 0.00	X						0	0	0
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **u 0**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **u 0**

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b	983			
	c Fundraising events	1c				
	d Related organizations	1d	473,000			
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	551,781			
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f	u	1,025,764			
Program Service Revenue		Busn. Code				
	2a County Government Contract	900099	291,895	291,895		
	b Wellness Clinic	900099	255,665	255,665		
	c Pharmacy	900099	156,022	156,022		
	d Adoption Fees	900099	95,894	95,894		
	e Other Revenue	900099	27,126	27,126		
	f All other program service revenue					
g Total. Add lines 2a-2f	u	826,602				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	u	7,284			7,284
	4 Income from investment of tax-exempt bond proceeds	u				
	5 Royalties	u				
		(i) Real	(ii) Personal			
	6a Gross rents					
	b Less: rental exps.					
	c Rental inc. or (loss)					
	d Net rental income or (loss)	u				
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
	b Less: cost or other basis & sales exps.			87,996		
	c Gain or (loss)			-87,996		
	d Net gain or (loss)	u		-87,996	-87,996	
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a	434,913			
	b Less: direct expenses	b	205,241			
	c Net income or (loss) from fundraising events	u	229,672			229,672
9a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses	b					
c Net income or (loss) from gaming activities	u					
10a Gross sales of inventory, less returns and allowances	a	1,227,299				
b Less: cost of goods sold	b	395,247				
c Net income or (loss) from sales of inventory	u	832,052	832,052			
Miscellaneous Revenue		Busn. Code				
11a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d	u					
12 Total revenue. See instructions.	u	2,833,378	1,570,658	0	236,956	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,655,603	1,163,066	330,251	162,286
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	28,258	15,686	8,439	4,133
9 Other employee benefits	87,412	13,773	72,340	1,299
10 Payroll taxes	158,645	124,151	20,151	14,343
11 Fees for services (non-employees):				
a Management				
b Legal	12,454		12,454	
c Accounting	50,140	13,500	36,640	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	69,970	34,032	26,721	9,217
12 Advertising and promotion	7,320	1,473	62	5,785
13 Office expenses	116,954	6,630	71,991	38,333
14 Information technology	56,078	3,541	46,055	6,482
15 Royalties				
16 Occupancy	356,996	198,353	158,583	60
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	511,984	511,984		
23 Insurance	128,437		128,437	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Animal Food, Medicine, Mx	322,270	322,270		
b Repairs & Maintenance	103,833	27,603	76,148	82
c Clinic Vets	102,886	102,886		
d Supplies	89,299	52,119	36,980	200
e All other expenses	292,829	208,426	77,147	7,256
25 Total functional expenses. Add lines 1 through 24e	4,151,368	2,799,493	1,102,399	249,476
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest bearing	972,498	1	1,365,132
	2	Savings and temporary cash investments	842,599	2	254,247
	3	Pledges and grants receivable, net	282,100	3	100,000
	4	Accounts receivable, net	100,852	4	51,306
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	12,537	8	14,510
	9	Prepaid expenses and deferred charges	122,067	9	137,204
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 11,695,258		
	b	Less: accumulated depreciation	10b 4,640,310	10c	7,054,948
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets	578	14	
	15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	9,608,020	16	8,977,347	
Liabilities	17	Accounts payable and accrued expenses	525,562	17	1,175,876
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	525,562	26	1,175,876
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	8,853,165	27	7,546,096
	28	Temporarily restricted net assets	229,293	28	255,375
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	9,082,458	33	7,801,471	
34	Total liabilities and net assets/fund balances	9,608,020	34	8,977,347	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,833,378
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,151,368
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,317,990
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	9,082,458
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	37,003
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	7,801,471

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

Federal Statements

Statement 1 - Form 4562, Line 26 - Property Used More Than 50% in a Qualified Business

	Property Type	Date	Business %	Cost	Depr Basis	Period	Method	Deduction	Section 179
Chevy Suburban		12/07/04	100.00	\$ 28,848	\$ 28,848	5.0	S/L-	\$	\$
Chevy Animal Transportation		6/14/06	100.00	34,860	34,860	5.0	S/L-		
2014 GMC Truck		2/13/14	100.00	31,051	31,051	5.0	S/L-	1,975	
2017 Chrysler Pacifica		2/27/17	100.00	30,728	30,728	5.0	S/L-	3,450	
2012 Hyundai Tucson		2/13/14	100.00	18,062	18,062	5.0	S/L-	1,204	
Total				\$ <u>143,549</u>	\$ <u>143,549</u>			\$ <u>6,629</u>	\$ <u>0</u>

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2018

Open to Public Inspection

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

u Attach to Form 990 or Form 990-EZ.

u Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization Humane Society of Vero Beach and Indian River County, FL, Inc.	Employer identification number 59-0863199
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 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 exempt 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).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,105,979	1,636,066	1,142,254	2,603,799	1,025,764	7,513,862
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	1,105,979	1,636,066	1,142,254	2,603,799	1,025,764	7,513,862
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						7,513,862

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	1,105,979	1,636,066	1,142,254	2,603,799	1,025,764	7,513,862
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	634	753	1,571	3,413	7,284	13,655
9 Net income from unrelated business activities, whether or not the business is regularly carried on				479,223	228,672	707,895
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						8,235,412

12 Gross receipts from related activities, etc. (see instructions) 12 4,045,707

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	91.24 %
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	93.56 %

16a 33 1/3% support test—2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here**. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here**. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests—2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support tests—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
3b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
3c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
4b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
4c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
5b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
9b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
9c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
10b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations *(continued)*

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
11a		
b A family member of a person described in (a) above?		
11b		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
2		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		
c <input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see instructions).</i>		
2 Activities Test. <i>Answer (a) and (b) below.</i>		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
2b		
3 Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

u Attach to Form 990, Form 990-EZ, or Form 990-PF.
u Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Name of the organization

**Humane Society of Vero Beach and
Indian River County, FL, Inc.**

Employer identification number

59-0863199

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(**3**) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ► \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Humane Society of Vero Beach and

Employer identification number

59-0863199

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Robert G. Bowman 720 Lagoon Road Vero Beach FL 32963	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	The Benedict Foundation c/o Peter B. Benedict II 524 Bay Drive Vero Beach FL 32963	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

u Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. u Attach to Form 990.

u Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization

Humane Society of Vero Beach and Indian River County, FL, Inc.

Employer identification number

59-0863199

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. (2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register), 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year u, 4 Number of states where property subject to conservation easement is located u, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year u, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year u \$, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: u \$. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X, 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

- c Beginning balance
- d Additions during the year
- e Distributions during the year
- f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Yes No

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment **u** %
- b Permanent endowment **u** %
- c Temporarily restricted endowment **u** %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? Yes No

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		780,700		780,700
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		10,914,558	4,640,310	6,274,248
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)			u	7,054,948

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) u		

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) u		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) u	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) u		

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	5,164,297
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a		
	b Donated services and use of facilities	2b		
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII.)	2d	2,162,862	
	e Add lines 2a through 2d		2e	2,162,862
3	Subtract line 2e from line 1		3	3,001,435
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIII.)	4b	-168,057	
	c Add lines 4a and 4b		4c	-168,057
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	2,833,378

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	4,871,976
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2a		
	b Prior year adjustments	2b		
	c Other losses	2c		
	d Other (Describe in Part XIII.)	2d	551,954	
	e Add lines 2a through 2d		2e	551,954
3	Subtract line 2e from line 1		3	4,320,022
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIII.)	4b	-168,654	
	c Add lines 4a and 4b		4c	-168,654
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	4,151,368

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Part X - FIN 48 Footnote

The Society and Foundation follow Accounting Standards relating to Accounting for uncertainty in Income Taxes. Management assesses whether there were any uncertain tax positions, which may give rise to Income Tax liabilities and determined that there were no such matters requiring recognition in the accompanying consolidated Financial Statements. The Society and Foundation file Income Tax Returns in the US Federal Jurisdiction. Generally, the Organization is no longer subject to US Federal Income Tax Examinations by Tax Authorities for years before September 30, 2016.

Part XI, Line 2d - Revenue Amounts Included in Financials - Other

Part XIII Supplemental Information (continued)

Revenue of Affiliate \$ 2,162,862

Part XI, Line 4b - Revenue Amounts Included on Return - Other

Cost of goods sold netted against Revenue \$ -395,247

Fundraising Expenses netted against Revenue \$ -205,241

Loss on Asset Disposal \$ -87,996

Investment Advisory Fees \$ 47,427

Intercompany Transfers \$ 473,000

Part XII, Line 2d - Expense Amounts Included in Financials - Other

Expenses of Affiliate \$ 551,954

Part XII, Line 4b - Expense Amounts Included on Return - Other

Cost of Goods Sold netted against Revenue \$ -395,247

Fundraising Expenses netted against Revenue \$ -205,241

Loss on Asset Disposal \$ -88,593

Investment Advisory Fees \$ 47,427

Intercompany Transfer \$ 473,000

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

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

U Attach to Form 990 or Form 990-EZ.

U Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

**Humane Society of Vero Beach and
Indian River County, FL, Inc.**

Employer identification number

59-0863199

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		<u>Cause for Paws</u>	<u>Wine, Women & S</u>	<u>1</u>	(add col. (a) through col. (c))	
		(event type)	(event type)	(total number)		
Revenue	1	Gross receipts	314,654	106,452	13,807	434,913
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	314,654	106,452	13,807	434,913
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	70,385	123,213	11,643	205,241
	10	Direct expense summary. Add lines 4 through 9 in column (d)				205,241
11	Net income summary. Subtract line 10 from line 3, column (d)				229,672	

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)			

9 Enter the state(s) in which the organization conducts gaming activities:
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain:

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name **u**

Address **u**

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization **u** \$ and the amount of gaming revenue retained by the third party **u** \$
- c If "Yes," enter name and address of the third party:

Name **u**

Address **u**

16 Gaming manager information:

Name **u**

Gaming manager compensation **u** \$

Description of services provided **u**

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year **u** \$

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

u Attach to Form 990 or 990-EZ.

u Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Name of the organization	Humane Society of Vero Beach and Indian River County, FL, Inc.	Employer identification number 59-0863199
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Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

The full Governing Body is provided a copy of the Form 990 for review prior to the Filing Date.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

The Directors approve all significant contracts and disbursements at which time they also review for any Conflict of Interest. Any suspected Conflicts of Interest are brought before the Governing Board for a decision as to Compliance or Noncompliance with the Policy.

Form 990, Part VI, Line 15a - Compensation Process for Top Official

The Executive Committee of the Board of Directors interviews and reviews the Executive Director/CEO of the Organization. The Committee also evaluates performance and reviews compensation using information provided by the National, State and Regional Humane Societies. The Executive Director interviews and reviews all Key Employees annually.

Form 990, Part VI, Line 15b - Compensation Process for Officers

The Executive Committee of the Board of Directors interviews and reviews the Executive Director/CEO of the Organization. The Committee also evaluates performance and reviews compensation using information provided by the National, State and Regional Humane Societies. The Executive Director interviews and reviews all Key Employees annually.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

Name of the organization

Employer identification number

Humane Society of Vero Beach and

59-0863199

The Organization's Minutes, Conflict of Interest Policy, Financial Statements, and Form 990 are maintained at it's Administrative Office and made available to the General Public upon request for the same period of disclosure, as set forth by IRC Section 6104(D).

Form 990, Part XI, Line 9 - Other Changes in Net Assets Explanation

Change in Net Assets of Affiliate	\$ -1,610,311
Change in Net Assets of Affiliate	\$ 1,610,311

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships

**u Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
u Attach to Form 990.**

u Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

**Open to Public
Inspection**

**Humane Society of Vero Beach and
Indian River County, FL, Inc.**

Employer identification number
59-0863199

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) Humane Society of Vero Beach and IR 6230 77th Street 59-3729687 Vero Beach FL 32961	Investment	FL	501c3	12b	N/A		X
(2)							
(3)							
(4)							
(5)							

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate alloc.?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
(4)									

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

	Yes	No
1a		X
1b		X
1c		X
1d		X
1e		X
1f		X
1g		X
1h		X
1i		X
1j		X
1k		X
1l		X
1m		X
1n		X
1o		X
1p		X
1q		X
1r		X
1s	X	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) Humane Society of Vero Beach and	s	473,000	Budget Transfer of Income
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													

Form **4562**
 Department of the Treasury
 Internal Revenue Service (99)

Depreciation and Amortization
 (Including Information on Listed Property)

u Attach to your tax return.

u Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2018

Attachment Sequence No. **179**

Name(s) shown on return **Humane Society of Vero Beach and Indian River County, FL, Inc.** Identifying number **59-0863199**

Business or activity to which this form relates

Indirect Depreciation

Part I Election To Expense Certain Property Under Section 179

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

1	Maximum amount (see instructions)	1	1,000,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,500,000
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 2017 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2019. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	495,432

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2018	17	9,393
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 checked="" type="checkbox"/>		

Section B—Assets Placed in Service During 2018 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	
i Nonresidential real property			39 yrs.	MM	S/L	

Section C—Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	6,629
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 instructions	22	511,454
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	

For Paperwork Reduction Act Notice, see separate instructions.

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, 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? 24b If "Yes," is the evidence written? 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions 26 Property used more than 50% in a qualified business use: See Statement 1 27 Property used 50% or less in a qualified business use: 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1

Section B—Information on Use of Vehicles

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

30 Total business/investment miles driven during the year (don't include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year. Add lines 30 through 32 34 Was the vehicle available for personal use during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal use?

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

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

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? See instructions

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

42 Amortization of costs that begins during your 2018 tax year (see instructions): 43 Amortization of costs that began before your 2018 tax year 44 Total. Add amounts in column (f). See the instructions for where to report

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
Prior MACRS:									
454	Building - Clinic	10/01/17	366,342			366,342	39 MM S/L	9,002	9,393
			<u>366,342</u>			<u>366,342</u>		<u>9,002</u>	<u>9,393</u>
Other Depreciation:									
150	Paradigm Software	8/31/97	5,900			5,900	3 MO Amort	5,900	0
	Sold/Scrapped: 9/30/19								
152	Driveway Paving	1/17/03	5,150			5,150	10 MO S/L	5,150	0
194	Land - Cost	4/04/01	278,807			278,807	0 -- Land	0	0
195	Land Improvement	5/01/03	261,893			261,893	0 -- Land	0	0
202	Chameleon S	11/30/00	14,550			14,550	3 MO Amort	14,550	0
214	Telephone System	5/01/03	7,380			7,380	5 MO S/L	7,380	0
	Sold/Scrapped: 9/30/19								
217	Kennel Crates - Run	12/31/99	28,829			28,829	10 MO S/L	28,829	0
220	Animal Capture EC	10/25/01	2,140			2,140	5 MO S/L	2,140	0
	Sold/Scrapped: 9/30/19								
221	PC Upgrades	12/28/01	1,802			1,802	5 MO S/L	1,802	0
	Sold/Scrapped: 9/30/19								
231	Drainage Pipe	5/01/03	171,464			171,464	10 MO S/L	149,317	17,146
232	Paving	5/01/03	82,484			82,484	10 MO S/L	82,484	0
235	Lockers - Vinyl (5)	5/06/03	1,739			1,739	5 MO S/L	1,739	0
248	Versa Cage Mobile	7/01/03	2,834			2,834	5 MO S/L	2,834	0
	Sold/Scrapped: 9/30/19								
250	Computers (2) - Tech	7/29/03	1,598			1,598	5 MO S/L	1,598	0
	Sold/Scrapped: 9/30/19								
251	Computer - Xeon PC	8/05/03	1,475			1,475	5 MO S/L	1,475	0
	Sold/Scrapped: 9/30/19								
252	Dog Walk Equipment	9/01/03	5,463			5,463	5 MO S/L	5,463	0
253	Benches (8)	9/01/03	1,507			1,507	5 MO S/L	1,507	0
255	Lateral Files (5)	5/01/03	2,000			2,000	5 MO S/L	2,000	0
256	Irrigation Pump	5/01/03	18,900			18,900	5 MO S/L	18,900	0
	Sold/Scrapped: 9/30/19								
257	Irrigation Pump - FR	9/01/03	13,500			13,500	5 MO S/L	13,500	0
	Sold/Scrapped: 9/30/19								
258	Cat Condos	5/01/03	37,005			37,005	5 MO S/L	37,005	0
259	Dog Cages & Fencing	5/01/03	42,358			42,358	5 MO S/L	42,358	0
260	Cages & Fencing (61)	9/01/03	63,536			63,536	5 MO S/L	63,536	0
261	Freezer - Polar Kip	9/01/03	14,964			14,964	5 MO S/L	14,964	0
262	Table & Chairs	9/01/03	6,000			6,000	5 MO S/L	6,000	0
263	Computer & Software	9/01/03	10,500			10,500	5 MO S/L	10,500	0
264	Landscaping	5/01/03	75,990			75,990	10 MO S/L	75,990	0
265	Irrigation System	5/01/03	25,270			25,270	10 MO S/L	22,006	2,527
266	Fencing	5/01/03	47,172			47,172	10 MO S/L	41,079	4,717
267	Building - Adoption	5/01/03	3,555,000			3,555,000	39 MO S/L	1,322,110	91,154
268	Building - Receiving	9/01/03	2,042,300			2,042,300	39 MO S/L	782,445	52,367
269	Pig Yard	9/01/03	1,650			1,650	10 MO S/L	1,650	0
270	Exercise Path - Stone	9/01/03	7,000			7,000	10 MO S/L	7,000	0
272	Pig Yard	12/31/03	4,051			4,051	10 MO S/L	4,051	0
273	Barn & Pasture	6/30/04	12,375			12,375	10 MO S/L	12,375	0
275	Fencing	12/03/03	5,119			5,119	10 MO S/L	4,308	512
278	System Server	10/01/03	2,930			2,930	5 MO S/L	2,930	0
279	Utility Carts	10/14/03	1,063			1,063	5 MO S/L	1,063	0
281	Security System	1/31/04	1,750			1,750	5 MO S/L	1,750	0
282	Stained Glass Window	6/15/03	23,496			23,496	10 MO S/L	12,044	2,350
283	Commemorative Letter	1/31/04	2,985			2,985	5 MO S/L	2,985	0
288	Patio Roof	8/16/04	1,875			1,875	10 MO S/L	1,875	0
291	Sign	9/01/04	1,016			1,016	5 MO S/L	1,016	0
292	Cash Registers (2)	9/01/04	1,140			1,140	5 MO S/L	1,140	0
293	Shelving, Co	7/01/04	1,255			1,255	5 MO S/L	1,255	0
294	Satellite Laptop	11/26/99	1,100			1,100	5 MO S/L	1,100	0
296	Dell PC & UPS	4/01/05	1,905			1,905	5 MO S/L	1,905	0
	Sold/Scrapped: 9/30/19								
297	Dell PC & UPS	4/01/05	1,906			1,906	5 MO S/L	1,906	0
	Sold/Scrapped: 9/30/19								
298	Dell PC & UPS	4/01/05	1,906			1,906	5 MO S/L	1,906	0
299	Pressure Washer	4/01/05	1,089			1,089	5 MO S/L	1,089	0
300	Entrance Sign	4/01/05	5,700			5,700	5 MO S/L	5,700	0
301	Thermal Supports	6/01/05	1,445			1,445	5 MO S/L	1,445	0

Federal Asset Report

FYE: 9/30/2019

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
302	Thermal Supports	6/01/05	1,445				1,445	5	MO S/L	1,445	0
303	Building Lettering	9/01/05	3,105				3,105	5	MO S/L	3,105	0
304	Building Lettering	9/01/05	3,105				3,105	5	MO S/L	3,105	0
305	Shore-line Cages	4/27/05	5,200				5,200	5	MO S/L	5,200	0
306	Dell 6000 Laptop	9/25/05	1,640				1,640	5	MO S/L	1,640	0
	Sold/Scrapped: 9/30/19										
308	Land Sebastian T.I.	5/03/05	240,000				240,000	0	-- Land	0	0
309	Building - Sebastian Thrift	5/03/05	792,260				792,260	39	MO S/L	269,673	20,314
310	Signs - Labor for A	10/17/05	1,478				1,478	5	MO S/L	1,478	0
312	Dell Computers	4/19/06	3,113				3,113	5	MO S/L	3,113	0
313	Storage Shed	6/06/06	1,312				1,312	5	MO S/L	1,312	0
315	Dell Computers	7/03/06	1,885				1,885	5	MO S/L	1,885	0
	Sold/Scrapped: 9/30/19										
316	Pneumatic Lift & P/	6/01/06	7,159				7,159	5	MO S/L	7,159	0
	Sold/Scrapped: 9/30/19										
317	Propane Tanks	7/28/06	4,755				4,755	5	MO S/L	4,755	0
318	Commercial Washer	7/28/06	11,815				11,815	5	MO S/L	11,815	0
	Sold/Scrapped: 9/30/19										
319	Anesthesia Machine	8/02/06	3,300				3,300	5	MO S/L	3,300	0
321	Chapel Garden	12/01/05	15,000				15,000	10	MO S/L	15,000	0
322	Electric Gates & Fence	8/01/06	9,752				9,752	10	MO S/L	9,752	0
323	Trees & Landscaping	9/14/06	5,435				5,435	10	MO S/L	5,435	0
324	Trees & Landscaping	6/30/06	5,435				5,435	10	MO S/L	5,435	0
325	Event Tent	5/01/06	3,650				3,650	5	MO S/L	3,650	0
	Sold/Scrapped: 9/30/19										
327	Box Truck	6/01/06	31,253				31,253	5	MO S/L	31,253	0
	Sold/Scrapped: 9/30/19										
328	Fencing	1/01/06	1,623				1,623	10	MO S/L	1,623	0
330	Dell Inspiration 6C	10/13/05	1,640				1,640	5	MO S/L	1,640	0
	Sold/Scrapped: 9/30/19										
331	PC's (13) & Accesories	5/23/06	6,065				6,065	5	MO S/L	6,065	0
333	Generator	2/13/07	56,512				56,512	5	MO S/L	56,512	0
	Sold/Scrapped: 9/30/19										
334	Hurricane Storm E	11/07/06	55,479				55,479	10	MO S/L	47,774	5,547
335	Memorial Door - Cl	6/30/07	2,843				2,843	10	MO S/L	2,322	284
336	Generator	2/13/07	56,512				56,512	5	MO S/L	56,512	0
337	Hurricane Storme E	11/07/06	95,261				95,261	10	MO S/L	82,030	9,526
338	Paired Panel Partitions	11/29/06	24,716				24,716	10	MO S/L	11,694	2,472
339	Double Faced Light	4/01/07	6,900				6,900	5	MO S/L	6,900	0
341	Landscaping Memo	4/30/07	8,795				8,795	10	MO S/L	7,280	880
342	Goulds High Pressure Pumps	1/04/08	3,750				3,750	5	MO S/L	3,750	0
	Sold/Scrapped: 9/30/19										
343	Trees & Landscaping	5/13/08	4,098				4,098	10	MO S/L	3,119	410
344	Trees & Landscaping	5/13/08	4,098				4,098	10	MO S/L	3,119	410
347	Storage Facility	11/01/07	150,271				150,271	10	MO S/L	63,865	15,027
348	Pavilion	8/01/08	176,488				176,488	5	MO S/L	106,911	35,298
349	A/C Units for Kennel	12/01/07	108,649				108,649	10	MO S/L	85,712	10,865
	Sold/Scrapped: 9/30/19										
350	A/C Units for Kennel	12/01/07	108,649				108,649	10	MO S/L	85,712	10,865
	Sold/Scrapped: 9/30/19										
351	Statewide Laundry	2/13/09	7,903				7,903	5	MO S/L	7,903	0
	Sold/Scrapped: 9/30/19										
353	Fence - Pavilion & Deck	5/30/09	13,360				13,360	5	MO S/L	11,876	1,484
354	Statewide Laundry	2/13/09	7,902				7,902	5	MO S/L	7,902	0
	Sold/Scrapped: 9/30/19										
355	Toshiba 42"	8/01/09	1,300				1,300	5	MO S/L	1,300	0
356	Cat Adopton Wing	8/01/09	9,850				9,850	10	MO S/L	3,780	985
357	Large Animal Barn	9/01/09	496,697				496,697	10	MO S/L	189,551	49,670
358	Barn Fencing	10/06/09	6,400				6,400	5	MO S/L	6,400	0
359	Website Design	11/15/09	5,000				5,000	5	MO S/L	5,000	0
360	Sage Administrative	4/01/10	11,265			X	5,632	3	MO Amort	11,265	0
	Sold/Scrapped: 9/30/19										
361	Mini-Mag Floor Cleaner	4/15/10	6,520				6,520	5	MO S/L	6,520	0
362	A/C Unit - Receiving	12/01/10	160,594				160,594	10	MO S/L	55,556	16,059
363	A/C Unit - Adoption	12/01/10	160,594				160,594	10	MO S/L	55,556	16,059
364	Solar Panels - Adof	7/01/11	5,255				5,255	5	MO S/L	5,255	0
365	Remodeling	8/01/11	15,649				15,649	10	MO S/L	5,146	1,565
366	Dental Machine	3/01/13	10,320				10,320	5	MO S/L	10,320	0
367	Clinic Lights	4/11/13	4,789				4,789	5	MO S/L	4,789	0
368	Autoclave and Instruments	5/22/13	5,421				5,421	5	MO S/L	5,421	0
369	Anesthesia Machine	6/10/13	3,143				3,143	5	MO S/L	3,143	0

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
370	Dental X-ray Machine	2/04/13	3,935				3,935	5	MO S/L	3,935	0
371	Thrift Shop Fixtures	12/10/12	3,214				3,214	5	MO S/L	3,214	0
372	Furniture - Adoption	3/17/13	4,899				4,899	5	MO S/L	4,899	0
375	Folding Exam Tables (2)	10/01/12	1,818				1,818	5	MO S/L	1,818	0
376	McAllister Software for Clinic	10/01/12	3,097			X	1,549	3	MO Amort	3,097	0
377	Lobby Remodeling	5/31/13	20,477				20,477	10	MO S/L	8,873	2,048
378	Clinic Doors	2/14/13	1,743				1,743	5	MO S/L	1,743	0
382	Air Conditioner	5/01/14	56,174				56,174	10	MO S/L	30,628	5,617
383	T/S Sign	5/01/14	3,986				3,986	10	MO S/L	2,173	399
384	T/S Relocation Project	3/17/14	24,302				24,302	10	MO S/L	10,936	2,430
386	Counters/Shelves	1/20/14	2,439				2,439	5	MO S/L	1,904	488
387	Shelves	1/27/14	3,649				3,649	5	MO S/L	2,894	730
388	Sound System	4/11/14	5,594				5,594	5	MO S/L	5,034	560
389	Surge Protector	3/01/14	9,940				9,940	5	MO S/L	9,112	828
390	Kenwood Radios	12/11/14	5,064				5,064	5	MO S/L	4,839	225
	Sold/Scrapped: 9/30/19										
391	Tractor	2/09/15	17,300				17,300	5	MO S/L	10,215	3,460
392	Improvements - Foster Room & Cat Room	2/26/15	15,669				15,669	10	MO S/L	3,603	1,566
393	A/C Thrift Shop	3/31/15	23,200				23,200	10	MO S/L	7,954	2,320
	Sold/Scrapped: 9/30/19										
394	Emergency Door Bell	5/08/15	1,356				1,356	5	MO S/L	704	271
395	Blocking for A/C	7/10/15	5,550				5,550	10	MO S/L	1,388	555
	Sold/Scrapped: 9/30/19										
396	Surgery Table	9/01/15	3,319				3,319	5	MO S/L	1,407	663
397	Shelving	9/15/15	2,138				2,138	5	MO S/L	1,254	428
398	Retractable Awning Motorized	5/16/17	3,585				3,585	5	MO S/L	956	717
399	5 10'x10' Carbon Steel WH Tents	4/12/17	3,275				3,275	5	MO S/L	983	655
400	5 10'x10' High Strength WH Tents	4/12/17	5,925				5,925	5	MO S/L	1,778	1,185
401	Security System - Cameras/Doors	3/06/17	120,775				120,775	5	MO S/L	38,246	24,155
403	4 LVO TC 256 Gb 8 Gb	8/31/17	2,853				2,853	5	MO S/L	618	571
	Sold/Scrapped: 9/30/19										
405	2 LVO TP T470 256 Gb 8 Gb W10P	8/31/17	2,152				2,152	5	MO S/L	466	431
	Sold/Scrapped: 9/30/19										
407	Anesthesia Machine	9/06/17	3,729				3,729	5	MO S/L	808	746
408	3 Phillips Defibrillator	3/16/17	3,355				3,355	5	MO S/L	1,007	671
412	Utility Tandem 6x16	9/26/17	2,959				2,959	5	MO S/L	592	592
	Sold/Scrapped: 9/30/19										
414	Thrift Shop Fixtures	12/10/12	1,025				1,025	5	MO S/L	410	205
415	Adoption Bldg Improvements	9/30/17	5,509				5,509	10	MO S/L	551	551
416	Receiving Bldg Improvements	9/30/17	92,504				92,504	10	MO S/L	9,250	9,251
417	Misc Furniture & Fixtures	9/30/17	5,045				5,045	5	MO S/L	1,009	1,009
418	Misc Land Improvements	9/30/17	26,398				26,398	10	MO S/L	2,640	2,640
420	2017 Utility Trailer (6.5 x 16)	10/04/17	2,459				2,459	5	MO S/L	492	492
422	Refrigerator	11/01/17	1,699				1,699	5	MO S/L	311	340
423	X-Ray Table MK63706	11/08/17	17,250				17,250	5	MO S/L	3,163	3,450
424	Rep Two Circuit Boards/JAX Aerial Platfor	12/18/17	1,824				1,824	5	MO S/L	274	364
425	Heska Lab X-Ray Machine	12/18/17	25,350				25,350	5	MO S/L	3,803	5,070
426	CDW DIR Hardware	1/08/18	1,231				1,231	3	MO S/L	308	410
	Sold/Scrapped: 9/30/19										
427	Imaging Equipment	1/08/18	3,395				3,395	5	MO S/L	509	679
428	Fund Development Equipment	1/08/18	5,000				5,000	5	MO S/L	750	1,000
429	ADP Rescue Trailer (8 x 24)	2/13/18	43,825				43,825	5	MO S/L	5,843	8,765
430	Alliance Huebsch Dryer	2/27/18	4,128				4,128	5	MO S/L	482	825
431	Alliance Huebsch Dryer	2/27/18	4,128				4,128	5	MO S/L	482	825
432	Mobile Lift Table MY28204	3/14/18	3,844				3,844	5	MO S/L	449	768
433	Shure BLX/Behringer/XLR Cable	4/11/18	1,135				1,135	5	MO S/L	114	227
	Sold/Scrapped: 9/30/19										
434	Security Cameras & Install	5/10/18	4,104				4,104	5	MO S/L	342	821
435	Temporary Fencing	6/11/18	2,944				2,944	5	MO S/L	196	589
436	Datamars System	8/17/18	2,472				2,472	5	MO S/L	41	495
	Sold/Scrapped: 9/30/19										
438	Rescue Trailer Paint/Signage	8/29/18	7,821				7,821	5	MO S/L	130	1,564
440	Feral Cat Den, Humaniac Helping Hand	9/18/18	2,130				2,130	5	MO S/L	0	426
441	Vatland Honda	9/30/18	33,757				33,757	5	MO S/L	0	6,751
442	Fence Addition/Improvement	3/21/18	3,323				3,323	10	MO S/L	166	332
443	Admin Office Doors	12/08/17	2,750				2,750	10	MO S/L	229	275
444	MB Enterprise - Admin Offices	1/10/18	5,200				5,200	10	MO S/L	390	520
445	Admin Office Doors	7/05/18	2,750				2,750	10	MO S/L	69	275
446	Jewelry Cabinets	10/25/17	1,500				1,500	5	MO S/L	275	300
447	Paulson Built Equip	1/05/18	1,875				1,875	5	MO S/L	281	375
448	Square Hardware/Register	3/19/18	1,069				1,069	3	MO S/L	178	356

Federal Asset Report**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
	Sold/Scrapped: 9/30/19										
451	Thrift Shop Roofing	4/24/18	40,939				40,939	10	MO S/L	1,706	4,094
452	Q-10740 Time Clock	9/27/18	13,908				13,908	3	MO Amort	386	4,250
	Sold/Scrapped: 9/30/19										
453	Clinic - Professional Fees	10/01/17	35,773				35,773	10	MO S/L	3,577	3,578
	Sold/Scrapped: 9/30/19										
455	Clinic - Plumbing	10/01/17	14,941				14,941	10	MO S/L	1,494	1,494
456	Clinic - Signage	10/01/17	1,829				1,829	10	MO S/L	183	183
457	HVAC Replacement Project	9/12/19	975,483				975,483	39	MO S/L	0	2,084
459	IR Gate Systems	10/25/18	4,000				4,000	10	MO S/L	0	367
460	Cash Registers-Vero TS	11/14/18	2,212				2,212	5	MO S/L	0	405
461	Animal Services Pump	11/20/18	3,290				3,290	5	MO S/L	0	548
462	Monitor Screens	11/20/18	6,758				6,758	5	MO S/L	0	1,126
463	Teak Honor Bench	12/14/18	1,648				1,648	5	MO S/L	0	275
464	Industrial Washer & Dryer	12/18/18	19,286				19,286	5	MO S/L	0	2,893
465	CDW Direct Computers (4)	1/30/19	1,934				1,934	3	MO S/L	0	430
	Sold/Scrapped: 9/30/19										
466	Barcode Scanner for DLs	3/22/19	1,044				1,044	3	MO S/L	0	174
467	Edgetech - Walkie Talkies	5/09/19	4,055				4,055	3	MO S/L	0	563
468	2017 Ford Transit-350 Cutaway	5/16/19	29,187				29,187	5	MO S/L	0	1,946
469	New Computer Set-Up - Meghji	7/11/19	2,812				2,812	5	MO S/L	0	141
470	Adv Plumbing Hot Water Heater	9/30/19	5,325				5,325	10	MO S/L	0	0
471	Engraving Machine	8/19/19	3,055				3,055	5	MO S/L	0	51
472	X-Lifter Patient Transporter	9/25/19	2,389				2,389	5	MO S/L	0	0
473	Hurricane Shutter - Seb Store	8/06/19	2,284				2,284	5	MO S/L	0	76
	Total Other Depreciation		<u>11,725,741</u>				<u>11,718,560</u>			<u>4,461,348</u>	<u>495,432</u>
	Total ACRS and Other Depreciation		<u>11,725,741</u>				<u>11,718,560</u>			<u>4,461,348</u>	<u>495,432</u>
Listed Property:											
271	Chevy Suburban	12/07/04	28,848				28,848	5	MO S/L	28,848	0
314	Chevy Animal Transportation	6/14/06	34,860				34,860	5	MO S/L	34,860	0
379	2014 GMC Truck	2/13/14	31,051				31,051	5	MO S/L	20,511	1,975
411	2017 Chrysler Pacifica	2/27/17	30,728				30,728	5	MO S/L	9,260	3,450
380	2012 Hyundai Tucson	2/13/14	18,062				18,062	5	MO S/L	16,858	1,204
	Sold/Scrapped: 9/30/19										
			<u>143,549</u>				<u>143,549</u>			<u>110,337</u>	<u>6,629</u>
Amortization:											
413	PC & Accessories	5/23/06	1,735				1,735	3	MO Amort	1,157	530
	Sold/Scrapped: 9/30/19										
			<u>1,735</u>				<u>1,735</u>			<u>1,157</u>	<u>530</u>
	Grand Totals		12,237,367				12,230,186			4,581,844	511,984
	Less: Dispositions and Transfers		542,109				536,476			415,614	37,904
	Less: Start-up/Org Expense		0				0			0	0
	Net Grand Totals		<u>11,695,258</u>				<u>11,693,710</u>			<u>4,166,230</u>	<u>474,080</u>

Form 990	Event Income and Deduction Worksheet	2018
Description Bark in the Park		
Name Humane Society of Vero Beach and		Taxpayer Identification Number 59-0863199

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:

1. Gross receipts or sales	1.		13,807
2. Advertising income	2.		
3. Circulation income	3.		
4. Other income	4.		
5. Returns and allowances	5.		
6. Contributions received	6.		
7. Total revenue. Add lines 1 through 6	7.		13,807
8. Cost of Goods Sold	8.		11,643
9. Employment Expense	9.		
10. Fees for services	10.		
11. Indirect Expense	11.		
12. Depreciation Expense	12.		
13. Exempt Activity Expense	13.		
14. Fundraising Expense	14.		
15. Total expenses. Add lines 8 through 14	15.		11,643
16. Net Income/Loss. Line 7 minus Line 15	16.		2,164

Expense Details - Indirect Expense:

Advertising and promotion	
Office	
Printing/publication/postage	
Info technology/Maintenance	
Royalties & License Fees	
Occupancy/Real Estate Taxes	
Travel & Repairs	
Travel/entertainment (officials)	
Conferences/meetings	
Interest	
Insurance	
Total Indirect Expense	

Expense Details - Depreciation Expense:

On investment property	
On non-investment property	
Amortization	
Depletion	
Total Depreciation Expense	

Expense Details - Exempt Activity Expense:

Repairs/Maintenance/Other	
Bad debts	
Taxes/licenses	
Charitable contributions	
Dividend recd deductions	
Readership costs	
Total Exempt Activity Expense	

Expense Details - Fundraising Expense:

Cash prizes	
Non-cash prizes	
Rent and facility costs	
Food & beverages (Part II only)	
Entertainment (Part II only)	
Other direct expenses	
Total Fundraising Expense	

Expense Details - Cost of Goods Sold:

Beginning inventory	
Purchases	
Labor	
Section 263A costs	
Other costs	11,643
Ending inventory	
Total Cost of Goods Sold	11,643

Expense Details - Employment Expense:

Compensation of officers	
Other salaries and wages	
Pension plan contributions	
Other employee benefits	
Payroll taxes	
Total Employment Expense	

Expense Details - Fees for Services:

Management	
Legal	
Accounting	
Lobbying	
Professional fundraising	
Investment management	
Other	
Total Fees for Services	

Information is indicated for use on Form 990-T schedule:

- Schedule E
- Schedule F
- Schedule G
- Schedule I
- Schedule J

Allocation of Expense to Program Service Accomplishments:

First	
Second	
Third	
All other	

Form 990	Event Income and Deduction Worksheet	2018
Name Humane Society of Vero Beach and		Taxpayer Identification Number 59-0863199
Description Cause for Paws		

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:

1. Gross receipts or sales	1.		314,654
2. Advertising income	2.		
3. Circulation income	3.		
4. Other income	4.		
5. Returns and allowances	5.		
6. Contributions received	6.		
7. Total revenue. Add lines 1 through 6	7.		314,654
8. Cost of Goods Sold	8.		70,385
9. Employment Expense	9.		
10. Fees for services	10.		
11. Indirect Expense	11.		
12. Depreciation Expense	12.		
13. Exempt Activity Expense	13.		
14. Fundraising Expense	14.		
15. Total expenses. Add lines 8 through 14	15.		70,385
16. Net Income/Loss. Line 7 minus Line 15	16.		244,269

Expense Details - Indirect Expense:

Advertising and promotion	
Office	
Printing/publication/postage	
Info technology/Maintenance	
Royalties & License Fees	
Occupancy/Real Estate Taxes	
Travel & Repairs	
Travel/entertainment (officials)	
Conferences/meetings	
Interest	
Insurance	
Total Indirect Expense	

Expense Details - Depreciation Expense:

On investment property	
On non-investment property	
Amortization	
Depletion	
Total Depreciation Expense	

Expense Details - Exempt Activity Expense:

Repairs/Maintenance/Other	
Bad debts	
Taxes/licenses	
Charitable contributions	
Dividend recd deductions	
Readership costs	
Total Exempt Activity Expense	

Expense Details - Fundraising Expense:

Cash prizes	
Non-cash prizes	
Rent and facility costs	
Food & beverages (Part II only)	
Entertainment (Part II only)	
Other direct expenses	
Total Fundraising Expense	

Expense Details - Cost of Goods Sold:

Beginning inventory	
Purchases	
Labor	
Section 263A costs	
Other costs	70,385
Ending inventory	
Total Cost of Goods Sold	70,385

Expense Details - Employment Expense:

Compensation of officers	
Other salaries and wages	
Pension plan contributions	
Other employee benefits	
Payroll taxes	
Total Employment Expense	

Expense Details - Fees for Services:

Management	
Legal	
Accounting	
Lobbying	
Professional fundraising	
Investment management	
Other	
Total Fees for Services	

Information is indicated for use on Form 990-T schedule:

- Schedule E
- Schedule F
- Schedule G
- Schedule I
- Schedule J

Allocation of Expense to Program Service Accomplishments:

First	
Second	
Third	
All other	

Form 990	Event Income and Deduction Worksheet	2018
Description Wine, Women & Shoes		
Name Humane Society of Vero Beach and		Taxpayer Identification Number 59-0863199

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:

1. Gross receipts or sales	1.	106,452
2. Advertising income	2.	
3. Circulation income	3.	
4. Other income	4.	
5. Returns and allowances	5.	
6. Contributions received	6.	
7. Total revenue. Add lines 1 through 6	7.	106,452
8. Cost of Goods Sold	8.	123,213
9. Employment Expense	9.	
10. Fees for services	10.	
11. Indirect Expense	11.	
12. Depreciation Expense	12.	
13. Exempt Activity Expense	13.	
14. Fundraising Expense	14.	
15. Total expenses. Add lines 8 through 14	15.	123,213
16. Net Income/Loss. Line 7 minus Line 15	16.	-16,761

Expense Details - Indirect Expense:

Advertising and promotion	_____
Office	_____
Printing/publication/postage	_____
Info technology/Maintenance	_____
Royalties & License Fees	_____
Occupancy/Real Estate Taxes	_____
Travel & Repairs	_____
Travel/entertainment (officials)	_____
Conferences/meetings	_____
Interest	_____
Insurance	_____
Total Indirect Expense	_____

Expense Details - Depreciation Expense:

On investment property	_____
On non-investment property	_____
Amortization	_____
Depletion	_____
Total Depreciation Expense	_____

Expense Details - Exempt Activity Expense:

Repairs/Maintenance/Other	_____
Bad debts	_____
Taxes/licenses	_____
Charitable contributions	_____
Dividend recd deductions	_____
Readership costs	_____
Total Exempt Activity Expense	_____

Expense Details - Fundraising Expense:

Cash prizes	_____
Non-cash prizes	_____
Rent and facility costs	_____
Food & beverages (Part II only)	_____
Entertainment (Part II only)	_____
Other direct expenses	_____
Total Fundraising Expense	_____

Expense Details - Cost of Goods Sold:

Beginning inventory	_____
Purchases	_____
Labor	_____
Section 263A costs	_____
Other costs	123,213
Ending inventory	_____
Total Cost of Goods Sold	123,213

Expense Details - Employment Expense:

Compensation of officers	_____
Other salaries and wages	_____
Pension plan contributions	_____
Other employee benefits	_____
Payroll taxes	_____
Total Employment Expense	_____

Expense Details - Fees for Services:

Management	_____
Legal	_____
Accounting	_____
Lobbying	_____
Professional fundraising	_____
Investment management	_____
Other	_____
Total Fees for Services	_____

Allocation of Expense to Program Service Accomplishments:

First	_____
Second	_____
Third	_____
All other	_____

Information is indicated for use on Form 990-T schedule:

- Schedule E
- Schedule F
- Schedule G
- Schedule I
- Schedule J

SCHEDULE G (Form 990 or 990-EZ)	Fundraising Other Events	2018
	For calendar year 2018, or tax year beginning 10/01/18 , and ending 09/30/19	

Name Humane Society of Vero Beach and Indian River County, FL, Inc.	Employer Identification Number 59-0863199
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		(a) Other event <u>Bark in the Par</u> <small>(event type)</small>	(b) Other event <hr/> <small>(event type)</small>	(c) Other event <hr/> <small>(event type)</small>	(d) Total other events <small>(add col. (a) through col. (c))</small>
Revenue	1 Gross receipts	13,807			13,807
	2 Less: Charitable contributions				
	3 Gross income <small>(line 1 minus line 2)</small>	13,807			13,807
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food/beverages				
	8 Entertainment				
	9 Other expenses	11,643			11,643

Form 990	Two Year Comparison Report	2017 & 2018
For calendar year 2018, or tax year beginning 10/01/18 , ending 09/30/19		

Name **Humane Society of Vero Beach and Indian River County, FL, Inc.** Taxpayer Identification Number **59-0863199**

		2017	2018	Differences
R e v e n u e	1. Contributions, gifts, grants	2,601,149	1,024,781	-1,576,368
	2. Membership dues and assessments	2,650	983	-1,667
	3. Government contributions and grants			
	4. Program service revenue	799,211	826,602	27,391
	5. Investment income	3,413	7,284	3,871
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory		-87,996	-87,996
	8. Net income or (loss) from fundraising events	480,223	229,672	-250,551
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory	1,164,090	832,052	-332,038
	11. Other revenue	630		-630
	12. Total revenue. Add lines 1 through 11	5,051,366	2,833,378	-2,217,988
E x p e n s e s	13. Grants and similar amounts paid			
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.			
	16. Salaries, other compensation, and employee benefits	1,925,765	1,929,918	4,153
	17. Professional fundraising fees			
	18. Other professional fees	59,440	132,564	73,124
	19. Occupancy, rent, utilities, and maintenance	327,247	356,996	29,749
	20. Depreciation and Depletion	510,054	511,984	1,930
	21. Other expenses	1,173,424	1,219,906	46,482
	22. Total expenses. Add lines 13 through 21	3,995,930	4,151,368	155,438
	23. Excess or (Deficit). Subtract line 22 from line 12	1,055,436	-1,317,990	-2,373,426
O t h e r I n f o r m a t i o n	24. Total exempt revenue	5,051,366	2,833,378	-2,217,988
	25. Total unrelated revenue			
	26. Total excludable revenue	2,447,567	1,807,614	-639,953
	27. Total assets	9,608,020	8,977,347	-630,673
	28. Total liabilities	525,562	1,175,876	650,314
	29. Retained earnings	9,082,458	7,801,471	-1,280,987
	30. Number of voting members of governing body	18	17	
31. Number of independent voting members of governing body	18	17		
32. Number of employees	97	132		
33. Number of volunteers	300	300		

Form 990	Tax Return History	2018
Name Humane Society of Vero Beach and Indian River County, FL, Inc.		Employer Identification Number 59-0863199

	2014	2015	2016	2017	2018	2019
Contributions, gifts, grants			1,140,854	2,601,149	1,024,781	
Membership dues			1,400	2,650	983	
Program service revenue			757,440	799,211	826,602	
Capital gain or loss			174		-87,996	
Investment income			1,571	3,413	7,284	
Fundraising revenue (income/loss)			333,140	480,223	229,672	
Gaming revenue (income/loss)						
Other revenue			1,134,323	1,164,720	832,052	
Total revenue			3,368,902	5,051,366	2,833,378	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.						
Other compensation			1,744,583	1,925,765	1,929,918	
Professional fees			71,590	59,440	132,564	
Occupancy costs			316,177	327,247	356,996	
Depreciation and depletion			519,430	510,054	511,984	
Other expenses			929,596	1,173,424	1,219,906	
Total expenses			3,581,376	3,995,930	4,151,368	
Excess or (Deficit)			-212,474	1,055,436	-1,317,990	
Total exempt revenue			3,368,902	5,051,366	2,833,378	
Total unrelated revenue						
Total excludable revenue			2,226,648	2,447,567	1,807,614	
Total Assets			8,211,721	9,608,020	8,977,347	
Total Liabilities			184,699	525,562	1,175,876	
Net Fund Balances			8,027,022	9,082,458	7,801,471	