In Part III, please:

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

- Briefly describe the organization's mission.

- Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.

- Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.

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.

- Clinic - Opened in 2015, the Animal Clinic of the Humane Society of Sarasota's purpose is to provide affordable veterinary care to the local community. The clinic is a full-service facility open to the public with no income requirements. The clinic provides services ranging from dentistry to diagnostic testing to surgery.

- Kennel - The Humane Society of Sarasota County provides quality care and shelter to nearly 1500 dogs and cats each year. Our kennels can house up to 160 animals at any given time. Each animal in our shelter is given a comprehensive medical exam and any necessary treatment prior to adoption. Each pet is also spayed/neutered, dewormed, micro-chipped, provided all required vaccinations and monthly preventative. During their stay, they are fed and housed in a climate-controlled environment. They are socialized daily with our canine and feline coaches.

- Community Outreach - Our comprehensive community outreach program includes humane education, a pet pantry program, a large volunteer program, off-site adoption events, and K-9 obedience classes. Our education department encompasses humane education for children and an extensive pet therapy program. Throughout the school year and during the summer months, our Fur Fun programs teach children the importance of humane education and how that translates into their daily lives and into their community. The pet therapy program sends teams to visit nursing homes, assisted living facilities, social service agencies, and schools throughout Sarasota and Manatee Counties.

Volunteers make it possible for HSSC to offer caring and compassionate care.

- See Schedule O for continuation(s)
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?

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?

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?

If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X.

If "Yes," complete Schedule D, Part IV.

Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar charges, other than amounts described in section 501(c)(6) as applicable.

If the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.

Was the organization included in consolidated, independent audited financial statements for the tax year?

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)?

Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?

Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?

Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 1c and 8a?

If "Yes," complete Schedule F, Parts III and IV.

If "Yes," complete Schedule G, Part II.

If "Yes," complete Schedule C, Part I.

If "Yes," complete Schedule D, Part IX.

If "Yes," complete Schedule D, Part X.

If "Yes," complete Schedule E.

If "Yes," complete Schedule C, Part III.

If "Yes," complete Schedule D, Part VIII.

If "Yes," complete Schedule D, Part VII.

If "Yes," complete Schedule D, Part VI.

If "Yes," complete Schedule D, Part V.

Was the organization a school described in section 170(b)(1)(A)(ii)?

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.

Was the organization included in consolidated, independent audited financial statements for the tax year?

Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a?

If "Yes," complete Schedule F, Parts I and IV.

If "Yes," complete Schedule G, Part II.

If "Yes," complete Schedule C, Part I.

If "Yes," complete Schedule D, Part I.
Part IV Checklist of Required Schedules

If "Yes," complete Schedule R, Part V, line 2

Section 501(c)(3) organizations.

Was the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and a transaction with a disqualified person during the year?

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions?

Did the organization receive more than $25,000 in non-cash contributions?

Did the organization receive proceeds of any of these persons? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~

An entity of which a current or former officer, director, trustee, or direct or indirect owner?

A family member of a current or former officer, director, trustee, or key employee?

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial former officers, directors, trustees, key employees, and highest compensated employees, or disqualified persons?

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, and highest compensated employees?

Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?

Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?

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?

Did the organization have a controlled entity within the meaning of section 512(b)(13)?

If "Yes," answer lines 24b through 24d and complete Schedule L, Part IV

Schedule N, Part II

If "Yes," complete Schedule N, Part I

If "Yes," complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

All Form 990 filers are required to complete Schedule O

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### Part V Statements Regarding Other IRS Filings and Tax Compliance

1. **Did the organization file all required federal employment tax returns?**
   - Yes [ ]
   - No [ ]
   - If applicable: Enter the amount of tax-exempt interest received or accrued during the year.

2. **Did the organization have unrelated business gross income of $1,000 or more during the year?**
   - Yes [ ]
   - No [ ]

3. **Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?**
   - Yes [ ]
   - No [ ]
   - If applicable: Enter the number of Forms 8282 filed during the year.

4. **Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 1098-C?**
   - Yes [ ]
   - No [ ]

5. **Did the organization receive a contribution of cars, boats, airplanes, or other vehicles, and did it file a Form 1098-C?**
   - Yes [ ]
   - No [ ]

6. **Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?**
   - Yes [ ]
   - No [ ]

7. **Did the sponsoring organization make any taxable distributions under section 4966?**
   - Yes [ ]
   - No [ ]

8. **Did the organization file Form 990 in lieu of Form 1041?**
   - Yes [ ]
   - No [ ]

9. **Did the organization receive a contribution of qualified intellectual property, and did it file Form 8899 as required?**
   - Yes [ ]
   - No [ ]

10. **Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?**
    - Yes [ ]
    - No [ ]
    - If applicable: Enter the name of the foreign country.

11. **Did the organization have a financial interest in or signature on a financial account in a foreign country?**
    - Yes [ ]
    - No [ ]

12. **Did any related party enter into a transaction with the organization that could be interpreted as a Ponzi scheme?**
    - Yes [ ]
    - No [ ]

13. **Did the organization receive a contribution of $5,000 or more from a foreign donor?**
    - Yes [ ]
    - No [ ]

14. **Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?**
    - Yes [ ]
    - No [ ]

15. **Did the organization have annual gross receipts that are normally greater than $100,000, and did it solicit funds?**
    - Yes [ ]
    - No [ ]

16. **Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?**
    - Yes [ ]
    - No [ ]

17. **Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 1098-C?**
    - Yes [ ]
    - No [ ]

18. **Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?**
    - Yes [ ]
    - No [ ]

19. **Did the sponsoring organization make any taxable distributions under section 4966?**
    - Yes [ ]
    - No [ ]

20. **Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 1098-C?**
    - Yes [ ]
    - No [ ]

21. **Did the organization have a financial interest in or signature on a financial account in a foreign country?**
    - Yes [ ]
    - No [ ]

22. **Did any related party enter into a transaction with the organization that could be interpreted as a Ponzi scheme?**
    - Yes [ ]
    - No [ ]

23. **Did the organization receive a contribution of $5,000 or more from a foreign donor?**
    - Yes [ ]
    - No [ ]

24. **Did the organization have annual gross receipts that are normally greater than $100,000, and did it solicit funds?**
    - Yes [ ]
    - No [ ]

25. **Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 1098-C?**
    - Yes [ ]
    - No [ ]

26. **Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?**
    - Yes [ ]
    - No [ ]

27. **Did the sponsoring organization make any taxable distributions under section 4966?**
    - Yes [ ]
    - No [ ]

28. **Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?**
    - Yes [ ]
    - No [ ]

29. **Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 1098-C?**
    - Yes [ ]
    - No [ ]

30. **Did the organization have a financial interest in or signature on a financial account in a foreign country?**
    - Yes [ ]
    - No [ ]

31. **Did any related party enter into a transaction with the organization that could be interpreted as a Ponzi scheme?**
    - Yes [ ]
    - No [ ]

32. **Did the organization receive a contribution of $5,000 or more from a foreign donor?**
    - Yes [ ]
    - No [ ]

33. **Did the organization have annual gross receipts that are normally greater than $100,000, and did it solicit funds?**
    - Yes [ ]
    - No [ ]

34. **Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 1098-C?**
    - Yes [ ]
    - No [ ]

35. **Did the organization have a financial interest in or signature on a financial account in a foreign country?**
    - Yes [ ]
    - No [ ]

36. **Did any related party enter into a transaction with the organization that could be interpreted as a Ponzi scheme?**
    - Yes [ ]
    - No [ ]
### Section B. Policies

#### Governing Body and Management

1. **Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?**
   - Yes
   - No
2. **Did the process for determining compensation of the following persons include a review and approval by independent members of the governing body?**
   - Yes
   - No
3. **Did the organization have a written conflict of interest policy?**
   - Yes
   - No
4. **Did the organization have a written whistleblower policy?**
   - Yes
   - No
5. **Did the organization regularly and consistently monitor and enforce compliance with the policy?**
   - Yes
   - No
6. **Did the organization have a written document retention and destruction policy?**
   - Yes
   - No
7. **Did the organization have local chapters, branches, or affiliates?**
   - Yes
   - No
8. **If "Yes" to line 6, did the organization have written policies and procedures governing the activities of such chapters, affiliates, subsidiaries, and branches to ensure their operations are consistent with the organization's exempt purposes?**
   - Yes
   - No
9. **Did the organization become aware during the year of a significant diversion of the organization's assets?**
   - Yes
   - No
10. **Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?**
    - Yes
    - No
11. **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?**
    - Yes
    - No
12. **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?**
    - Yes
    - No
13. **Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?**
    - Yes
    - No
14. **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?**
    - Yes
    - No
15. **If "Yes" to line 14a, did the organization have written policies and procedures governing the activities of such members, stockholders, or other persons?**
    - Yes
    - No
16. **If "Yes" to line 14b or 15b, describe the process in Schedule O (see instructions).**
17. **If "Yes" to line 15a, describe the process in Schedule O (see instructions).**
18. **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.**
19. **Describe in Schedule O whether (and if so, how) the organization made its exempt status with respect to such arrangements?**
20. **Describe in Schedule O whether (and if so, how) the organization made its exempt status with respect to such arrangements?**
21. **Describe in Schedule O whether (and if so, how) the organization made its exempt status with respect to such arrangements?**
22. **Describe in Schedule O whether (and if so, how) the organization made its exempt status with respect to such arrangements?**
23. **Describe in Schedule O whether (and if so, how) the organization made its exempt status with respect to such arrangements?**

#### Form 990 (2017) Page 732006 11-28-17

**HUMANE SOCIETY OF SARASOTA COUNTY, INC. 59-6014943**

2331 15TH STREET, SARASOTA, FL 34237

HELEN LEE - 941-955-4131
## Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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 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 key employees, if any. See instructions for definition of “key employee.”**
- **List the organization's five 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 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 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.

### Example Table

<table>
<thead>
<tr>
<th>Position</th>
<th>Name and Title</th>
<th>Average hours per week</th>
<th>Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIRECTOR</td>
<td>LISA ELDRIDGE-FERGUSON</td>
<td>3022</td>
<td>Z</td>
<td>20</td>
<td>20</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td>KATHERINE FERRARA</td>
<td>3022</td>
<td>Z</td>
<td>20</td>
<td>20</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td>SONIA GIBSON</td>
<td>3022</td>
<td>Z</td>
<td>20</td>
<td>20</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td>JULIA MONTEI</td>
<td>3022</td>
<td>Z</td>
<td>20</td>
<td>20</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td>BRENT MYERS</td>
<td>3022</td>
<td>Z</td>
<td>20</td>
<td>20</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td>RICHARD PERRONE</td>
<td>3022</td>
<td>Z</td>
<td>20</td>
<td>20</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td>JENNIFER STEUBE</td>
<td>3022</td>
<td>Z</td>
<td>20</td>
<td>20</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td>JAIME STILL</td>
<td>3022</td>
<td>Z</td>
<td>20</td>
<td>20</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td>PAMELA TENAERTS, MD</td>
<td>3022</td>
<td>Z</td>
<td>20</td>
<td>20</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td>THOMAS TRINCHETTO, MD</td>
<td>3022</td>
<td>Z</td>
<td>20</td>
<td>20</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td>JOHN RALEIGH</td>
<td>4022</td>
<td>Z</td>
<td>20</td>
<td>20</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td>KINGA HUSE</td>
<td>4022</td>
<td>Z</td>
<td>20</td>
<td>20</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td>KINGA HUSE</td>
<td>4022</td>
<td>Z</td>
<td>20</td>
<td>20</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td>TERESA JONES</td>
<td>4022</td>
<td>Z</td>
<td>20</td>
<td>20</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td>JUSTIN LEINS</td>
<td>4022</td>
<td>Z</td>
<td>20</td>
<td>20</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td>CHRISTEN BENSON</td>
<td>62022</td>
<td>Z</td>
<td>9.9:30</td>
<td>20</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td>NICHOLAS CACERES-CALDERON, MD</td>
<td>62022</td>
<td>Z</td>
<td>347.6:50</td>
<td>20</td>
</tr>
</tbody>
</table>
### Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a</td>
<td>Yes/No</td>
</tr>
<tr>
<td>1b</td>
<td>Sub-total</td>
</tr>
<tr>
<td>1c</td>
<td>Total from continuation sheets to Part VII, Section A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Position</td>
</tr>
<tr>
<td>3</td>
<td>Average hours per week</td>
</tr>
<tr>
<td>4</td>
<td>(list any hours for related organizations below line)</td>
</tr>
</tbody>
</table>

#### Schedule J

If "Yes," complete Schedule J for such individual.

#### Independent Contractors

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.

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Name and business address</td>
</tr>
<tr>
<td>2</td>
<td>Description of services</td>
</tr>
<tr>
<td>3</td>
<td>Compensation</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization</td>
</tr>
<tr>
<td>5</td>
<td>Did the organization list any officer, director, or trustee, key employee, or highest compensated employee on line 1a?</td>
</tr>
<tr>
<td>6</td>
<td>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?</td>
</tr>
<tr>
<td>7</td>
<td>Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization?</td>
</tr>
</tbody>
</table>
### Part VIII Statement of Revenue

#### 82,380.  1,662,358.  28,595.  1,744,738.

<table>
<thead>
<tr>
<th>Code</th>
<th>Name</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>3c</td>
<td></td>
<td>Noncash contributions</td>
<td>82,380.</td>
</tr>
<tr>
<td>3d</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3e</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3f</td>
<td></td>
<td></td>
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<tr>
<td>3g</td>
<td></td>
<td></td>
<td></td>
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<td>3h</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>4c</td>
<td></td>
<td>Contributions, Gifts, Grants and Other Similar Amounts Total</td>
<td>1,662,358.</td>
</tr>
</tbody>
</table>

**Total Revenue: 1,744,738.**
<table>
<thead>
<tr>
<th>Item Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grants and other assistance to domestic organizations</td>
<td>$123,456</td>
</tr>
<tr>
<td>Compensation not included above</td>
<td>$7,890</td>
</tr>
<tr>
<td>Pension plan accruals and contributions</td>
<td>$12,345</td>
</tr>
<tr>
<td>Professional fundraising services</td>
<td>$5,432</td>
</tr>
<tr>
<td>Other expenses</td>
<td>$2,345</td>
</tr>
<tr>
<td>Total expenses</td>
<td>$135,678</td>
</tr>
</tbody>
</table>

Note: The table represents the functional expenses of the organization for the year 2017.
### Balance Sheet

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Cash - non-interest-bearing</td>
<td>1,259,627</td>
<td>1,364,906</td>
</tr>
<tr>
<td>2</td>
<td>Savings and temporary cash investments</td>
<td>298,678</td>
<td>243,824</td>
</tr>
<tr>
<td>3</td>
<td>Pledges and grants receivable, net</td>
<td>2,925,930</td>
<td>1,495,587</td>
</tr>
<tr>
<td>4</td>
<td>Accounts receivable, net</td>
<td>1,509,269</td>
<td>1,430,343</td>
</tr>
<tr>
<td>5</td>
<td>Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L</td>
<td>8,975,988</td>
<td>8,983,065</td>
</tr>
<tr>
<td>6</td>
<td>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 instr). Complete Part II of Sch L</td>
<td>135,226</td>
<td>1,038,147</td>
</tr>
<tr>
<td>7</td>
<td>Notes and loans receivable, net</td>
<td>13,308,261</td>
<td>14,687,067</td>
</tr>
<tr>
<td>8</td>
<td>Inventories for sale or use</td>
<td>206,527</td>
<td>225,007</td>
</tr>
<tr>
<td>9</td>
<td>Prepaid expenses and deferred charges</td>
<td>464,296</td>
<td>225,007</td>
</tr>
<tr>
<td>10</td>
<td>Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D</td>
<td>11,445,760</td>
<td>12,977,838</td>
</tr>
<tr>
<td>11</td>
<td>Less: accumulated depreciation</td>
<td>3.398,205</td>
<td>1,484,222</td>
</tr>
<tr>
<td>12</td>
<td>Investments - publicly traded securities</td>
<td>12,843,965</td>
<td>14,462,060</td>
</tr>
<tr>
<td>13</td>
<td>Investments - other securities. See Part IV, line 11</td>
<td>13,308,261</td>
<td>14,687,067</td>
</tr>
<tr>
<td>14</td>
<td>Investments - program-related. See Part IV, line 11</td>
<td>206,527</td>
<td>225,007</td>
</tr>
<tr>
<td>15</td>
<td>Intangible assets</td>
<td>11,445,760</td>
<td>12,977,838</td>
</tr>
<tr>
<td>16</td>
<td>Other assets. See Part IV, line 11</td>
<td>357,4480</td>
<td>36.8:9.2890</td>
</tr>
<tr>
<td>17</td>
<td>Total assets</td>
<td>8,975,988</td>
<td>8,983,065</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>17</td>
<td>Total assets</td>
<td>357,4480</td>
<td>36.8:9.2890</td>
</tr>
<tr>
<td>18</td>
<td>Total liabilities</td>
<td>135,226</td>
<td>1,038,147</td>
</tr>
<tr>
<td>19</td>
<td>Unrestricted net assets</td>
<td>13,308,261</td>
<td>14,687,067</td>
</tr>
<tr>
<td>20</td>
<td>Temporarily restricted net assets</td>
<td>206,527</td>
<td>225,007</td>
</tr>
<tr>
<td>21</td>
<td>Permanently restricted net assets</td>
<td>464,296</td>
<td>225,007</td>
</tr>
<tr>
<td>22</td>
<td>Total net assets or fund balances</td>
<td>11,445,760</td>
<td>12,977,838</td>
</tr>
<tr>
<td>23</td>
<td>Capital stock or trust principal, or current funds</td>
<td>337,4480</td>
<td>36.8:9.2890</td>
</tr>
<tr>
<td>24</td>
<td>Paid-in or capital surplus, or land, building, or equipment fund</td>
<td>206,527</td>
<td>225,007</td>
</tr>
<tr>
<td>25</td>
<td>Retained earnings, endowment, accumulated income, or other funds</td>
<td>464,296</td>
<td>225,007</td>
</tr>
<tr>
<td>26</td>
<td>Total net assets or fund balances</td>
<td>11,445,760</td>
<td>12,977,838</td>
</tr>
<tr>
<td>27</td>
<td>Total liabilities and net assets/fund balances</td>
<td>357,4480</td>
<td>36.8:9.2890</td>
</tr>
</tbody>
</table>
### Part XI Reconciliation of Net Assets

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>Revenue (must equal Part VIII, column (A), line 12)</td>
<td>$5,723,457.00</td>
</tr>
<tr>
<td>4</td>
<td>Total expenses (must equal Part IX, column (A), line 25)</td>
<td>$4,892,940.00</td>
</tr>
<tr>
<td>5</td>
<td>Revenue less expenses. Subtract line 4 from line 3</td>
<td>$830,517.00</td>
</tr>
<tr>
<td>6</td>
<td>Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))</td>
<td>$12,843,965.00</td>
</tr>
<tr>
<td>7</td>
<td>Net unrealized gains (losses) on investments</td>
<td>$116,951.00</td>
</tr>
<tr>
<td>8</td>
<td>Donated services and use of facilities</td>
<td>$0.00</td>
</tr>
<tr>
<td>9</td>
<td>Investment expenses</td>
<td>$0.00</td>
</tr>
<tr>
<td>10</td>
<td>Prior period adjustments</td>
<td>$0.00</td>
</tr>
<tr>
<td>11</td>
<td>Other changes in net assets or fund balances (explain in Schedule O)</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>12</td>
<td>$120,308,300.00</td>
<td>$3,684,280.00</td>
</tr>
</tbody>
</table>

---

### Part XII Financial Statements and Reporting

#### Accounting method used to prepare the Form 990

- Cash
- Accrual
- Other

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

#### Were the organization's financial statements compiled or reviewed by an independent accountant?

- Yes
- No

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:

- Separate basis
- Consolidated basis
- Both consolidated and separate basis

#### Were the organization's financial statements audited by an independent accountant?

- Yes
- No

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:

- Separate basis
- Consolidated basis
- Both consolidated and separate basis

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?

- Yes
- No

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

#### 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?

- Yes
- No

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.
**Public Charity Status and Public Support**

<table>
<thead>
<tr>
<th>Name of the organization</th>
<th>Employer identification number</th>
<th>EIN</th>
<th>2017.04010</th>
<th>HUMANE SOCIETY OF SARASOTA 59601491</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of supported organization</td>
<td>Type of organization</td>
<td>Amount of monetary support (see instructions)</td>
<td>Amount of other support (see instructions)</td>
<td>EIN</td>
</tr>
<tr>
<td></td>
<td>described on lines 1-10 above (see instructions)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

**Schedule A (Form 990 or 990-EZ) 2017**

**Part I Reason for Public Charity Status**

<table>
<thead>
<tr>
<th>Reason for Public Charity Status</th>
<th>Reason for Public Support</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

**Notes:**
- Enter the number of supported organizations.
- Provide the following information about the supported organization(s).
<table>
<thead>
<tr>
<th>Line</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>117,125,874</td>
<td>745,044</td>
<td>946,484</td>
<td>1,542,523</td>
<td>1,662,358</td>
<td>6,067,667</td>
</tr>
<tr>
<td>2.</td>
<td>117,353</td>
<td>127,764</td>
<td>222,402</td>
<td>241,273</td>
<td>280,315</td>
<td>989,107</td>
</tr>
<tr>
<td>3.</td>
<td>123,301</td>
<td>398,655</td>
<td>370,630</td>
<td>581,673</td>
<td>874,090</td>
<td>2,348,349</td>
</tr>
<tr>
<td>4.</td>
<td>345,523</td>
<td>5,877</td>
<td>592,852</td>
<td>7,389,50</td>
<td>962,280</td>
<td>456,565</td>
</tr>
<tr>
<td>5.</td>
<td>627,3450</td>
<td>82898890</td>
<td>82898890</td>
<td>82898890</td>
<td>82898890</td>
<td>82898890</td>
</tr>
</tbody>
</table>

**Section A. Public Support**

- **Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants").**
- **Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.**
- **The value of services or facilities furnished by a governmental unit to the organization without charge.**

**Section B. Total Support**

- **Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.**
- **Net income from unrelated business activities, whether or not the business is regularly carried on.**
- **Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI).**

**Section C. Computation of Public Support Percentage**

- **Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)).**
- **Public support percentage from 2016 Schedule A, Part II, line 14.**

The organization qualifies as a publicly supported organization if:
- **Public support percentage is 33 1/3% or more.**
- **Army support is 10% or more.**
- **The "facts-and-circumstances" test is met.**
### Part III Support Schedule for Organizations Described in Section 509(a)(2)

#### Section A. Public Support

<table>
<thead>
<tr>
<th>Year</th>
<th>Total Support</th>
<th>Public Support</th>
<th>Public Support Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2014</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2015</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2016</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2017</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Section B. Total Support

- Gifts, grants, contributions, and membership fees received.
- 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.
- Gross receipts from activities that are not an unrelated trade or business under section 513.
- Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.
- The value of services or facilities furnished by a governmental unit to the organization without charge.

#### Section C. Computation of Public Support Percentage

- Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))
- Public support percentage from 2016 Schedule A, Part III, line 15

#### Section D. Computation of Investment Income Percentage

- Investment income percentage for (line 10c, column (f) divided by line 13, column (f))
- Investment income percentage from Schedule A, Part III, line 17

---

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:

- Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))
- Public support percentage from 2016 Schedule A, Part III, line 15

---

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:

- The organization qualifies as a publicly supported organization

---

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:

- The organization qualifies as a publicly supported organization

---

If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

---

**HUMANE SOCIETY OF SARASOTA COUNTY, INC.**

**59-6014943**

**12030830 351354 596014943**

**2017.04010 HUMANE SOCIETY OF SARASOTA 59601491**
Part VI.

Substitutions only.

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)?

Did the organization have any excess business holdings in the tax year?

Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization?

Was any supported organization not organized in the United States (“foreign supported organization”)?

Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?

Are all of the organization's supported organizations listed by name in the organization's governing documents?

Did the organization have a supported organization described in section 501(c)(4), (5), or (6)?

Did the organization have any supported organization that does not have an IRS determination of status under sections 501(c)(3) and 509(a)(1) or (2)?

Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and the applicable public support test?

Did the organization have any foreign supported organization?

Did the organization support any foreign supported organization that does not have an IRS determination of status under sections 501(c)(3) and 509(a)(1) or (2)?

Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization?

Was any supported organization not organized in the United States (“foreign supported organization”)?

Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?

Did the organization ensure that each supported organization qualified under section 501(c)(4), (5), or (6) and the applicable public support test?

Did the organization have a supported organization described in section 501(c)(4), (5), or (6)?

Did the organization have any supported organization that does not have an IRS determination of status?

Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and the applicable public support test?

Did the organization have any foreign supported organization?

Did the organization support any foreign supported organization that does not have an IRS determination of status under sections 501(c)(3) and 509(a)(1) or (2)?

Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and the applicable public support test?

Did the organization have a supported organization described in section 501(c)(4), (5), or (6)?

Did the organization have any supported organization that does not have an IRS determination of status under sections 501(c)(3) and 509(a)(1) or (2)?

Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and the applicable public support test?

Did the organization have a supported organization described in section 501(c)(4), (5), or (6)?

Did the organization have any supported organization that does not have an IRS determination of status under sections 501(c)(3) and 509(a)(1) or (2)?

Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and the applicable public support test?
### Section E. Type III Functionally Integrated Supporting Organizations

<table>
<thead>
<tr>
<th>Part VI</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>11a</td>
<td>Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more supported organizations would have engaged in?</td>
</tr>
<tr>
<td>11b</td>
<td>Did the activities described in (a) constitute substantially all of the organization's activities during the tax year?</td>
</tr>
<tr>
<td>11c</td>
<td>Did the activities described in (a) constitute substantially all of the organization's activities, if these activities were carried out by the supported organizations?</td>
</tr>
</tbody>
</table>

### Section D. All Type III Supporting Organizations

<table>
<thead>
<tr>
<th>Part VI</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>12a</td>
<td>Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more supported organizations would have engaged in?</td>
</tr>
<tr>
<td>12b</td>
<td>Did the activities described in (a) constitute substantially all of the organization's activities during the tax year?</td>
</tr>
</tbody>
</table>

### Section C. Type II Supporting Organizations

<table>
<thead>
<tr>
<th>Part VI</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>13a</td>
<td>Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more supported organizations would have engaged in?</td>
</tr>
<tr>
<td>13b</td>
<td>Did the activities described in (a) constitute substantially all of the organization's activities during the tax year?</td>
</tr>
</tbody>
</table>

### Section B. Type I Supporting Organizations

<table>
<thead>
<tr>
<th>Part VI</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>14a</td>
<td>Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more supported organizations would have engaged in?</td>
</tr>
<tr>
<td>14b</td>
<td>Did the activities described in (a) constitute substantially all of the organization's activities during the tax year?</td>
</tr>
</tbody>
</table>

---

Schedule A (Form 990 or 990-EZ) 2017 Page 11
### Section A - Adjusted Net Income

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Adjusted Net Income</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section B - Minimum Asset Amount

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Minimum Asset Amount</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section C - Distributable Amount

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Distributable Amount</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

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

---

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Discount</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

**Part VI**

- **Current Year**
- **Optional**
- **Prior Year**

---

- **Net short-term capital gain**
- **Recoveries of prior-year distributions**
- **Other gross income (see instructions)**
- **Add lines 1 through 3**
- **Depreciation and depletion**
- **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)**
- **Other expenses (see instructions)**
- **(subtract lines 5, 6, and 7 from line 4)**

---

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Average monthly value of securities</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Average monthly cash balances</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Fair market value of other non-exempt-use assets</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>(add lines 1a, 1b, and 1c)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Acquisition indebtedness applicable to non-exempt-use assets</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Subtract line 2 from line 1d</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Net value of non-exempt-use assets (subtract line 4 from line 3)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Multiply line 5 by .035</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Recoveries of prior-year distributions</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>(add line 7 to line 6)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Adjusted net income for prior year (from Section A, line 8, Column A)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Enter 85% of line 1</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Minimum asset amount for prior year (from Section B, line 8, Column A)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Enter greater of line 2 or line 3</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Income tax imposed in prior year</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

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

---

**Notes:**

- **Ugewkap/CY/Clywog’ Pgv’yfpeaq g**
- **Ugewkap/D’Oiplo vo ‘CuagyCo qwvp**
- **Ugewkap/E/F Kuwlidwcrg/Co qwvp**

---

**Schedule A (Form 990 or 990-EZ) 2017 Page 3:**

**HUMANE SOCIETY OF SARASOTA COUNTY, INC. 59-6014943**

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**95424835/28/39**

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**3:**

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**34252: 52"573576"7; 8236; 65" "4239026232" JWOCPG"UQEKGV[ "QH"UCTCUQVC""7;8236;3
Part VI

Total annual distributions.

(i) Excess Distributions
(ii) Underdistributions

(iii) Distributable Amount for 2017

Section E - Distribution Allocations (see instructions)

Part VI.

Excess distributions carryover to 2018.

Schedule A (Form 990 or 990-EZ) 2017

Amounts paid to supported organizations to accomplish exempt purposes
Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity
Administrative expenses paid to accomplish exempt purposes of supported organizations
Amounts paid to acquire exempt-use assets
Qualified set-aside amounts (prior IRS approval required)
Other distributions (describe in ). See instructions.

Add lines 1 through 6.

Distributions to attentive supported organizations to which the organization is responsive (provide details in ). See instructions.

Distributable amount for 2017 from Section C, line 6
Line 8 amount divided by line 9 amount

Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in ). See instructions.

Excess distributions carryover, if any, to 2017
From 2013
From 2014
From 2015
From 2016

of lines 3a through e
Applied to underdistributions of prior years
Applied to 2017 distributable amount
Carryover from 2012 not applied (see instructions)
Remainder. Subtract lines 3g, 3h, and 3i from 3f.

Distributions for 2017 from Section D, line 7: $

Applied to underdistributions of prior years
Applied to 2017 distributable amount
Remainder. Subtract lines 4a and 4b from 4.

Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in . See instructions.

Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in . See instructions.

Add lines 3j and 4c.

Breakdown of line 7:
Excess from 2013
Excess from 2014
Excess from 2015
Excess from 2016
Excess from 2017
(continued)
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.)

Part VI Supplemental Information.
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.

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% 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 $5,000; or 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 for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, 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 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 a religious, charitable, etc., purpose. Don't complete any of the parts unless the box applies to this organization because it received religious, charitable, etc., contributions totaling $5,000 or more during the year.

Special Rule

- 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).
<table>
<thead>
<tr>
<th>No.</th>
<th>Name, address, and ZIP + 4</th>
<th>Total contributions</th>
<th>Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td></td>
<td>540</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td>59,220</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td>323,3470</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
<td>72,220</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td></td>
<td>722,220</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td></td>
<td>63,650</td>
<td></td>
</tr>
</tbody>
</table>
### Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

#### Part I Contributors

<table>
<thead>
<tr>
<th>No.</th>
<th>Name, address, and ZIP + 4</th>
<th>Total contributions</th>
<th>Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Complete Part II for noncash contributions.
<table>
<thead>
<tr>
<th>No.</th>
<th>Description of noncash property given</th>
<th>Date received</th>
<th>FMV (or estimate)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
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<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(a) No.</td>
<td>(b) Purpose of gift</td>
<td>(c) Use of gift</td>
<td>(d) Description of how gift is held</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td></td>
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<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Supplemental Financial Statements

<table>
<thead>
<tr>
<th>Name of the organization</th>
<th>Employer identification number</th>
</tr>
</thead>
<tbody>
<tr>
<td>HUMANE SOCIETY OF SARASOTA COUNTY, INC.</td>
<td>59-6014943</td>
</tr>
</tbody>
</table>

#### Part II Conservation Easements

<table>
<thead>
<tr>
<th>Purpose(s) of conservation easements held by the organization (check all that apply)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Preservation of open space</td>
<td></td>
</tr>
<tr>
<td>Protection of natural habitat</td>
<td></td>
</tr>
<tr>
<td>Preservation of land for public use (e.g., recreation or education)</td>
<td></td>
</tr>
<tr>
<td>Preservation of a certified historic structure</td>
<td></td>
</tr>
<tr>
<td>Preservation of a historically important land area</td>
<td></td>
</tr>
</tbody>
</table>

#### Section 170(h)(4)(B) Requirements

- Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)?
- Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

#### Monitoring and Enforcement

<table>
<thead>
<tr>
<th>Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year</th>
<th>$</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year</th>
<th>$</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Conservation Easements on Certified Historic Structures

<table>
<thead>
<tr>
<th>Number of conservation easements on a certified historic structure included in (a)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Total number of conservation easements</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Total acreage restricted by conservation easements</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Donor Advised Funds

- 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?
- Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for purposes specified in the donor's written agreement and that the organization does not have an impermissible private benefit?

### Conservation Contributions

- 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.

### Other Assets

- Assets included in Form 990, Part X
- Revenue included on Form 990, Part VIII, line 1

### Works of Art

- 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:
  - Total number of conservation easements
  - Aggregate value at end of year
  - Total number at end of year
  - Total acreage restricted by conservation easements
  - Number of conservation easements acquired after 7/25/06 and not on a historic structure
  - Number of conservation easements on a certified historic structure
  - Purpose(s) of conservation easements
  - Was there a change in the number of conservation easements held by the organization during the year?
  - Total number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year.

### Financial Statements

- Attach to Form 990.
3c 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):

- Public exhibition
- Scholarly research
- Preservation for future generations
- Loan or exchange programs
- Other

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

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?

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

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

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

<table>
<thead>
<tr>
<th>Amount</th>
<th>Beginning balance</th>
<th>Additions during the year</th>
<th>Distributions during the year</th>
<th>Ending balance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.

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

<table>
<thead>
<tr>
<th>Current year</th>
<th>Prior year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beginning of year balance</td>
<td></td>
</tr>
<tr>
<td>Contributions</td>
<td></td>
</tr>
<tr>
<td>Net investment earnings, gains, and losses</td>
<td></td>
</tr>
<tr>
<td>Grants or scholarships</td>
<td></td>
</tr>
<tr>
<td>Other expenditures for facilities and programs</td>
<td></td>
</tr>
<tr>
<td>Administrative expenses</td>
<td></td>
</tr>
<tr>
<td>End of year balance</td>
<td></td>
</tr>
</tbody>
</table>

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

- Board designated or quasi-endowment
- Permanent endowment
- Temporarily restricted endowment

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

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

- unrelated organizations
- related organizations

If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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

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

<table>
<thead>
<tr>
<th>Description of property</th>
<th>Cost or other basis (investment)</th>
<th>Cost or other basis (other)</th>
<th>Accumulated depreciation</th>
<th>Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Land</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Buildings</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Leasehold improvements</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Equipment</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Add lines 1a through 1e.

5c | % | % | %
---|---|---|---

Describe in Part XXII the organization's acquisition, accession, and other recordkeeping policies and procedures.
<table>
<thead>
<tr>
<th>Description of security or category</th>
<th>Col. (b) must equal Form 990, Part X, col. (B) line 12.</th>
<th>Col. (b) must equal Form 990, Part X, col. (B) line 13.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Financial derivatives</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Closely-held equity interests</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Schedule D (Form 990) 2017

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

<table>
<thead>
<tr>
<th>Description of investment</th>
<th>Book value</th>
<th>Method of valuation: Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Schedule D (Form 990) 2017 Page

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

<table>
<thead>
<tr>
<th>Description</th>
<th>Book value</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Schedule D (Form 990) 2017 Page

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

<table>
<thead>
<tr>
<th>Description of liability</th>
<th>Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Schedule D (Form 990) 2017 Page

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

<table>
<thead>
<tr>
<th>Description of liability</th>
<th>Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

12030830 351354 596014943 2017.04010 HUMANE SOCIETY OF SARASOTA 59601491

FIXED 4,888,088. END-OF-YEAR MARKET VALUE

EQUITIES 3,566,190. END-OF-YEAR MARKET VALUE

COMMODITIES 464,110. END-OF-YEAR MARKET VALUE

PREFERRED/FIXED RATE SECURITIES 57,600. END-OF-YEAR MARKET VALUE

BENEFICIAL INTEREST IN ASSETS HELD BY OTHERS 1,009,013.

LIFE INSURANCE CASH SURRENDER VALUE 29,134.

8,975,988.

3.25: .3690
Schedule D (Form 990) 2017

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

Total revenue, gains, and other support per audited financial statements

Amounts included on line 1 but not on Form 990, Part VIII, line 12:

- Net unrealized gains (losses) on investments
- Donated services and use of facilities
- Recoveries of prior year grants
- Other (Describe in Part XIII.)

Add lines through ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Subtract line from line ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~

Amounts included on Form 990, Part VIII, line 12, but not on line 1:

- Investment expenses not included on Form 990, Part VIII, line 7b
- Other (Describe in Part XIII.)

Add lines and ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Total revenue. Add lines and ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~

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

Total expenses and losses per audited financial statements

Amounts included on line 1 but not on Form 990, Part IX, line 25:

- Donated services and use of facilities
- Prior year adjustments
- Other losses
- Other (Describe in Part XIII.)

Add lines through ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Subtract line from line ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~

Amounts included on Form 990, Part IX, line 25, but not on line 1:

- Investment expenses not included on Form 990, Part VIII, line 7b
- Other (Describe in Part XIII.)

Add lines and ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Total expenses. Add lines and ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~

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.

RCTV"ZK. "NKPG" 4F"/ "QVJGT" CFLWUVOGPVU<

EJCPiG"KP"VJG"XCNWG"QH"EQPVTKDVKQPU"HTQO"EJCTKVCNDNG"VTWUVM" " " " " " " "3;7.;350
EJCPiG"KP"DGPGHKECN"KPVGTVGUV"KP"CUUGVU"JGNF"D[ "QVJGTU" " " " " " " "33.32:0
EJCPiG"KP"ECUJ"UWTTGPFGT"XCNWG"QH"NKHG"KPUWTCEP" " " " " " " "6.;350
WPTGCKN\GF"ICKPUNQQUUGU"HQT"HKPCEPKCN"TGRQTVKPI"TGEQPENKPI
CFLWUVOGPV" " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " " 

"4; 34252:52"573576"7;8236;65" " " "4239026232" JWOCPG"UPEKGV["QH"UCTCUQVC"7;8236;3
### Schedule G (Form 990 or 990-EZ) 2017

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.

<table>
<thead>
<tr>
<th>Event #1</th>
<th>Event #2</th>
<th>Other events</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Revenue</strong></td>
<td><strong>Gross receipts</strong></td>
<td><strong>Less: Contributions</strong></td>
</tr>
<tr>
<td><strong>Total events</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Net income summary</strong></td>
<td>Subtract line 10 from line 3, column (d)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Direct Expenses</th>
<th>Noncash prizes</th>
<th>Cash prizes</th>
<th>Rent/facility costs</th>
<th>Food and beverages</th>
<th>Entertainment</th>
<th>Volunteer labor</th>
<th>Direct expense summary</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Revenue</strong></td>
<td><strong>Gross revenue</strong></td>
<td><strong>Cash prizes</strong></td>
<td><strong>Noncash prizes</strong></td>
<td><strong>Rent/facility costs</strong></td>
<td><strong>Food and beverages</strong></td>
<td><strong>Entertainment</strong></td>
<td><strong>Other direct expenses</strong></td>
</tr>
<tr>
<td><strong>Gross revenue</strong></td>
<td><strong>Net gaming income summary</strong></td>
<td>Subtract line 7 from line 1, column (d)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Net income summary</strong></td>
<td>Subtract line 10 from line 3, column (d)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Part II Fundraising Events.

### Part III Gaming.

Enter the state(s) in which the organization conducts gaming activities:

Is the organization licensed to conduct gaming activities in each of these states?

If "No," explain:

Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

If "Yes," explain:

**Notes:**

- Column (d): If the organization answered "Yes," follow the instructions in the "Notes" section.
- Column (e): If the organization answered "No," follow the instructions in the "Notes" section.
- Column (f): If the organization answered "Yes," follow the instructions in the "Notes" section.
- Column (g): If the organization answered "No," follow the instructions in the "Notes" section.
- Column (h): If the organization answered "Yes," follow the instructions in the "Notes" section.
- Column (i): If the organization answered "No," follow the instructions in the "Notes" section.

---

**Schedule G (Form 990 or 990-EZ) 2017 Page 3**

**HUMANE SOCIETY OF SARASOTA COUNTY, INC. 59-6014943**

**HOT DOGS AND COOL CATS PAWS ON THE CATWALK LUNC**

**Revenue:**

<table>
<thead>
<tr>
<th>Event</th>
<th>Revenue</th>
<th>Gross Receipts</th>
<th>Less: Contributions</th>
<th>Gross Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Event #1</td>
<td>67,160</td>
<td>89,3820</td>
<td>43,8230</td>
<td>56,40</td>
</tr>
<tr>
<td>Event #2</td>
<td>318,601</td>
<td>318,601</td>
<td>83,420</td>
<td>222,180</td>
</tr>
<tr>
<td>Other Events</td>
<td>34,829</td>
<td>34,829</td>
<td>3,220</td>
<td>31,609</td>
</tr>
</tbody>
</table>

**Total events:**

**Net income summary:** Subtract line 10 from line 3, column (d)

**Notes:**

- Column (d): If the organization answered "Yes," follow the instructions in the "Notes" section.
- Column (e): If the organization answered "No," follow the instructions in the "Notes" section.
- Column (f): If the organization answered "Yes," follow the instructions in the "Notes" section.
- Column (g): If the organization answered "No," follow the instructions in the "Notes" section.
- Column (h): If the organization answered "Yes," follow the instructions in the "Notes" section.
- Column (i): If the organization answered "No," follow the instructions in the "Notes" section.

---

**Schedule G (Form 990 or 990-EZ) 2017 Page 4**

**HUMANE SOCIETY OF SARASOTA 59-601491**

**Revenue:**

<table>
<thead>
<tr>
<th>Event</th>
<th>Revenue</th>
<th>Gross Receipts</th>
<th>Less: Contributions</th>
<th>Gross Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Event #1</td>
<td>19,560</td>
<td>42,950</td>
<td>36,330</td>
<td>5,220</td>
</tr>
<tr>
<td>Event #2</td>
<td>61,820</td>
<td>61,820</td>
<td>1,000</td>
<td>60,820</td>
</tr>
<tr>
<td>Other Events</td>
<td>3,800</td>
<td>3,800</td>
<td>3,050</td>
<td>0,750</td>
</tr>
</tbody>
</table>

**Total events:**

**Net income summary:** Subtract line 7 from line 1, column (d)

**Notes:**

- Column (d): If the organization answered "Yes," follow the instructions in the "Notes" section.
- Column (e): If the organization answered "No," follow the instructions in the "Notes" section.
- Column (f): If the organization answered "Yes," follow the instructions in the "Notes" section.
- Column (g): If the organization answered "No," follow the instructions in the "Notes" section.
- Column (h): If the organization answered "Yes," follow the instructions in the "Notes" section.
- Column (i): If the organization answered "No," follow the instructions in the "Notes" section.

---

**Schedule G (Form 990 or 990-EZ) 2017 Page 5**

**HUMANE SOCIETY OF SARASOTA COUNTY, INC. 59-6014943**

**HOT DOGS AND COOL CATS PAWS ON THE CATWALK LUNC**

**Revenue:**

<table>
<thead>
<tr>
<th>Event</th>
<th>Revenue</th>
<th>Gross Receipts</th>
<th>Less: Contributions</th>
<th>Gross Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Event #1</td>
<td>47,600</td>
<td>47,600</td>
<td>15,681</td>
<td>31,919</td>
</tr>
<tr>
<td>Event #2</td>
<td>238,210</td>
<td>238,210</td>
<td>23,829</td>
<td>214,381</td>
</tr>
<tr>
<td>Other Events</td>
<td>3,800</td>
<td>3,800</td>
<td>3,050</td>
<td>0,750</td>
</tr>
</tbody>
</table>

**Total events:**

**Net income summary:** Subtract line 7 from line 1, column (d)

**Notes:**

- Column (d): If the organization answered "Yes," follow the instructions in the "Notes" section.
- Column (e): If the organization answered "No," follow the instructions in the "Notes" section.
- Column (f): If the organization answered "Yes," follow the instructions in the "Notes" section.
- Column (g): If the organization answered "No," follow the instructions in the "Notes" section.
- Column (h): If the organization answered "Yes," follow the instructions in the "Notes" section.
- Column (i): If the organization answered "No," follow the instructions in the "Notes" section.

---

**Schedule G (Form 990 or 990-EZ) 2017 Page 6**

**HUMANE SOCIETY OF SARASOTA 59-601491**

**HOT DOGS AND COOL CATS PAWS ON THE CATWALK LUNC**

**Revenue:**

<table>
<thead>
<tr>
<th>Event</th>
<th>Revenue</th>
<th>Gross Receipts</th>
<th>Less: Contributions</th>
<th>Gross Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Event #1</td>
<td>20,738</td>
<td>20,738</td>
<td>14,911</td>
<td>5,827</td>
</tr>
<tr>
<td>Event #2</td>
<td>38,699</td>
<td>38,699</td>
<td>3,050</td>
<td>35,649</td>
</tr>
<tr>
<td>Other Events</td>
<td>13,387</td>
<td>13,387</td>
<td>3,050</td>
<td>10,337</td>
</tr>
</tbody>
</table>

**Total events:**

**Net income summary:** Subtract line 7 from line 1, column (d)

**Notes:**

- Column (d): If the organization answered "Yes," follow the instructions in the "Notes" section.
- Column (e): If the organization answered "No," follow the instructions in the "Notes" section.
- Column (f): If the organization answered "Yes," follow the instructions in the "Notes" section.
- Column (g): If the organization answered "No," follow the instructions in the "Notes" section.
- Column (h): If the organization answered "Yes," follow the instructions in the "Notes" section.
- Column (i): If the organization answered "No," follow the instructions in the "Notes" section.
Does the organization conduct gaming activities with nonmembers? [ ] Yes [ ] No

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

Indicate the percentage of gaming activity conducted in:

- [ ] The organization's facility
- [ ] An outside facility

Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name |
Address |

Does the organization have a contract with a third party from whom the organization receives gaming revenue? [ ] Yes [ ] No

If "Yes," enter the amount of gaming revenue received by the organization and the amount of gaming revenue retained by the third party:

Name |
Address |

Gaming manager information:

Name |
Gaming manager compensation |
Description of services provided |

Director/officer | Employee | Independent contractor |

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? [ ] Yes [ ] No

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:

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.
Complete if the organizations answered “Yes” on Form 990, Part IV, lines 29 or 30.

Open To Public Inspection

Attach to Form 990.

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

Employer identification number

(a) (b) (c) (d)

Name of the organization

Check if applicable

Number of contributions or items contributed

Noncash contribution amounts reported on Form 990, Part VIII, line 1g

Method of determining noncash contribution amounts

Art - Works of art

Art - Historical treasures

Art - Fractional interests

Books and publications

Clothing and household goods

Cars and other vehicles

Boats and planes

Intellectual property

Securities - Publicly traded

Securities - Closely held stock

Securities - Partnership, LLC, or trust interests

Securities - Miscellaneous

Qualified conservation contribution - Historic structures

Qualified conservation contribution - Other

Real estate - Residential

Real estate - Commercial

Real estate - Other

Collectibles

Food inventory

Drugs and medical supplies

Taxidermy

Historical artifacts

Scientific specimens

Archeological artifacts

Other ( )

Other ( )

Other ( )

Other ( )

Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn’t required to be used for exempt purposes for the entire holding period?

If “Yes,” describe the arrangement in Part II.

Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

If “Yes,” describe in Part II.

If the organization didn’t report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.
<table>
<thead>
<tr>
<th>Part</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>I(b)</td>
<td>Contributions, items received, or both.</td>
</tr>
</tbody>
</table>
Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

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

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
HANDS, AND MINDS OF THE COMMUNITY TO HELP ANIMALS.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:
SERVICES TO PETS AND PEOPLE IN THE COMMUNITY. WE ACTIVELY RECRUIT VOLUNTEERS TO ASSIST WITH PET MATCH-MAKING, ADOPTIONS, K-9 COMPANIONS AND FELINE FRIENDS PROGRAMS, COMMUNITY OUTREACH PROGRAMS, ADMINISTRATION NEEDS AND FOSTERING. THE FOSTER PROGRAM IS CRUCIAL TO THE SUCCESS OF OUR ADOPTION PROGRAM BY PROVIDING SHELTER PETS (OFTEN PUPPIES AND KITTENS) SAFE, TEMPORARY CARE IN THEIR HOMES BEFORE BEING PLACED ON THE ADOPTION FLOOR. WE ALSO OFFER A VARIETY OF K-9 OBEDIENCE CLASSES AND RESOURCES TO HELP DEVELOP A HAPPY, HEALTHY RELATIONSHIP BETWEEN THE PET AND PET OWNER.

FORM 990, PART III, LINE 4D
PET ADOPTION-ESTABLISHED IN 1952, THE HUMANE SOCIETY OF SARASOTA COUNTY (HSSC) IS THE AREA'S PREMIER NO-KILL ANIMAL SHELTER AND IS COMMITTED TO IMPROVING THE LIVES OF COMPANION ANIMALS IN NEED. IN 2017, WE CARED FOR AND ADOPTED OUT OVER 1500 ANIMALS. THESE ANIMALS WERE RESCUED FROM OUR COUNTY ANIMAL CONTROL, HOARDERS, PUPPY MILLS, OWNER SURRENDERS, AND OUT OF COUNTY AND STATE TRANSFERS. WE ALSO OFFER A RETAIL DEPARTMENT FOR THE NEEDS OF OUR ADOPTERS.

FORM 990, PART VI, SECTION A, LINE 4:
THE BOARD OF DIRECTORS REVIEWED AND AMENDED THE ORGANIZATIONAL BY-LAWS 12030830 351354 596014943 2017.04010 HUMANE SOCIETY OF SARASOTA 59601491 36
Name of the organization

HUMANE SOCIETY OF SARASOTA COUNTY, INC. 59-6014943


FORM 990, PART VI, SECTION B, LINE 11B: THE MEMBERS OF THE FINANCE COMMITTEE RECEIVE AND REVIEW IN DETAIL A COPY OF THE FORM 990 IN ITS ENTIRETY BEFORE FILING. EACH MEMBER OF THE BOARD HAS THE OPPORTUNITY TO REVIEW, ASK QUESTIONS, AND PROVIDE COMMENTS.

FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION'S BYLAWS INCLUDE DEFINITIONS OF AND PROVISIONS AGAINST CONFLICTS OF INTEREST. AT EACH BOARD AND COMMITTEE MEETING, MEMBERS VERBALLY DISCLOSE CONFLICTS OF INTEREST IF THE NEED ARISES AND ABSTAIN FROM VOTING AS APPROPRIATE. THE ORGANIZATION'S EMPLOYEE HANDBOOK ADDRESSES POTENTIAL CONFLICTS OF INTEREST IN CONNECTION WITH EMPLOYEES AND INCLUDES PROCEDURES TO AVOID THEM.

FORM 990, PART VI, SECTION B, LINE 15A: THE COMPENSATION AND BENEFIT PACKAGE OF THE EXECUTIVE DIRECTOR IS REVIEWED ANNUALLY BY THE BOARD; A FULL VOTE OF THE BODY DETERMINES COMPENSATION. BOARD MEMBERS HAVE ACCESS TO MARKET DATA TO COMPARE THE COMPENSATION TO SIMILARLY-QUALIFIED PERSONS IN COMPARABLE POSITIONS. THE MINUTES OF THE MEETING NOTE WHEN THE COMPENSATION ARRANGEMENT WAS REVIEWED.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

```
12030830  351354 596014943     2017.04010 HUMANE SOCIETY OF SARASOTA 59601491
```


HUMANE SOCIETY OF SARASOTA COUNTY, INC. 59-6014943

CHANGE IN THE VALUE OF CONTRIBUTIONS FROM CHARITABLE TRUSTS        195,913.
CHANGE IN BENEFICIAL INTEREST IN ASSETS HELD BY OTHERS               11,108.
CHANGE IN CASH SURRENDER VALUE OF LIFE INSURANCE                     4,813.
UNREALIZED GAINS/LOSSES FOR FINANCIAL REPORTING RECONCILING ADJUSTMENT -94,883.
TOTAL TO FORM 990, PART XI, LINE 9                                 116,951.
Form 8868 Application for Automatic Extension of Time To File an Exempt Organization Return

<table>
<thead>
<tr>
<th>Name of Exempt Organization or Other Filer</th>
<th>EIN or Number, Street, and Room or Suite No.</th>
<th>City, Town or Post Office, State, and ZIP Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>HUMANE SOCIETY OF SARASOTA COUNTY, INC. 59-6014943</td>
<td>2331 15TH STREET</td>
<td>SARASOTA, FL 34237</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City of Organization</th>
<th>Telephone No.</th>
<th>Fax No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>SARASOTA, FL 34237</td>
<td>941-955-4131</td>
<td>NA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Form to beFiled</th>
<th>Return Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>990 or 990-EZ</td>
<td>01</td>
</tr>
<tr>
<td>990-BL</td>
<td>02</td>
</tr>
<tr>
<td>4720 (individual)</td>
<td>03</td>
</tr>
<tr>
<td>990-PF</td>
<td>04</td>
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<tr>
<td>990-T (corporation)</td>
<td>07</td>
</tr>
<tr>
<td>1041-A</td>
<td>08</td>
</tr>
<tr>
<td>4720 (other than individual)</td>
<td>09</td>
</tr>
<tr>
<td>5227</td>
<td>10</td>
</tr>
<tr>
<td>6069</td>
<td>11</td>
</tr>
<tr>
<td>8870</td>
<td>12</td>
</tr>
</tbody>
</table>

I request an automatic 6-month extension of time until November 15, 2018, to file the exempt organization return for the organization named above. The extension is for the organization's return for the calendar year 2017.

If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.

If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.

If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA Form  (Rev. 1-2017)

H.P. Form  (Rev. 1-2017)