3. The organization's mission is to engage the hearts, hands, and minds of the community to help animals. As the area's premier no-kill shelter, the Humane Society of Sarasota County provides quality care and shelter to over 1800 dogs and cats each year. Every animal is given a medical examination, vaccinated, spayed/neutered, and microchipped prior to adoption. If an animal needs any medical attention, the Humane Society has an on-site veterinarian and medical staff capable of providing care in house or at the Animal Clinic of HSSC. Many shelters do not have the time or means to treat animals with common diseases like ringworm or heartworm; HSSC is fortunate to be able to treat these animals prior to adoption.

4. The clinic, which opened in February 2016, has the goal of providing the local community with an affordable option for excellent veterinary care. The Animal Clinic is a full-service facility and is open to the public. It is outfitted with state-of-the-art medical equipment, including a digital x-ray machine, an endoscope, a cold laser, and a bloodwork machine capable of producing instant diagnostic results. The quality of care is equivalent to any private veterinary practice, at a fraction of the cost. All proceeds from the Animal Clinic benefit the shelter pets at the Humane Society of Sarasota County.

5. The kennel provides quality care and shelter to over 1800 dogs and cats each year. Every animal is given a medical examination, vaccinated, spayed/neutered, and microchipped prior to adoption. If an animal needs any medical attention, the Humane Society has an on-site veterinarian and medical staff capable of providing care in house or at the Animal Clinic of HSSC. Many shelters do not have the time or means to treat animals with common diseases like ringworm or heartworm; HSSC is fortunate to be able to treat these animals prior to adoption.

6. The community outreach program of the Humane Society of Sarasota County has been committed to serving both the pets and people of our community for over six decades. HSSC's humane education program uses the principles of the human-animal bond to provide fun, enriching lessons for children, including classroom visits, shelter tours, pet therapy, reading programs, and camps. The pet therapy program brings comfort, happiness, and humane education to a wide range of adults and children throughout Sarasota County. Teams are certified by HSSC and visit a variety of organizations: schools, senior care campuses, hospitals, special needs facilities, and more.

7. Our volunteer program is crucial to our success. Volunteers give over 280,000 hours each year. See Schedule O for continuation(s).
<table>
<thead>
<tr>
<th>Line</th>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Did the organization report an amount for other liabilities in Part X, line 25?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>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?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Did the organization maintain an office, employees, or agents outside of the United States?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Is the organization a school described in section 170(b)(1)(A)(ii)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent funds?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Did the organization maintain collections of works of art, historical treasures, or other similar assets?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>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?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, or other activities?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, lines 1c and 8a?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Did the organization maintain any donor advised funds?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Did the organization report more than $5,000 of grants or other assistance to any domestic organization or foreign organization?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1d and 16a?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>Did the organization maintain an office, employees, or agents outside of the United States?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>Did the organization obtain separate, independent audited financial statements for the tax year?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses similar amounts as defined in Revenue Procedure 98-19?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent funds?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>Did the organization maintain collections of works of art, historical treasures, or other similar assets?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>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?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Part V Statements Regarding Other IRS Filings and Tax Compliance

1a. Did the organization make any transfers to an exempt non-charitable related organization?

Yes No

1b. Was the organization related to any tax-exempt or taxable entity?

Yes No

1c. Did the organization own 100% of an entity disregarded as separate from the organization under Regulations Section 512(b)(13)?

Yes No

1d. 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?

Yes No

2. 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?

Yes No

3a. 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?

Yes No

3b. Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?

Yes No

3c. 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 organization's tax year?

Yes No

4a. Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?

Yes No

4b. Did the organization have a controlled entity within the meaning of section 512(b)(13)?

Yes No

4c. Did the organization make any transfers to an entity that is not a related organization that is treated as a partnership for federal income tax purposes?

Yes No

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

Yes No

6. Did the organization have any transfers to a supporting organization?

Yes No

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

Yes No

8. Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV)?

Yes No

9. Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming activities?

Yes No

10. Did the organization have any transfers to a non-profit hospital, health care organization, or education organization?

Yes No

11. Did the organization receive any payment from or engage in any transaction with a controlled entity that is not a related organization?

Yes No

12. Did the organization conduct any business transactions with a tax-exempt entity, a foreign entity that is not a related organization, or a foreign entity that is not a related organization that is treated as a partnership for federal income tax purposes?

Yes No

13. Did the organization prepare Schedule L, Part II, as required by regulations section 6033(e)

Yes No

14. Did the organization conduct any business transactions with any of the following parties (see Schedule L, Part IV)?

Yes No

15. Did the organization include any amounts on Schedule L, Part III, as required by regulations section 6033(e)

Yes No

16. Did the organization conduct any business transactions with any of the following parties (see Schedule L, Part IV)?

Yes No

17. Did the organization prepare Schedule L, Part III, as required by regulations section 6033(e)

Yes No

18. Did the organization receive any payment from or engage in any transaction with a controlled entity that is not a related organization or an entity that is treated as a partnership for federal income tax purposes?

Yes No

19. Did the organization have any transfers to a non-profit hospital, health care organization, or education organization?

Yes No

20. 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, or key employees?

Yes No

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

Yes No

22. 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 organization's tax year?

Yes No

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

Yes No

24. Did the organization have any transfers to a non-profit hospital, health care organization, or education organization?

Yes No

25. Did the organization receive any payment from or engage in any transaction with a controlled entity that is not a related organization or an entity that is treated as a partnership for federal income tax purposes?

Yes No

26. Did the organization have any transfers to a non-profit hospital, health care organization, or education organization?

Yes No

27. 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, or key employees?

Yes No

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

Yes No

29. 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 organization's tax year?

Yes No

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

Yes No

31. Did the organization have any transfers to a non-profit hospital, health care organization, or education organization?

Yes No

32. 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, or key employees?

Yes No

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

Yes No

34. 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 organization's tax year?

Yes No

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

Yes No

36. Did the organization have any transfers to a non-profit hospital, health care organization, or education organization?

Yes No

37. 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, or key employees?

Yes No

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

Yes No

39. 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 organization's tax year?

Yes No

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

Yes No

41. Did the organization have any transfers to a non-profit hospital, health care organization, or education organization?

Yes No

42. 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, or key employees?

Yes No

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

Yes No

44. 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 organization's tax year?

Yes No

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

Yes No

46. Did the organization have any transfers to a non-profit hospital, health care organization, or education organization?

Yes No
Part V Statements Regarding Other IRS Filings and Tax Compliance

7b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  

filed for the calendar year ending with or within the year covered by this return ~~~~~~~~~~~~~~~~  

Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,  

If “Yes,” has it filed a Form 990-T for this year? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~  

Did the organization have unrelated business gross income of $1,000 or more during the year?  

were not tax deductible?  

If “Yes,” did the organization include with every solicitation an express statement that such contributions or gifts  

any contributions that were not tax deductible as charitable contributions? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~  

If “Yes” to line 5a or 5b, did the organization file Form 8886-T? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~  

Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  


If “Yes,” enter the name of the foreign country:  

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)? ~~~~~~~~  

Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required  

to file Form 8282?  

Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  

If “Yes,” did the organization notify the donor of the value of the goods or services provided?  

Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  

Did the sponsoring organization make any taxable distributions under section 4966?  

If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  

If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  

Note.  

Section 501(c)(7) organizations.  

Sponsoring organizations maintaining donor advised funds.  

Organizations that may receive deductible contributions under section 170(c).  

9b If the sum of lines 1a and 2a is greater than 250, you may be required to  (see instructions)  

~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~  

HUMANE SOCIETY OF SARASOTA COUNTY, INC. **-***4943  

COPY  

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Note.  

Section 501(c)(29) qualified nonprofit health insurance issuers.  

Section 501(c)(12) organizations.
3c. Does the organization have a written conflict of interest policy? "Yes/No"

Yes [ ]
No [X]

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?

"Yes/No"

No [X]

 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?

"Yes/No"

Yes [ ]
No [X]

If "Yes," did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:

- Each committee with authority to act on behalf of the governing body?

"Yes/No"

No [X]

- The governing body?

"Yes/No"

No [X]

- Persons other than the governing body?

"Yes/No"

No [X]

- The organization's CEO, Executive Director, or top management official?

"Yes/No"

No [X]

- Other officers or key employees of the organization?

"Yes/No"

No [X]

- Any person other than the governing body who is a voting member of the organization?

"Yes/No"

No [X]

- Any person other than the governing body who is a voting member of the organization's local chapters, branches, or affiliates?

"Yes/No"

No [X]
<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>JANET BOYDEN</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>CHRISTOPHER FOWLER</td>
<td>3022</td>
<td>Z</td>
<td>20</td>
<td>20</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td>ELIZABETH RABBITT-STEPHEN</td>
<td>3022</td>
<td>Z</td>
<td>20</td>
<td>20</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td>CARYN WILBRABAM</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>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>
</tbody>
</table>
### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

<table>
<thead>
<tr>
<th>Position</th>
<th>Average hours per week</th>
<th>Position Average Compensation</th>
<th>Reportable compensation from the organization</th>
<th>Estimated amount of other compensation from the organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>EXECUTIVE DIRECTOR</td>
<td>40.00</td>
<td>99,231.00</td>
<td>1,544.00</td>
<td>0.00</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Did the organization list any officer, director, or trustee, key employee, or highest compensated employee on line 1a?</th>
</tr>
</thead>
<tbody>
<tr>
<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>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>

### Section B. Independent Contractors

<table>
<thead>
<tr>
<th>Name and business address</th>
<th>Description of services</th>
<th>Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>LEADER DESIGN STUDIO, 1003 N ORANGE AVE, SUITE A-2, SARASOTA, FL 34236</td>
<td>ARCHITECTURAL SERVICES</td>
<td>214,986.00</td>
</tr>
</tbody>
</table>

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

3 4 5 6 7
<table>
<thead>
<tr>
<th>Business Code</th>
<th>Description</th>
<th>Amount</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>900099</td>
<td>CLINIC SERVICES</td>
<td>1,045,286</td>
<td>1,045,286</td>
</tr>
<tr>
<td>900099</td>
<td>ADOPTION SERVICES</td>
<td>156,835</td>
<td>156,835</td>
</tr>
<tr>
<td>900099</td>
<td>KENNEL SERVICES</td>
<td>39,115</td>
<td>39,115</td>
</tr>
<tr>
<td>900099</td>
<td>COMMUNITY OUTREACH SERVICES</td>
<td>19,590</td>
<td>19,590</td>
</tr>
<tr>
<td></td>
<td><strong>Total</strong></td>
<td><strong>347,405</strong></td>
<td><strong>347,405</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Tg c,clng</strong></td>
<td><strong>-178,764</strong></td>
<td><strong>-178,764</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Miscellaneous Revenue</strong></td>
<td><strong>12,280</strong></td>
<td><strong>12,280</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Total</strong></td>
<td><strong>12,280</strong></td>
<td><strong>12,280</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Other Revenue</strong></td>
<td><strong>12,280</strong></td>
<td><strong>12,280</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Total</strong></td>
<td><strong>12,280</strong></td>
<td><strong>12,280</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Total</strong></td>
<td><strong>12,280</strong></td>
<td><strong>12,280</strong></td>
</tr>
</tbody>
</table>

**Note:** Contributions, gifts, grants, and other similar amounts include noncash contributions as of 12-31-18. Total revenue includes all contributions, gifts, grants, and other similar amounts. Other revenue includes all contributions, gifts, grants, and other similar amounts not included above. All other contributions, gifts, grants, and similar amounts not included above are excluded from tax under sections 512 - 514.
### Statement of Functional Expenses

<table>
<thead>
<tr>
<th>Description</th>
<th>2018</th>
<th>2017</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grants and other assistance to domestic organizations</td>
<td>322,990</td>
<td>337,668</td>
<td>-14,678</td>
</tr>
<tr>
<td>Grants and other assistance to foreign organizations, foreign governments, and foreign individuals</td>
<td>322,990</td>
<td>337,668</td>
<td>-14,678</td>
</tr>
<tr>
<td>Benefits paid to or for members</td>
<td>322,990</td>
<td>337,668</td>
<td>-14,678</td>
</tr>
<tr>
<td>Compensation of current officers, directors, trustees, and key employees</td>
<td>322,990</td>
<td>337,668</td>
<td>-14,678</td>
</tr>
<tr>
<td>Other salaries and wages</td>
<td>322,990</td>
<td>337,668</td>
<td>-14,678</td>
</tr>
<tr>
<td>Other employee benefits</td>
<td>322,990</td>
<td>337,668</td>
<td>-14,678</td>
</tr>
<tr>
<td>Payroll taxes</td>
<td>322,990</td>
<td>337,668</td>
<td>-14,678</td>
</tr>
<tr>
<td>Fees for services (non-employees):</td>
<td>322,990</td>
<td>337,668</td>
<td>-14,678</td>
</tr>
<tr>
<td>Management</td>
<td>322,990</td>
<td>337,668</td>
<td>-14,678</td>
</tr>
<tr>
<td>Legal</td>
<td>322,990</td>
<td>337,668</td>
<td>-14,678</td>
</tr>
<tr>
<td>Accounting</td>
<td>322,990</td>
<td>337,668</td>
<td>-14,678</td>
</tr>
<tr>
<td>Lobbying</td>
<td>322,990</td>
<td>337,668</td>
<td>-14,678</td>
</tr>
<tr>
<td>Investment management fees</td>
<td>322,990</td>
<td>337,668</td>
<td>-14,678</td>
</tr>
<tr>
<td>Other</td>
<td>322,990</td>
<td>337,668</td>
<td>-14,678</td>
</tr>
<tr>
<td>Advertising and promotion</td>
<td>322,990</td>
<td>337,668</td>
<td>-14,678</td>
</tr>
<tr>
<td>Office expenses</td>
<td>322,990</td>
<td>337,668</td>
<td>-14,678</td>
</tr>
<tr>
<td>Information technology</td>
<td>322,990</td>
<td>337,668</td>
<td>-14,678</td>
</tr>
<tr>
<td>Royalties</td>
<td>322,990</td>
<td>337,668</td>
<td>-14,678</td>
</tr>
<tr>
<td>Occupancy</td>
<td>322,990</td>
<td>337,668</td>
<td>-14,678</td>
</tr>
<tr>
<td>Travel</td>
<td>322,990</td>
<td>337,668</td>
<td>-14,678</td>
</tr>
<tr>
<td>Payments of travel or entertainment expenses for any federal, state, or local public officials</td>
<td>322,990</td>
<td>337,668</td>
<td>-14,678</td>
</tr>
<tr>
<td>Conferences, conventions, and meetings</td>
<td>322,990</td>
<td>337,668</td>
<td>-14,678</td>
</tr>
<tr>
<td>Interest</td>
<td>322,990</td>
<td>337,668</td>
<td>-14,678</td>
</tr>
<tr>
<td>Payments to affiliates</td>
<td>322,990</td>
<td>337,668</td>
<td>-14,678</td>
</tr>
<tr>
<td>Depreciation, depletion, and amortization</td>
<td>322,990</td>
<td>337,668</td>
<td>-14,678</td>
</tr>
<tr>
<td>Insurance</td>
<td>322,990</td>
<td>337,668</td>
<td>-14,678</td>
</tr>
<tr>
<td>All other expenses</td>
<td>322,990</td>
<td>337,668</td>
<td>-14,678</td>
</tr>
</tbody>
</table>

**Total expenses** | **3,557,920** | **3,547,340** | **10,580**

---

**Statement of Functional Expenses**

<table>
<thead>
<tr>
<th>Description</th>
<th>2018</th>
<th>2017</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program service expenses</td>
<td>5,286</td>
<td>5,840</td>
<td>-554</td>
</tr>
<tr>
<td>Management and general expenses</td>
<td>8,724</td>
<td>9,380</td>
<td>-656</td>
</tr>
<tr>
<td>Fundraising expenses</td>
<td>3,420</td>
<td>3,960</td>
<td>-540</td>
</tr>
</tbody>
</table>

**Total expenses** | **990,020** | **1,066,340** | **-76,320**

---

**Note:**
- Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.
- Check if Schedule O contains a response or note to any line in this Part IX.
<table>
<thead>
<tr>
<th>Assets</th>
<th>Liabilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td>9</td>
<td>10</td>
</tr>
</tbody>
</table>

**Total assets.**

**Total liabilities.**

Organizations that follow SFAS 117 (ASC 958), check here and complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.

**Net Assets or Fund Balances**

Form 990 (2018) Page

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

<table>
<thead>
<tr>
<th>Line</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td>9</td>
<td>10</td>
</tr>
</tbody>
</table>

Add lines 1 through 15 (must equal line 34)

**Accounts payable and accrued expenses**

**Grants payable**

**Deferred revenue**

**Tax-exempt bond liabilities**

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

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-25).

Complete Part X of Schedule D

Add lines 17 through 25

**Unrestricted net assets**

**Temporarily restricted net assets**

**Permanently restricted net assets**

**Capital stock or trust principal, or current funds**

**Paid-in or capital surplus, or land, building, or equipment fund**

**Retained earnings, endowment, accumulated income, or other funds**

**Total net assets or fund balances**

**Total liabilities and net assets/fund balances**
### Part XI Reconciliation of Net Assets

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total revenue (must equal Part VIII, column (A), line 12)</td>
<td>$14,462,060</td>
</tr>
<tr>
<td>2</td>
<td>Total expenses (must equal Part IX, column (A), line 25)</td>
<td>($808,831)</td>
</tr>
<tr>
<td>3</td>
<td>Revenue less expenses. Subtract line 2 from line 1</td>
<td>$13,653,229</td>
</tr>
<tr>
<td>4</td>
<td>Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))</td>
<td>$13,853,823</td>
</tr>
<tr>
<td>5</td>
<td>Net unrealized gains (losses) on investments</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Donated services and use of facilities</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Investment expenses</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Prior period adjustments</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Other changes in net assets or fund balances (explain in Schedule O)</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))</td>
<td>$35,755,450</td>
</tr>
</tbody>
</table>

### Part XII Financial Statements and Reporting

- **Accounting method used to prepare the Form 990:** Other
- **Were the organization's financial statements compiled or reviewed by an independent accountant?** 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
- **Were the organization's financial statements audited by an independent accountant?** 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
<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Gifts, grants, contributions, and membership fees received. (Do not include any &quot;unusual grants&quot;)</td>
<td>745,044</td>
<td>946,484</td>
<td>1,542,523</td>
<td>1,662,358</td>
<td>1,541,514</td>
<td>6,437,923</td>
</tr>
<tr>
<td>2</td>
<td>Tax revenues levied for the organization's benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Add lines 1 through 3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>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)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Amounts from line 4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources</td>
<td>127,764</td>
<td>222,402</td>
<td>241,273</td>
<td>280,315</td>
<td>347,405</td>
<td>1,219,159</td>
</tr>
<tr>
<td>8</td>
<td>Net income from unrelated business activities, whether or not the business is regularly carried on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)</td>
<td>398,655</td>
<td>370,630</td>
<td>581,673</td>
<td>874,090</td>
<td>950,248</td>
<td>3,175,296</td>
</tr>
<tr>
<td>10</td>
<td>Gross receipts from related activities, etc. (see instructions)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Public support percentage calculation**

- **2018 Public support percentage for 2018**: \( \frac{6437923}{3175296} \times 100 \approx 20.39\% \)
- **2017 Public support percentage**: \( \frac{6437923}{3175296} \times 100 \approx 20.39\% \)
- **33 1/3% support test - 2018**: Yes (\( \frac{6437923}{3175296} \times 100 \approx 20.39\% \) is greater than 33 1/3%)
- **33 1/3% support test - 2017**: Yes (\( \frac{6437923}{3175296} \times 100 \approx 20.39\% \) is greater than 33 1/3%)
- **10% - facts-and-circumstances test - 2018**: Yes (\( \frac{6437923}{3175296} \times 100 \approx 20.39\% \) is greater than 10%)
- **10% - facts-and-circumstances test - 2017**: Yes (\( \frac{6437923}{3175296} \times 100 \approx 20.39\% \) is greater than 10%)

**Conclusion**

The organization qualifies as a publicly supported organization.
## Part III Support Schedule for Organizations Described in Section 509(a)(2)

### Section A. Public Support

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a</td>
<td>Gifts, grants, contributions, and membership fees received. (Do not include any “unusual grants.”)</td>
</tr>
<tr>
<td>1b</td>
<td>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.</td>
</tr>
<tr>
<td>1c</td>
<td>Gross receipts from activities that are not an unrelated trade or business under section 513.</td>
</tr>
<tr>
<td>1d</td>
<td>Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.</td>
</tr>
<tr>
<td>1e</td>
<td>The value of services or facilities furnished by a governmental unit to the organization without charge.</td>
</tr>
</tbody>
</table>

### Section B. Total Support

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>2a</td>
<td>Total support.</td>
</tr>
<tr>
<td>2b</td>
<td>Public support.</td>
</tr>
<tr>
<td>2c</td>
<td>Private foundation.</td>
</tr>
</tbody>
</table>

### Section C. Computation of Public Support Percentage

<table>
<thead>
<tr>
<th>Line</th>
<th>Formula</th>
</tr>
</thead>
<tbody>
<tr>
<td>3a</td>
<td>Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))</td>
</tr>
<tr>
<td>3b</td>
<td>Public support percentage from Schedule A, Part III, line 15.</td>
</tr>
</tbody>
</table>

### Section D. Computation of Investment Income Percentage

<table>
<thead>
<tr>
<th>Line</th>
<th>Formula</th>
</tr>
</thead>
<tbody>
<tr>
<td>4a</td>
<td>Investment income percentage for (line 10c, column (f), divided by line 13, column (f))</td>
</tr>
<tr>
<td>4b</td>
<td>Investment income percentage from Schedule A, Part III, line 17.</td>
</tr>
</tbody>
</table>

### Notes

- 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 2018 (line 8, column (f), divided by line 13, column (f)) |
- Public support percentage from 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.**

<table>
<thead>
<tr>
<th>Year</th>
<th>Public Support Percentage</th>
<th>Investment Income Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>2015</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>2016</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>2017</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>2018</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

Total:

- Public Support Percentage: 0.0%
- Investment Income Percentage: 0.0%

---

**Schedule A (Form 990 or 990-EZ) 2018**

### Unrelated Business Taxable Income

- (less section 511 taxes) from businesses acquired after June 30, 1975

---

**Note:** The numbers and calculations provided are for illustrative purposes and should be verified with the actual Form 990 or 990-EZ documents.
Schedule A (Form 990 or 990-EZ) 2018 Page

Section A. All Supporting Organizations

Part IV. Supporting Organizations

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

8. 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?

7. 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?

6. 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)?

5a. Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?

5b. 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)?

5c. 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))? Did a disqualified person (as defined in section 4958) not described in line 7 make a loan to a disqualified person (as defined in section 4958) not described in line 7?

5d. Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor that benefited by one or more of its supported organizations, or (iii) other supporting organizations that also benefited by one or more of the filing organization's supported organizations?

5e. Did the organization provide support (whether in the form of grants or the provision of services or facilities) to any other than (i) its supported organizations, (ii) individuals that are part of the charitable class or purpose, describe the designation. If historic and continuing relationship, explain.

5f. Was the substitution the result of an event beyond the organization's control?

5g. If "Yes," how the organization put in place to ensure such use.

5h. If "Yes," answer 10b below.

5i. If "Yes," provide detail in 10b below.

5j. If "Yes," provide detail in Part VI.

5k. If "Yes," provide detail in Part VI.

5l. If "Yes," answer 10b below.

5m. If "Yes," provide detail in Part VI.

5n. If "Yes," provide detail in Part VI.

5o. If "Yes," answer 10b below.

5p. If "Yes," provide detail in Part VI.

5q. If "Yes," answer 10b below.

5r. If "Yes," provide detail in Part VI.

5s. If "Yes," answer 10b below.

5t. If "Yes," provide detail in Part VI.

5u. If "Yes," answer 10b below.

5v. If "Yes," provide detail in Part VI.

5w. If "Yes," answer 10b below.

5x. If "Yes," provide detail in Part VI.

5y. If "Yes," answer 10b below.

5z. If "Yes," provide detail in Part VI.

6a. Did the organization made the determination.

6c. If "Yes," answer 10b below.

6d. If "Yes," provide detail in Part VI.

6e. If "Yes," provide detail in Part VI.

6f. If "Yes," provide detail in Part VI.

6g. If "Yes," provide detail in Part VI.

6h. If "Yes," provide detail in Part VI.

6i. If "Yes," provide detail in Part VI.

6j. If "Yes," provide detail in Part VI.

6k. If "Yes," provide detail in Part VI.

6l. If "Yes," provide detail in Part VI.

6m. If "Yes," provide detail in Part VI.

6n. If "Yes," provide detail in Part VI.

6o. If "Yes," provide detail in Part VI.

6p. If "Yes," provide detail in Part VI.

6q. If "Yes," provide detail in Part VI.

6r. If "Yes," provide detail in Part VI.

6s. If "Yes," provide detail in Part VI.

6t. If "Yes," provide detail in Part VI.

6u. If "Yes," provide detail in Part VI.

6v. If "Yes," provide detail in Part VI.

6w. If "Yes," provide detail in Part VI.

6x. If "Yes," provide detail in Part VI.

6y. If "Yes," provide detail in Part VI.

6z. If "Yes," provide detail in Part VI.

7a. If "Yes," answer 10b below.

7b. If "Yes," provide detail in Part VI.

7c. If "Yes," provide detail in Part VI.

7d. If "Yes," provide detail in Part VI.

7e. If "Yes," provide detail in Part VI.

8a. If "Yes," answer 10b below.

8b. If "Yes," provide detail in Part VI.

8c. If "Yes," provide detail in Part VI.

8d. If "Yes," provide detail in Part VI.

8e. If "Yes," provide detail in Part VI.

8f. If "Yes," provide detail in Part VI.

8g. If "Yes," provide detail in Part VI.

8h. If "Yes," provide detail in Part VI.

8i. If "Yes," provide detail in Part VI.

8j. If "Yes," provide detail in Part VI.

8k. If "Yes," provide detail in Part VI.

8l. If "Yes," provide detail in Part VI.

8m. If "Yes," provide detail in Part VI.

8n. If "Yes," provide detail in Part VI.

8o. If "Yes," provide detail in Part VI.

8p. If "Yes," provide detail in Part VI.

8q. If "Yes," provide detail in Part VI.

8r. If "Yes," provide detail in Part VI.

8s. If "Yes," provide detail in Part VI.

8t. If "Yes," provide detail in Part VI.

8u. If "Yes," provide detail in Part VI.

8v. If "Yes," provide detail in Part VI.

8w. If "Yes," provide detail in Part VI.

8x. If "Yes," provide detail in Part VI.

8y. If "Yes," provide detail in Part VI.

8z. If "Yes," provide detail in Part VI.

9a. If "Yes," answer 10b below.

9b. If "Yes," provide detail in Part VI.

9c. If "Yes," provide detail in Part VI.

9d. If "Yes," provide detail in Part VI.

9e. If "Yes," provide detail in Part VI.

9f. If "Yes," provide detail in Part VI.

9g. If "Yes," provide detail in Part VI.

9h. If "Yes," provide detail in Part VI.

9i. If "Yes," provide detail in Part VI.

9j. If "Yes," provide detail in Part VI.

9k. If "Yes," provide detail in Part VI.

9l. If "Yes," provide detail in Part VI.

9m. If "Yes," provide detail in Part VI.

9n. If "Yes," provide detail in Part VI.

9o. If "Yes," provide detail in Part VI.

9p. If "Yes," provide detail in Part VI.

9q. If "Yes," provide detail in Part VI.

9r. If "Yes," provide detail in Part VI.

9s. If "Yes," provide detail in Part VI.

9t. If "Yes," provide detail in Part VI.

9u. If "Yes," provide detail in Part VI.

9v. If "Yes," provide detail in Part VI.

9w. If "Yes," provide detail in Part VI.

9x. If "Yes," provide detail in Part VI.

9y. If "Yes," provide detail in Part VI.

9z. If "Yes," provide detail in Part VI.

10a. If "Yes," answer 10b below.

10b. If "Yes," provide detail in Part VI.

10c. If "Yes," provide detail in Part VI.

10d. If "Yes," provide detail in Part VI.

10e. If "Yes," provide detail in Part VI.

10f. If "Yes," provide detail in Part VI.

10g. If "Yes," provide detail in Part VI.

10h. If "Yes," provide detail in Part VI.

10i. If "Yes," provide detail in Part VI.

10j. If "Yes," provide detail in Part VI.

10k. If "Yes," provide detail in Part VI.

10l. If "Yes," provide detail in Part VI.

10m. If "Yes," provide detail in Part VI.

10n. If "Yes," provide detail in Part VI.

10o. If "Yes," provide detail in Part VI.

10p. If "Yes," provide detail in Part VI.

10q. If "Yes," provide detail in Part VI.

10r. If "Yes," provide detail in Part VI.

10s. If "Yes," provide detail in Part VI.

10t. If "Yes," provide detail in Part VI.

10u. If "Yes," provide detail in Part VI.

10v. If "Yes," provide detail in Part VI.

10w. If "Yes," provide detail in Part VI.

10x. If "Yes," provide detail in Part VI.

10y. If "Yes," provide detail in Part VI.

10z. If "Yes," provide detail in Part VI.

11a. If "Yes," answer 10b below.

11b. If "Yes," provide detail in Part VI.

11c. If "Yes," provide detail in Part VI.

11d. If "Yes," provide detail in Part VI.

11e. If "Yes," provide detail in Part VI.

11f. If "Yes," provide detail in Part VI.

11g. If "Yes," provide detail in Part VI.

11h. If "Yes," provide detail in Part VI.

11i. If "Yes," provide detail in Part VI.
Section D. All Type III Supporting Organizations

Section C. Type II Supporting Organizations

Schedule A (Form 990 or 990-EZ) 2018 Page 11

Part IV Supporting Organizations

Parent of Supported Organizations.

Did the organization maintain a close and continuous working relationship with the supported organization(s).

or management of the supporting organization was vested in the same persons that controlled or managed

supervised, or controlled the supporting organization.

describe how the powers to appoint and/or remove directors or trustees were allocated among the supported

controlled the organization's activities. If the organization had more than one supported organization,

activities and what conditions or restrictions, if any, applied to such powers during the tax year.

How the supported organization(s) to which the organization was responsive?

Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more

Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or

of the organization’s supported organization(s) would have been engaged in?

of its supported organizations?

Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each

Was a majority of the organization's directors or trustees during the tax year also a majority of the directors

operated for the benefit of any supported organization other than the supported

of the organization's governing documents in effect on the date of notification, to the extent not previously provided?

Was any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported

income or assets at all times during the tax year?

significant voice in the organization's investment policies and in directing the use of the organization's

By reason of the relationship described in (2), did the organization's supported organizations have a

A family member of a person described in (a) above?

A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)

Has the organization accepted a gift or contribution from any of the following persons?

Describe in how providing such benefit carried out the purposes of the supported organization(s) that operated,

reason for the organization's position that its supported organization(s) would have engaged in these

If "Yes," then in how these activities directly furthered their exempt purposes, (see instructions).

If "No," describe in how the supported organization(s) effectively operated, supervised, or

If "Yes," explain in the role played by the organization in this regard.

If "No," explain in how control

If "Yes," explain in how the organization was responsive to those supported organizations, and how the organization determined

Check the box next to the method that the organization used to satisfy the Integral Part Test during the year

Identify the role played by the organization in this regard.

Describe in how the organization maintained a close and continuous working relationship with the supported organization(s).

Describe in how the supported organization(s) to which the organization was responsive.

Describe in how the organization determined if "Yes," answer (a) and (b) below.

Describe in how the organization was responsive to those supported organizations, and how the organization determined

Describe in how these activities directly furthered their exempt purposes.
### Section A - Adjusted Net Income

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### Section B - Minimum Asset Amount

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### Section C - Distributable Amount

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**Schedule A (Form 990 or 990-EZ) 2018**

**Part VI**

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

(B) Current Year (optional)  

(A) 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)

---

**Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):**

**Average monthly value of securities**

**Average monthly cash balances**

**Fair market value of other non-exempt-use assets**

(add lines 1a, 1b, and 1c)

**Acquisition indebtedness applicable to non-exempt-use assets**

Subtract line 2 from line 1d

**Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)**

Net value of non-exempt-use assets (subtract line 4 from line 3)

Multiply line 5 by .035

**Recoveries of prior-year distributions**

(add line 7 to line 6)

**Current Year Adjusted net income for prior year (from Section A, line 8, Column A)**

Enter 85% of line 1

**Minimum asset amount for prior year (from Section B, line 8, Column A)**

Enter greater of line 2 or line 3

**Income tax imposed in prior year**

Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)

---

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

Part VI

Total annual distributions.

(i) Excess Distributions

(ii) Underdistributions

Pre-2018

(iii) Distributable Amount for 2018

Section E - Distribution Allocations

Part VI

a b c d e f g h i j

Total

Part VI.

Excess distributions carryover to 2019.

Schedule A (Form 990 or 990-EZ) 2018

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 2018 from Section C, line 6

Line 8 amount divided by line 9 amount (see instructions)

Underdistributions, if any, for years prior to 2018 (reason- explain in ). See instructions.

Excess distributions carryover, if any, to 2018

From 2013

From 2014

From 2015

From 2016

From 2017

of lines 3a through e

Applied to underdistributions of prior years

Applied to 2018 distributable amount

Carryover from 2013 not applied (see instructions)

Remainder. Subtract lines 3g, 3h, and 3i from 3f.

Distributions for 2018 from Section D, line 7: $

Applied to underdistributions of prior years

Applied to 2018 distributable amount

Remainder. Subtract lines 4a and 4b from 4.

Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in See instructions.

Remaining underdistributions for 2018. 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 2014

Excess from 2015

Excess from 2016

Excess from 2017

Excess from 2018

(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.)
General Rule

Special Rule.

Note:

General Rule

Special Rules

(1) (2)

Caution:

must

exclusively

exclusively

nonexclusively

Name of the organization

(check one):

Form 990 or 990-EZ 501(c)( ) (enter number) organization

4947(a)(1) nonexempt charitable trust 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. See instructions.

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

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 (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 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.

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).
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<th>No.</th>
<th>Name, address, and ZIP + 4</th>
<th>Total contributions</th>
<th>Type of contribution</th>
<th>Person</th>
<th>Payroll</th>
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**Schedule B (Form 990, 990-EZ, or 990-PF) (2018) Page 4**

**Name of organization:**

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

**Employer identification number:**

**10271018**

**Description of how gift is held:**

**Transfer of gift:**

**Transferee's name, address, and ZIP + 4:**

**Relationship of transferor to transferee:**

**Purpose of gift:**

**Use of gift:**

**Amount of gift:**

**Enter this info. once.**

11-08-18

**Part III**

**Completing Part III, enter the total of exclusively religious, charitable, etc., contributions of  for the year.**

**Schedule B (Form 990, 990-EZ, or 990-PF) (2018)**
### Supplemental Financial Statements

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

**Employer identification number:** 83-2051104

**Form 990, Schedule D**

#### Name of the organization

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

#### Employer identification number

**83-2051104**

**Internal Revenue Service**

**Department of the Treasury**

**(Form 990)**

**Conservation Easements**

---

**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)?**

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

---

**Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of conservation easements it holds?**

**Yes**

---

**Total number of conservation easements held by the organization at the end of the tax year.**

**Number of states where property subject to conservation easement is located.**

**Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure included in (a).**

**Number of conservation easements on a certified historic structure included in (a).**

**Total acreage restricted by conservation easements.**

**Aggregate value of grants from donors (during year).**

**Aggregate value of contributions to donors (during year).**

**Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year.**

**Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year.**

**Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year.**

---

**Does the organization report 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?**

**Yes**

---

**Whether 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, in Part XIII, the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:**

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revenue included on Form 990, Part VIII, line 1</td>
<td><strong>$</strong></td>
</tr>
<tr>
<td>Assets included in Form 990, Part X</td>
<td><strong>$</strong></td>
</tr>
</tbody>
</table>

---

**Total number at end of year.**

**Aggregate value at end of year.**

---

**We refer you to www.irs.gov/Form990 for instructions and the latest information.**

---

**Schedule D**

---

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

---

**OMB No. 1545-0047**

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**423:**

---

**Go r qy 'g' gqo v'gcomev'pwo dgt , , , , 6; 65 JWOCPG "UQEKGVL " QH"UCTCUQVC" EQQYPY[ " KPE0 QCD'P q3767/2269 423: Oq'organized'tp"ruv gekev**
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>
</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>Beginning of year balance</th>
<th>Contributions</th>
<th>Net investment earnings, gains, and losses</th>
<th>Grants or scholarships</th>
<th>Other expenditures for facilities and programs</th>
<th>Administrative expenses</th>
<th>End of year balance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></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. |
### Schedule D (Form 990) 2018

<table>
<thead>
<tr>
<th>Description of security or category</th>
<th>Column (b) must equal Form 990, Part X, col. (B) line 12.</th>
<th>Column (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>

**Total.**

**Note:**
- Column (b) must equal Form 990, Part X, col. (B) line 15.

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

### Description of investment Book value Method of valuation: Cost or end-of-year market value

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

**Total.**

**Note:**
- Column (b) must equal Form 990, Part X, col. (B) line 25.

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

### Description of liability Book value

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

**Total.**

**Note:**
- Column (b) must equal Form 990, Part X, col. (B) line 30.

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

**Financial Highlights for 2018**

- Fixed 3,700,888
- End-of-year market value for equities 3,997,257
- Commodities 353,322
- End-of-year market value

**Part VII Investments - Other Securities.**

**Part VIII Investments - Program Related.**

**Part IX Other Assets.**

**Part X Other Liabilities.**
### Schedule D (Form 990) 2018

#### Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return:

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>2a</td>
<td>Total revenue, gains, and other support per audited financial statements</td>
<td>2,238,102.</td>
</tr>
<tr>
<td>2c</td>
<td>Amounts included on line 1 but not on Form 990, Part VIII, line 12:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Net unrealized gains (losses) on investments</td>
<td>-808,831.</td>
</tr>
<tr>
<td></td>
<td>Donated services and use of facilities</td>
<td>1,190.</td>
</tr>
<tr>
<td></td>
<td>Recoveries of prior year grants</td>
<td>-263,269.</td>
</tr>
<tr>
<td></td>
<td>Other (Describe in Part XIII.)</td>
<td></td>
</tr>
<tr>
<td>2d</td>
<td>Total revenue</td>
<td>1,190.</td>
</tr>
<tr>
<td>2e</td>
<td>Add lines through ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Subtract line from line ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Amounts included on Form 990, Part VIII, line 12, but not on line 1:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Investment expenses not included on Form 990, Part VIII, line 7b</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other (Describe in Part XIII.)</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Total revenue. Add lines and ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</td>
<td></td>
</tr>
</tbody>
</table>

#### Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return:

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>2d</td>
<td>Total expenses and losses per audited financial statements</td>
<td>2,846,339.</td>
</tr>
<tr>
<td>2e</td>
<td>Amounts included on line 1 but not on Form 990, Part IX, line 25:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Donated services and use of facilities</td>
<td>59,886.</td>
</tr>
<tr>
<td></td>
<td>Prior year adjustments</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other losses</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other (Describe in Part XIII.)</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Total expenses. Add lines and ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</td>
<td></td>
</tr>
</tbody>
</table>

### HUMANE SOCIETY OF SARASOTA COUNTY, INC. **-***4943

#### PART XI, LINE 2D - OTHER ADJUSTMENTS:

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHANGE IN THE VALUE OF CONTRIBUTIONS FROM CHARITABLE TRUSTS</td>
<td>-215,195.</td>
</tr>
<tr>
<td>CHANGE IN BENEFICIAL INTEREST IN ASSETS HELD BY OTHERS</td>
<td>-26,928.</td>
</tr>
<tr>
<td>CHANGE IN CASH SURRENDER VALUE OF LIFE INSURANCE</td>
<td>757.</td>
</tr>
<tr>
<td>UNREALIZED GAINS/LOSSES FOR FINANCIAL REPORTING RECONCILING</td>
<td>-21,903.</td>
</tr>
<tr>
<td>TOTAL TO SCHEDULE D, PART XI, LINE 2D</td>
<td>-263,269.</td>
</tr>
</tbody>
</table>

---

**345.48; 0**
Did fundraiser have custody or control of contributions?

Go to Form 990 or 990-EZ 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.

Attach to Form 990 or Form 990-EZ.

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

Employer identification number

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

Mail solicitations
Internet and email solicitations
Phone solicitations
In-person solicitations
Solicitation of non-government grants
Solicitation of government grants
Special fundraising events

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?

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.

Name and address of individual or entity (fundraiser) Activity Gross receipts from activity

Amount paid to (or retained by) fundraiser listed in col.

Amount paid to (or retained by) organization

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.

Vacen

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.

Vacen

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Vacen

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Vacen

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.

Vacen
## Part II: Fundraising Events

### 1. Event 
- **Event #1**: Bingo
- **Event #2**: Other Gaming
- **Other Events**: Total Gaming

### 2. Revenue
- **Gross Revenue**
- **Cash Prizes**
- **Noncash Prizes**
- **Rent/Facility Costs**
- **Food and Beverages**
- **Entertainment**
- **Other Direct Expenses**

### 3. Direct Expenses Summary
- **Direct Expense Summary**: Add lines 4 through 9 in column (d)
- **Net Income Summary**: Subtract line 10 from line 3, column (d)

### 4. 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:**

### Example

<table>
<thead>
<tr>
<th>Event Type</th>
<th>Event Type</th>
<th>Total Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bingo</td>
<td>Other Gaming</td>
<td>Total Gaming</td>
</tr>
<tr>
<td>Event #1</td>
<td>Event #2</td>
<td>Other Events</td>
</tr>
<tr>
<td>260,125</td>
<td>39,643</td>
<td>239,768</td>
</tr>
<tr>
<td>65,258</td>
<td>6,895</td>
<td>72,153</td>
</tr>
<tr>
<td>134,867</td>
<td>32,748</td>
<td>167,615</td>
</tr>
<tr>
<td>23,410</td>
<td>13,678</td>
<td>37,088</td>
</tr>
<tr>
<td>4,750</td>
<td>4,750</td>
<td>40,069</td>
</tr>
</tbody>
</table>
Does the organization conduct gaming activities with nonmembers?

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?

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:

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

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

If "Yes," enter name and address of the third party:

Gaming manager information:

Name | Gaming manager compensation | Description of services provided

Director/officer Employee Independent contractor

Mandatory distributions:

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

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.

Part IV Supplemental Information.
HUMANE SOCIETY OF SARASOTA COUNTY, INC. **-***4943

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:
25,000 HOURS EACH YEAR AND ASSIST WITH THE DAY-TO-DAY FUNCTIONS OF RUNNING THE SHELTER: CLEANING AND MAINTENANCE, ANIMAL CARE,SOCIALIZATION AND ENRICHMENT, MATCHMAKING, AND ADMINISTRATIVE SUPPORT.

OUR FOSTER PROGRAM EXPAND HSSC'S ABILITY TO CARE FOR ANIMALS BEYOND THE WALLS OF OUR FACILITY. WITHOUT FOSTERS, COUNTLESS PETS MAY NOT HAVE A SECOND CHANCE LIFE. FOSTER PARENTS GIVE A PET THE CHANCE TO LIVE AND BE LOVED IN A FOSTER HOME. HSSC PROVIDES OUR FOSTER PARENTS WITH ALL THE FOOD, SUPPLIES, SUPPORT, AND MEDICAL ATTENTION THEY NEED TO CARE FOR THEIR FOSTER PET.

FORM 990, PART III, LINE 4D
ADOPTIONS - HSSC IS THE AREA'S LARGEST NO-KILL SHELTER AND HAS BEEN OFFICIALLY NO-KILL SINCE 2009. WE ARE A LIMITED ADMISSION SHELTER AND TAKE IN ANIMALS FROM OWNER SURRENDER AND TRANSFER FROM LOCAL AND OUT-OF-STATE SHELTERS. IN 2018, HSSC FOUND HOMES FOR 1,721 DOGS AND CATS.

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.
Name of the organization
HUMANE SOCIETY OF SARASOTA COUNTY, INC. **-***4943

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:
CHANGE IN THE VALUE OF CONTRIBUTIONS FROM CHARITABLE TRUSTS       -215,195.
CHANGE IN BENEFICIAL INTEREST IN ASSETS HELD BY OTHERS              -26,928.
CHANGE IN CASH SURRENDER VALUE OF LIFE INSURANCE                       757.
UNREALIZED GAINS/LOSSES FOR FINANCIAL REPORTING RECONCILING
ADJUSTMENT                                                         -21,903.
TOTAL TO FORM 990, PART XI, LINE 9                                -263,269.
### Form 8868 Application for Automatic Extension of Time To File an Exempt Organization Return

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

**Name of exempt organization or other filer, see instructions.**

**Employer identification number (EIN) or Number, street, and room or suite no. If a P.O. box, see instructions.**

**City, town or post office, state, and ZIP code. For a foreign address, see instructions.**

**Social security number (SSN)**

**Phone No. | Fax No.**

**Telephone No. | Fax No.**

**If the organization does not have an office or place of business in the United States, check this box.**

**If this is for a Group Return, enter the organization’s four digit Group Exemption Number (GEN) . If this is for the whole group, check this box. If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.**

**I request an automatic 6-month extension of time until , to file the exempt organization return for the organization named above. The extension is for the organization’s return for:**

**Calendar year or tax year beginning , and ending .**

**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.**

**Form 8868**


**OMB No. 1545-1709**

**Electronic filing (e-file).**

**Enter filer’s identifying number**

**Type or print**

**Application Is For Return Code**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Form 990 or Form 990-EZ</td>
</tr>
<tr>
<td>02</td>
<td>Form 990-BL</td>
</tr>
<tr>
<td>03</td>
<td>Form 4720 (individual)</td>
</tr>
<tr>
<td>04</td>
<td>Form 990-PF</td>
</tr>
<tr>
<td>05</td>
<td>Form 990-T (corporation)</td>
</tr>
<tr>
<td>06</td>
<td>Form 1041-A</td>
</tr>
<tr>
<td>07</td>
<td>Form 4720 (other than individual)</td>
</tr>
<tr>
<td>08</td>
<td>Form 5227</td>
</tr>
<tr>
<td>09</td>
<td>Form 6069</td>
</tr>
<tr>
<td>10</td>
<td>Form 8870</td>
</tr>
<tr>
<td>11</td>
<td>Form 990-T (sec. 401(a) or 408(a) trust)</td>
</tr>
<tr>
<td>12</td>
<td>Form 990-T (trust other than above)</td>
</tr>
</tbody>
</table>

**Books are in the care of |**

**Telephone No. | Fax No.**

**If the organization does not have an office or place of business in the United States, check this box.**

**If this is for a Group Return, enter the organization’s four digit Group Exemption Number (GEN) . If this is for the whole group, check this box. If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.**

**I request an automatic 6-month extension of time until , to file the exempt organization return for the organization named above. The extension is for the organization’s return for:**

**Calendar year or tax year beginning , and ending .**

**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.**

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