Forn	99	90	Return of Organization Exempt From Income Tax						OMB No. 1545-0047
1 0111							2018		
), 527, or 4947(a)(1) of the				tions)	
Depai	tment of t	he Treasury		ter social security numbe		-	•		Open to Public
Internal Revenue Service For www.irs.gov/Form990 for instructions and the latest information									Inspection
	For the	2018 calend	lar year, or tax year begin		10-0	, ,	ding	09-3	· · · · · · · · · · · · · · · · · · ·
B	Check if a	pplicable:	C Name of organization HUMA	NE SOCIETY OF THE	TREASURE	COAST INC		D	Employer identification no.
Ľ,	Address c	hange	Doing business as					59	9-0774235
	Name cha	inge	Number and street (or P.O. bo	x if mail is not delivered to street ad	dress)		Room/suite		Telephone number
	nitial retu	rn	4100 SW LEIGHT	ON FARM AVENUE					772)223-8822
	Final retur	n/terminated		country, and ZIP or foreign postal of	code			G	Gross receipts
	Amended		PALM CITY, FL						<u>\$ 5,353,331</u>
L ,	Application	n pending	F Name and address of principa		ITE		H(a) Is this a group		
			SAME AS C ABOVI				H(b) Are all subo	rdinates inc	cluded? Yes No
	Fax-exem		501(c)(3) 501(c) () < (insert no.) 4947(a	a)(1) or 5	527	_		. (see instructions)
	Vebsite:		I.HSTC1.ORG				H(c) Group exe		
		-		ociation 🔄 Other 🕨	L	Year of formation: 19	955 M State	of legal do	micile: FL
Pa	rt I	Summar	•						
	1	Briefly descr	ibe the organization's miss	ion or most significant activi	ities: ANIM	IAL RESCUE AN	D ADOPTION	; PRON	IOTE HUMANE
a)		TREATMEN	T OF ANIMALS.						
цč									
erna									
Governance	2	Check this b	ox if the organization	discontinued its operations	s or disposed o	of more than 25% o	f its net assets.		
Ŭ	3	Number of v	oting members of the gove	rning body (Part VI, line 1a)			3	15
Activities &	4	Number of ir	ndependent voting member	s of the governing body (Pa	art VI, line 1b)			4	15
itie	5			calendar year 2018 (Part				5	57
ctiv	6		r of volunteers (estimate if	,	,			6	725
Ā				Part VIII, column (C), line 12				7a	0
			d business taxable income					7b	0
							Prior Year		Current Year
	8	Contribution	s and grants (Part VIII line	1h)			1,970	035	2,219,266
ē	9			e 2g)			1,209		
enu	10	0	· · ·	A), lines 3, 4, and 7d)				,229	1,259,972
Revenue									133,264
	11			nes 5, 6d, 8c, 9c, 10c, and 1				,106)	(44,879)
	12			must equal Part VIII, columi X, column (A), lines 1-3)			3,307	,891	3,567,623
	13		1 (0
	14 15			K, column (A), line 4)			1 011	000	0
es				e benefits (Part IX, column (1,911	,988	2,042,233
Expenses			0 ()	column (A), line 11e)					0
ďX				lumn (D), line 25)					
ш			,	nes 11a-11d, 11f-24e)			1,372		1,436,535
	18	•	•	equal Part IX, column (A), I	,		3,284		3,478,768
	19	Revenue les	s expenses. Subtract line	18 from line 12				,131	88,855
Net Assets or Fund Balances							Beginning of Current		End of Year
ssets	20		. ,				5,447		5,415,956
et A:	21							,882	103,327
				line 21 from line 20			5,348	,248	5,312,629
	rt II		re Block						
				rn, including accompanying schedul icer) is based on all information of w			nowledge and belief, it	is	
		FRAN	K VALENTE						
Sig	n	Signatur	re of officer					Date	
Her	e	FRAN	K VALENTE, CEO						
		Type or	print name and title						
		Print/Type pre	eparer's name	Preparer's signature		Date	Check	if PTI	N
Pai	d		R Koplas	-			self-employe	d	P00066954
	parer			Company CPA PA		1	Firm's EIN		
	Only			Martin Highway			Phone no.		
	J,			y FL 34990				72-252	2-1100
May	the IRS	S discuss this		own above? (see instruction	ns)				
inay									

OMB No. 1545-0047

Form	n 990 (2018) HUMANE SOCIETY OF THE TREASURE COAST INC	59-0774235	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	🗌
1	Briefly describe the organization's mission:		
	ANIMAL RESCUE AND ADOPTION; PROMOTE HUMANE TREATMENT OF ANIMALS.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	🗌 Yes	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
	services?	🗌 Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measure	d by	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to o	thers,	
	the total expenses, and revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 2,991,512 including grants of \$) (Revenue	\$)
	PROVIDES SHELTER AND RESCUE OPERATIONS FOR ANIMALS IN THE MARTIN COUNTY, FL	AREA, INCLU	DING
	SPAY AND NEUTER SERVICES; PROMOTES HUMANE TREATMENT OF ANIMALS THROUGH PUBLI	C AWARENESS	
	PROGRAMS, OBEDIENCE CLASSES, AND THERAPY PET PROGRAMS.		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 2,991,512	,	
EEA		For	m 990 (2018)

	n 990 (2018) HUMANE SOCIETY OF THE TREASURE COAST INC 59-077	4235	F	Page 3
Pa	Int IV Checklist of Required Schedules			1
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A		X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	. 2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	. 3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	. 4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	. 5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	. 6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	. 7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	. 8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	. 9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	. 10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	. 11a	X	
k	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 "Yes," complete Schedule D, Part VII	. 11b		Х
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	. 11c		Х
c	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? If "Yes," complete Schedule D, Part IX			Х
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	. 11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	. 11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	. 12a	X	
b				
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	. 12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	. 14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
. –	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	. 14k	<u> </u>	Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	. 15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	. 16	-	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	. 17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	. 18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III			X
20 a				X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this retum?	. 20b	-	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			37
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	. 21		Х

Form	990 (2018) HUMANE SOCIETY OF THE TREASURE COAST INC 59-07742	35	Р	Page 4
Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	24-		v
h	through 24d and complete Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		Х
b c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
C	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	2-10		
204	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			37
_		28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	202-	v	
20	was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c 29	X X	
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29	Λ	
30	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes,"</i>			
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
Dor	19? Note. All Form 990 filers are required to complete Schedule O.	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V		· · ·	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		162	140
ıa b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable			
c c	Did the organization comply with backup withholding rules for reportable payments to vendors and			
v	reportable gaming (gambling) winnings to prize winners?	1c	Х	
			000 (*	2019

Form	990 (2018) HUMANE SOCIETY OF THE TREASURE COAST INC 59-07742	35	F	Page 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this returm 2a 57			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	0.0		
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
 a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
~	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
u	Note. See the instructions for additional information the organization must report on Schedule O.	Tou		
b	Enter the amount of reserves the organization is required to maintain by the states in which			
D.	the organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand			
с 14а	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
		14a 14b		<u> </u>
b 15		140		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	45		v
	excess parachute payment(s) during the year	15		X
16	If "Yes," see instructions and file Form 4720, Schedule N.	40		v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			

Form 990 (2018)

Form	1 990 (2018) HUMANE SOCIETY OF THE TREASURE COAST INC 59-07742	35	P	age 6
Pa	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a	"No"		
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instruction	S.		
	Check if Schedule O contains a response or note to any line in this Part VI			. Х
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
_	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct	_		
Ū	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization become aware during the year of a significant diversion of the organizations assets?	6		X
	-	0		А
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		Х
ь		1a		Λ
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	71-		v
•	stockholders, or persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:		37	
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	_		
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed Florida			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	🖾 Own website 🛛 Another's website 🖾 Upon request 🗌 Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
	financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
-	FRANK VALENTE (772)223-8822, 4100 SW LEIGHTON FARM AVENUE, PALM CITY, FL 34990			

Form 990 (201	8) HUMANE SOCIETY OF THE TREASURE COAST INC	59-0774235	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compe	nsated Employe	es, and
	Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII		<u></u>
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		

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

· List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

· List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

				(C)				
(A) Name and Title	(B) Average hours per week (list any	box, ι	Po ot check n unless pe	sition nore than one rson is both a rector/trustee	in	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	employee Key employee		the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) TERENCE P_MCCARTHY	2.00_	37						
CHAIRPERSON		Х	X		-		0 0	0
(2) DANA COATES	2.00_	x	x					_
1ST VICE CHAIRPERSON (3) CARY OFFE	1 00	Λ					0 0	0
(3) GARY_OBER 2ND VICE CHAIRPERSON	1.00_	х					o o	o
(4) MARILYN MORRIS	1.00	Λ			-		J U	0
DIRECTOR		Х					o o	0
(5) CHRISTINE MYERS	2.00	- 21					, <u> </u>	0
TREASURER		Х	X				o o	o
(6) KATIE ASTRAS	1.00						<u> </u>	U
DIRECTOR		Х					o o	0
(7) KIT HAAS	1.00							
DIRECTOR		Х					o o	0
(8) CINDI HOBBS	2.00							
SECRETARY		Х	X				o o	0
(9) LINDA KARDOS	1.00							
DIRECTOR		Х					o o	0
(10)SONIA M PAWLUC	1.00							
DIRECTOR		X					o o	0
(11)TOM WEISSENBORN	1.00							
DIRECTOR		Х					o o	0
(12)KAY_ZIEGLER	1.00							
DIRECTOR		Х					o o	0
(13)SHEILA BIEHL	2.00							
IMMEDIATE PAST CHAIRPERSON		Х				(0 0	0
(14)JENNIFER_CAMPBELL	2.00							
2ND VICE CHAIRPERSON		Х	X				o o	0
FEA								Form 990 (2018)

Part VII Section A. Officers,	Directors, Trustees, Key Emp	oloyees	and	Higl	nest	Com	pen	sated Employees	(continued)		
(A) Name and title	(B) Average hours per week (list ar	Average (do no box, u officer			(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				(E) Reportable compensation from related orranizations	(F) Estimated amount of other	
	hours for related organization below dotte line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensat from the organizati and relate organizatio	e ion ed
5)RYAN_FIGMAN DIRECTOR	1.00	D_ X						0	0		0
6)FRANK_VALENTE	55.00)_		х		х		116,145	0	44,	161
7)KATHY_SKRZYPCZAK	2.00)_									
FORMER TREASURER				Χ				0	0		0
18)		-									
19)		-									
20)		-									
21)		-									
22)		-									
23)		-									
24)		-									
25)		-									
c Total from continuation shee		• • • •			•••						
							>	116,145	0	44,	161
2 Total number of individuals (ir reportable compensation from	cluding but not limited to those the organization	listed ab	ove) (wno	rece	eived n	nore	e than \$100,000 of	1		
· ·	ormer officer, director, or truste	e, key e	mplo	yee,	or h	ighest	t cor	npensated		Yes	No
4 For any individual listed on line	" complete Schedule J for such a 1a, is the sum of reportable co nizations greater than \$150,000	mpensat	ion ar	nd ot	her o	compe	ensa	tion from the		3	X
individual	a receive or accrue compensation		•••							4 X	
	rganization? If "Yes," complete	Schedu	le J fe	or su	ch p	erson	n .			5	Х
Section B. Independent Con					-4			then \$400,000	-4		
	e highest compensated independ zation. Report compensation for										
your.	(A)							(B)		(C)	
N	ame and business address							Description of s	ervices	Compensatio	on

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

art VI	HUMANE SOCIETY Statement of Revenue			-		59-077423	5 Page
	Check if Schedule O contains a resp	onse or note	e to any line in this	Part VIII			[
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
2.42	1a Federated campaigns	. 1a					
nu	b Membership dues	. 1b					
Am (c Fundraising events 	. 1c	318,576				
ar	d Related organizations	. 1d					
	e Government grants (contributions) .	. 1e	743,227				
and Other Similar Amounts	f All other contributions, gifts, grants,						
đ	and similar amounts not included above		1,157,463				
and	g Noncash contributions included in lines		92,243				
	h Total. Add lines 1a-1f	<u></u>	►	2,219,266			
a		_	Business Code				
enu	2a THRIFT STORES		453310	830,183	830,183		
Ke	b ADOPTION FEES		900099	115,225	115,225		
vice	C SPAY & NEUTER SERGERY		900099	126,893	126,893		
l Sel	d HUMANE EDUCATION		900099	74,639	74,639		
Program Service Revenue	e PROCESSING FEES		900099	24,587	24,587		
2	f All other program service revenue			88,445	88,445		
	g Total. Add lines 2a-2f		•••••	1,259,972			
	3 Investment income (including dividends, and other similar amounts)			CO C17			<u> </u>
	4 Income from investment of tax-exempt b		H	69,617			69,61
	•	•	F				
	,	Real	(ii) Personal				
		15,077					
	b Less: rental expenses	13,077					
		15,077					
	d Net rental income or (loss)		•	15,077			15,07
		curities	(ii) Other	207077			
		27,839					
	b Less: cost or other basis	564,192					
	c Gain or (loss)	63,647					
	d Net gain or (loss)		►	63,647			63,64
2	8a Gross income from fundraising						
		,576					
Lei	of contributions reported on line 1c).						
Ē	See Part IV, line 18	a	48,754				
3	b Less: direct expenses		116,292				
	c Net income or (loss) from fundraising ev	vents		(67,538)			(67,53
	9a Gross income from gaming activities.						
	See Part IV, line 19	a					
	b Less: direct expenses	b 🗌					
	c Net income or (loss) from gaming activit	ties <u>.</u>	►				
1	10a Gross sales of inventory, less returns and allowances	a	12,805				
	b Less: cost of goods sold	b 🗌	5,224				
	c Net income or (loss) from sales of inver	ntory		7,581			7,58
	Miscellaneous Revenue		Business Code				
1	11a ROUNDING		900099	1			
	b						
	с						
	d All other revenue	[
	e Total. Add lines 11a-11d		-	1			
1	12 Total revenue. See instructions			3,567,623	1,259,972	0	88,38

Part IX

18) HUMANE SOCIETY OF THE TREASURE COAST INC Statement of Functional Expenses

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

	Check if Schedule O contains a response or note to any line in this Part IX									
Do n	ot include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising					
<u>8b</u> , 9	b, and 10b of Part VIII.		expenses	general expenses	expenses					
1	Grants and other assistance to domestic organizations									
	and domestic governments. See Part IV, line 21									
2	Grants and other assistance to domestic									
	individuals. See Part IV, line 22									
3	Grants and other assistance to foreign									
	organizations, foreign governments, and foreign									
	individuals. See Part IV, lines 15 and 16									
4	Benefits paid to or for members									
5	Compensation of current officers, directors,									
•	trustees, and key employees	135,388	86,647	20,309	28,432					
6	Compensation not included above, to disqualified	100,000		20,000	20,102					
Ŭ	persons (as defined under section 4958(f)(1)) and									
	persons described in section 4958(c)(3)(B)									
7	Other salaries and wages	1,521,850	1,316,009	59,429	146,412					
8	Pension plan accruals and contributions (include	1,521,650	1,310,009	59,429	140,412					
o	· · · · · · · · · · · · · · · · · · ·	00 055	15 005	C 004						
0	section 401(k) and 403(b) employer contributions) Other employee benefits	22,057	15,085	6,894	78					
9		218,409	201,457	5,501	-					
10		144,529	121,047	6,697	16,785					
11	Fees for services (non-employees):									
a L										
b										
c		14,554	13,580		974					
d	Lobbying									
e	Professional fundraising services. See Part IV, line 17 .									
f	Investment management fees									
g	Other. (If line 11g amount exceeds 10% of line 25, column									
	(A) amount, list line 11g expenses on Schedule O.)	116,865	111,529		5,336					
12	Advertising and promotion	11,025	9,592		1,433					
13	Office expenses	13,374	12,368	337	669					
14	Information technology	69,613	62,165	552	6,896					
15	Royalties									
16	Occupancy	381,388	352,020	514	28,854					
17	Travel									
18	Payments of travel or entertainment expenses									
	for any federal, state, or local public officials									
19	Conferences, conventions, and meetings									
20	Interest									
21	Payments to affiliates									
22	Depreciation, depletion, and amortization	157,923	156,453	206	1,264					
23		62,390	57 , 773	8	4,609					
24	Other expenses. Itemize expenses not covered									
	above (List miscellaneous expenses in line 24e. If									
	line 24e amount exceeds 10% of line 25, column									
	(A) amount, list line 24e expenses on Schedule O.)									
а	MEDICAL & SURGICAL SUPPLIES	163,074	163,074							
b	MAIL CAMPAIGNS	100,101			100,101					
С	ANIMAL CARE & WELLNESS	64,229	64,229							
d	FEED & SHELTER SUPPLIES	100,981	100,981							
е	All other expenses	181,018	147,503	1,535	31,980					
25	Total functional expenses. Add lines 1 through 24e .	3,478,768	2,991,512	101,982	385,274					
26	Joint costs. Complete this line only if the									
	organization reported in column (B) joint costs from a combined educational campaign and									
	fundraising solicitation. Check here $\blacktriangleright \mathbf{X}$ if									
	following SOP 98-2 (ASC 958-720)									

	990 (20	,	EASU	RE COAST INC	5	9-077	74235 Page 11
Part	t X	Balance Sheet					
		Check if Schedule O contains a response or note to any	line in	this Part X	•••••	•••	
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		••••••	1,167,340	1	850,179
	2	Savings and temporary cash investments		2			
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net		••••••	61,020	4	133,582
	5	Loans and other receivables from current and former offic	irectors,				
		trustees, key employees, and highest compensated employees					
		Complete Part II of Schedule L				5	
	6	Loans and other receivables from other disqualified persons (as	d under section				
		4958(f)(1)), persons described in section 4958(c)(3)(B), and cor					
		sponsoring organizations of section 501(c)(9) voluntary employe					
		organizations (see instructions). Complete Part II of Schedule L		F		6	
s	7	Notes and loans receivable, net		F		7	
Assets	8	Inventories for sale or use		F		8	
◄	9	Prepaid expenses and deferred charges	••••		6,980	9	11,446
	10a	Land, buildings, and equipment: cost or					
		other basis. Complete Part VI of Schedule D					
	b	Less: accumulated depreciation		2,765,325	2,665,210	10c	3,093,903
	11	Investments - publicly traded securities	F	1,532,809	11	1,312,413	
	12	Investments - other securities. See Part IV, line 11	F		12		
	13	Investments - program-related. See Part IV, line 11 .		13			
	14	Intangible assets	F	10 661	14	14 433	
	15 16	Other assets. See Part IV, line 11	-	13,771	15	14,433	
	17	Total assets. Add lines 1 through 15 (must equal line 34 Accounts payable and accrued expenses			5,447,130	16 17	5,415,956 80,195
	18	Grants payable	F	81,581	18	80,195	
	19	Deferred revenue		F	17,301	19	23,132
	20	Tax-exempt bond liabilities		F	17,501	20	23,132
	21	Escrow or custodial account liability. Complete Part IV or		F		21	
s	22	Loans and other payables to current and former officers,					
Liabilities		trustees, key employees, highest compensated employee		,			
abi						22	
	23	Secured mortgages and notes payable to unrelated third	d partie	es		23	
	24	Unsecured notes and loans payable to unrelated third pa	arties			24	
	25	Other liabilities (including federal income tax, payables to	o relate	ed third			
		parties, and other liabilities not included on lines 17-24).	Compl	ete Part X			
		of Schedule D		F		25	
	26	Total liabilities. Add lines 17 through 25			98,882	26	103,327
		Organizations that follow SFAS 117 (ASC 958), check	here	▶ 🛛 and			
es		complete lines 27 through 29, and lines 33 and 34.					
anc	27	Unrestricted net assets			3,315,933	27	3,481,642
Bal	28	Temporarily restricted net assets		F	1,026,498	28	825,436
pur	29	Permanently restricted net assets			1,005,817	29	1,005,551
ц Ц		Organizations that do not follow SFAS 117 (ASC 958), cnec	Kinere ► 🗋 and			
ts o	20	complete lines 30 through 34.				20	
Net Assets or Fund Balances	30 21	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment		· · · · · · · · · · · · · · · · · ·		30 31	
žΑ.	31 32	Retained earnings, endowment, accumulated income, or		F		31	
ž	33	Total net assets or fund balances		F	5,348,248	33	5,312,629
	34	Total liabilities and net assets/fund balances		-	5,447,130	34	5,415,956
EEA					3,, 1200		Form 990 (2018)

		9-077423	5	Pa	age 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				.Х
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,5	567,0	623
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,4	178 ,	768
3	Revenue less expenses. Subtract line 2 from line 1	3		88,	855
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,3	348,2	248
5	Net unrealized gains (losses) on investments	5		(23,	682)
6	Donated services and use of facilities	6			
7	Investment expenses	7		(8,	549)
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		(92,2	243)
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	5,3	312,6	629
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. 🗌
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	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				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	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				
С	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?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
EEA			Form	990 (2	2018)

~~			F	Public Charity Status and Public Support					OMB No. 1	545-0047			
					is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.					018			
•		of the Treasury		Atta	ch to Form 990 or Form	n 990-EZ.			Open to Public				
•		venue Service	•	Go to www.irs.go	ov/Form990 for instruct	tions and	the latest	information.	Insp	ection			
Name	e of th	e organization						Employer identifica	tion number				
	-		F THE TREASURE					59-077423					
	rt I				ganizations must c			.) See instructions	5.				
	orga		•		s 1 through 12, check onl	•							
1	Ц	-			urches described in sect	• • •							
2	Ц				Schedule E (Form 990 c								
3		•		•	n described in section 1								
4			• ·	rated in conjunctio	n with a hospital describ	ed in sect	ion 170(b))(1)(A)(III). Enter the					
-		•	e, city, and state:					tel conit al e e si le e al in					
5		-		-	university owned or opera	ated by a g	governmen	tal unit described in					
6)(1)(A)(iv). (Complete		nit described in centier	470/6//4/	(•) ())						
6 7	X		•	•	init described in section			m the general public					
'	Δ	•	ection 170(b)(1)(A)(vi		t of its support from a gov	vernmentai		m the general public					
8			rust described in secti		,								
9	П	-			ion 170(b)(1)(A)(ix) ope	rated in co	niunction	with a land-grant colle	ne				
Ū		-	•		see instructions). Enter th		•	•	90				
		university:	a norriana grant cone	ge el agricaliare (c			ly, and old	to of the conege of					
10	Π		n that normally receive	s: (1) more than 33	3 1/3% of its support from	n contributi	ons, memb	pership fees, and gross					
		0		()	subject to certain excepti								
		support from g	ross investment incom	e and unrelated bu	siness taxable income (le	ess sectior	n 511 tax) f	from businesses					
		acquired by th	e organization after Ju	ne 30, 1975. See :	section 509(a)(2). (Com	plete Part	III.)						
11		An organizatio	n organized and opera	ated exclusively to	test for public safety. Se	e section	509(a)(4).						
12		An organizatio	n organized and opera	ted exclusively for t	the benefit of, to perform	the functio	ns of, or to	carry out the purpose	S				
		of one or more	publicly supported or	ganizations describ	oed in section 509(a)(1)	or section	n 509(a)(2). See section 509(a)(3).				
		Check the box	in lines 12a through 12	2d that describes th	ne type of supporting org	anization a	nd comple	te lines 12e, 12f, and 1	2g.				
	а	Type I. A	supporting organization	n operated, superv	rised, or controlled by its	supported	l organizat	ion(s), typically by givi	ng				
		the suppor	ted organization(s) the	power to regularly	appoint or elect a major	rity of the c	lirectors or	trustees of the					
		supporting	ι organization. You mι	ist complete Part	IV, Sections A and B.								
	b				ontrolled in connection w		-						
			•		on vested in the same pe	rsons that	control or r	manage the supported					
			on(s). You must comp	-									
	С				anization operated in co				ith,				
					u must complete Part I				- (-)				
	d	- •			g organization operated				n(s)				
			, ,	0	penerally must satisfy a d		•	nt and an attentiveness					
	е				e Part IV, Sections A and determination from the IF								
	e		0		ntegrated supporting orga		sa iypei,	туре II, туре III					
	f		per of supported organ	-									
	g		lowing information abo						••••				
		i) Name of supported		(ii) EIN	(iii) Type of organization	(iv) Is the o	rganization	(v) Amount of monetary	(vi) Amou	unt of			
	``	,			(described on lines 1-10	listed in you	Ir governing	support (see	other supp	ort (see			
					above (see instructions))	docum	ient?	instructions)	instruct	ions)			
						Yes	No	1					
(
(A)													
(B)													
(0)													
(C)													

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

(D)

(E)

		NE SOCIETY O				59-0774235	
Pa	rt II Support Schedule for Org						
	(Complete only if you chec						under
	Part III. If the organization f	fails to qualify u	nder the tests	listed below, pl	lease complete	e Part III.)	
	tion A. Public Support	II					
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2,315,912	1,649,787	2,641,403	1,970,035	2,219,266	10,796,403
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	2,315,912	1,649,787	2,641,403	1,970,035	2,219,266	10,796,403
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
_	shown on line 11, column (f)						263,597
$\frac{6}{800}$	Public support. Subtract line 5 from line 4						10,532,806
	tion B. Total Support	(-) 2011	(1-) 2045	(-) 0040	(4) 0047	(-) 2010	
	Amounts from line 4	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018 2,219,266	(f) Total
7 8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,315,912 58,975	1,649,787 73,444	2,641,403 57,101			10,796,403 330,103
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	168,665	162,311	140,999	160,125	61,559	693,659
11	Total support. Add lines 7 through 10 .						11,820,165
12	Gross receipts from related activities, etc. (s	see instructions)	•••••			12	5,997,797
13	First five years. If the Form 990 is for the organization, check this box and stop here						
Sec	tion C. Computation of Public Su	pport Percent	age				
14	Public support percentage for 2018 (line 6, c	.,					89.11 %
15	Public support percentage from 2017 Sched						87.81 %
16a	33 1/3% support test - 2018. If the organiz						_
	box and stop here. The organization qualif						► 🛛
b	33 1/3% support test - 2017. If the organiz						
	this box and stop here. The organization q						▶ ∐
17a	10%-facts-and-circumstances test - 2018	-					
	10% or more, and if the organization meets				•		
	Part VI how the organization meets the "fac		-				
	organization						•••• □
b	10%-facts-and-circumstances test - 2017	-				iine	
	15 is 10% or more, and if the organization Explain in Part VI how the organization mee						
	supported organization						
18	Private foundation. If the organization did						•••••
	instructions						► □
EEA					· · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·

				URE COAST IN		59-0774235	Page 3
Pa	ITT III Support Schedule for Org						
	(Complete only if you check			•			Part II.
-	If the organization fails to qu	alify under th	e tests listed b	elow, please c	omplete Part II.)	
	ction A. Public Support	(-) 004.4	(1.) 0045	(-) 0040	(1) 0047	(-) 0040	(0) T = (= 1
Cal	endar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513 .						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		I	1	1		
	endar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the orgonization, check this box and stop here.	•••••					<u>▶</u>
Se	ction C. Computation of Public Sup						
15	Public support percentage for 2018 (line 8, col					15	%
<u>16</u>	Public support percentage from 2017 Schedul					16	%
	ction D. Computation of Investmen			column (f)		17	0/
17 18	Investment income percentage for 2018 (line Investment income percentage from 2017 Sc		•	())		17	<u>%</u>
	33 1/3% support tests - 2018. If the organize	ation did not cheo	ck the box on line	14, and line 15 is r	more than 33 1/3%,	and line	
b	17 is not more than 33 1/3%, check this box a 33 1/3% support tests - 2017. If the organization of the statement that 22 1/2% check this box a statement that a	ation did not cheo	ck a box on line 14	1 or line 19a, and l	ine 16 is more than	33 1/3%, and	_
20	line 18 is not more than 33 1/3%, check this b Private foundation. If the organization did not	-	•		• • • •	-	_

	IV Supporting Organizations 59-0774			age
	(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete	Sectio	ns A	
	and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, c			
	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete			
ecti	on A. All Supporting Organizations	<u> </u>		
			Yes	Ν
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below.	3a		
b	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)? If "Yes," describe in Part VI when and how the			
	organization made the determination.	3b		
с	Did the organization ensure that all support to such organizations was used exclusively for section $170(c)(2)(B)$			
-	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
1a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
с	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;			
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action			
	was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited			
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity			
	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		_
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		_
b	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? If "Yes," provide detail in Part VI.	9b		_
С	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? If "Yes," provide detail in Part VI.	9c		_
0a	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)? If "Yes," answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			
	determine whether the organization had excess business holdings.)	10b		

	ule A (Form 990 or 990-EZ) 2018 HUMANE SOCIETY OF THE TREASURE COAST INC 59-0774235		P	age
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
ec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
ec	tion C. Type II Supporting Organizations	-		
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		100	
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
	tion D. All Type III Supporting Organizations			
ec	tion D. All Type III Supporting Organizations		Yes	No
	Did the experimetion movide to each of its supported experimetions, but the last day of the fifth month of the		res	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
-	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
		-		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- **a** The organization satisfied the Activities Test. *Complete line 2 below.*
- **b** The organization is the parent of each of its supported organizations. *Complete line 3 below.*
- c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). Yes No
- 2 Activities Test. Answer (a) and (b) below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- **b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer (a) and (b) below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b Schedule A (Form 990 or 990-EZ) 2018

2a

2b

3a

	Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations in a disfied the Integral Part Test as a qualifying trust on tructions. All other Type III non-functionally integrated supporting organizations in Adjusted Net Income Adjusted Net Income 1 port-term capital gain 1 aries of prior-year distributions 2 gross income (see instructions) 3 es 1 through 3. 4 siation and depletion 5 of operating expenses paid or incurred for production or of gross income or for management, conservation, or ce of property held for production of income (see instructions) 6 expenses (see instructions) 7 7 ed Net Income (subtract lines 5, 6, and 7 from line 4) 8 Minimum Asset Amount 1 1 pate fair market value of all non-exempt-use assets (see s for short tax year or assets held for part of year): ge monthly value of securities 1 ge monthly cash balances 1b 1 add lines 1a, 1b, and 1c) 1d 1 unt claimed for blockage or other xplain in detail in Part VI): 1 3 Ition indebtedness applicable to non-exempt-use assets 2 2 ct line 2 from line 1d. 3 3 leemed held for exempt use. Ente		74235 Page
			<i>'</i>
instructions. All other Type III non-functionally integrated supporting organi	zation	s must complete Section	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)			
4 Enter greater of line 2 or line 3.			
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally	integ	rated Type III supportin	g organization (see
instructions).	5		``

Schedule A (Form 990 or 990-EZ) 2018

Schedu	Ile A (Form 990 or 990-EZ) 2018 HUMANE SOCIETY OF THE TRE		59-077	74235 Page 7
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Organia	zations (continued)	
Sec	tion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	npt purposes		
2	Amounts paid to perform activity that directly furthers exempt			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes	s of supported organizat	ions	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	e organization is respons	sive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
-	Excess distributions carryover, if any, to 2018			
	From 2013			
	From 2014			
	From 2015			
	From 2016			
	From 2017			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from			
	Section D, line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI . See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
e	Excess from 2018			
			Cabad	ulo A (Earm 990 or 990-E7) 2018

EEA

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018HUM2Part VISupplemental InformationIII, line 12; Part IV, SectionB, lines 1 and 2; Part IV, S3a, and 3b; Part V, line 1;lines 2, 5, and 6. Also com	n A, lines 1, 2, 3 Section C, line 1 Part V, Section	explanations re 3b, 3c, 4b, 4c, 5 ; Part IV, Secti B, line 1e; Par	equired by Pa 5a, 6, 9a, 9b, 9 on D, lines 2 t V, Section D	rt II, line 10; P 9c, 11a, 11b, a and 3; Part IV), lines 5, 6, ar	and 11c; Part IV, S , Section E, lines 1 nd 8; and Part V, S	Section 1c, 2a, 2b,
01. Other income (Part	II, line	10 or Par	t III, l	ine 12)		
DESCRIPTIONS	2014	2015	2016	2017	2018	
GROSS RENTS	\$ 14,723	\$0	\$ 0	\$ 13,354	\$0	
GROSS INCOME FROM FUNDRAISING						
_EVENTS, EXCLUDING CONTRIB.	145,449	155,973	135,069	135,985	48,754	
GROSS SALES OF INVENTORY,						
_LESS RETURNS AND ALLOWANCES	5,641	6,338	5,930	10,786	12,805	
OTHER INCOME	2,852	0	0	0	0	
TOTALS	\$168,665	\$162,311	\$140,999	\$160,125	\$ 61,559	

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990. Form 990-EZ, or Form 990-PF. ►

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

Name of the organization

Employer identification number 59-0774235

tion

OMB No. 1545-0047

2018

HUMANE SOCIETY OF THE	TREASURE COAST INC
Organization type (check one):	
Filers of:	Section:
Form 990 or 990-EZ	501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

X 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 (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

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

	IEDULE D m 990)	Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990, 		OMB No. 1545-0047
	11 550)	Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.		2018
Dener	ment of the Treesury	► Attach to Form 990.		Open to Public
•	ment of the Treasury I Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information	ı.	Inspection
Name	of the organization		Employer identific	ation number
		TY OF THE TREASURE COAST INC	59-077	4235
Pa		tions Maintaining Donor Advised Funds or Other Similar Funds or Account	s.	
	Complete	if the organization answered "Yes" on Form 990, Part IV, line 6.		
		(a) Donor advised funds	(b) Funds and c	ther accounts
1		d of year		
2		f contributions to (during year)		
3		f grants from (during year)		
4 5		n inform all donors and donor advisors in writing that the assets held in donor advised		
5		nization's property, subject to the organization's exclusive legal control?		🗌 Yes 🗌 No
6	-	n inform all grantees, donors, and donor advisors in writing that grant funds can be used		
U	-	purposes and not for the benefit of the donor or donor advisor, or for any other purpose		
	•	ssible private benefit?		🗌 Yes 🗌 No
Pa		vation Easements.		
		e if the organization answered "Yes" on Form 990, Part IV, line 7.		
1	Purpose(s) of cons	ervation easements held by the organization (check all that apply).		
	Preservation o	f land for public use (e.g., recreation or education)	mportant land ar	ea
	Protection of n	atural habitat Preservation of a certified hist	toric structure	
	Preservation o	f open space		
2	Complete lines 2a	through 2d if the organization held a qualified conservation contribution in the form of a conse	ervation	
	easement on the la	st day of the tax year.	Held at th	e End of the Tax Year
а	Total number of co	nservation easements	2a	
b	Total acreage rest	icted by conservation easements	2b	
С		vation easements on a certified historic structure included in (a)	2c	
d	Number of conserv	vation easements included in (c) acquired after 7/25/06, and not on a		
		ted in the National Register	2d	
3		vation easements modified, transferred, released, extinguished, or terminated by the organization	ation during the	
	tax year ►			
4		vhere property subject to conservation easement is located		
5	-	ion have a written policy regarding the periodic monitoring, inspection, handling of		
6		rcement of the conservation easements it holds?		
6		nous devoted to monitoring, inspecting, nandling of violations, and enforcing conservation e		y the year
7		 es incurred in monitoring, inspecting, handling of violations, and enforcing conservation ease	ments during the	a vear
•	► \$		therite during the	, your
8			(i)	
	and section 170(h)		.,	Yes No
9	In Part XIII, describ	be how the organization reports conservation easements in its revenue and expense stateme		
	balance sheet, and	include, if applicable, the text of the footnote to the organization's financial statements that de	escribes the	
	organization's acco	ounting for conservation easements.		
Pa		zations Maintaining Collections of Art, Historical Treasures, or Othe	er Similar As	ssets.
	Complet	e if the organization answered "Yes" on Form 990, Part IV, line 8.		
1a	If the organization	elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and	balance sheet	
		cal treasures, or other similar assets held for public exhibition, education, or research in furth		
		vide, in Part XIII, the text of the footnote to its financial statements that describes these items		
b	-	elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and bala		
		cal treasures, or other similar assets held for public exhibition, education, or research in furth	nerance of	
	•	vide the following amounts relating to these items:		
		ded on Form 990, Part VIII, line 1		
-		d in Form 990, Part X		
2	-	received or held works of art, historical treasures, or other similar assets for financial gain, pr	ovide the	
-	-	required to be reported under SFAS 116 (ASC 958) relating to these items:	. ^	
a h		on Form 990, Part VIII, line 1		
		Form 990, Part X		Schedule D (Form 990) 2018

-	 -	 	 	 ,	
-					

	ule D (Form 990) 2018 HUMANE SOCIETY					59-077		ontin	Page 2				
L	rt III Organizations Maintaining C		•				ssets (C	ontini	uea)				
3	Using the organization's acquisition, accession,	and other records, ch	eck any of the follow	wing that are a	signific	ant use of its							
	collection items (check all that apply):												
а	Public exhibition	_	or exchange progr	ams									
b													
С	c Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part												
4	Provide a description of the organization's collect	ctions and explain how	w they further the or	ganization's e	xempt p	urpose in Part							
	XIII.												
5	During the year, did the organization solicit or re	ceive donations of art	, historical treasure	s, or other sim	ilar		_	-	_				
_	assets to be sold to raise funds rather than to be		of the organization's	collection?	•••		•••	Yes	No				
Pa	rt IV Escrow and Custodial Arrang							_					
	Complete if the organization ar	iswered "Yes" on	Form 990, Par	t IV, line 9,	or rep	orted an amo	ount on	Form					
	990, Part X, line 21.												
1a	Is the organization an agent, trustee, custodian of						_		_				
							· · · L	Yes	_ No				
b	If "Yes," explain the arrangement in Part XIII and	d complete the followi	ng table:										
						A	mount						
С	Beginning balance	•••••	••••••		10	:							
d	5,		•••••		10								
е	o ,		••••••		<u>1</u> e	•							
f	Ending balance												
2a	Did the organization include an amount on Form				•	••••	\cdots	Yes	No				
b	If "Yes," explain the arrangement in Part XIII. Cl	neck here if the explar	nation has been pro	vided on Part	XIII	•••••		•••	· 🗌 🔄				
Pa	rt V Endowment Funds.												
	Complete if the organization ar												
		(a) Current year	(b) Prior year	(c) Two years		(d) Three years bac		our years					
1a	Beginning of year balance	1,005,817	1,004,789	911	,442	854,84	•6		,644				
b	Contributions							150	,000				
С	Net investment earnings, gains, and												
		68,195	54,688	107	,046	89,65	3 5		,149				
d	Grants or scholarships												
е	Other expenditures for facilities and												
	programs	59,912	44,800		,101	33,05	57	35	,947				
t	Administrative expenses	8,549	8,860		,598								
g	End of year balance	1,005,551	1,005,817	1,004,	,789	911,44	2	854	,846				
2	Provide the estimated percentage of the current		e 1g, column (a)) he	eld as:									
a	Board designated or quasi-endowment	100.00 %											
b	Permanent endowment %	0/											
С	Temporarily restricted endowment	%											
20	The percentages on lines 2a, 2b, and 2c should		that are hold and a	desistarad fa	* + h a								
3a	Are there endowment funds not in the possession	on or the organization						Yes	No				
	organization by:						20						
	0 0	•••••					<u>3a</u>	.,	X				
h	(ii) related organizations If "Yes" on line 3a(ii), are the related organization						<u>3a</u>		X				
b	Describe in Part XIII the intended uses of the or	•			•••	••••	3	5					
4 Pai	rt VI Land, Buildings, and Equipm	•											
ra	Complete if the organization ar		Form 000 Par	+ IV/ line 11	ام ک	a Form 990 F	Part X I	ino 1(h				
	Description of property	(a) Cost or othe (investment		or other basis (other)		Accumulated epreciation	(a) i	3ook valu	IC .				
1a	Land		,	. ,				257	700				
b	Buildings			167,989		2 150 652			,709 058				
			4,	166,710		2,150,652		,016	,050				
c d				376 160		330 600			501				
	Equipment			376,169		330,588			<u>,581</u>				
e Tota	Other			958,640		284,085			<u>,555</u>				
ioid	\mathbf{u} , we must a unough ite. (Column (u) must eq	aari onn 330, Fail A	, ooiainin (a), iiile T		• • •	🕨	3	,093	, 303				

Schedule D (Form 990) 2018

Part VII	Investments - Other Securities.			
	Complete if the organization answered	"Yes" on Form 990, P	art IV, line 11b. See Form 990, Part X	(, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value	
) Financial	derivatives			
) Closely-h	eld equity interests			
) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related.		art IV/ line 11a Cas Farm 000 Dart V	line 10
	Complete if the organization answered	res on Form 990, P	art IV, line TTC. See Form 990, Part X	, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Part IX) must equal Form 990, Part X, col. (B) line 13.) Other Assets.			
	Complete if the organization answered	"Yes" on Form 990, P	art IV, line 11d. See Form 990, Part X	(, line 15.
(4)	(a) Des	cription	(b)	Book value
(1)				
(2)				
(3) (4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line 15.))		
Part X	Other Liabilities.			
	Complete if the organization answered line 25.	"Yes" on Form 990, P	art IV, line 11e or 11f. See Form 990,	Part X,
	(a) Description of liability	(b) Book value		
	income taxes	(b) DOOK value		
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
· /				
(8)				

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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

Sched		9-0774235	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	3,064,636
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities 2b 73,723		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	192,737
3	Subtract line 2e from line 1	3	2,871,899
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 8,549		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	695,724
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	3,567,623
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses p	er Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	3,100,255
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	191,766
3	Subtract line 2e from line 1	3	2,908,489
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	570,279
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	3,478,768
Pa	rt XIII Supplemental Information.		

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

01. Other revenues not included on Form 990 (Part XI, line 2d)

DONATED ITEMS - SPECIAL EVENTS	\$ 92,192
DONATED SHELTER SUPPLIES	50,504
TOTAL OTHER REVENUES NOT INCLUXDED ON FORM 990	\$142,696

Page	5
------	---

02. Other revenues included on Form	990 (Part XI, line 4b)
THRIFT STORES - OPERATING EXPENSES	\$ 570,279
SPECIAL EVENTS - DIRECT BENEFITS	140,945
THRIFT STORES - DONATED ITEMS	92,243
SPECIAL EVENTS - DIRECT EXPENSES	(116,292)
TOTAL OTHER REVENUES NOT INCLUDED ON FORM 990,	PART VIII \$ 687,175
03. Other expenses not included on	Form 990 (Part XII, line 2d)
FUNDRAISING EVENTS - GENERAL	\$ 141,261
LESS DONATED SERVICES	(73,723)
DONATED SHELTER SUPPLES	50,504
ROUNDING	1
TOTAL OTHER EXPENSES NOT INCLUDED ON FORM 990,	PART IX \$ 118,043
04. Other expenses included on Form THRIFT STORES - OPERATING EXPENSES	\$ 570,279

SCHEDULE G	Supplemen	ntal Informatio	on Regar	ding Fun	draising or Gam	ning Acti	ivities	OMB No. 1545-0047
(Form 990 or 990-EZ)	Complete	if the organization	answered "	Yes" on Form	n 990, Part IV, line 17, 1 n Form 990-EZ. line 6a	8, or 19, or	if the	2018
Department of the Treasury	 Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information. 							Open to Public
Internal Revenue Service Name of the organization	▶0	so to www.irs.gov/F	-orm990 for	Instructions	and the latest informat	ion.	Employer ide	Inspection entification number
-			~					
HUMANE SOCIETY OF				zation an	swered "Yes" on	Form 00		74235 line 17
		required to con			Sweled les off	FOIII 99	U, Fait IV	, IIII - 17.
		,		•	vities. Check all that a	oply.		
a Mail solicitations	organization raio		· _	-	of non-government gra			
b Internet and email	solicitations		_		of government grants			
c Phone solicitation	S		_		draising events			
d 🗌 In-person solicitat	ions				-			
2a Did the organization	have a written or	oral agreement w	ith any indiv	idual (includ	ling officers, directors,	trustees,		
or key employees list b If "Yes," list the 10 hi compensated at leas	ghest paid individ	luals or entities (fu		•	ssional fundraising se agreements under whic			r es 🗌 No e
(i) Name and address or entity (fundra		(ii) Activity	custody or	draiser have r control of utions?	(iv) Gross receipts from activity	(or ret fundrais	ount paid to tained by) ser listed in ol. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			.,	
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
Total			I	L				
3 List all states in which registration or licensin	-	is registered or lic	censed to sc	licit contribu	itions or has been not	ified it is ex	empt from	

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

		gross receipts greater than	\$5,000.			
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			PAWS & CLAWS	MUTT MARCH	5	(add col. (a) through
			(a) Event #1 PAWS & CLAWS (event type) (b) Event #2 MUTT MARCH (event type) (c) Other events ((a) (c) Other events (event type) (c) (a) (a) (c) Other events (c) (c) Other events (c) Other events (c) Other events (c) Other events (c) Other gaming (c) Other ga	col. (c))		
Revenue	1	Gross receipts	276,475	28,461	62,394	367,330
	2	Less: Contributions	240,759	26,502	51,315	318,576
	3	Gross income (line 1 minus line 2)	35,716	1,959	11,079	48,754
	4	Cash prizes				
	5	Noncash prizes		100		100
ses	6	Rent/facility costs	18,077	11,819	11,459	41,355
Direct Expenses	7	Food and beverages	21,686	103	3,807	25,596
Direc	8	Entertainment	4,400			4,400
	9	Other direct expenses	25,903	4,532	14,406	44,841
	10		• • • • •			116,292
D	11					(67,538)
Pa	rt II	than \$15,000 on Form 990	•	"Yes" on Form 990, Part	IV, line 19, or reported i	more
Revenue			(a) Bingo		(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue				
Se	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct E	4	Rent/facility costs				
	5	Other direct expenses				

	6 Volunteer labor	% □ Yes% □ No	
	 7 Direct expense summary. Add lines 2 through 5 in column (d) 	· · · · · · · · · · · · · · · · · · ·	
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)		
			-
9	9 Enter the state(s) in which the organization conducts gaming activities:		
а	a Is the organization licensed to conduct gaming activities in each of these state	s?	Yes 🗌 No

b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes 📋 No **b** If "Yes," explain:

SCHEDULE J	Compensation Information							
(Form 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees							
		sated Employees swered "Yes" on Form 990, Part IV, line	23.	-	2018			
Department of the Treasury	► Attac	ch to Form 990.		-	Open to Public Inspection			
Internal Revenue Service Name of the organization	Go to www.irs.gov/Form9901	or instructions and the latest informat	Employer identificati					
-	F THE TREASURE COAST INC		59-0774235					
	ns Regarding Compensation							
					Yes	No		
1a Check the appropr	iate box(es) if the organization provided any of t	the following to or for a person listed on Fo	rm					
	ion A, line 1a. Complete Part III to provide any r							
First-class or c		Housing allowance or residence for p						
Travel for com	-	Payments for business use of persona						
		h and gross-up payments Health or social club dues or initiation fees						
	spending account	Personal services (such as maid, cha	ulleul, chei)					
b If any of the boxes	on line 1a are checked, did the organization follo	ow a written policy regarding payment						
	or provision of all of the expenses described abo							
				1b				
-	on require substantiation prior to reimbursing or a							
	and officers, including the CEO/Executive Direc							
1a?				2				
3 Indicate which, if a	ny, of the following the filing organization used t	a establish the compensation of the						
	D/Executive Director. Check all that apply. Do no	·						
-	in to establish compensation of the CEO/Executi							
Compensation	-	Written employment contract						
	ompensation consultant	Compensation survey or study						
		Approval by the board or compensation	on committee					
	d any person listed on Form 990, Part VII, Sectio	n A, line 1a, with respect to the filing						
•	elated organization:							
	ce payment or change-of-control payment?	· · · · · · · · · · · · · · · · · · ·		4a		X		
	eceive payment from, a supplemental nonqualifier			4b 4c		X X		
	eceive payment from, an equity-based compensa nes 4a-c, list the persons and provide the applica	-		40				
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations	must complete lines 5-9.						
5 For persons listed of	on Form 990, Part VII, Section A, line 1a, did the	organization pay or accrue any						
compensation cont	ingent on the revenues of:							
Ũ				5a		X		
, 0				5b		Х		
If "Yes" on line 5a	or 5b, describe in Part III.							
6 For persons listed of	on Form 990, Part VII, Section A, line 1a, did the	organization pay or accrue any						
•	ingent on the net earnings of:	organization pay of accruc any						
				6a		Х		
b Any related organi	zation?			6b		Х		
If "Yes" on line 6a	or 6b, describe in Part III.							
_								
	on Form 990, Part VII, Section A, line 1a, did the			_		37		
	ribed on lines 5 and 6? If "Yes," describe in Pa			7		X		
•	reported on Form 990, Part VII, paid or accrue ct exception described in Regulations section 53							
				8		x		
a								
9 If "Yes" on line 8, d	lid the organization also follow the rebuttable pre	esumption procedure described in						
	n 53.4958-6(c)?		<u></u> .	9				
	on Act Notice, can the Instructions for Form (000			

Schedule J (Form 990) 2018 HUMANE SOCIETY OF THE TREASURE COAST INC

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
FRANK VALENTE	(i)	116,145	0	0	23,867	20,294	160,306	
1 CEO	(ii)	0		0	0	0	0	
	(i)							
2	(ii)							
	(i)							
3	(ii)							
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
0	(ii)							
	(i)							
1	(ii)							
	(i)							
2	(ii)							
	(i)							
3	(ii)							
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							

Schedule J (Form 990) 2018

EEA

59-0774235

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SCHEDULE L	Transactions With Interested Persons									545-004	7					
(Form 990 or 990-EZ)	 Complete if the 	if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.						2018								
Department of the Treasury Internal Revenue Service	► Go to	► Attac www.irs.gov/Fo			or Form 99		tost inform	nation				o Public				
Name of the organization		www.iis.gov/Fo	1119901						ion. Inspection nployer identification number							
HUMANE SOCIETY O	F THE TREASURE	COAST INC						59-0	7742	35						
Part I Excess E	Benefit Transaction	s (section 501(c)(3), se	ection 5	01(c)(4),	and 50	1(c)(29) o	rganiza	ations	only)						
Complete	if the organization a	answered "Yes"	on For	m 990,	Part IV, li	ne 25a	or 25b, or	Form	990-E	EZ, Pa	art V,	line 4	0b.			
1 (a) Name of disqual	lified person	(b) Relationship betw	•	alified pers	on and		(c) De	scription o	of transa	ction			(d) Corr			
		organization (C) Decempton of t							Yes	No						
(1)																
(2)																
(3)																
	f tax incurred by the or	5 0			•	0	,			▶ \$	5					
3 Enter the amount of	f tax, if any, on line 2, a	bove, reimbursed	by the or	rganizati	on			• • • •	•••	▶ \$	5					
Complete	and/or From Interdent if the organization a ion reported an amo	answered "Yes"	on For				8a or For	m 990,	Part	IV, lin	e 26;	or if t	he			
(a) Name of interested pers	son (b) Relationship with organization	(c) Purpose of Ioan	(c) Purpose of (d) Loan to or (e) Original (f) Balan		(f) Balance	e due	e due (g) In defaul		e due (g) In default?		(g) In default?		(h) Ap by boa comm		(i) Wr agreer	
			То	From					Yes	No	Yes	No	Yes	No		
(1)																
(2)																

(3)								
(4)								
(5)								
Total			. ▶ \$					
Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27.								
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance		(e) Purpos	se of ass	istance	
(1)								
(2)								
(3)								
(4)								

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

Schedule L (Form 990 or 990-EZ) 2018

(5)

	rm 990 or 990-EZ) 2018 HUMANE SOCI			59-0774235	F	Page 2
Part IV	Business Transactions Inv					
	Complete if the organization	answered "Yes" on Form 99	90, Part IV, line 28a,	28b, or 28c.		
	(a) Name of interested person	(b) Relationship between	(c) Amount of	(d) Description of transaction	(e) Sha	
		interested person and the	transaction		organiz	
		organization			reven	1
					Yes	No
(1) אמס	A COATES	DIRECTOR	9,653	EVENT CATERING		x
	COATED	DIRECTOR	5,055			- 23
(2)						
(3)						
(4)						
(4)						
(5)						
Part V	Supplemental Information.			1		
	Provide additional information	n for responses to questions	on Schedule L (see	instructions).		
		· · ·		,		

Page 2

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

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

Attach to Form 990.

HUMANE SOCIETY OF THE TREASURE COAST INC

2018 Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

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

Employer identification number 59-0774235

Part I Types of Property (c) (b) (d) (a) Noncash contribution Check if Number of contributions or Method of determining amounts reported on applicable items contributed noncash contribution amounts Form 990, Part VIII, line 1g 1 Art - Works of art Art - Historical treasures 2 3 Art - Fractional interests 4 Books and publications 5 Clothing and household goods х 92,243 **RESALE VALUE** 6 Cars and other vehicles 7 Boats and planes Intellectual property 8 9 Securities - Publicly traded. . . . Securities - Closely held stock . . 10 Securities - Partnership, LLC, 11 or trust interests 12 Securities - Miscellaneous . . . 13 Qualified conservation contribution - Historic structures Qualified conservation 14 contribution - Other Real estate - Residential 15 Real estate - Commercial 16 Real estate - Other 17 18 Collectibles 19 Food inventory 20 Drugs and medical supplies . . . 21 Taxidermy 22 Historical artifacts 23 Scientific specimens Archeological artifacts 24 25 Other ►() Other ►(26) 27 Other ►() Other ►(28) Number of Forms 8283 received by the organization during the tax year for contributions for 29 which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 Yes No 30a 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 Χ to be used for exempt purposes for the entire holding period? 30a If "Yes," describe the arrangement in Part II. b Does the organization have a gift acceptance policy that requires the review of any nonstandard 31 Х 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash Χ 32a **b** 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, 33

describe in Part II.

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.

2018 Open to Public Inspection

OMB No. 1545-0047

Employer identification number

HUMANE SOCIETY OF THE TREASURE COAST INC

59-0774235

01. Form 990 governing body review (Part VI, line 11)

A COPY OF THE FORM 990 WAS PROVIDED TO THE ORGANIZATION'S AUDIT COMMITTEE FOR ITS REVIEW

AND COMMENTS. THE AUDIT COMMITTEE THEN PRESENTED THE TAX RETURN TO THE ENTIRE BOARD OF

DIRECTORS.

02. Conflict of interest policy compliance (Part VI, line 12c)

ALL DIRECTORS ANNUALY SIGN A STATEMENT OF CONFLICT OF INTEREST POLICY, IDENTIFYING

DIRECTORS AND/OR OFFICERS WHO PROVIDE SEVICES TO THE ORGANIZATION.

03. CEO, executive director, top management comp (Part VI, line 15a)

THE ORGANIZATION'S OFFICER PERFORM AN ANNUAL REVIEW OF THE CEO'S COMPENSATION TO ENSURE

ITS COMPETITIVENESS WITH SIMILAR ORGANIZATIONS. THE REVIEW IS DISCUSSED AND APPROVED BY

THE ENTIRE BOARD OF DIRECTORS TO ENSURE THE CEO'S COMPENSATION ALSO CONFORMS TO THE

ORGANIZATION'S MISSION.

04. Governing documents, etc, available to public (Part VI, line 19)

COPIES OF ALL ORGANIZING DOCUMENTS AND FORM 990 TAX RETURNS ARE AVAILABLE FROM THE

ORGANIZATION UPON REQUEST, A NOMINAL COPYONG FEE MAY APPLY. COPIES OF THE ORGANIZATION'S

\$ (92,243)

FORM 990 TAX RETURN ALSO ARE AVAILABLE FROM THE WEBSITE WWW.CHARITYNAVIGATOR.ORG.

05. Explanation of other changes in net assets or fund balances (Part XI, line 9)

THRIFT STORES - DONATED ITEMS

	FOR YOUR RECOR		2018	PG01		
Name(s) as shown on return			Tax ID Number	Tax ID Number		
HUMANE SOCIETY OF THE TREASURE COAST INC				59-0774235		
FORM 990 - SCHEDULE D - PART VI - LINE 1E STATEMENT #D1E INVESTMENTS - OTHER						
DESCRIPTION	COST/BASIS	COST/BASIS		BOOK		
OF INVESTMENT	(INVESTMENT)	(OTHER)	DEPR	VALUE		
MEMORIAL GARDEN	0	103,893	95,800	8,093		
RETIRED FIXED ASSETS	0	77,894	16,978	60,916		
THRIFT STORE NORTH	0	57,972	49,167	8,805		
SURGERY CENTER	0	142,521	59,039	83,482		
SOFTWARE	0	47,922	47,922	0		
THRIFT STORE CENTRAL	0	11,366	10,134	1,232		
ADOPTION RENOVATION	0	136,128	1,174	134,954		
SAVASTANO'S DOG PLAY AREA	0	251,127	3,522	247,605		
PROJECTS IN-PROGRESS	0	129,817	0	129,817		
ADJUSTMENT FROM 2016	0	0	349	(349)		
TOTAL	0	958,640	284,085	674,555		