


**The White Family Foundation**  
**Grant Request #828**  
**Humane Society of Pinellas**  
**March 31, 2023**

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<b>Date of grant proposal submission</b>	Friday, March 31, 2023
<b>Are you an IRS compliant 501(c)3 public charity/nonprofit?</b>	Yes
<b>Legal name of organization</b>	Humane Society of Pinellas
<b>Address</b>	 3040 State Road 590 Clearwater, FL 33759 United States
<b>Website</b>	<a href="http://www.humanesocietyofpinellas.org">http://www.humanesocietyofpinellas.org</a>
<b>Telephone</b>	7277977722
<b>Organization Director/Title</b>	David Paloff/ Interim CEO
<b>Contact Person/Title</b>	Michelle Thorson/ Annual Grants and Giving Manager
<b>Contact Person's Telephone</b>	727-797-7722 ext. 238
<b>Contact Person's Email</b>	<a href="mailto:mthorson@humanepinellas.org">mthorson@humanepinellas.org</a>
<b>Grant Request Amount</b>	\$20,000.00

**Please provide us with a brief description of your organization (no more than 500 words).**

The Humane Society of Pinellas (HSP) is a 501(c) 3 non-profit organization that has been caring for animals since 1949. It is our mission to prevent animal homelessness in our community and provide care and assistance to animals in need. HSP is dedicated to providing individualized care for every animal that comes our way and we ensure that every treatable animal is treated. This means we have made a promise to our community that no animal will be euthanized for a treatable condition.

As Pinellas County's largest no-kill animal shelter, we do not receive any State or Federal tax dollars, or funding from any national animal organizations including the Humane Society of the United States or the ASPCA.

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**Grant Purpose (one paragraph)**

This funding request is to support our Senior Pet Connection Program. This unique program is our largest shelter diversion initiative, designed to keep senior, low-income community members and their pets together. Senior community members, many of which are homebound, receive free cat food, dog food, and/or cat litter delivered directly to their home on a monthly basis. By reducing the cost of pet ownership and eliminating transportation/travel issues, this program addresses the immediate and critical need facing Pinellas County's low-income elderly who desperately want and need to keep their pets but require assistance. There are not only immense benefits to the program participant and pet, but also to our community and local animal shelters. Senior Pet Connection served over 300 animals and 190 senior community members in 2022.

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<b>Annual Project/Program Budget (if request is for a specific project)</b>	\$56,060.20
<b>Annual Organization Budget</b>	\$2,368,881.24

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The Humane Society of Pinellas respectfully request \$20,000 from the White Family Foundation to support our **Senior Pet Connection** Program.

**Contact:**

Michelle Thorson, Annual Grants and Giving Manager

[mthorson@humanepinellas.org](mailto:mthorson@humanepinellas.org)

727-797-7722 ext. 238

Humane Society of Pinellas

3040 State Road 590

Clearwater, FL 33759

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## White Family Foundation Humane Society of Pinellas

Thank you so much for your time and consideration of this request. The low-income seniors in our community are one of the most underserved populations in the Tampa Bay area and we believe this request and our program here at the Humane Society of Pinellas closely aligns with your mission to make positive changes to people's lives and build and enhance the community in which they live.

### **Our Organization**

The Humane Society of Pinellas (HSP) is a 501(c)3 non-profit organization that has been caring for animals since 1949. It is our mission to prevent animal homelessness in our community and provide care and assistance to animals in need. As the largest no-kill shelter in Pinellas County, the Humane Society of Pinellas is dedicated to providing individualized care for every animal that comes our way, and we ensure that every treatable animal receives that needed care. **We have made a promise to our community that no animal will be euthanized for space or a treatable condition and hold a 99% live release rate.**

In 2022, we saved the lives of over 1,400 previously homeless pets in our community through our medical and adoption programs, but our community impact surpasses the number of pets who have been through our shelter with the impact made through our shelter diversion programs. We know that to achieve our mission of preventing pet homelessness, we must start at the roots of this tragic issue. One major aspect of this initiative is to support the historically under-served community members who are some of the most passionate pet owners, but are unfortunately not always given the needed resources to care for their furry loved ones. HSP has created a program that eliminates this issue for low-income seniors to allow these passionate caretakers to keep their pets in their home.

### **Senior Pet Connection Program**

Our **Senior Pet Connection Program** is our largest shelter diversion program, designed to keep senior, low-income community members and their pets together. On a monthly basis, low-income senior community members, many of which are homebound, receive free cat food, dog food, and/or cat litter delivered directly to their home.

According to the US Census Bureau, there are 248,720 Pinellas County residents age 65 and older, which encompasses roughly 26 percent of the county's population. The Department of Elder Affairs' 2018 Profile of Older Floridians (latest available) states 10.2 percent of Pinellas residents age 65 and older – or 25,260 individuals – live in poverty, putting the pet-owning subset of these individuals (number unknown) at risk of surrendering their pets for financial reasons and experiencing negative health outcomes as a result.



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Low-income seniors face hard choices about how to afford life's basic expenses, especially as cost of living continues to increase. Rent/mortgage, utilities, groceries and medical care can add up quickly and consume one's monthly income. This can leave little, if any, money left for other expenses such as pet ownership. This can lead to unhealthy and dangerous choices for pet-owning seniors such as sacrificing groceries or medication for pet expenses. Another unfortunate but sometimes unavoidable choice is surrendering a pet to our shelter to save on finances. Our team here is working our hardest to eliminate this issue as we also understand pet companionship, especially in seniors, can be crucial to their mental and physical health.

The Centers for Disease Control and Prevention recognizes studies that show the bond between people and their pets can increase fitness, reduce stress and bring happiness to pet owners. Proven physical health benefits include a decrease in blood pressure, cholesterol and triglyceride levels via more opportunities for exercise and outdoor activities. Mental health benefits include lowered anxiety, stress, feelings of loneliness and depression. This is due to having a sense of responsibility, being given companionship, and being provided opportunities for socialization that may not be otherwise provided. Other studies have shown that having a routine for their pet's care improves the quality of a senior's personal self-management with reminders of when to eat, take care of personal hygiene, and complete daily home tasks such as taking out the garbage, doing dishes, etc. Having a pet companion truly makes a monumental positive impact to a senior resident's life, in more ways than can even be measured. Imagine the profound sense of loss, isolation, and despair that occurs when an older person can no longer afford the expenses of pet ownership and is forced to surrender their best friend.

Given the above information, we hope you join us in understanding the crucial need to ease the financial burden of Pinellas County's low income seniors who receive countless benefits from pet ownership. As stated above, our **Senior Pet Connection Program** delivers free cat food, dog food and/or cat litter directly to the homes of low-income seniors, many of which are home-bound, on a monthly basis. We have successfully operated this program since 2013 and shepherded its growth from a small donations-based program serving a dozen seniors, to Pinellas County's largest free pet food and supplies delivery service for seniors. The program's service delivery model has been modified over time to gain organizational efficiencies and cost savings. This demonstrates our organization's capacity for growth, adaptability and operational acumen. We now utilize the platform Chewy.com for ordering and direct shipment to relieve services rendered by our organization and achieve maximum efficiency. This is managed and monitored by our Operations Manager, with support of 2 dedicated volunteers.

Eligibility for this program is determined solely by HSP, but amongst other things has a maximum monthly income restriction of \$1,500 ensuring that we are servicing those who are in most need. This program currently has 118 active users, feeding 232 owned pets.



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In 2022, we joined forces with the Area Agency on Aging (AAA) to begin a similar, parallel program to the SPC. With a decrease in program funding in 2022, this pivot in practice and grateful partnership allowed us to divert a portion of our clients into this program to ensure continued pet food deliveries for our senior clients. The fundamental difference in this program is that HSP acts as a vendor for AAA, with 93% of our total reimbursements spent directly on the products shipment. While this partnership has allowed us to continue to serve our clients who have historically relied on our support, we are not able to support seniors in our community who have not already been enrolled in this program. With our financial restrictions, we have had to cease new applications for our **Senior Pet Connection** until funding has been identified. The Area Agency on Aging also has a waiting list of applicants needing financial assistance for their pets.

By reducing the cost of pet ownership and eliminating transportation/travel issues, **Senior Pet Connection** addresses the immediate and critical need facing Pinellas County low-income elderly who desperately want and need to keep their pets but require assistance. There are not only immense benefits to the program participant and pet, but also to our community and local animal shelters.

With additional funding for the **Senior Pet Connection** by the White Family Foundation, we may re-open registration and support additional low-income elderly Pinellas County community members who are in need of our support. Our success is measured by the homes served and animals served through this program.

## Humane Society of Pinellas 2023 BUDGET

	2019	2020	2021	2022	Budget 2023	Notes
<b>Revenue</b>						
4000 Adoptions	218,003.06	158,837.25	101,931.48	107,199.94	125,000.00	1400 PLUS!
4010.5 Newsletter	1,680.00		3,595.90	2,732.55	0.00	
4011 Mailers	168,634.77	223,755.29	217,557.48	166,908.80	250,000.00	
4012 Merchandise Sales	37,983.22	23,708.62	9,124.78	12,114.65	12,000.00	
4120 Donations	595,791.43	474,986.66	525,673.21	609,998.49	753,700.00	
4010.4 Donation Banks	11,066.48	6,402.76	4,842.15	5,395.01	6,081.24	
4120.5 Donations - Pledges Receivable				-250.00	0.00	
<b>Total 4120 Donations</b>	<b>\$ 606,857.91</b>	<b>\$ 481,389.42</b>	<b>\$ 530,515.36</b>	<b>\$ 615,143.50</b>	<b>\$ 759,781.24</b>	
4200 Reimbursements		712.46	55.75	400.00	0.00	
4189 Idexx Points Redemption	14,744.12	14,719.12	3,491.49	-3,491.49	0.00	
4191 Cremation Reimbursement	2,211.64	660.08	535.32	204.92	0.00	
4195 Medical Reimbursement	4,609.37	12,741.77	13,764.84	3,606.36	3,600.00	
4196 Uniform/Laundry Reimb (deleted)	2,692.45	192.00		0.00	0.00	
4197 Tags Reimbursement (deleted)	54,820.00	53,303.00	6,838.00	0.00	0.00	
4290.2 Food Reimbursement	177.82	42.71		0.00	0.00	
<b>Total 4200 Reimbursements</b>	<b>\$ 79,255.40</b>	<b>\$ 82,371.14</b>	<b>\$ 24,685.40</b>	<b>\$ 719.79</b>	<b>\$ 3,600.00</b>	
4234 Program Revenue			63.84	0.00	0.00	
4234.2 Mobile Clinic (deleted)	1,195.79		456.00	0.00	0.00	
4234.3 Kids Club/Camps/Speaking (deleted)	41,549.35	6,174.20		0.00	0.00	
4234.4 Senior Pet Connection	1,625.72	2,786.00	-166.12	0.00	0.00	
4234.5 Other Programs		988.80	6,133.09	2,309.01	0.00	
<b>Total 4234 Program Revenue</b>	<b>\$ 44,370.86</b>	<b>\$ 9,949.00</b>	<b>\$ 6,486.81</b>	<b>\$ 2,309.01</b>	<b>\$ 0.00</b>	
4234.1 Public Clinic (deleted)	636,860.52	608,251.40	53,343.99	0.00	0.00	
4013 OTC/Pharmacy Sales (deleted)	93,740.79	105,616.96	6,479.11	0.00	0.00	
4014 Flea/HW Sales (deleted)	242,151.31	252,346.51	23,928.17	0.00	0.00	
4014.1 Online Pharmacy Sales (deleted)	45,304.90	75,890.96	13,518.21	0.00	0.00	
4230 Kennel Sponsor (deleted)	1,000.00	3,500.00	875.00	0.00	0.00	
<b>Total 4234.1 Public Clinic (deleted)</b>	<b>\$ 1,019,057.52</b>	<b>\$ 1,045,605.83</b>	<b>\$ 98,144.48</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	
4240 Events	23,471.83	34,571.94	27,574.87	63,711.67	25,000.00	
4016 Happy Tails	25,695.94	16,891.00	38,203.09	31,935.65	40,000.00	
4060 Bark at the Ball Park	3,433.01		3,530.00	4,884.68	4,500.00	
4078 Gala	107,202.17		107,945.45	138,955.71	160,000.00	
4079 Calendars	10,389.95	8,601.84	1,596.72	0.00	0.00	
4081 Walk for Whiskers			17,388.90	19,783.79	25,000.00	
<b>Total 4240 Events</b>	<b>\$ 170,192.90</b>	<b>\$ 60,064.78</b>	<b>\$ 196,239.03</b>	<b>\$ 259,271.50</b>	<b>\$ 254,500.00</b>	
4301 Supplemental						
4110 Return to Owner (deleted)	2,677.00	735.00	155.00	0.00	0.00	
4198 Fees - Holds (deleted)	3,843.00	982.91		0.00	0.00	



4290.1 Trap/Crate Rental	1,487.11	715.00	570.00	375.00	0.00
4305 Owner Surrender/RTO	19,205.45	16,540.00	14,470.00	6,904.42	15,000.00
4306 Behavior Counseling	16,885.45			0.00	0.00
<b>Total 4301 Supplemental</b>	<b>\$ 44,098.01</b>	<b>\$ 18,972.91</b>	<b>\$ 15,195.00</b>	<b>\$ 7,279.42</b>	<b>\$ 15,000.00</b>
4320 Grants	107,137.82	455,955.99	384,880.03	69,776.47	250,000.00
4380 Contributions in Kind				79,031.99	0.00
4420 Tarpon Springs	3,600.00	300.00		0.00	0.00
<b>Total 4390 Contracts</b>	<b>\$ 3,600.00</b>	<b>\$ 300.00</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>
<b>Total Revenue</b>	<b>\$ 2,500,871.47</b>	<b>\$ 2,560,910.23</b>	<b>\$ 1,588,355.75</b>	<b>\$ 1,322,487.62</b>	<b>\$ 1,669,881.24</b>
<b>Cost of Goods Sold</b>					
5010 Cost of Merchandise	10,135.08	2,983.15	760.00	0.00	1,000.00
5011 Cost of Flea/HW (deleted)	133,954.32	148,983.47	15,051.25	0.00	0.00
5012 Cost of OTC/Pharmacy Sales (deleted)	42,988.61	50,913.61	3,322.61	0.00	0.00
5013 Cost of ePharmacy Sales (deleted)	39,106.80	65,697.13	11,934.20	0.00	0.00
<b>Total Cost of Goods Sold</b>	<b>\$ 226,184.81</b>	<b>\$ 268,577.36</b>	<b>\$ 31,068.06</b>	<b>\$ 0.00</b>	<b>\$ 1,000.00</b>
<b>Gross Profit</b>	<b>\$ 2,274,686.66</b>	<b>\$ 2,292,332.87</b>	<b>\$ 1,557,287.69</b>	<b>\$ 1,322,487.62</b>	<b>\$ 1,668,881.24</b>
<b>Expenditures</b>					
6000 Advertising	1,271.25	14,205.04	2,676.40	8,178.84	11,500.00
6050 Automobile Expense	2,004.35	1,045.07	4,718.53	11,829.28	4,000.00
6080 Bank Service Charges/Credit Crd	54,020.40	54,783.16	30,515.92	23,500.20	26,000.00
6100 Mailer Expense	48,496.07	34,817.47	41,805.71	20,587.58	30,000.00
6115 Newsletter Expenses				1,088.73	0.00
6119 Programs Expense		1,053.80	561.33	7.98	0.00
6119.1 Public Clinic Expense (deleted)	109,564.10	130,751.67	13,405.81	0.00	0.00
6119.2 Mobile Clinic Expense (deleted)	686.02	15.30		0.00	0.00
6119.3 Kids Programs Expense (deleted)	448.35			0.00	0.00
6119.4 Senior Pet Connection Exp	24,359.06	34,332.08	54,071.39	71,211.81	36,000.00
6119.5 Foster and Volunteer Program Ex	2,291.48	3,094.26	6,161.87	2,741.42	3,000.00
<b>Total 6119 Programs Expense</b>	<b>\$ 137,349.01</b>	<b>\$ 169,247.11</b>	<b>\$ 74,200.40</b>	<b>\$ 73,961.21</b>	<b>\$ 39,000.00</b>
6120 Fundraising Expense	13,071.60	18,624.66	32,422.00	63,288.55	25,000.00
6120.21 Happy Tails Expense	8,850.06	6,616.50	7,300.27	11,970.76	10,000.00
6120.22 Calendar Expense (deleted)	169.04	1,397.95		0.00	0.00
6120.23 Gala/Dinner Expense	42,325.41		64,062.79	84,033.06	50,000.00
6120.35 Walk Expense			3,108.06	5,648.90	3,500.00
6120.7 Bark at the Ballpark	411.09		290.26	13.90	0.00
<b>Total 6120 Fundraising Expense</b>	<b>\$ 64,827.20</b>	<b>\$ 26,639.11</b>	<b>\$ 107,183.38</b>	<b>\$ 164,955.17</b>	<b>\$ 88,500.00</b>
6120.05 In-Kind Fundraising Events Exp (deleted)		137.62		0.00	0.00
6150 Depreciation Expense	128,613.33	129,137.31	77,513.03	76,166.36	0.00
6160 Human Resources Expenses				526.62	0.00
6170 Dues and Subscriptions	2,163.98	7,991.27	4,746.15	10,499.43	5,000.00

Signage, Facebook Ads, \$3622.50 Constant Contact, Go Daddy, \$ \$2700 Websmart (website)

Transer Van and Mobile Medical Unit maintenance

Estimated Printing and Postage for mailers, \$6k 4x per year, Plus \$6k for Annual Report

Reduced for 2023 to 50% unless funder identified \$2100/year Volgistics

\$11,000 Donor Perfect, \$2k Printing, \$10k Donor Lunches/Coffee,

Survey Monkey, Drop Box, Instrumentl (grants) WORKING TO REDUCE

6180 Drug Testing/Background	1,828.75	2,654.25	1,950.20	3,059.33	2,400.00	
6190 Gas and Electric	36,777.10	34,842.96	24,215.87	27,904.17	27,500.00	Estimated
6200 Salary & Wage Expense	1,549,548.84	1,492,501.48	1,094,290.21	1,126,288.75	1,346,028.04	See Attached
6200.5 Payroll Tax Expense	133,971.24	122,278.96	95,568.72	89,708.35	107,682.24	Use 8% per Robert
6200.6 Contract Labor	45,908.51	10,603.64	480.00	0.00	8,000.00	10 days x \$800/day for contract vet - needed for Dr. G vacation issue
6200.7 Overtime Expense		14,537.75	20,246.56	33,016.40	0.00	We do not budget for overtime, as the goal is ZERO.
<b>Total 6200 Salary &amp; Wage Expense</b>	<b>\$ 1,729,428.59</b>	<b>\$ 1,639,921.83</b>	<b>\$ 1,210,585.49</b>	<b>\$ 1,249,013.50</b>	<b>\$ 1,461,710.28</b>	
6210 Employee Welfare	6,828.30	8,566.88	5,820.58	8,808.11	8,500.00	Reduction in employee lunches in favor of additional team building activities
6250 Postage and Delivery	5,941.41	3,940.65	4,688.57	7,827.32	3,500.00	Office postage only, mailer postage to be recorded in mailer expense
6270 Automobile Insurance	8,083.79	4,624.00	5,066.29	5,243.14	6,000.00	ESTIMATED
6290 Liability Insurance	35,485.82	40,658.80	32,317.74	46,694.17	48,000.00	Estimated, renewal in February
6300 Repairs & Maintenance	34,095.18	55,611.74	37,015.87	26,513.96	10,000.00	
6325 Pest Control	185.00			840.00	1,440.00	Full year of pest control
6330 Medical Insurance	86,700.05	103,915.95	77,505.05	89,864.28	97,500.00	HR estimates \$108,901.80
6340 Insurance - Workmans Comp	39,895.97	23,866.00	17,090.00	10,380.44	16,428.00	We receive refund at end of year with good claim history
6440 Kennel Food & Supplies	73,079.54	62,637.23	64,178.27	38,704.74	40,000.00	\$25k food, \$10k supplies (hoses, foamers, leashes), \$5k litter
6441 In Kind Kennel Food & Supplies	-26,160.12	-9,578.58	-15,886.85	79,031.99	0.00	
6445 Behavior/Enrichment	1,584.36	6,364.67	694.57	4,572.80	1,500.00	Toys and enrichment items
6450 Office Supplies	11,100.71	12,376.68	8,369.82	9,426.57	13,800.00	Includes \$5400 for replacement of 6 computers After speaking with Dr Gallas and then confirming with Shawn from accounting we are no longer carrying additional inventory from the public clinic operation. We can reduce this to 130,000 which should cover any inflation from vendors whom we verified this years costs increases with.
6460 Medical Supplies	114,482.62	102,229.75	116,916.15	141,263.33	130,000.00	1 Source Partners \$55,000, MyBenefitPartners \$6840, \$12,000 Cavanaugh for Audit, \$9900 Touchstone Collaborative (Corp Sponsors)
6470 Professional Fees	\$ 138,163.70	\$ 89,267.59	\$ 149,957.61	\$ 169,680.18	90,000.00	
6475 Legal Fees	7,842.70	21,771.11	5,414.00	11,008.30	6,000.00	
6480 Pension Expense (deleted)	9,600.00	6,400.00	0.00	0.00	0.00	\$2000 for Development (Planet Philanthropy Meg and Michelle), \$2k for 2 Operations to attend Best Friends and Florida Leaders, \$2000 for Medical to attend AVMA for FVMA for cont. ed.
6490 Education & Prof Meeting	9,526.02	3,478.28	1,409.30	5,835.35	6,000.00	Trailer 12 x \$1135 = \$13620, Clinic 6 x \$2599.03 = 15594.18 + 6 x \$2664 = \$15984 + D3 12 x \$2838.21 = \$34058.42
6510 Rent	30,279.96	33,041.96	63,423.96	64,334.91	79,256.76	
6520 Equipment Rental	4,702.62	3,835.11	1,652.95	4,141.64	1,800.00	

6530 Laundry & Uniforms	5,434.06	7,143.00	6,530.50	4,489.06	7,000.00	Increased to include purchase of new tshirts and scrubs with updated logo
6650 Licenses and Permits	60,039.03	47,158.00	15,912.33	2,303.68	2,000.00	
6660 Synovus Mortgage Interest Exp	3,414.98	3,214.50	2,809.80	2,432.58	2,546.20	
6680 Bad debt expense	0.00	0.00	1,625.00	0.00	0.00	
6750 Telephone/Internet	24,718.59	36,402.56	33,767.91	37,241.19	36,000.00	Estimated
6770 Travel	3,219.60	757.44	2,899.97	5,855.45	6,000.00	Travel costs are associated with trainings and conferences
6790 Water, Bio & Dumpster	57,923.38	60,249.32	48,287.99	44,470.57	48,000.00	Estimated
6800 Vet.Services	6,723.43	6,267.30	21,500.62	20,617.36	12,000.00	
6801 In-kind Veterinary Services		-1,349.43	-1,466.65	-898.64	0.00	

<b>Total Expenditures</b>	<b>\$ 2,959,670.73</b>	<b>\$ 2,848,272.71</b>	<b>\$ 2,287,612.43</b>	<b>\$ 2,508,258.49</b>	<b>\$ 2,368,881.24</b>
<b>Net Operating Revenue</b>	<b>-\$ 684,984.07</b>	<b>-\$ 555,939.84</b>	<b>-\$ 730,324.74</b>	<b>-\$ 1,185,770.87</b>	<b>-\$ 700,000.00</b>
<b>Other Revenue</b>					

4140 Bequests / Trusts	1,279,276.73	2,014,958.16	1,709,616.47	1,810,391.59	700,000.00	Based on 3 year average with removal of the 2 highest bequests each year
7000 Gain or (Loss) on Sale of Asset	-2,208.51	560.00	-752,229.87	0.00	0.00	
7010 Interest Income	625.81	301.13	32.96	5.96	0.00	
7021 Building Donation - Restricted			1,952,593.93	801,775.00	0.00	
7030 Other Income	4,004,467.99	4,603.44	2,032.40	3,491.49	0.00	
7040 Investment Income	356,621.15	26,538.28	767,392.01	-1,425,392.26	0.00	
7040.1 Investment Inc-Interest	33,446.33	14,798.82	4,384.38	61,966.41	0.00	
7040.2 Investment Income-Dividends	86,128.88	54,696.68	120,807.56	157,551.16	0.00	
7040.3 Investment Income-Cap Gains			-7,910.75	0.00	0.00	
<b>Total 7040 Investment Income</b>	<b>\$ 476,196.36</b>	<b>\$ 96,033.78</b>	<b>\$ 884,673.20</b>	<b>-\$ 1,205,874.69</b>	<b>\$ 0.00</b>	
7150 Unrealized Gains/Losses on Inv		-20,030.29		0.00		
7350 PPP Loan Forgiveness				0.00		
7351 Employer Retention Credits				340,279.57		
<b>Total Other Revenue</b>	<b>\$ 5,758,358.38</b>	<b>\$ 2,096,426.22</b>	<b>\$ 3,796,719.09</b>	<b>\$ 1,750,068.92</b>	<b>\$ 700,000.00</b>	
<b>Other Expenditures</b>				0.00		
6012 Purchase Discount	-38.05	-70.65	-13.53	-4.04		
6131 Cash Over/Short	705.72	-627.80	325.20	1,661.06		
6900 Investment Advisory Fees	19,813.77	18,491.15	36,708.06	39,487.55		
<b>Total Other Expenditures</b>	<b>\$ 20,481.44</b>	<b>\$ 17,792.70</b>	<b>\$ 37,019.73</b>	<b>\$ 41,144.57</b>	<b>\$ 0.00</b>	
<b>Net Other Revenue</b>	<b>\$ 5,737,876.94</b>	<b>\$ 2,078,633.52</b>	<b>\$ 3,759,699.36</b>	<b>\$ 1,708,924.35</b>	<b>\$ 700,000.00</b>	
<b>Net Revenue</b>	<b>\$ 5,052,892.87</b>	<b>\$ 1,522,693.68</b>	<b>\$ 3,029,374.62</b>	<b>\$ 523,153.48</b>	<b>\$ 0.00</b>	

Humanity Society of Pinellas

Budget vs Actual: FY 2022 - FY22 P&L

January - December 2022

Account	JAN 2022				FEB 2022				MAR 2022				APR 2022				MAY 2022				JUN 2022				JUL 2022				AUG 2022				SEP 2022				OCT 2022				NOV 2022				DEC 2022				TOTAL											
	ACTUAL	BUDGET	CHG% BUDGET	% OF BUDGET	ACTUAL	BUDGET	CHG% BUDGET	% OF BUDGET	ACTUAL	BUDGET	CHG% BUDGET	% OF BUDGET	ACTUAL	BUDGET	CHG% BUDGET	% OF BUDGET	ACTUAL	BUDGET	CHG% BUDGET	% OF BUDGET	ACTUAL	BUDGET	CHG% BUDGET	% OF BUDGET	ACTUAL	BUDGET	CHG% BUDGET	% OF BUDGET	ACTUAL	BUDGET	CHG% BUDGET	% OF BUDGET	ACTUAL	BUDGET	CHG% BUDGET	% OF BUDGET	ACTUAL	BUDGET	CHG% BUDGET	% OF BUDGET	ACTUAL	BUDGET	CHG% BUDGET	% OF BUDGET																
9000	8,527.50	9,498.00	300.87	103.04%	12,223.75	8,366.87	1,516.28	112.75%	6,262.15	8,184.87	2,664.62	80.31%	7,428.75	8,184.87	1,237.82	87.24%	6,738.85	8,184.87	1,626.12	73.91%	8,829.75	8,184.87	2,079.33	97.02%	10,392.50	8,184.87	2,567.75	127.03%	12,750.00	8,184.87	5,565.13	67.99%	10,100.00	8,184.87	1,915.13	232.76%	12,800.00	8,184.87	4,615.13	56.39%	12,800.00	8,184.87	4,615.13	56.39%																
9000	7650	7650		100.00%	12,223.75	7650	5563.75	72.85%	6,262.15	7650	1386.15	18.12%	7,428.75	7650	22.25	0.29%	6,738.85	7650	1088.85	14.23%	8,829.75	7650	1179.75	15.42%	10,392.50	7650	2742.50	35.85%	12,750.00	7650	5100.00	66.67%	10,100.00	7650	2450.00	32.03%	12,800.00	7650	5150.00	67.32%																				
9000	1,177.50	1,848.00	155.53	132.40%	1,223.75	1,848.00	624.25	33.80%	1,177.50	1,848.00	670.50	36.33%	1,177.50	1,848.00	670.50	36.33%	1,177.50	1,848.00	670.50	36.33%	1,177.50	1,848.00	670.50	36.33%	1,177.50	1,848.00	670.50	36.33%	1,177.50	1,848.00	670.50	36.33%	1,177.50	1,848.00	670.50	36.33%	1,177.50	1,848.00	670.50	36.33%	1,177.50	1,848.00	670.50	36.33%	1,177.50	1,848.00	670.50	36.33%	1,177.50	1,848.00	670.50	36.33%	1,177.50	1,848.00	670.50	36.33%	1,177.50	1,848.00	670.50	36.33%

### Senior Pet Connection Annual Program Budget

Item	Qty	Amount
Dry Dog Food	15,552 lbs	\$36,236
Wet Dog Food	8,748 cans	\$10,498
Dry Cat Food	11,664 lbs	\$16,563
Wet Cat Food	17,496 cans	\$13,997
Cat Litter	15,552 lbs	\$7,776
Misc. (puppy pads, enrichment needs, etc)	Variable	\$12,000
	<b>Total Cost:</b>	<b>\$97,069</b>
Operations Manager (\$30/hr)	800 hours	\$24,000
Volunteer Coordinator (\$15.00/hr)	400 hours	\$6,000
Mobile Phone Reimbursement for Volunteers (for direct contact with clients)		\$720
Mailing Costs (to confirm addresses annually)		\$100
Adobe Acrobat (for invoice processing and redaction of private information)		\$240
		\$31,060
	<b>Total Expenses</b>	<b>\$128,129</b>

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

OMB No. 1545-0047

**2021**  
**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

**A For the 2021 calendar year, or tax year beginning , and ending**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <p style="text-align: center;"><b>HUMANE SOCIETY OF PINELLAS INC</b></p> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <p style="text-align: center;"><b>3040 STATE ROAD 590</b></p> City or town, state or province, country, and ZIP or foreign postal code <p style="text-align: center;"><b>CLEARWATER FL 33759</b></p>	<b>D</b> Employer identification number <p style="text-align: center;"><b>59-0781650</b></p> <b>E</b> Telephone number <p style="text-align: center;"><b>727-797-7722</b></p> <b>G</b> Gross receipts\$ <b>6,858,287</b>
<b>F</b> Name and address of principal officer: <p style="text-align: center;"><b>KIM MAHONEY</b>  <b>3040 STATE ROAD 590</b>  <b>CLEARWATER FL 33759</b></p>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(c)</b> Group exemption number ▶
<b>J</b> Website: ▶ <b>HUMANESOCIETYOFPINELLAS.ORG</b>		<b>L</b> Year of formation: <b>1964</b>
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>M</b> State of legal domicile: <b>FL</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	1	Briefly describe the organization's mission or most significant activities: <b>THE HUMANE SOCIETY OF PINELLAS' MISSION IS TO PREVENT ANIMAL HOMELESSNESS IN OUR COMMUNITY AND PROVIDE CARE AND ASSISTANCE TO THOSE IN NEED.</b>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>11</b>
	4	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>11</b>
	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	<b>5</b>	<b>62</b>
	6	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>300</b>
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0</b>
	<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0</b>	
<b>Revenue</b>	8	Contributions and grants (Part VIII, line 1h)	Prior Year <b>3,191,511</b>	Current Year <b>4,812,516</b>
	9	Program service revenue (Part VIII, line 2g)	<b>861,964</b>	<b>197,581</b>
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>70,357</b>	<b>-538,789</b>
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>312,629</b>	<b>133,537</b>
	12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>4,436,461</b>	<b>4,604,845</b>
<b>Expenses</b>	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		<b>0</b>
	14	Benefits paid to or for members (Part IX, column (A), line 4)		<b>0</b>
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<b>1,751,276</b>	<b>1,311,002</b>
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	<b>34,817</b>	<b>41,806</b>
		<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>283,267</b>		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<b>1,102,785</b>	<b>857,221</b>
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<b>2,888,878</b>	<b>2,210,029</b>	
	19 Revenue less expenses. Subtract line 18 from line 12	<b>1,547,583</b>	<b>2,394,816</b>	
<b>Net Assets or Fund Balances</b>	20	Total assets (Part X, line 16)	Beginning of Current Year <b>11,777,791</b>	End of Year <b>14,697,347</b>
	21	Total liabilities (Part X, line 26)	<b>286,819</b>	<b>177,002</b>
	22	Net assets or fund balances. Subtract line 21 from line 20	<b>11,490,972</b>	<b>14,520,345</b>

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer <p style="text-align: center;"><b>ROBERT BRINK</b></p> Type or print name and title	Date <p style="text-align: center;"><b>TREASURER ELECT</b></p>
	Print/Type preparer's name <p style="text-align: center;"><b>PAUL DEGANCE</b></p>	Preparer's signature <p style="text-align: center;"><b>PAUL DEGANCE</b></p>
<b>Paid Preparer Use Only</b>	Firm's name ▶ <b>1SOURCE PARTNERS</b>	Firm's EIN ▶ <b>81-1343524</b>
	Firm's address ▶ <b>701 S HOWARD AVE STE 203 TAMPA, FL 33606</b>	Phone no. <b>813-254-7222</b>

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission:

**THE HUMANE SOCIETY OF PINELLAS' MISSION IS TO PREVENT ANIMAL HOMELESSNESS IN OUR COMMUNITY AND PROVIDE CARE AND ASSISTANCE TO THOSE IN NEED.**

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

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

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

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

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

**4a** (Code: ) (Expenses \$ **1,720,394** including grants of\$ ) (Revenue \$ **197,581** )  
**PET ADOPTIONS, LOW COST PET CLINIC, AND OTHER PET PROGRAMS.**

**4b** (Code: ) (Expenses \$ including grants of\$ ) (Revenue \$ )  
**N/A**

**4c** (Code: ) (Expenses \$ including grants of\$ ) (Revenue \$ )  
**N/A**

**4d** Other program services (Describe on Schedule O.)

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

**4e** Total program service expenses ► **1,720,394**

**Part IV Checklist of Required Schedules**

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



**Part IV Checklist of Required Schedules** *(continued)*

		Yes	No
<b>22</b>	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? <i>If "Yes," complete Schedule I, Parts I and III</i>		<b>X</b>
<b>23</b>	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? <i>If "Yes," complete Schedule J</i>		<b>X</b>
<b>24a</b>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		<b>X</b>
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b>	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		<b>X</b>
<b>b</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? <i>If "Yes," complete Schedule L, Part I</i>		<b>X</b>
<b>26</b>	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		<b>X</b>
<b>27</b>	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		<b>X</b>
<b>28</b>	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b>	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		<b>X</b>
<b>b</b>	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		<b>X</b>
<b>c</b>	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		<b>X</b>
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		<b>X</b>
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		<b>X</b>
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		<b>X</b>
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		<b>X</b>
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		<b>X</b>
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		<b>X</b>
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		<b>X</b>
<b>b</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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		<b>X</b>
<b>37</b>	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? <i>If "Yes," complete Schedule R, Part VI</i>		<b>X</b>
<b>38</b>	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	<b>X</b>	

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

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

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

<b>Part V Statements Regarding Other IRS Filings and Tax Compliance</b> (continued)		Yes	No		
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b>	<b>62</b>		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	<b>2b</b>		<b>X</b>	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>			<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	<b>3b</b>			
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>			<b>X</b>
<b>b</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).				
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>			<b>X</b>
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>			<b>X</b>
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>			
<b>6a</b>	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?	<b>6a</b>			<b>X</b>
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>			
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>				
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>	<b>X</b>		
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>	<b>X</b>		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>			<b>X</b>
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>			
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>			<b>X</b>
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>			<b>X</b>
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>			<b>X</b>
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>			<b>X</b>
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>			
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>				
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>			
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>			
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:				
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>			
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>			
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:				
<b>a</b>	Gross income from members or shareholders	<b>11a</b>			
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>			
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>			
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>			
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>				
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>			
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>			
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>			
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>			<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>			
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	<b>15</b>			<b>X</b>
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>			<b>X</b>
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified person, or mine operator engage in activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	<b>17</b>			

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	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 on Schedule O.		
	<b>11</b>		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	<b>11</b>		
<b>2</b>	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?		<b>X</b>
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		<b>X</b>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<b>X</b>
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		<b>X</b>
<b>6</b>	Did the organization have members or stockholders?		<b>X</b>
<b>7a</b>	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?		<b>X</b>
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<b>X</b>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	<b>X</b>	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	<b>X</b>	
<b>9</b>	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 on Schedule O.		<b>X</b>

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		<b>X</b>
<b>b</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?		
<b>10b</b>			
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>X</b>	
<b>b</b>	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>X</b>	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>X</b>	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done		<b>X</b>
<b>12c</b>			
<b>13</b>	Did the organization have a written whistleblower policy?	<b>X</b>	
<b>14</b>	Did the organization have a written document retention and destruction policy?	<b>X</b>	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	<b>X</b>	
<b>b</b>	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	<b>X</b>	
<b>15b</b>			
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		<b>X</b>
<b>b</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?		
<b>16b</b>			

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **▶ FL**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request  Other (explain on Schedule O)
- 19** Describe on 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 **▶**

**1** SOURCE PARTNERS 701 S HOWARD AVE STE 203 TAMPA FL 33606 813-254-7222

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line in this Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BRENTON GALLAS ..... HIGHEST COMPENSATED	40.00 0.00					X		118,447	0	2,685
(2) JEFFREY VOELPEL ..... CEO	40.00 0.00			X				106,472	0	979
(3) ROBERT BRINK ..... TREASURER ELECT	1.00 0.00	X		X				0	0	0
(4) DARA COOLEY ..... DIRECTOR	1.00 0.00	X						0	0	0
(5) BRENT GORDON ..... DIRECTOR	1.00 0.00	X						0	0	0
(6) HELEN HENWOOD ..... TREASURER	1.00 0.00	X		X				0	0	0
(7) SCOTT KISTLER ..... DIRECTOR	1.00 0.00	X						0	0	0
(8) KIM MAHONEY ..... CHAIR	1.00 0.00	X		X				0	0	0
(9) MIKE OLIVIERO ..... DIRECTOR	1.00 0.00	X						0	0	0
(10) STEVE SIKA ..... SECRETARY	1.00 0.00	X		X				0	0	0
(11) WENDY WATSON ..... DIRECTOR	1.00 0.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) <b>KELLI WEAVER</b> ..... <b>DIRECTOR</b>	<b>1.00</b> ..... <b>0.00</b>	<b>X</b>						<b>0</b>	<b>0</b>	<b>0</b>
<b>1b Subtotal</b> .....							<b>224,919</b>		<b>3,664</b>	
<b>c Total from continuation sheets to Part VII, Section A</b> .....										
<b>d Total (add lines 1b and 1c)</b> .....							<b>224,919</b>		<b>3,664</b>	

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

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

**Section B. Independent Contractors**

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

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

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

**Part VIII Statement of Revenue**

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>						
	<b>b</b> Membership dues	<b>1b</b>						
	<b>c</b> Fundraising events	<b>1c</b>						
	<b>d</b> Related organizations	<b>1d</b>						
	<b>e</b> Government grants (contributions)	<b>1e</b>	310,125					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	4,502,391					
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 17,354					
	<b>h Total.</b> Add lines 1a-1f			4,812,516				
<b>Program Service Revenue</b>	<b>2a</b> PET ADOPTIONS & OTHER PROGRAM	Business Code	623990	197,581	197,581			
	<b>b</b>							
	<b>c</b>							
	<b>d</b>							
	<b>e</b>							
	<b>f</b> All other program service revenue							
	<b>g Total.</b> Add lines 2a-2f			197,581				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			134,136			134,136	
	<b>4</b> Income from investment of tax-exempt bond proceeds							
	<b>5</b> Royalties							
	<b>6a</b> Gross rents	<b>6a</b>	(i) Real					
			(ii) Personal					
	<b>b</b> Less: rental expenses	<b>6b</b>						
	<b>c</b> Rental inc. or (loss)	<b>6c</b>						
	<b>d</b> Net rental income or (loss)							
	<b>7a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	1,460,237				
			(ii) Other					
	<b>b</b> Less: cost or other basis and sales exps.	<b>7b</b>	1,380,932	752,230				
	<b>c</b> Gain or (loss)	<b>7c</b>	79,305	-752,230				
<b>d</b> Net gain or (loss)				-672,925	79,305		-752,230	
<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>		190,202					
		<b>b</b> Less: direct expenses	<b>8b</b>	101,146				
		<b>c</b> Net income or (loss) from fundraising events			89,056			89,056
<b>9a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>							
		<b>b</b> Less: direct expenses	<b>9b</b>					
		<b>c</b> Net income or (loss) from gaming activities						
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>		53,050					
		<b>b</b> Less: cost of goods sold	<b>10b</b>	19,134				
		<b>c</b> Net income or (loss) from sales of inventory			33,916	33,916		
<b>Miscellaneous Revenue</b>	<b>11a</b> OTHER REVENUE	Business Code	900099	10,565	10,565			
	<b>b</b>							
	<b>c</b>							
	<b>d</b> All other revenue							
	<b>e Total.</b> Add lines 11a-11d			10,565				
<b>12 Total revenue.</b> See instructions				4,604,845	321,367	0	-529,038	

**Part IX Statement of Functional Expenses**

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

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	<b>106,472</b>	<b>82,264</b>	<b>12,617</b>	<b>11,591</b>
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	<b>1,008,545</b>	<b>767,433</b>	<b>121,185</b>	<b>119,927</b>
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits	<b>195,985</b>	<b>163,227</b>	<b>21,558</b>	<b>11,200</b>
<b>10</b> Payroll taxes				
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting				
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 7	<b>41,806</b>			<b>41,806</b>
<b>f</b> Investment management fees	<b>36,708</b>	<b>20,393</b>	<b>2,549</b>	<b>13,766</b>
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	<b>118,664</b>	<b>65,925</b>	<b>8,240</b>	<b>44,499</b>
<b>12</b> Advertising and promotion	<b>2,676</b>	<b>2,140</b>	<b>268</b>	<b>268</b>
<b>13</b> Office expenses	<b>143,561</b>	<b>136,878</b>	<b>3,212</b>	<b>3,471</b>
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	<b>134,208</b>	<b>107,366</b>	<b>13,421</b>	<b>13,421</b>
<b>17</b> Travel	<b>4,309</b>	<b>3,447</b>	<b>431</b>	<b>431</b>
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings				
<b>20</b> Interest	<b>2,810</b>	<b>2,248</b>	<b>281</b>	<b>281</b>
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	<b>77,513</b>	<b>62,405</b>	<b>7,554</b>	<b>7,554</b>
<b>23</b> Insurance	<b>32,318</b>	<b>25,854</b>	<b>3,232</b>	<b>3,232</b>
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> GROOMING AND MOBILE CLINI	<b>74,200</b>	<b>74,200</b>		
<b>b</b> UTILITIES	<b>72,504</b>	<b>58,004</b>	<b>7,250</b>	<b>7,250</b>
<b>c</b> KENNEL FOOD AND MEDICAL	<b>64,859</b>	<b>64,859</b>		
<b>d</b> BANK FEES	<b>30,516</b>	<b>24,412</b>	<b>3,052</b>	<b>3,052</b>
<b>e</b> All other expenses	<b>62,375</b>	<b>59,339</b>	<b>1,518</b>	<b>1,518</b>
<b>25</b> Total functional expenses. Add lines 1 through 24e	<b>2,210,029</b>	<b>1,720,394</b>	<b>206,368</b>	<b>283,267</b>
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing	<b>4,070,421</b>	<b>1</b>	<b>6,916,306</b>
	<b>2</b> Savings and temporary cash investments	<b>1,216,205</b>	<b>2</b>	
	<b>3</b> Pledges and grants receivable, net	<b>1,769</b>	<b>3</b>	<b>3,500</b>
	<b>4</b> Accounts receivable, net	<b>8,900</b>	<b>4</b>	<b>2,890</b>
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		<b>6</b>	
	<b>7</b> Notes and loans receivable, net		<b>7</b>	
	<b>8</b> Inventories for sale or use	<b>39,095</b>	<b>8</b>	<b>15,916</b>
	<b>9</b> Prepaid expenses and deferred charges	<b>21,876</b>	<b>9</b>	<b>18,656</b>
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> <b>1,307,146</b>		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> <b>572,016</b>	<b>1,149,482</b>	<b>10c</b> <b>735,130</b>
	<b>11</b> Investments—publicly traded securities	<b>5,261,570</b>	<b>11</b>	<b>6,996,476</b>
	<b>12</b> Investments—other securities. See Part IV, line 11		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11		<b>13</b>	
	<b>14</b> Intangible assets		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11	<b>8,473</b>	<b>15</b>	<b>8,473</b>
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33)	<b>11,777,791</b>	<b>16</b>	<b>14,697,347</b>	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	<b>132,353</b>	<b>17</b>	<b>90,879</b>
	<b>18</b> Grants payable		<b>18</b>	
	<b>19</b> Deferred revenue	<b>93,147</b>	<b>19</b>	<b>34,807</b>
	<b>20</b> Tax-exempt bond liabilities		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties	<b>61,319</b>	<b>24</b>	<b>51,316</b>
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25	<b>286,819</b>	<b>26</b>	<b>177,002</b>
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions	<b>7,458,472</b>	<b>27</b>	<b>8,560,251</b>
	<b>28</b> Net assets with donor restrictions	<b>4,032,500</b>	<b>28</b>	<b>5,960,094</b>
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds		<b>31</b>	
	<b>32 Total net assets or fund balances</b>	<b>11,490,972</b>	<b>32</b>	<b>14,520,345</b>
<b>33 Total liabilities and net assets/fund balances</b>	<b>11,777,791</b>	<b>33</b>	<b>14,697,347</b>	



**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>4,604,845</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>2,210,029</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>2,394,816</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	<b>11,490,972</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	<b>671,264</b>
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	<b>-36,707</b>
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	<b>14,520,345</b>

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<b>X</b>
<b>2b</b>	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>X</b>	
<b>2c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	<b>X</b>	
<b>3a</b>	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?		<b>X</b>
<b>3b</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 on Schedule O and describe any steps taken to undergo such audits		

**SCHEDULE A**  
**(Form 990)**

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Name of the organization

**HUMANE SOCIETY OF PINELLAS INC**

Employer identification number

**59-0781650**

**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: .....
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: .....
- 10  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations .....
  - g Provide the following information about the supported organization(s).

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

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

Schedule A (Form 990) 2021

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10.

12 Gross receipts from related activities, etc. (see instructions) 12
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f)) 14 %
15 Public support percentage from 2020 Schedule A, Part II, line 14 15 %
16a 33 1/3% support test—2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
b 33 1/3% support test—2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
17a 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization
b 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,112,360	1,865,318	6,167,187	3,191,511	4,812,516	18,148,892
<b>2</b> 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	802,175	914,611	1,442,122	1,319,528	261,196	4,739,632
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513					190,202	190,202
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5	2,914,535	2,779,929	7,609,309	4,511,039	5,263,914	23,078,726
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						23,078,726

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>9</b> Amounts from line 6	2,914,535	2,779,929	7,609,309	4,511,039	5,263,914	23,078,726
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	37,298	70,286	120,201	69,797	134,136	431,718
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b	37,298	70,286	120,201	69,797	134,136	431,718
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		192,197	4,408	24,520	10,565	231,690
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	2,951,833	3,042,412	7,733,918	4,605,356	5,408,615	23,742,134
<b>14 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ▶ <input type="checkbox"/>						

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

<b>15</b> Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	<b>15</b>	97.21 %
<b>16</b> Public support percentage for 2020 Schedule A, Part III, line 15	<b>16</b>	97.24 %

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

<b>17</b> Investment income percentage for <b>2021</b> (line 10c, column (f), divided by line 13, column (f))	<b>17</b>	2 %
<b>18</b> Investment income percentage from <b>2020</b> Schedule A, Part III, line 17	<b>18</b>	2 %

- 19a 33 1/3% support tests—2021.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶
- b 33 1/3% support tests—2020.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** *(continued)*

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

		Yes	No
<b>1</b>	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?		
	<b>1</b>		
<b>2</b>	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
	<b>2</b>		
<b>3</b>	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
	<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

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

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

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

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
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 0.015 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 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (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 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D – Distributions	Current Year		
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes			
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity			
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations			
<b>4</b> Amounts paid to acquire exempt-use assets			
<b>5</b> Qualified set-aside amounts (prior IRS approval required— <i>provide details in Part VI</i> )			
<b>6</b> Other distributions ( <i>describe in Part VI</i> ). See instructions.			
<b>7 Total annual distributions.</b> Add lines 1 through 6.			
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.			
<b>9</b> Distributable amount for 2021 from Section C, line 6			
<b>10</b> Line 8 amount divided by line 9 amount			
Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
<b>1</b> Distributable amount for 2021 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2021 (reasonable cause required— <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2021			
<b>a</b> From 2016 .....			
<b>b</b> From 2017 .....			
<b>c</b> From 2018 .....			
<b>d</b> From 2019 .....			
<b>e</b> From 2020 .....			
<b>f Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2021 distributable amount			
<b>i</b> Carryover from 2016 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2021 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2021 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2021 Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7 Excess distributions carryover to 2022.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2017 .....			
<b>b</b> Excess from 2018 .....			
<b>c</b> Excess from 2019 .....			
<b>d</b> Excess from 2020 .....			
<b>e</b> Excess from 2021 .....			



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

**PART III, LINE 12 - OTHER INCOME DETAIL**

**OTHER INCOME** **\$ 231,690**

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

HUMANE SOCIETY OF PINELLAS INC

Employer identification number

59-0781650

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors...?, 6 Did the organization inform all grantees...?

Part II Conservation Easements.

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization, 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution..., 3 Number of conservation easements modified..., 4 Number of states where property subject to conservation easement is located..., 5 Does the organization have a written policy..., 6 Staff and volunteer hours..., 7 Amount of expenses..., 8 Does each conservation easement..., 9 In Part XIII, describe how the organization reports...

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

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

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report..., 1b If the organization elected, as permitted under FASB ASC 958, to report..., 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain...

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange program
  - e**  Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.**

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- |  | Amount    |
|--|-----------|
| <b>c</b> Beginning balance             | <b>1c</b> |
| <b>d</b> Additions during the year     | <b>1d</b> |
| <b>e</b> Distributions during the year | <b>1e</b> |
| <b>f</b> Ending balance                | <b>1f</b> |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.**

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

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

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment  %
  - b** Permanent endowment  %
  - c** Term endowment  %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes           | No |
|---|---------------|----|
| <b>(i)</b> Unrelated organizations  | <b>3a(i)</b>  |    |
| <b>(ii)</b> Related organizations   | <b>3a(ii)</b> |    |
| <b>b</b> If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | <b>3b</b>     |    |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land		<b>8,215</b>		<b>8,215</b>
<b>b</b> Buildings		<b>200,000</b>	<b>200,000</b>	
<b>c</b> Leasehold improvements				
<b>d</b> Equipment		<b>235,715</b>	<b>137,635</b>	<b>98,080</b>
<b>e</b> Other		<b>863,216</b>	<b>234,381</b>	<b>628,835</b>
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				<b>735,130</b>

**Part VII Investments – Other Securities.**

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

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

**Part VIII Investments – Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

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

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

1	Total revenue, gains, and other support per audited financial statements		1	5,258,536
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	671,264	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	19,134	
e	Add lines 2a through 2d	2e		690,398
3	Subtract line 2e from line 1	3		4,568,138
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	36,707	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		36,707
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		4,604,845

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

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

1	Total expenses and losses per audited financial statements		1	2,229,163
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	19,134	
e	Add lines 2a through 2d	2e		19,134
3	Subtract line 2e from line 1	3		2,210,029
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		2,210,029

**Part XIII Supplemental Information.**

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

**PART X - FIN 48 FOOTNOTE**

THE ORGANIZATION HAS BEEN RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS A TAX-EXEMPT ORGANIZATION DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. INCOME EARNED IN FURTHERANCE OF THE ORGANIZATION'S TAX-EXEMPT PURPOSE IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES. ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN INCLUDED IN THE ACCOMPANYING FINANCIAL STATEMENTS. THE ORGANIZATION HAS ADOPTED THE PROVISIONS OF ASC TOPIC 740 RELATING TO "ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES" AND DOES NOT BELIEVE IT HAS ANY MATERIAL INCOME TAX EXPENSE RELATED TO UNCERTAIN TAX POSITIONS. THE ORGANIZATION'S INCOME TAX FILINGS ARE SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE GENERALLY FOR THREE YEARS AFTER THEY WERE FILED. TAX FILINGS GENERALLY REMAIN OPEN FOR EXAMINATION FOR THREE YEARS

**Part XIII Supplemental Information** *(continued)*

**AFTER FILING.**

**PART XI, LINE 2D - REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER**

**COGS** \$ **19,134**

**PART XII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER**

**COGS** \$ **19,134**

**SCHEDULE G  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

Open to Public Inspection

Name of the organization

**HUMANE SOCIETY OF PINELLAS INC**

Employer identification number

**59-0781650**

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

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

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

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

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<b>1</b> BRAMLET DIRECT MAIL INC	DIRECT MAIL		X	217,557	41,806	175,751
<b>2</b>						
<b>3</b>						
<b>4</b>						
<b>5</b>						
<b>6</b>						
<b>7</b>						
<b>8</b>						
<b>9</b>						
<b>10</b>						
<b>Total</b>				217,557	41,806	175,751

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

.....  
.....  
.....  
.....  
.....

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>GALA</u> (event type)	<u>HAPPY TAILS</u> (event type)	<u>2</u> (total number)	(add col. (a) through col. (c))
Revenue	<b>1</b> Gross receipts	107,945	38,203	44,054	190,202
	<b>2</b> Less: Contributions				
	<b>3</b> Gross income (line 1 minus line 2)	107,945	38,203	44,054	190,202
Direct Expenses	<b>4</b> Cash prizes				
	<b>5</b> Noncash prizes				
	<b>6</b> Rent/facility costs				
	<b>7</b> Food and beverages				
	<b>8</b> Entertainment				
	<b>9</b> Other direct expenses	64,063	7,300	29,783	101,146
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d)				101,146
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d)				89,056	

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

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

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

**b** If "No," explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

**b** If "Yes," explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



11 Does the organization conduct gaming activities with nonmembers?  Yes  No  
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No

13 Indicate the percentage of gaming activity conducted in:  
a The organization's facility 13a %  
b An outside facility 13b %

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

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

Name ►  
Address ►

16 Gaming manager information:  
Name ►  
Gaming manager compensation ►\$  
Description of services provided ►  
 Director/officer  Employee  Independent contractor

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

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

Dotted lines for supplemental information input.

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Name of the organization

**HUMANE SOCIETY OF PINELLAS INC**

Employer identification number

**59-0781650**

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990  
THE FORM 990 IS REVIEWED BY THE CHAIRMAN AND THE TREASURER BEFORE IT IS  
FILED.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL  
EXECUTIVE COMMITTEE REVIEWED MEASURED GOALS AND OBTAINED COMPENSATION DATA  
FROM LIKE ORGANIZATIONS/POSITIONS.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS  
EXECUTIVE COMMITTEE REVIEWED MEASURED GOALS AND OBTAINED COMPENSATION DATA  
FROM LIKE ORGANIZATIONS/POSITIONS.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION  
GOVERNING DOCUMENTS ARE REVIEWED AND SUBMITTED WITH BOARD APPROVAL. THE  
HUMANE SOCIETY OF PINELLAS OPERATES UNDER THE HIGHEST INDUSTRY STANDARDS  
INCLUDING DONOR PRIVACY, CONFLICT OF INTERESTS, STEWARDSHIP, AND  
TRANSPARENCY. FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION

COGS \$ 19,134

COGS \$ -19,134

Form **8879-TE**

### IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2021, or fiscal year beginning . . . . . 2021, and ending . . . . . 20 . . . . .

**Do not send to the IRS. Keep for your records.**  
Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.

# 2021

Department of the Treasury  
Internal Revenue Service  
Name of filer

**HUMANE SOCIETY OF PINELLAS INC**

EIN or SSN  
**59-0781650**

Name and title of officer or person subject to tax **ROBERT BRINK**  
**TREASURER ELECT**

#### Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<b>4,604,845</b>
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	
6a Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b	
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b	
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b	
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b	
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	

#### Part II Declaration and Signature Authorization of Officer or Person Subject to Tax


Under penalties of perjury, I declare that  I am an officer of the above entity or  I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

**PIN: check one box only**

I authorize **1SOURCE PARTNERS** to enter my PIN **81650** as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax 

Date **01/04/23**

#### Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**59619634450**  
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature **PAUL DEGANCE**

Date **01/04/23**

**ERO Must Retain This Form — See Instructions**  
**Do Not Submit This Form to the IRS Unless Requested To Do So**

For Privacy Act and Paperwork Reduction Act Notice, see back of form.  
DAA

Form **8879-TE** (2021)

Title	2021 Signature Document for Humane Society of Pinellas Inc
File name	Humane Society of...onRequired_US.pdf
Document ID	1370062041345601c661825dc5cf42701eb35f4a
Audit trail date format	MM / DD / YYYY
Status	● Signed

### Document History



SENT

**01 / 04 / 2023**

15:05:24 UTC-5

Sent for signature to Robert Brink  
(robert@hackerjohnson.com) from ccarpinelli@1source.cpa  
IP: 68.207.224.185



VIEWED

**01 / 04 / 2023**

15:26:07 UTC-5

Viewed by Robert Brink (robert@hackerjohnson.com)  
IP: 71.41.37.26



SIGNED

**01 / 04 / 2023**

15:26:44 UTC-5

Signed by Robert Brink (robert@hackerjohnson.com)  
IP: 71.41.37.26



COMPLETED

**01 / 04 / 2023**

15:26:44 UTC-5

The document has been completed.

# Humane Society of Pinellas

## Executive Staff

Name	Title	Year Joined
<p>David Paloff</p> <p>David was in the public safety field for over 20 years serving in various roles such as Firefighter/EMT, Lieutenant, Captain, Chief EMS Coordinator and Emergency Management Coordinator. He found his passion for animal welfare when he went to train as a K9 handler for Search and Rescue and it quickly progressed into helping others train for similar roles. In 2015, David had the opportunity to become the Assistant Director for a municipal animal services agency where he spent the next 2 ½ years learning the trade. In 2018 David was drawn back into the public safety field but quickly realized his passion and heart was in animal welfare when he made it back into the field in July 2020 as the Director of Operations for HSP.</p>	<p>Chief Executive Officer (acting)</p>	<p>2020</p>
<p>Brenton Gallas, DVM</p> <p>Dr. Gallas graduated with his Doctor of Veterinary Medicine degree from the University of Florida after earning a degree in business from Fordham University, as well as a degree in biomedical sciences from the University of South Florida. Brenton has worked with animals for over 16 years, starting as a veterinary assistant during high school in northeast Ohio. Since then he has worked in several animal care settings and with many different animals, including manatees</p>	<p>Medical Director</p>	<p>2016</p>
<p>Meg Lokey, CFRE</p> <p>Meg served as Executive Director of The Payton Wright Foundation and previously as Development Director of The Clearwater Free Clinic. She brings over 20 years of fundraising experience to our shelter. In 2002, Meg received her Bachelor of Science in Mathematics from the University of Florida. Her passion for philanthropy has been a lifelong venture. Born and raised in Pinellas County, Meg takes great pride in her community. She is a graduating member of Leadership Pinellas class of 2017 (best class ever), a sustainer with the Junior League of Clearwater-Dunedin, and has served on numerous fundraising committees throughout the area including Silver Coffee, and Martinis + Matisse.</p>	<p>Director of Development</p>	<p>2022</p>

# Humane Society of Pinellas

## Board of Directors

Name	Title	Year Joined
Brent Gordon Attorney at The Gordon Law Firm	Director	2007
Kim Mahoney Business Owner, Registered Nurse, Board Member for multiple nonprofits	Chair Emeritus	2003
Wendy Watson, DVM Certified Veterinarian, Owner & President of Trinity Oaks Pet Wellness Center	Secretary	2018
Kit Van Pelt Attorney, Griffin Van Pelt, PA	Vice Chair	2022
Mike Oliviero Promotions Director at Cox Media Group	Director	2021
Helen Henwood IT and Project Management professional, fundraising committee member for multiple nonprofits	Chair	2013
Robert Brink, CPA Certified Public Accountant, serves on the board for multiple nonprofits, Hacker at Johnson & Smith PA	Treasurer	2021
Scott Kistler, MHA Vice President for Strategy and Business Development at Empath Health	Director	2018
Steve Sika President & CEO of Nurses Choice, Inc.	Director	2000
Dara Cooley Trial Attorney at Dara Cooley Law, PA	Director	2021

While not a requirement, 100% of board members are monetary contributors to the Humane Society of Pinellas. No service requirements or contribution requirements are currently in place.

## Our Commitment and Mission

The Humane Society of Pinellas (HSP) is a no-kill shelter that is dedicated to providing individualized care for every animal that enter our care. We ensure that every treatable animal receives the necessary medical treatment. Our promise to you is that no animal will be euthanized for a treatable condition.

HSP does not receive state or federal tax dollars or funding from national animal organizations, including the Humane Society of the United States.

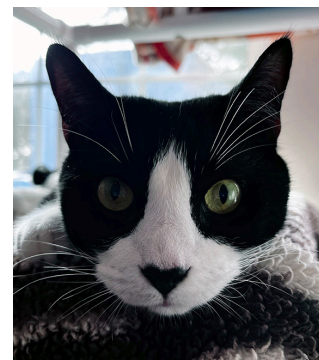


*“Our Vision is for animals to live a life free of cruelty, suffering, and homelessness.”*



## Did You Know?

- HSP partners with local municipalities in counties throughout Florida and with national organizations.
- We treat difficult medical cases and serious illnesses like heartworm, canine parvovirus, and feline panleukopenia.
- We often provide lifesaving, expensive surgeries to animals who might otherwise face euthanasia.
- HSP provides a variety of programs to our community and the pets they love.



For more information on our adoptable pets and services go to: [humanesocietyofpinellas.org](http://humanesocietyofpinellas.org)

## 2022 Humane Society of Pinellas Impact

- 99% Live Release Rate
- 1,462 animals rescued
- 1,283 pets adopted
- Over 860 surgeries performed
- Average length of stay is 11 days
- 13,000 hours served by our volunteers
- 15,000 hours served by foster families

## Our Programs:

- **Pet Adoptions:** We believe every pet deserves a second chance. Our team personally works with every guest at our shelter to match them with a pet in need.
- **Medical Care:** Every homeless pet that arrives in our care receives a full veterinary exam, is spayed/neutered, vaccinated, and receives all necessary medications and de-worming. Additionally, if a homeless pet arrives to us needing extensive medical care, our team will ensure that care is provided.
- **Senior Pet Connection:** gives seniors and their pets peace-of-mind by providing monthly deliveries of pet food and cat litter. The program currently serves over 200 seniors and their pets.
- **Our Pet Food Pantry:** provides assistance to anyone in the public needing help in feeding their pets. We believe in keeping pets and families together with pet surrender being the last alternative.
- **Home to Home Adoptions:** This program exists for individuals who are unable to surrender to the shelter because of any number of reasons, yet are open to keeping their pet in their home until someone can adopt them.
- **Hold for Home Emergency Boarding:** We realize that sometimes emergencies occur that may prevent you from being able to care for your pet temporarily. In certain circumstances, HSP is able to temporarily provide housing for pets.
- **Community TNVR (Trap, Neuter, Vaccinate, Return) Services:** the most humane and effective way to reduce the free-roaming, unowned cat population.



## Our Community Engagement

We have a robust community of supporters and followers who help us spread the word about our impact, needs and expansion, and answer our calls to action.

- More than 20,000 monthly web visitors
- More than 22,000 digital newsletter subscribers
- More than 53,000+ Facebook, Instagram, YouTube, LinkedIn & Twitter followers

Follow us on: @humanepinellas



Donate by scanning the QR code with your phone camera.



# SENIOR PET CONNECTION PROGRAM

*A community program helping seniors and their pets.*

*“Low-income seniors face hard choices about how to afford life’s expenses, including pet ownership. Rent/mortgage, utilities, groceries and prescriptions can add up quickly and consume their monthly income. This can leave little, if any, money left for other expenses, such as pet care.”*

Limited financial resources can lead to unhealthy and dangerous choices for pet-owning seniors, such as sacrificing groceries or medication for the care of their pets. Another unfortunate but often unavoidable choice is surrendering a pet due to a lack of money to feed and care for them.

Pet ownership for the elderly combats loneliness, especially during times of isolation, leading to healthier physical, emotional, and mental well-being. Imagine the profound sense of loss, isolation, and despair that occurs when an older person can no longer afford the expenses of pet ownership and is forced to surrender their pet.

## How Does Senior Pet Connection Help Seniors?

Senior Pet Connection provides monthly, free deliveries of dog food, cat food and litter to low-income seniors, many of whom are homebound.

We aim to keep seniors and their pets together, allowing seniors to keep their beloved companions in the home.

*The program has grown over the years from serving  
12 seniors and 18 pets in 2013 to serving  
241 seniors and 390 pets this year.*

To our knowledge our Senior Pet Connection Program is the largest program of its kind in Pinellas County, and we are the only organization that buys pet food and supplies for distribution to seniors-in-need rather than relying on community donations and hoping they are sufficient to meet demand.



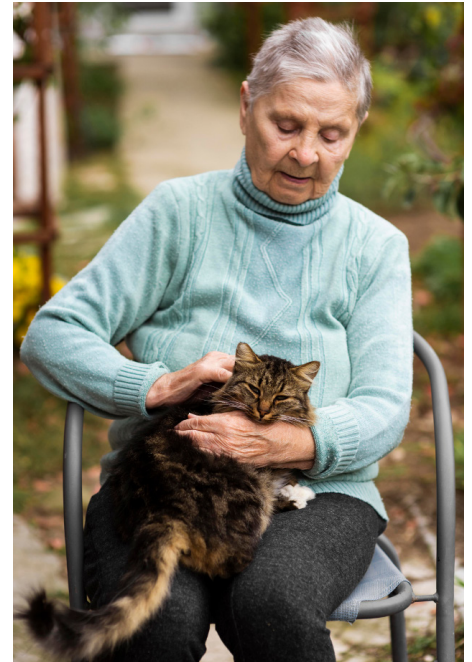
## How Does Senior Pet Connection Work?

To be eligible for the program, seniors must be Pinellas County residents, age 65 and older, and have a monthly household income of \$1,500 or less. They must have owned their pet(s) for at least one year before application and have no more than three pets in the program. Program participants whose sole pet passes away may immediately re-enroll in the program upon adopting a new pet without the one-year ownership period.

We use a drop-ship model utilizing Chewy.com to deliver pet food and cat litter to clients' doorsteps. Each client has a Chewy profile for their pet's needs, and receive deliveries once a quarter with enough food and supplies to last until the next delivery.

## Why Support Our Senior Pet Connection Program?

Not only will you help raise the quality of life of seniors by helping them feed and care for their pets, but you'll also make an impact on the community at large. The value to the community is fewer stray animals, lower animal control costs, less crowded animal shelters, less spread of disease from animals to humans, fewer animal bites/attacks, fewer traffic accidents involving animals, and less abuse of animals which often leads to human violence.



## Did You Know?

The Centers for Disease Control and Prevention recognizes studies that show the bond between people and their pets can:

- Increase fitness, reduce stress and bring happiness to pet owners by decreasing their blood pressure, cholesterol and triglyceride levels, and feelings of loneliness.
- Increase opportunities for exercise, outdoor activities and socialization.
- 25,260 (10.2%) of Pinellas residents age 65+ live in poverty, putting the pet-owning subset of these individuals at risk of surrendering their pets for financial reasons and experiencing negative health outcomes as a result.

### our mission

*To prevent animal homelessness in our community and provide care and assistance to animals in need.*



#### We're Here for You.

Would you like to hear more about our Senior Pet Connection Program? We're just a phone call away, 727-797-7722, ext 222.



#### Have additional questions?

Have additional questions? You can email us at: [donations@humanepinellas.org](mailto:donations@humanepinellas.org)



#### Get to know us.

Would you like to know more about our mission, programs and adoptable pets? Visit our website: [www.humanesocietyofpinellas.org](http://www.humanesocietyofpinellas.org)



Department of the Treasury  
Internal Revenue Service

P.O. Box 2508, Room 4010  
Cincinnati OH 45201

In reply refer to: 4051050282  
Apr. 19, 2017 LTR 4168C 0  
59-0781650 000000 00

00023868  
BODC: TE

HUMANE SOCIETY OF NORTH PINELLAS  
INC  
3040 STATE ROAD 590  
CLEARWATER FL 33759-2500



019082

Employer ID Number: 59-0781650  
Form 990 required: Yes

Dear Taxpayer:

This is in response to your request dated Mar. 28, 2017, regarding your tax-exempt status.

We issued you a determination letter in March 1986, recognizing you as tax-exempt under Internal Revenue Code (IRC) Section 501(c)(03).

Our records also indicate you're not a private foundation as defined under IRC Section 509(a) because you're described in IRC Section 509(a)(2).

Donors can deduct contributions they make to you as provided in IRC Section 170. You're also qualified to receive tax deductible bequests, legacies, devises, transfers, or gifts under IRC Sections 2055, 2106, and 2522.

In the heading of this letter, we indicated whether you must file an annual information return. If a return is required, you must file Form 990, 990-EZ, 990-N, or 990-PF by the 15th day of the fifth month after the end of your annual accounting period. IRC Section 6033(j) provides that, if you don't file a required annual information return or notice for three consecutive years, your exempt status will be automatically revoked on the filing due date of the third required return or notice.

For tax forms, instructions, and publications, visit [www.irs.gov](http://www.irs.gov) or call 1-800-TAX-FORM (1-800-829-3676).

If you have questions, call 1-877-829-5500 between 8 a.m. and 5 p.m., local time, Monday through Friday (Alaska and Hawaii follow Pacific Time).





## Consumer's Certificate of Exemption

DR-14  
R. 01/18

Issued Pursuant to Chapter 212, Florida Statutes

85-8012647787C-3	10/31/2021	10/31/2026	501(C)(3) ORGANIZATION
Certificate Number	Effective Date	Expiration Date	Exemption Category

This certifies that

HUMANE SOCIETY OF PINELLAS INC  
3040 STATE ROAD 590  
CLEARWATER FL 33759-2500

is exempt from the payment of Florida sales and use tax on real property rented, transient rental property rented, tangible personal property purchased or rented, or services purchased.



## Important Information for Exempt Organizations

DR-14  
R. 01/18

1. You must provide all vendors and suppliers with an exemption certificate before making tax-exempt purchases. See Rule 12A-1.038, Florida Administrative Code (F.A.C.).
2. Your *Consumer's Certificate of Exemption* is to be used solely by your organization for your organization's customary nonprofit activities.
3. Purchases made by an individual on behalf of the organization are taxable, even if the individual will be reimbursed by the organization.
4. This exemption applies only to purchases your organization makes. The sale or lease to others of tangible personal property, sleeping accommodations, or other real property is taxable. Your organization must register, and collect and remit sales and use tax on such taxable transactions. Note: Churches are exempt from this requirement except when they are the lessor of real property (Rule 12A-1.070, F.A.C.).
5. It is a criminal offense to fraudulently present this certificate to evade the payment of sales tax. Under no circumstances should this certificate be used for the personal benefit of any individual. Violators will be liable for payment of the sales tax plus a penalty of 200% of the tax, and may be subject to conviction of a third-degree felony. Any violation will require the revocation of this certificate.
6. If you have questions about your exemption certificate, please call Taxpayer Services at 850-488-6800. The mailing address is PO Box 6480, Tallahassee, FL 32314-6480.



FLORIDA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES  
COMMISSIONER WILTON SIMPSON

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January 10, 2023

Refer To: CH1422

HUMANE SOCIETY OF PINELLAS, INC.  
3040 STATE ROAD 590  
CLEARWATER, FL 33759-2500

RE: HUMANE SOCIETY OF PINELLAS, INC.  
REGISTRATION#: CH1422  
EXPIRATION DATE: December 15, 2023

Dear Sir or Madam:

The above-named organization/sponsor has complied with the registration requirements of Chapter 496, Florida Statutes, the Solicitation of Contributions Act. A COPY OF THIS LETTER SHOULD BE RETAINED FOR YOUR RECORDS.

Every charitable organization or sponsor which is required to register under s. 496.405 must conspicuously display the registration number issued by the Department and in capital letters the following statement on every printed solicitation, written confirmation, receipt, or reminder of a contribution:

"A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE (800-435-7352) WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE."

The Solicitation of Contributions Act requires an annual renewal statement to be filed on or before the date of expiration of the previous registration. The Department will send a renewal package approximately 30 days prior to the date of expiration as shown above.

Thank you for your cooperation. If we may be of further assistance, please contact the Solicitation of Contributions section.

Sincerely,

Tianna Payne  
Regulatory Consultant  
850-410-3770  
Fax: 850-410-3804  
E-mail: tianna.baity@fdacs.gov