

Part XIII Supplemental Information (continued)

SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE, GENERALLY FOR
THREE YEARS AFTER THE FEDERAL INCOME TAX RETURNS WERE FILED.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

RETAIL MERCHANDISE COST OF GOODS SOLD 180,217.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RETAIL MERCHANDISE COST OF GOODS SOLD 180,217.

Multiple horizontal lines for additional entries.

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	
		BECAUSE OF YOU (event type)	PAWS IN MOTION (event type)	(total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	26,749.	38,175.	22,942.	87,866.
	2	Less: Contributions	26,749.	38,175.	15,114.	80,038.
	3	Gross income (line 1 minus line 2)			7,828.	7,828.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	6,185.	7,883.	17,710.	31,778.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				31,778.
11	Net income summary. Subtract line 10 from line 3, column (d)				-23,950.	

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

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

- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

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

Name ▶ _____

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).

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public
Inspection

Name of the organization

HUMANE SOCIETY OF MANATEE COUNTY

Employer identification number
59-1819652

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE HUMANE SOCIETY OF MANATEE COUNTY IS COMMITTED TO LEADING MANATEE COUNTY IN FOSTERING COMPASSION AND RESPECT FOR ANIMALS THROUGH CARE, EDUCATION AND COLLABORATION. WE HAVE OPERATED A NO-KILL SHELTER SINCE FIRST OPENING IN 1970 AND AVERAGE ONE THOUSAND (1000) ADOPTIONS EACH YEAR. OUR GOAL IS TO END THE KILLING OF HOMELESS PETS IN MANATEE COUNTY BY PREVENTING ANIMALS FROM ENTERING SHELTERS AND BY COLLABORATING WITH OTHER ANIMAL WELFARE AGENCIES IN OUR COMMUNITY. IN ADDITION OUR VETERINARY CLINIC PROVIDES HIGH QUALITY / LOW-TO-MODERATE COST VETERINARY CARE FOR ALL DOGS AND CATS IN OUR COMMUNITY. WE BELIEVE THAT ALL ANIMALS IN OUR COMMUNITY DESERVE QUALITY MEDICAL CARE INCLUDING ANIMALS IN FINANCIALLY CHALLENGED FAMILIES. WE ARE UNIQUELY QUALIFIED TO PROVIDE 360 DEGREE SERVICES THROUGHOUT THE LIFETIME OF AN ANIMAL THROUGH ADOPTION, EDUCATION, VETERINARY SERVICES AND PET RETENTION PROGRAMS.

SPAY / NEUTER

HUMANE SOCIETY OF MANATEE COUNTY IS OUR COMMUNITY'S ONLY HIGH VOLUME SPAY & NEUTER CLINIC, MORE THAN 6000 SURGERIES WERE PERFORMED IN 2016. SPAY / NEUTER SERVICES ARE AVAILABLE TO THE PUBLIC AS WELL AS COMMUNITY RESCUE GROUPS. GRANT FUNDING PLAYS AN IMPORTANT ROLE IN OUR EFFORTS TO OFFER NO COST / LOW COST SURGERIES FOR LOW INCOME FAMILIES. CLOSE TO TWO THOUSAND (2000) OF THE SURGERIES PERFORMED IN OUR CLINIC LAST YEAR WERE OFFERED FREE OR WERE SUBSIDIZED. SPAYING AND NEUTERING ANIMALS IS THE HUMANE SOLUTION TO REDUCE THE NUMBER OF HOMELESS ANIMALS AND ENDING

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OVERCROWDED SHELTERS.

TNR

HUMANE SOCIETY OF MANATEE COUNTY THROUGH AN ALLIANCE WITH MANATEE COUNTY ANIMAL SERVICES AND GULF SHORE ANIMAL LEAGUE (GSAL) REGULARLY SPAYS AND NEUTERS FERAL / FREE ROAMING COMMUNITY CATS. AT THE TIME OF SURGERY ALL CATS ALSO RECEIVE VACCINES FOR A HEALTHIER CAT COMMUNITY AS WELL AS A HEALTHIER HUMAN COMMUNITY. AFTER SURGERY THE CATS ARE TRANSPORTED BACK TO THE COMMUNITY WHERE THEY WERE TRAPPED BY GSAL. THROUGH SPAYING AND NEUTERING AND ATTRITION THE FERAL CAT POPULATIONS ARE CONTROLLED. OUR COMMUNITY IS A BETTER PLACE WITH A CONTROLLED ANIMAL POPULATION, QUALITY CARE AND ONGOING PUBLIC EDUCATION.

ADOPTIONS

HUMANE SOCIETY OF MANATEE COUNTY IS AVERAGING CLOSE TO ONE THOUSAND (1000) ADOPTIONS A YEAR AND PET RETENTION REMAINS A PRIORITY. OUR SHELTER ADOPTION PROGRAM CALLED SECOND CHANCE ADOPTIONS, TRULY GIVES MANY ANIMALS A SECOND CHANCE. MANY OF THE ANIMALS INTRODUCED INTO OUR SHELTER SYSTEM ARE MEDICALLY CHALLENGED OR SENIOR ANIMALS. OUR STAFF WORKS TO PROVIDE THE NECESSARY CARE ON AN INDIVIDUALIZED BASIS FOR EACH ANIMAL IN OUR FACILITY. OUR PET SAFETY NET PROGRAM HELPS NEW ADOPTERS AND OTHER PET OWNERS WITH A NUMBER OF SUPPORT PROGRAMS. OUR PET FOOD PANTRY, ANIMAL BEHAVIORAL TRAINER AND LOW-TO-MODERATE VETERINARY SERVICES ARE ALL PROGRAMS OFFERED TO ASSIST WITH PET RETENTION. ALL ANIMALS ADOPTED THROUGH OUR SHELTER ARE SPAYED OR NEUTERED, UP TO DATE ON VACCINES AND MICRO-CHIPPED.

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FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENT 1:

THE HUMANE SOCIETY OF MANATEE COUNTY VETERINARY CLINIC PROVIDED SERVICES FOR MORE THAN TEN THOUSAND (10,000) CATS AND DOGS IN THE LAST YEAR. THESE SERVICES INCLUDED SPAY / NEUTER SURGERIES, VACCINES, MICRO-CHIPS, HEARTWORM PREVENTION AND TREATMENT AND WELLNESS EXAMS. OUR MEDICAL TEAM IS LED BY OUR MEDICAL DIRECTOR, JULIE HOLLIFIED DVM AND INCLUDES A SUPPORT STAFF OF TEN (10) INCLUDING VETERINARY TECHNICIANS, ASSISTANT VETERINARY TECHNICIANS AND CLIENT SERVICES STAFF.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENT 2:

OUR SECOND CHANCE ADOPTION PROGRAM ACCEPTS OWNER SURRENDERS, STRAY ANIMALS AND ALSO TRANSFERS IN ANIMALS FROM THE MANATEE COUNTY ANIMAL SERVICES SHELTER. WE ARE ABLE TO PROVIDE HIGH QUALITY MEDICAL CARE WHEN NEEDED AS WELL AS PROVIDING DAILY CARE FOR THE ANIMALS ENTERING OUR SHELTER SYSTEM. OUR STAFF VETERINARIANS PROVIDE CARE AND MONITORING OF ALL ANIMALS IN OUR SHELTER WITH WEEKLY MEDICAL ROUNDS AND THE SHELTER HAS A CERTIFIED VETERINARY TECHNICIAN ON STAFF. STAFF AND VOLUNTEERS ARE TRAINED FREQUENTLY AND WORK TOGETHER TO TRAIN AND SOCIALIZE THE DOGS TO BETTER PREPARE THEM FOR ADOPTION. A DOG TRAINER IS AT OUR SHELTER ONCE A MONTH TO WORK WITH ADOPTERS WHO MAY BE EXPERIENCING BEHAVIORAL ISSUES WITH THEIR NEW CANINE FAMILY MEMBER.

FORM 990, PART VI, SECTION B, LINE 11:

THE BOARD OF DIRECTORS AND MANAGEMENT RECEIVE A COPY OF THE FORM 990 IN DRAFT FORM. QUESTIONS AND COMMENTS FROM THE BOARD OF DIRECTORS AND MANAGEMENT ARE ANSWERED BY THE TREASURER AND ANY MODIFICATIONS RESULTING

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FROM THIS PROCESS ARE MADE TO THE DRAFT FORM. THE FINAL VERSION OF THE FORM IS APPROVED BY THE BOARD.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION REVIEWS ANY CONFLICT OF INTERESTS AS THEY ARE NOTED. THERE WERE NONE IN THE 2015 FISCAL YEAR. ADDITIONALLY, CONFLICT OF INTEREST FORMS ARE COMPLETED ANNUALLY BY ALL BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 15A:

TO DETERMINE THE COMPENSATION OF THE EXECUTIVE DIRECTOR, THE EXECUTIVE COMMITTEE CONSIDERED FORM 990 OF SIMILAR ORGANIZATIONS IN ADDITIONAL TO A COMPENSATION SURVEY. THE BOARD OF DIRECTORS APPROVED THE COMPENSATION PACKAGE AS DETERMINED BY THE EXECUTIVE COMMITTEE WITH A UNANIMOUS VOTE.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST. COPIES OF RECENT FORMS 990 ARE AVAILABLE AT WWW.GUIDESTAR.COM.

FORM 990, PART XII, LINE 2C:

THERE WAS NO CHANGE TO THE AUDIT OVERSIGHT OR SELECTION PROCESS DURING THE YEAR.

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. HUMANE SOCIETY OF MANATEE COUNTY	Employer identification number (EIN) or 59-1819652
	Number, street, and room or suite no. If a P.O. box, see instructions. 2515 14TH STREET W.	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. BRADENTON, FL 34205	

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

THE ORGANIZATION

- The books are in the care of **2515 14TH STREET W. - BRADENTON, FL 34205**
Telephone No. **(941) 747-8808** Fax No.
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **AUGUST 15, 2017**.

5 For calendar year , or other tax year beginning **OCT 1, 2015**, and ending **SEP 30, 2016**.

6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return Change in accounting period

7 State in detail why you need the extension
ADDITIONAL TIME IS REQUIRED TO COMPLETE ACCURATE FILING—AUDIT FOR THE YEAR HAS NOT BEEN COMPLETED

8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature Title **PRESIDENT** Date