			EXTENDED TO NOVEMBER 15, 20	018					
	Ω	00	Return of Organization Exempt From	Income Tax	OMB No. 1545-0047				
For	m J	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (	except private foundations)	2017				
Depa	artment	of the Treasury	Do not enter social security numbers on this form as it may	ay be made public.	Open to Public				
Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.									
Α	For th	e 2017 calend	lar year, or tax year beginning and ending						
B	Check if applicab		forganization	D Employer identificat	ion number				
, 			NE SOCIETY FOR TACOMA PIERCE COUNTY						
	Addre		ETY PREVENTION CRUELTY ANIMALS						
	Name chang		usiness as	91-057	7128				
	returr		and street (or P.O. box if mail is not delivered to street address) Room/su						
	Final returr termi	"	CENTER STREET		34-5821				
_	ated Amer	City or t	own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	7,914,785.				
	returr	IACO	MA, WA 98409	<b>H(a)</b> Is this a group retur					
	Appli tion pend	F Name a	nd address of principal officer: JULIE CURTIS	for subordinates?					
			AS C ABOVE	H(b) Are all subordinates includ					
<u> </u>	Tax-ex	empt status: L		If "No," attach a list	. ,				
			THEHUMANESOCIETY.ORG	H(c) Group exemption n					
	orm o art I			ear of formation: 1888 M St	ate of legal domicile: WA				
P	1								
e	1	Briefly describ	be the organization's mission or most significant activities: TO ADVANC AND PROMOTE POSITIVE RELATIONSHIPS B	C INE WELFARE	AND				
าลท									
/eri	2		If the organization discontinued its operations or disposed of m is a second discontinued its operations or disposed of m		ts. 15				
ĝ	3		ting members of the governing body (Part VI, line 1a)		15				
<u>م</u>	4		dependent voting members of the governing body (Part VI, line 1b)		72				
ties	5		of individuals employed in calendar year 2017 (Part V, line 2a)		786				
Activities & Governance	6		of volunteers (estimate if necessary)		0.				
¥			d business revenue from Part VIII, column (C), line 12 business taxable income from Form 990-T, line 34		0.				
		Net unrelateu		Prior Year	Current Year				
	8	Contributions	and grants (Part VIII, line 1h)	8,660,122.	3,730,928.				
Revenue	9			1,824,612.	1,899,317.				
sver	10	•	come (Part VIII, line 2g) come (Part VIII, column (A), lines 3, 4, and 7d)	141,298.	666,866.				
Ř	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	108,808.	158,214.				
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,734,840.	6,455,325.				
	13		milar amounts paid (Part IX, column (A), lines 1-3)	0.	0.				
	14		to or for members (Part IX, column (A), line 4)	0.	0.				
s		<b>-</b> · · · · ·		2,865,527.	3,195,467.				
Ise	16a	Professional f	jundraising fees (Part IX, column (A), line 11e)	0.	0.				
Expenses	b	Total fundrais	r compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e) ing expenses (Part IX, column (D), line 25) ▶256 , 672 .						
ŵ	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)	2,164,706.	1,923,959.				
	18	-	es. Add lines 13-17 (must equal Part IX, column (A), line 25)	5,030,233.	5,119,426.				
	19		expenses. Subtract line 18 from line 12	5,704,607.	1,335,899.				
Net Assets or Fund Balances				Beginning of Current Year	End of Year				
sets	20	Total assets (I	Part X, line 16)	19,392,521.	21,163,680.				
ASt	21		s (Part X, line 26)	1,617,600.	1,215,819.				
Fun	22		fund balances. Subtract line 21 from line 20	17,774,921.	19,947,861.				
Pa	art II	Signatur							
Und	er pen	alties of perjury,	I declare that I have examined this return, including accompanying schedules and stat	ements, and to the best of my kr	lowledge and belief, it is				
true	, corre	ct, and complete	. Declaration of preparer (other than officer) is based on all information of which prepa	arer has any knowledge.					

		,		-					
Sign Here	Signature of officer JULIE CURTIS, TREASURE	R	Da	ate					
	Type or print name and title								
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN					
Paid	JASON W. CLAPP			if self-employed P01945113					
Preparer	Firm's name JOHNSON STONE &		Fi	rm's EIN 91-1623649					
Use Only	Firm's address 1501 REGENTS BLV	D., SUITE 100							
	FIRCREST, WA 984		PI	none no. (253) 566 - 7070					
May the I	May the IRS discuss this return with the preparer shown above? (see instructions)								
732001 11-2	32001 11-28-17 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2017)								

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	HUMANE SOCIETY FOR TACOMA PIERCE COUNTY
	990 (2017) SOCIETY PREVENTION CRUELTY ANIMALS 91-0577128 Page 2
Pa	t 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 MISSION OF THE HUMANE SOCIETY IS TO ADVANCE THE WELFARE OF ANIMALS
	AND PROMOTE POSITIVE RELATIONSHIPS BETWEEN ANIMALS AND PEOPLE.
	AND FROMOTE FOSTITVE RELATIONSHIFS BETWEEN ANIMALS AND FEOFILE.
2	Did the organization undertake any significant program services during the year which were not listed on the
-	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
•	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as 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 \$ 3,384,234 • including grants of \$) (Revenue \$ 1,827,345 • _)
	SHELTERED AND CARED FOR APPROXIMATELY 9,790 STRAY AND ABANDONED
	ANIMALS, NEVER TURNING AN ANIMAL AWAY. FOUND HOMES FOR MORE THAN 6,060
	HOMELESS PETS AND REUNITED OVER 1,740 LOST PETS WITH OWNERS.
4b	(Code: ) (Expenses \$ 255,353. including grants of \$ ) (Revenue \$ 147,253.) PROVIDED VETERINARY CARE AND TREATMENT FOR SHELTER PETS, INCLUDING
	VACCINATIONS, MICROCHIP IDENTIFICATION, AND SPAYING/NEUTERING.
	PROVIDED HUMANE EUTHANASIA FOR SEVERELY ILL OR INJURED PETS, PETS THAT
	COULD NOT BE PLACED IN HOMES AND FUNDED MORE THAN 4,160 PETS, PETS THAT
	SURGERIES.
4c	(Code:) (Expenses \$ 790,779. including grants of \$) (Revenue \$)
	MORE THAN 780 REGISTERED VOLUNTEERS OFFER A VARIETY OF HUMANE PROGRAMS,
	INCLUDING FOSTERING FOR UNDERAGED PETS, EMERGENCY PET FOOD BANK,
	COMMUNITY OUTREACH AND EDUCATION, EXERCISING AND GROOMING FOR SHELTER
	PETS, PET BEHAVIOR ASSISTANCE, AND ADOPTION MATCH-MAKING.
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
<u>4e</u>	Total program service expenses ► 4,430,366.

#### <u>91-057712</u>8 Page 3

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			х
-	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If</i> "Yes," <i>complete Schedule C, Part III</i>	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	5		
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	<u> </u>		
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		37	
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			х
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	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</i> "Yes," <i>complete Schedule D, Part VIII</i>	11c		х
Ь	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			
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	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)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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			v
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
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	45		х
16	foreign organization? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		- 23
16	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			<u> </u>
	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
		_	000	

	990 (2017) SOCIETY PREVENTION CRUELTY ANIMALS 91-057	7128	P	age <b>4</b>
Pa	t IV Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	L
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			37
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			37
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			1
~~	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			x
c <del></del>	If "Yes," complete Schedule R, Part V, line 2	36		^
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			x
00	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		х	1
	Note. All Form 990 filers are required to complete Schedule O	38	17	L

# Form 990 (2017) HUMANE SOCIETY FOR TACOMA PIERCE COUNTY SOCIETY PREVENTION CRUELTY ANIMALS Part V Statements Regarding Other IRS Filings and Tax Compliance

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1a       Enter the number of Ports W2 in included in line 1a. Enter 0- if not applicable       1a       3.5         1b       1b       0       0         c       Difference       1a       0       0         d       Difference       1a       1a       1a       1a         d       Difference       1a       1a       1a       1a       1a         d       Difference       1a       1a       1a       1a       1a       1a         d       Difference       1a       <	rai	Check if Schedule O contains a response or note to any line in this Part V						
1a       Inter the number reported in Box 3 of Form 1096. Enter-O in not applicable       1a       35         b       Enter the number of Form XV30 chucked in line la. Enter-O in not applicable       1b       0         c       Did the organization comply with backup withhinding rules for reportable payments to vendors and reportable gaming (gaming) (gamined or the calendar yave ending with or within the year covered by this return       2a       72         c       RX       RX       RX       RX         Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-Ne (see instructions)       3a       X         a       Did the organization have embedded business grooms income of \$100 on more during the year?       3a       X         b       If Yes, ' that filed a Form 980-f for this year.of the organization have an interest 1; or a signature or other authority over, a financial account is of their organization have an interest 1; or a signature or other authority over, a financial account is of their organization have annual groom other during the tax year?       5a       X         b       Did any taxable pary notify the organization file Form 888-17       5b       X       5a       X         b       Did any taxable organization have annual groos recepts that are normally greater than \$100,000, and did the organization not audito due with every solicitation an express statement that such contributions or gifts       6b       X         b       Did an granization neal angr					Voc			
b       Image: Control of the sector withhold in rules for reportable payments to vendors and reportable gaming (gambing) winnings to prize winners?       Image: Control of Contrel Of Control Of Control O	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	35		165	NO		
b Id the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) within seman 2.       Image: Complex Co								
ice       X         2a       Enter the number of employees reported on from W-3. Transmittal of Wage and Tax Statements.       2a       72         2b       If at least one is reported on line 2a, did the organization file all required federal employment tax returns?       2b       X         3b       Did the organization have unrelated business gross income of \$1,000 or more during the year?       3a       X         3c       Did the organization have unrelated business gross income of \$1,000 or more during the year?       3a       X         3c       Did the organization have unrelated business gross income of \$1,000 or more during the year?       3a       X         4d       Aray 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.       4a       X         bit 1*Yes, "enter the name of the foreign country.       Sa       X       5c       X         bit any taxable party notify the organization in thero 88867.       Sc       C       C         6b       Was the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charbable contributions?       5c       C         6c       C       Yes, " old the organization include with every solicitation an express statement that such contributions or a gross diverse provided to the payor?       7a       X			ole gaming					
2a       Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements.       2a       72         bit at least one is reported on line 2a, did the organization file all required federal employment tax returns?       2b       X         Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>i</i> -file (see instructions)       3a       X         bit of the organization have uncertaide business gross income of 31, 000 or more during the year?       3a       X         bit Pres, 'has if field a form 900 T for this year? If 'No,' to fine 3b, provide an explanation in Schedule 0       3b       4a         bit Pres, 'has if field a form 900 T for this year? If 'No,' to fine 3b, provide an explanation or Schedule 0       3b       X         See instructions for ling requirements for FinCEN Form 114, Report of Forigin Bank and Financial Accounts (FBAR).       5a       X         See instructions for ling requirements for FinCEN Form 114, Report of Forigin Bank and Financial Accounts (FBAR).       5c       X         See instructions for ling requirements for FinCEN Form 114, Report of Forigin Bank and Financial Accounts (FBAR).       5c       X         See instructions for ling requirements for FinCEN Form 114, Report of Forigin Bank and Financial Accounts (FBAR).       5c       X         See instructions for an explanation in ware manual gross necelles that an enormality greater than \$100,000, and did the organization selle.       X         Bo the organization have ano	Ū			1c	х			
filed for the calendar year ending with or within the year covered by this return       Image: Text of the second of the calendar development to the returns?       Zb       X         b) If at least one is reported on line 2a, did the organization file all required federal employment to the returns?       Zb       X         30       Did the organization have unrelated business gross income of \$1,000 or more during the year?       3a       X         41       At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account?       3a       X         54       At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account?       4a       X         55       Was the organization there for the file CBF Form 114. Report of Foreign Bark and Financial Accounts (FBAR).       5a       X         56       Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were nor tax deductible?       5a       X         61       Was the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       6b       6a       X         7       Organizations that may receive adductible?       7a       X       1d       7a       X         7       Organization neceive a syment in ecess of \$75 mals parily as a contr	2a							
b       If a least one is reported on line 2a, did the organization file all required federal employment tax returns?       2b       X         3a       Did the organization have unnelated business gross income of \$1,000 or more during the year?       3a       X         3b       Twes, "has it filed a form 900-Tir to this year? if 'No," to line 3b, provide an explanation in Schedule O       3b       X         3d       A tary time of the organization have unnelated business gross income of \$1,000 or more during the year?       3a       X         3d       A tary time or the name of the foreign country is verify it o line 3b, provide an explanation in the schedule or with the organization have unique tax shells       X         3d       I''res, "to line 5a or 5b, did the organization have unal times the rare scient or other financial account?       4a       X         3d       Did any taxable party noithy the organization have tay the a prohibited tax shelt transaction?       5b       X         5d       Did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization scient any contributions of time scient 170(c).       5a       X         5d       I''Nes," did the organization neither were solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 170(c).       7a       X         6d       I''Nes," did the organization neith sectify in directly in page transmascolar serevides provided to the payo?			72					
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)       3a       X         3a       Did the organization have unrelated business gross income of \$1,000 or more during the year?       3a       X         4a       At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account?       3b       X         5a       Did the reganization countly such as a bank account, securities account, or other financial account?       5a       X         5b       Was the organization outly the torganization that a was or is a party to a prohibited tax shelter transaction?       5a       X         5a       If 'Yes,' is the sa or 5b, did the organization that are normally greater than \$100,000, and did the organization solicit any contributions that ware not tax deductible?       5a       X         6a       I' 'Nes,' is the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       7a       X         7       Organizations that ware receive eductible contributions under section 170(c).       10 the organization neight end or or disple personal property for which it was required to the propriot the value of the yoads or services provided to the payor?       7a       X         61       I' 'Nes,' idit the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       7c       X <t< th=""><th>b</th><td></td><td></td><td>2b</td><td>Х</td><td></td></t<>	b			2b	Х			
3a       Did the organization have unrelated business gross income of \$1,000 or more during the year?       3a       X         bit "Ves," has it field a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule 0       3b       3b         bit "Ves," that it field a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule 0       4a       X         bit "Ves," that it field a Form 90-T for this year? If "No," to line 3b, provide an explanation in Schedule 0       4a       X         bit "Ves," that it field a Form 90-T for this year? If "No," to line 3b, provide an explanation at any time during the xyear?       5a       X         bit "Ves," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?       5a       X         bit "Ves," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?       5a       X         bit "Ves," to line 5a or 5b, did the organization that was or is a party to a prohibited tax shelter transaction?       5a       X         bit "Ves," to line 5a or 5b, did the organization an express statement tha such contributions or gitts were not tax deductible as charitable contributions?       7a       X         bit "Ves," to did the organization neith express (3f 3m dia party size actification an express balend to regrit action file form 8282?       7a       X         c Did the organization neith express (3f 3 made party size actintibution organization neithexpress actification enci								
b       1 'Yes,'' has it filed a Form 990.T for the yea? /f 'No,'' to fine 3b, provide an explanation in Schedule O       3b         4a       At any time during the calendar year, did the organization have an interest in, or a signature or other authorty over, a than cale account in a foreign country: >       4a       X         b       If 'Yes,'' enter the name of the foreign country: >	3a			3a		Х		
4a       At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountly curb a prohibited scacount, securities account, or other financial accountly?       4a       X         b       If "ves," enter the name of the foreign country:       See instructions for fing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       See instructions for fing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       See instructions for fing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       So       X         b       Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       So       X         c       Did any taxable party notify the organization file Form 8886-17       So       X         b       Does the organization needer symmet in excess orgis that are normally greater than \$100,000, and did the organization solid with every solicitation and express statement that such contributions or gifts were not tax deductible?       So       X         b       If "Yes," idid the organization needer symmet in excess of \$75 mate party is a contribution and party for goods and services provided to the part?       7a       X         c       Did the organization needer symmet in excess of \$75 mate party is a contribution and party for goods and services provided to the part?       7a       X         d       These," idid the number of Form 8282 file during th				3b				
b       If "Yes," enter the name of the foreign country.         Bee instructions for ting requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       5a         SW as the organization a party to a prohibited tax shelter transaction at any time during the tax year?       5a       X         D Dd any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       5a       X         If "Yes," to line 5a or 5b, did the organization file Form 8886-T?       6a       X         B Des the organization include with every solicitation an express statement that such contributions orgits were not tax deductible contributions under section 170(c).       6a       X         B Did the organization neckly expression and party for goods and services provided to the payor?       7a       X         If "Yes," ididate the number of Form 8282? filed during the year       1ad       7a       X         If the organization neckly and pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         If the organization neckive a payment in excess of S7 made party as a property for which it was required to file Form 8282?       7b       X         If Tyes," did the organization neckive a payment in excess of S7 made party as a contribution and party for pools and services provided to the payor?       7c       X         If the organization neckive a payment in excess of S7 made party as a contribution or any secent paymen			ty over, a					
See instructions for filing requirements for FinCEN Flace H14, Report of Foreign Bank and Financial Accounts (FBAR).       5a       X         5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?       5a       X         5a Was the organization aparty to a grohibited tax shelter transaction at any time during the tax year?       5a       X         5a 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?       5c       X         5b If Yes," toline 5a or 5b, did the organization include with every solicitation an express statement that such contributions orgits were not tax deductible contributions?       6a       X         7 Organizations that may receive deductible contributions under section 170(c).       10 the organization notify the door of the value of the goods or services provided?       7a       X         7 Organization neceive a payment in excess of S/5 made party as a contribution and party for pools and services provide?       7b       1       X         9 If Yes," indicate the number of Forms 8282 filed during the year       7d       7c       X         9 If the organization receive a contribution of qualified intellectual property, di the organization file a Form 1098-C?       7r       X         9 Sponsoring organization receive a contribution of cars, basts, airplanes, or other vehicles, did the organization file a Form 1098-C?       7r       X		financial account in a foreign country (such as a bank account, securities account, or other financial accour	nt)?	4a		Х		
5a       Was the organization a party to a prohibited tax shelter transaction?       5a       X         b       Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       5a       X         6b       Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       5a       X         7b       Dids my taxable party notify the organization tile Form 8886-17       6a       X         7c       Dids my taxable party notify the organization file Form 8886-17       6a       X         7c       Dids my taxable party and the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charable contributions and party for goods and services provided to the payor?       7a       X         7c       Organization stat may receive deductible contributions under section 170(c).       10       10       10         7c       Viss, "did the organization neity the donor of the value of the goods or services provided?       7a       X         7c       Viss, "did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7c       X         7d       Tres, "did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7c       X         7d       If Yes, "indicate the number of Forms 8282	b	If "Yes," enter the name of the foreign country: ►						
b       Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       5b       X         c       If "Yes," to line 5a or 5b, did the organization file Form 8886 17       5c       5c         any contributions that were not tax deductible as charitable contributions?       5c       5c         b       If "Yes," did the organization have excelpts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible contributions?       6a       X         b       If "Yes," did the organization notidy the donor of the value of the goods or services provided?       7c       7a       X         b       If "Yes," indicate the number of Forms 8282? filed during the year       7d       7d       X         d       If the organization receive any purentins, directly or indirectly, on a personal benefit contract?       7d       X         d       If "Yes," indicate the number of Forms 8282? filed during the year, pay premiums, on a personal benefit contract?       7d       X         g       If the organization origins the ware, pay premiums, on a personal benefit contract?       7d       X         g       If the organization origins the ware, pay premiums, on a personal benefit contract?       7d       X         g       If the organization nake a distribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098cO?		See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Account	s (FBAR).					
c       If "Yes," to line 5a or 5b, did the organization file Form 8886-T?       5c         6D Des 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?       5a         b       If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions?       6a       X         b       If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 170(c).       7a       X         b       If "Yes," did the organization neceive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?       7a       X         b       If "Yes," indicate the number of Forms 8282 filed during the year       Td       7d       7c       X         f       Did the organization receive a contribution of qualified intellectual property, did the organization file Form 1098-C?       7f       X         f       If the organization receive a contribution of cars, bacts, airplanes, or other vehicles, did the organization file a Form 1098-C?       7f       X         g       If the organization neceive a contribution of qualified intellectual property, did the organization file a Form 1098-C?       7f       X         g       Sponsoring organization meaker sets	5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a				
6a       Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?       6a       X         b If 'Yes,'' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       6b       7         7 Organization sell, exchange, or otherwise dispose of \$75 made party as a contribution and party for goods and services provided to the payor?       7a       X         b If 'Yes,'' did the organization netwer solicit ding the yas a contribution and party for goods and services provided to the payor?       7a       X         c Did the organization receive a gayment in excess of \$75 made party as a contribution and party for which it was required to file Form 8282?       7c       X         d If 'Yes,'' indicate the number of Forms 8282 filed during the year       7d       7d       X         f Did the organization receive a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7t       X         g If the organization neceived a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7t       X         g Did the sponsoring organization make any taxable distributions under section 4966?       9a       <	b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X		
any contributions that were not tax deductible as charitable contributions?       6a       X         b If 'Yes,'' did the organization include with every solicitation an express statement that such contributions or gifts       6b       6b         7 Organizations that may receive deductible contributions under section 170(c).       7a       X         a bid the organization notify the donor of the value of the goods or services provided?       7b       X         b If 'Yes,'' did the organization notify the donor of the value of the goods or services provided?       7c       X         b Uf the organization notify the donor of the value of the goods or services provided?       7c       X         b Uf the organization notify the donor of the value of the goods or services provided?       7c       X         f Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         f Did the organization receive a contribution of qualified intellectual property, did the organization file Form 899 as required?       7h       X         f If the organization receive a contribution of qualified intellectual property, did the organization file Form 899 as required?       7h       X         g If the organization receive a contribution of qualified funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       9a       9a         9 Did the sponsoring organization make any taxable distributi	С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c				
b       If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts       6b         7       Organizations that may receive deductible contributions under section 170(c).       7a       X         b       Did the organization necleve a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?       7a       X         b       If "Yes," did the organization notify the donor of the value of the goods or services provided?       7b       7c       X         c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to this form 8282?       7c       X         d       H"Yes," indicate the number of Forms 8282 filed during the year       7d       7e       X         f       Did the organization receive any funds, directly or indirectly, to pay premiums, on a personal benefit contract?       7f       X         g       If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098C?       7h       X         g       Sponsoring organization maintaining door advised funds.       9       Sponsoring organization make a distribution to a donor, advised fund maintained by the sponsoring organization make a distribution to a donor advised fund maintained by the sponsoring organization make a distribution to a donor advised fund maintained by the sponsoring organization make a distribution of cars boats and the preson?	6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the orga	nization solicit					
were not tax deductible?     6b       7 Organizations that may receive deductible contributions under section 170(c).     6b       10 the organization receive apyment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?     7a     X       b If "Yes," did the organization notify the donor of the value of the goods or services provided?     7b     7c     X       c Did the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract?     7e     X       f Ud the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?     7f     X       g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?     7h     X       g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1098-C?     7h     X       g Did the sponsoring organization make any taxable distributions under section 4966?     9a     9b       9 Sponsoring organizations maintaining donor advised funds.     10a     10a     10a       10 the sponsoring organizations nectored normake a distribution to a donor, donor advised funds?     9b     9b       9 Sonsoring organization make a distribution to a donor, donor advised funds?     9a     9b       10 the sponsoring organizations. Enter:     10a     10b     10a       11 a     10b     10b <th></th> <td></td> <td></td> <td>6a</td> <td></td> <td>X</td>				6a		X		
7       Organizations that may receive deductible contributions under section 170(c).       a)       a)       a)       a)       a)       a)       b)       7a       X         7a       X       To see the organization neceive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided 7       7a       X         b)       f) "Yes," did the organization neceive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided 7       7b       X         c)       Did the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         f)       Did the organization received a contribution of caust, boats, airplanes, or other vehicles, did the organization file Form 8989 as required?       7f       X         f)       If the organization received a contribution of caust, boats, airplanes, or other vehicles, did the organization file Form 8989 as required?       7f       X         f)       If the organization neceived a contribution of caust, boats, airplanes, or other vehicles, did the organization file Form 1098-C?       7h       Image: Seconsoring organization make any taxable distributions under section 4966?       9a       9         g)       Sponsoring organization make any taxable distributions under sources against amounts due or form 990, Part VIII, line 12, for public use of club facilities       10a       10b       10b       10b       10b <th>b</th> <th>If "Yes," did the organization include with every solicitation an express statement that such contributions or</th> <th>gifts</th> <th></th> <th></th> <th></th>	b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	gifts					
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided 7       7a       X         b If "Yes," did the organization notify the donor of the value of the goods or services provided?       7b       7c       X         c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c       X         d If "Yes," indicate the number of Forms 8282 filed during the year       7d       7e       X         f Did the organization receive any funds, directly or indirectly, to nay personal benefit contract?       7f       X         f If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?       7h       X         g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h       X         g Sponsoring organization make any taxable distributions under section 4966?       9a       9       9b       9b         9 Sponsoring organizations maintaining donor advised funds.       10a				6b		L		
b       If "Yes," did the organization notify the donor of the value of the goods or services provided?       7b         c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c       X         d If "Yes," indicate the number of Forms 8282 filed during the year       7d       7e       X         f       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         f       Did the organization received a contribution of qualified intellectual property, did the organization file Form 1098-C?       7g       A         f       Bif the organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization maintaining donor advised funds.       7g       9a         g       Did the sponsoring organization make any taxable distributions under section 4966?       9a       9a         g       Did the sponsoring organizations. Enter:       10a       10a       10a       10a         g       Gross income from other sources (Do not nat amounts due or paid to other sources against amounts due or subard bords. In the source (Do not mayon. Concrud during the year       12a       12a         12a       Section 501(c)(12) organizations. Enter:       11b       12a       12a       12a         13       Section 501(c)(21) organizations. Enter:				_		v		
c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c       X         d       If "Yes," indicate the number of Forms 8282 filed during the year       Td       7e       X         d       If "Yes," indicate the number of Forms 8282 filed during the year       Td       7d       X         f       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7f       X         f       Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g       7d       X         f       H the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1098-C7       7h       8         Sponsoring organizations maintaining donor advised funds.       8       9       9       9a			Ē			^		
to file Form 8282?       7c       X         d If "Yes," indicate the number of Forms 8282 filed during the year       7d       7d         e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7f       X         f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7h       7f       X         g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h								
d If "Yes," indicate the number of Forms 8282 filed during the year       Td       Td         e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       Te       X         f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       Tf       X         g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       Tg       X         n If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1088 C7       Tn       X         8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       9a       Section 501(c)(17) organizations. Enter:       8       Section 501(c)(17) organizations. Enter:       10a       10a       10b       Section 501(c)(12) organizations. Enter:       10a       10b       10b       10b       10c	С			70		x		
e       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         f       Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       7f       X         g       If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g       X         h       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1098-C?       7h       X         Sponsoring organizations maintaining donor advised funds.       Did onor advised funds.       8       9         9       Sponsoring organizations maintaining donor advised funds.       9a       9a       9a       9a       9b       9	А	1 1		70		- 23		
f       Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       77       X         g       If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g       7h       X         h       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8899 as required?       7h       7g         h       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8899 as required?       7h       7g         h       If the organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds.       8       9         9       Sponsoring organizations maintaining donor advised funds.       9a       9a       9b       9b         01       the sponsoring organizations maintaining donor advised funds.       9       9a       9b       9b       9b         02       the sponsoring organizations maintaining donor advised funds.       10a       10a       10a       10b       11b       11a       10b       11b       11b       11b <t< th=""><th></th><th></th><th>+2</th><th>70</th><th></th><th>x</th></t<>			+2	70		x		
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g         h If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7h         8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization mave excess business holdings at any time during the year?       8         9 Sponsoring organization make any taxable distributions under section 4966?       9a         b Did the sponsoring organizations. Enter:       10a         a Initiation fees and capital contributions included on Part VIII, line 12       10a         b Gross income from members or shareholders       11a         b Gross income from members or shareholders       11a         b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       12a         12a       b If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b         13 Section 501(c)(29) qualified nonprofit health insurance issuers.       13a         a Is the organization licensed to issue qualified health plans in more than one state?       13a         Note. See the instructions for additional information the organization must report on Schedule O.       13a         Note. See the instructions for additional information the organization is required to maintain by the states in w	-							
h       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h         8       Sponsoring organizations maintaining donor advised funds.       8         9       Sponsoring organization have excess business holdings at any time during the year?       8         9       Sponsoring organization make any taxable distributions under section 4966?       9a         9       Did the sponsoring organization make any taxable distributions under section 4966?       9a         10       Section 501(c)(7) organizations. Enter:       10a         11       Initiation fees and capital contributions included on Part VIII, line 12, for public use of club facilities       10b         11       Section 501(c)(12) organizations. Enter:       10a       10b         12       Gross income from members or shareholders       11a       10b         13       Gross income from members or shareholders       11a       11b         12a       11b       12a       12a         13       Section 501(c)(12) qualified nonprofit health insurance issuers.       12a       13a         13       Section 501(c)(29) qualified nonprofit health plans in more than one state?       13a         14a       X			99 as required?					
8       Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?       8         9       Sponsoring organizations maintaining donor advised funds.       9a         a       Did the sponsoring organizations maintaining donor advised funds.       9a         b       Did the sponsoring organizations make any taxable distributions under section 4966?       9a         b       Did the sponsoring organizations. Enter:       9b         a       Initiation fees and capital contributions included on Part VIII, line 12       10a         b       Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b         11       Section 501(c)(12) organizations. Enter:       10a       11a         a       Gross income from members or shareholders       11a       12a         b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         12a       Section 501(c)(29) qualified nonprofit health insurance issuers.       12a       13a         13a       Note. See the instructions for additional information the organization must report on Schedule O.       13a         13a       Inter the amount of reserves the organization is required to maintain by the states in which the organization is	-							
sponsoring organization have excess business holdings at any time during the year?       8         9       Sponsoring organizations maintaining door advised funds.       9a         a       Did the sponsoring organization make any taxable distributions under section 4966?       9a         b       Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b         10       Section 501(c)(7) organizations. Enter:       10a         a       Initiation fees and capital contributions included on Part VIII, line 12       10a         b       Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b         11       Section 501(c)(12) organizations. Enter:       10a         a       Gross income from members or shareholders       11a         b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b         12a       Section 501(c)(29) qualified nonporti thealth insurance issuers.       12b       12a         13       Section 501(c)(29) qualified nonporti thealth plans in more than one state?       13a       13a         Note. See the instructions for additional information the organization must report on Schedule O.       13a       13a         c       Enter the amount of reserves on hand       13a       13a								
a Did the sponsoring organization make any taxable distributions under section 4966?       9a         b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b         10 Section 501(c)(7) organizations. Enter:       10a       10a         a Initiation fees and capital contributions included on Part VIII, line 12       10a       10b         b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b       10b         11 Section 501(c)(12) organizations. Enter:       11a       10b       11a         a Gross income from members or shareholders       11a       11b       12a         b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a       12a         13 Section 501(c)(29) qualified nonprofit health insurance issuers.       a Is the organization licensed to issue qualified health plans in more than one state?       13a       13a         c 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       13b       13a         c Enter the amount of reserves on hand       13a       13a       13a         14a       13a       13a				8				
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b         10 Section 501(c)(7) organizations. Enter:       10a         a Initiation fees and capital contributions included on Part VIII, line 12, for public use of club facilities       10b         b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b         11 Section 501(c)(12) organizations. Enter:       10a         a Gross income from members or shareholders       11a         b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b         12a       11b         12b       12b         13 Section 501(c)(29) qualified nonprofit health insurance issuers.       12b         a Is the organization licensed to issue qualified health plans in more than one state?       13a         Note. See the instructions for additional information the organization must report on Schedule O.       13b         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       13b         c Enter the amount of reserves on hand       13c       13a         14a       X	9	Sponsoring organizations maintaining donor advised funds.						
10       Section 501(c)(7) organizations. Enter:       10a       10a         a       Initiation fees and capital contributions included on Part VIII, line 12       10a       10b         b       Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b       10b         11       Section 501(c)(12) organizations. Enter:       11a       10b       11a         a       Gross income from members or shareholders       11a       11b       11b         b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       13a         13       Section 501(c)(29) qualified nonprofit health plans in more than one state?       13a       13a         14a       X       13b       13c       13a	а	Did the sponsoring organization make any taxable distributions under section 4966?		9a				
a       Initiation fees and capital contributions included on Part VIII, line 12       10a       10a         b       Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b       10b         11       Section 501(c)(12) organizations. Enter:       10a       11a       10b         a       Gross income from members or shareholders       11a       11a       11a         b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       11a         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       13a         13       Is the organization licensed to issue qualified health plans in more than one state?       13a         Note. See the instructions for additional information the organization must report on Schedule O.       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       13b       13b         14a       X	b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b				
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11       Section 501(c)(12) organizations. Enter:         a       Gross income from members or shareholders         b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?         12b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year         13       Section 501(c)(29) qualified nonprofit health insurance issuers.         a       Is the organization licensed to issue qualified health plans in more than one state?         13a       Note. See the instructions for additional information the organization must report on Schedule O.         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         13a       13b         13b       13c         14a       X	а							
a Gross income from members or shareholders       11a       11a         b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       11b         12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         b If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       12b         13 Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a         a Is the organization licensed to issue qualified health plans in more than one state?       13a       13a         Note. See the instructions for additional information the organization must report on Schedule O.       13b       13a         c 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       13b       13c         c Enter the amount of reserves on hand       13c       13a       13a         14a       X	b							
b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       11b       12a         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a       12a         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a         Note. See the instructions for additional information the organization must report on Schedule O.       13b       13a         c       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       13b       13b         c       Enter the amount of reserves on hand       13c       14a       X								
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12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a         Note. See the instructions for additional information the organization must report on Schedule O.       13b       13a         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       13b       13b         c       Enter the amount of reserves on hand       13c       14a       X	b							
b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a         Note. See the instructions for additional information the organization must report on Schedule O.       13a         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       13b         c       Enter the amount of reserves on hand       13c         14a       X		,		10				
13       Section 501(c)(29) qualified nonprofit health insurance issuers.         a       Is the organization licensed to issue qualified health plans in more than one state?         Note. See the instructions for additional information the organization must report on Schedule O.         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         c       Enter the amount of reserves on hand         13a       13b         13c       14a				12a				
a Is the organization licensed to issue qualified health plans in more than one state?       13a         Note. See the instructions for additional information the organization must report on Schedule O.       13a         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       13b         c Enter the amount of reserves on hand       13c         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a								
Note. See the instructions for additional information the organization must report on Schedule O.       Image: Description of the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			ŀ	120				
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       13b       13b         c Enter the amount of reserves on hand       13c       14a       X         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X	а			138				
organization is licensed to issue qualified health plans       13b       13b         c       Enter the amount of reserves on hand       13c       14a         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X	h							
c Enter the amount of reserves on hand       13c       14a         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X	b							
14a Did the organization receive any payments for indoor tanning services during the tax year?       14a       X	c							
				14a		X		
			••••••					

### HUMANE SOCIETY FOR TACOMA PIERCE COUNTY SOCIETY PREVENTION CRUELTY ANIMALS

Pai	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a	"No" r	espon	se				
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.							
	Check if Schedule O contains a response or note to any line in this Part VI			X				
Sec	tion A. Governing Body and Management							
			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year 1a1							
	If there are material differences in voting rights among members of the governing body, or if the governing							
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.							
b	b Enter the number of voting members included in line 1a, above, who are independent 1b 15							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1						
	officer, director, trustee, or key employee?	2		Х				
3								
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х				
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х				
6	Did the organization have members or stockholders?	6		Х				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or							
	more members of the governing body?	7a		Х				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or							
	persons other than the governing body?	7b		Х				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:							
	The governing body?	8a	х					
b	Each committee with authority to act on behalf of the governing body?	8b	Х					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the							
-	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	-						
			Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х				
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,							
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х					
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.							
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х					
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х					
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe							
	in Schedule O how this was done	12c	х					
13	Did the organization have a written whistleblower policy?	13	Х					
14	Did the organization have a written document retention and destruction policy?	14	Х					
15	Did the process for determining compensation of the following persons include a review and approval by independent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official	15a	Х					
	Other officers or key employees of the organization	15b	Х					
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a							
	taxable entity during the year?	16a		Х				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's							
	exempt status with respect to such arrangements?	16b						
Sec	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed ►WA							
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availab	le					
	for public inspection. Indicate how you made these available. Check all that apply.							
	X       Own website       Another's website       X       Upon request       Other (explain in Schedule O)							
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cial					
-	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:							
	LESLIE DALZELL - 253 284-5821							
	2608 CENTER STREET, TACOMA, WA 98409							

HUMANE	SOCIETY	FOR	TACOMA	PIERCE	COUNTY
SOCIETY	PREVEN	CION	CRUELTY	Y ANIMAI	٦S

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 (Ď), (E), and (F) if no compensation was paid.

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

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

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

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

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

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

(A)	(B)		(C)			(D)	(E)	(F)		
Name and Title	Average	(do		Pos	ition	1 than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot or/trus	h an	compensation	compensation	amount of
	week (list any hours for related organizations below	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
	line)	Individ	Institut	Officer	Keyem	Highes	Former			organizations
(1) JULIE CURTIS	1.00			_						
BOARD MEMBER		X						0.	0.	0.
(2) HEATHER FANCHER	1.00									
BOARD MEMBER		X						0.	0.	0.
(3) REGIS JACKSON	1.00									
BOARD MEMBER		X						0.	0.	0.
(4) REBECCA LARSON	1.00									
BOARD MEMBER		X						0.	0.	0.
(5) WALT SOMMERS	1.00									
BOARD MEMBER		X						0.	0.	0.
(6) BOB ZAWILSKI	1.00									
BOARD MEMBER		Х						0.	0.	0.
(7) TIM BOYLE	1.00									
BOARD MEMBER		Х						0.	0.	0.
(8) JESSICA SIRE	1.00									
BOARD MEMBER		Х						0.	0.	0.
(9) CLARE WAGSTAFF	1.00									
BOARD MEMBER		Х						0.	0.	0.
(10) DON SWANSON	1.00									
BOARD MEMBER		Х						0.	0.	0.
(11) CHAD OSVOG	1.00									
IMMEDIATE PAST PRESIDENT		Х						0.	0.	0.
(12) AMY BETTESWORTH	3.00									
PRESIDENT		Х		Х				0.	0.	0.
(13) AMANDA LOEWEN	3.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(14) PAUL DOTY	3.00									
TREASURER		Х		Х				0.	0.	0.
(15) JENN TRETTIN	3.00							_		_
SECRETARY		Х		Х				0.	0.	0.
(16) KATHLEEN OLSON	40.00									
EXECUTIVE DIRECTOR				Х				89,876.	0.	5,699.
(17) KC GAULDINE	40.00								_	
EXECUTIVE DIRECTOR - INTERIM				Х				103,133.	0.	0.

HUMANE	SOCIETY	FOR	TACOMA	PIERCE	COUNTY
SOCIETY	PREVEN	TON	CRUELTY	ANIMAL	νS

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Form		TY PREVENTI	<u> </u>	1 (	CRU	JEI	ΓT	<u> </u>	ANIMALS	91-05	577:	128	Pa	age <b>8</b>
Par	t VII Section A. Officers, Directors	s, Trustees, Key Em	oloy	ees,	, and	d Hig	ghes	st C	Compensated Employe	es (continued)				
	(A) Name and title	<b>(B)</b> Average hours per week	box,	not cl unles	ss per	ition more rson i	than c is both r/trust	n an	(D) Reportable compensation	(E) Reportable compensation	n	am	(F) timate iount	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MIS		com fro orga and	other oensa om the anizat I relat nizati	e ion :ed
с	Sub-total Total from continuation sheets to I	Part VII, Section A					J		193,009. 0.		0.			99. 0.
d 2	Total (add lines 1b and 1c) Total number of individuals (including	g but not limited to th						lo re	193,009. eceived more than \$100	,000 of reportable	0. e		5,6	99. 1
	compensation from the organization	-											Yes	No
3	Did the organization list any <b>former</b> of line 1a? <i>If</i> "Yes," <i>complete Schedule</i>	J for such individual										3		X
4	For any individual listed on line 1a, is and related organizations greater that Did any parage listed on line 1a rece	an \$150,000? If "Yes,"	" cor	mple	ete S	Sche	edule	e J f	for such individual			4		X
5 Sec	Did any person listed on line 1a rece rendered to the organization? <i>If</i> "Yes tion B. Independent Contractors	-				-						5		Х
1	Complete this table for your five high	nest compensated inc	lepe	ende	ent c	ontr	acto	ors t	that received more than	\$100,000 of com	pensa	ation f	rom	
		A)				/ith o	or wi	ithir	(B)			(C		
	Name and bu	siness address	NC	ONE	<u> </u>				Description of s	ervices	C	omper	isatio	n
2	Total number of independent contract \$100,000 of compensation from the		ot lir	nite	d to	thos (		stec	d above) who received m	nore than				

Form 990 (2017) SOCIETY

### HUMANE SOCIETY FOR TACOMA PIERCE COUNTY SOCIETY PREVENTION CRUELTY ANIMALS

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Pa	rt VIII	I Statement of Rever	nue					
		Check if Schedule O cont	ains a response	or note to any lin	e in this Part VIII			
					<b>(A)</b> Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	<b>(D)</b> Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts		Federated campaigns						
<u>ה</u> ה		Membership dues		0.41 0.00				
fts,		Fundraising events		241,820.				
ja j		<b>J</b>						
Sin		5 (						
er utic	t	All other contributions, gifts, gran		2 490 109				
<u>Ş</u>		similar amounts not included abo		3,489,108.				
u pu	-				3,730,928.			
0.6	n	Total. Add lines 1a-1f	<u></u>		5,750,928.			
	0 -	SERVICE FEES		Business Code 541900	1,058,024.	1,058,024.		
Program Service Revenue	2 a	ADOPTION FEES		541900	625,043.	625,043.		
Ser	b	DROP OFF FEES		541900	134,628.	134,628.		
E 2	C A	ANIMAL LICENSE REVENUE		561000	76,372.	76,372.		
Be	d	SPAY & NEUTER FEES		541900	5,250.	5,250.		
Pro	e د	All other program service reve			5,250.	5,250.		
	f	Total. Add lines 2a-2f			1,899,317.			
	3	Investment income (including			_,000,01/.			
	U	other similar amounts)			133,909.			133,909.
	4	Income from investment of tax						
	5	Royalties		F				
	U	noyunos	(i) Real	(ii) Personal				
	6 a	Gross rents	(i) Hour					
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
		Gross amount from sales of	(i) Securities	(ii) Other				
	-	assets other than inventory	724,360.					
	b	Less: cost or other basis						
		and sales expenses	410,066.	981,337.				
	с	Gain or (loss)	314,294.	218,663.				
		Net gain or (loss)		►	532,957.			532,957.
Other Revenue		Gross income from fundraising including \$ 241	g events (not					
eve		contributions reported on line						
r B		Part IV, line 18	-	62,995.				
the	b	Less: direct expenses						
0		Net income or (loss) from func		►	31,954.			31,954.
		Gross income from gaming ac						
		Part IV, line 19	а					
	b	Less: direct expenses						
		Net income or (loss) from gam						
	10 a	Gross sales of inventory, less	returns					
		and allowances						
	b	Less: cost of goods sold	b	37,016.				
ļ	с	Net income or (loss) from sale			50,979.			50,979.
ļ		Miscellaneous Revenu	e	Business Code				
	11 a	OTHER INCOME		561000	75,281.	75,281.		
	b			ļļ				
	С			ļ				
	d	All other revenue						
		Total. Add lines 11a-11d		🕨	75,281.			
	12 11-28	Total revenue. See instructions.		🕨	6,455,325.	1,974,598.	C	. 749,799. Form <b>990</b> (2017)

# HUMANE SOCIETY FOR TACOMA PIERCE COUNTY Form 990 (2017) SOCIETY PREVENTION CRUELTY ANIMALS Part IX Statement of Functional Expenses Formation Formation Formation

001	ion 501(c)(3) and 501(c)(4) organizations must comp		*	, , ,	
	Check if Schedule O contains a respon				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	100 800	22 601	150.000	F 0.67
	trustees, and key employees	198,708.	33,781.	158,966.	5,961
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0 004 257		04 700	100 70
7	Other salaries and wages	2,094,357.	1,870,775.	94,798.	128,784
3	Pension plan accruals and contributions (include	270 000			7 001
	section 401(k) and 403(b) employer contributions)	278,969.	248,766.	22,916.	7,28
)	Other employee benefits	353,118.	341,489.	1,186.	LU,44
)	Payroll taxes	270,315.	231,111.	31,747.	7,45
	Fees for services (non-employees):				
а	Management				
b	Legal				
С	Accounting				
d	, , , , , , , , , , , , , , , , , , ,				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	61,939.	365.	F2 762	0 01
	column (A) amount, list line 11g expenses on Sch 0.)	24,257.	1,616.	52,762.	<u>8,81</u> 22,64
2	Advertising and promotion	129,031.	64,181.	23,824.	41,02
3	Office expenses	51,407.	25,453.	6,556.	19,39
ŀ	Information technology	51,407.	25,455.	0,550.	19,39
5	Royalties	120,740.	120,740.		
5		13,786.	13,786.		
	Travel	13,700.	13,700.		
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	14,376.	6,783.	4,555.	3,03
)	Conferences, conventions, and meetings	27,856.	0,703.	27,856.	5,05
)		27,030.		27,030.	
	Payments to affiliates	156,385.	156,385.		
2	Depreciation, depletion, and amortization	30,410.	29,283.	608.	51
•		50,410.	29,203.	000.	
	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
а	amount, list line 24e expenses on Schedule 0.) COMMUNITY VET SERVICES	554,276.	554,276.		
a b	ANIMAL FOOD & PROVISION	476,499.	476,499.		
D C	MISCELLANEOUS	94,570.	88,464.	5,466.	64
d	HOUSEHOLD PROVISIONS	81,653.	79,839.	1,148.	66
		86,774.	86,774.	±,±=0•	00
	All other expenses	5,119,426.	4,430,366.	432,388.	256,67
	Joint costs. Complete this line only if the organization	5,115,720.			20,07
i	reported in column (B) joint costs from a combined				
	. , , .				
	educational campaign and fundraising solicitation.				

#### 732011 11-28-17

Form 990 (2017)

Part X Balance Sheet

### HUMANE SOCIETY FOR TACOMA PIERCE COUNTY SOCIETY PREVENTION CRUELTY ANIMALS

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		Check if Schedule O contains a response or not	te to any	line in this Part X			
			to to arry		(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			1,697.	1	1,697.
	2	Savings and temporary cash investments			1,503,531.	2	1,250,292.
	3	Pledges and grants receivable, net			_,,	3	_,,
	4	Accounts receivable, net			695,893.	4	336,453.
	5	Loans and other receivables from current and for				-	,
	ľ	trustees, key employees, and highest compensation					
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqual				Ŭ	
		section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of sec					
Ś		employees' beneficiary organizations (see instr).		6			
Assets	7	Notes and loans receivable, net				7	
As	8	Inventories for sale or use			56,429.	8	77,328.
	9	Prepaid expenses and deferred charges			65,714.	9	68,614.
		Land, buildings, and equipment: cost or other			-	-	
		basis. Complete Part VI of Schedule D	10a	6,020,549.			
	Ь	Less: accumulated depreciation			2,724,283.	10c	2,714,673.
	11	Investments - publicly traded securities			3,505,655.	11	4,644,300.
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			10,839,319.	15	12,070,323.
	16	Total assets. Add lines 1 through 15 (must equ		F	19,392,521.	16	21,163,680.
	17	Accounts payable and accrued expenses			417,171.	17	368,810.
	18	Grants payable			18		
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete				21	
es	22	Loans and other payables to current and forme	r officers	, directors, trustees,			
liti		key employees, highest compensated employee	es, and c	lisqualified persons.			
Liabilities		Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrela	ated thire	d parties	1,101,444.	23	752,968.
	24	Unsecured notes and loans payable to unrelate	d third p	arties		24	
	25	Other liabilities (including federal income tax, pa	yables t	o related third			
		parties, and other liabilities not included on lines	s 17-24).	Complete Part X of			
		Schedule D			98,985.	25	94,041.
	26	Total liabilities. Add lines 17 through 25			1,617,600.	26	1,215,819.
		Organizations that follow SFAS 117 (ASC 958		there ▶ 🖾 and			
Ses		complete lines 27 through 29, and lines 33 ar			0 501 000		0 444 200
anc	27	Unrestricted net assets			9,521,932.	27	9,444,380.
Bal	28	Temporarily restricted net assets			1,864,400.	28	1,515,597.
pui	29				6,388,589.	29	8,987,884.
Ъ.		Organizations that do not follow SFAS 117 (A	SC 958)	, check here ▶ 📖			
s or		and complete lines 30 through 34.					
set	30	Capital stock or trust principal, or current funds				30	
As	31	Paid-in or capital surplus, or land, building, or ed				31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in			17,774,921.	32	10 017 061
_	33	Total net assets or fund balances			19,392,521.	33	19,947,861. 21,163,680.
	34	Total liabilities and net assets/fund balances			13,334,341.	34	<u>21,103,000</u>

HUMANE	SOCIETY	FOR	TACOMA	PIERCE	COUNTY
SOCIETY	PREVEN	FION	CRUELTY	ANIMAI	-s

Form	990 (2017) SOCIETY PREVENTION CRUELTY ANIMALS	91-0	577128	Pag	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		
			c		~ -
1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,45		
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,11		
3	Revenue less expenses. Subtract line 2 from line 1	3	1,33		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	17,77		
5	Net unrealized gains (losses) on investments	5	83	7,0	41.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	19,94	7,8	61.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		-	Yes	No
~	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule				x
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewer	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis			x	
b	Were the organization's financial statements audited by an independent accountant?		<b>2</b> b	^	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the			x	
	review, or compilation of its financial statements and selection of an independent accountant?		2c	^	
•	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	•			v
-	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u></u>			(0017)

SCHEDULE A							OMB No. 1545-0047
(Form 990 or 990-EZ)		rity Status a					2017
Co	•	nization is a section 5 47(a)(1) nonexempt cl			or a section		2017
Department of the Treasury		Attach to Form 990 or					Open to Public
-		v/Form990 for instruc					Inspection
-		FOR TACOMA	-		NTY		identification number
		TION CRUELT					1-0577128
Part I Reason for Public (					e instruction	S.	
The organization is not a private found							
1 A church, convention of ch					l)(A)(I).		
2 A school described in secti							
3 A hospital or a cooperative	1 0	•	•	~ ~ ~			Mar 1
4 A medical research organiz	ation operated in co	onjunction with a nospi	al described i	in sectio	n 170(b)(1)(A	)(III). Enter	the hospital's name,
city, and state:	the banafit of a co		ad ar anarata			unit dooorib	ad in
5 An organization operated for		bliege or university own	ed or operate	ed by a go	overnmentali	unit descrip	ied in
section 170(b)(1)(A)(iv). (C		montal unit described i	anation 170	VLV4VAV	6.0		
<ul> <li>6 A federal, state, or local gov</li> <li>7 X An organization that norma</li> </ul>	0					le e e e e e e e e e	un de la carde a dia
Ũ		antial part of its suppor	l non a gover	mmenta		ille gellerai	public described in
section 170(b)(1)(A)(vi). (Co 8 A community trust describe		V1VAVvi) (Complete P	ort II.)				
9 An agricultural research org				t in coniu	inction with a	land-grant	college
or university or a non-land-g							
university:	francio en ego en agrie			iamo, org	, and otato o	r the coneg	
<b>10</b> An organization that norma	llv receives: (1) more	e than 33 1/3% of its s	pport from c	ontributio	ons. members	ship fees. a	nd aross receipts from
activities related to its exem			• •		-	•	•
income and unrelated busir		-					•
See <b>section 509(a)(2).</b> (Cor		, , , , , , , , , , , , , , , , , , ,			,	0	
11 An organization organized a	-	sively to test for public	safety. See <b>se</b>	ection 50	)9(a)(4).		
12 An organization organized a	and operated exclus	sively for the benefit of,	to perform th	ne functio	ons of, or to c	arry out the	purposes of one or
more publicly supported or	ganizations describe	ed in <b>section 509(a)(1)</b>	or section 50	09(a)(2). S	See section &	5 <b>09(a)(3).</b> C	heck the box in
lines 12a through 12d that	describes the type c	of supporting organizat	ion and comp	olete lines	s 12e, 12f, an	d 12g.	
a <b>Type I.</b> A supporting orga	anization operated, s	supervised, or controlle	d by its supp	orted org	anization(s),	typically by	giving
the supported organization	on(s) the power to re	egularly appoint or elec	t a majority of	f the dired	ctors or truste	ees of the s	upporting
organization. <b>You must c</b>	omplete Part IV, Se	ections A and B.					
<b>b Type II.</b> A supporting orga	anization supervised	d or controlled in conne	ection with its	supporte	ed organizatio	on(s), by ha	ving
control or management o		•	same person	ns that co	ontrol or mana	age the sup	ported
organization(s). <b>You mus</b>	• •						
c Type III functionally inte	• • • •					Illy integrate	ed with,
its supported organization	()(	, ·		,			
d Type III non-functionally	• •					· ·	
that is not functionally int	с с	<b>e</b> ,			•	d an attenti	veness
requirement (see instructi						U. <b>T</b>	
e Check this box if the orga					і туре і, туре	ii, iype iii	
functionally integrated, or	• •			ation.			
<ul><li>f Enter the number of supported of</li><li>g Provide the following information</li></ul>							
(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the organiz in your governing	zation listed	(v) Amount of	f monetary	(vi) Amount of other
organization		(described on lines 1-10 above (see instructions)	Vac	No No	support (see ir	nstructions)	support (see instructions)
			+				
Total							

# HUMANE SOCIETY FOR TACOMA PIERCE COUNTY Schedule A (Form 990 or 990-EZ) 2017 SOCIETY PREVENTION CRUELTY ANIMALS

# 91-0577128 Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II

(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.)

Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2013	<b>(b)</b> 2014	<b>(c)</b> 2015	<b>(d)</b> 2016	<b>(e)</b> 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2,689,106.	2,573,808.	3,108,631.	8,458,946.	3,730,928.	20,561,419.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	2,689,106.	2,573,808.	3,108,631.	8,458,946.	3,730,928.	20,561,419.
	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
							7,949,127.
6	Public support. Subtract line 5 from line 4.						12,612,292.
	ction B. Total Support						12,012,252.
	endar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 4	2,689,106.	2,573,808.	3,108,631.	8,458,946.	3,730,928.	20,561,419.
	Gross income from interest,	2,002,2001		-,200,0021	•,100,910		
0							
	dividends, payments received on						
	securities loans, rents, royalties,	7,048.	5,331.	156.	1,376.	133,909.	147,820.
•	and income from similar sources	7,040.	J, JJI.	130.	1,570.	133,909.	147,020.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						20,709,239.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12   9	,410,877.
13	First five years. If the Form 990 is for	the organization's	first, second, third	l, fourth, or fifth ta	x year as a sectio	n 501(c)(3)	
_	organization, check this box and stop						
	ction C. Computation of Publi						
	Public support percentage for 2017 (li					14	60.90 %
	Public support percentage from 2016					15	62.64 %
16a	a 33 1/3% support test - 2017. If the o	organization did no	t check the box on	line 13, and line 1	14 is 33 1/3% or n	nore, check this bo	
	stop here. The organization qualifies	as a publicly suppo	orted organization				
ł	<b>33 1/3% support test - 2016.</b> If the o	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization quali	ifies as a publicly s	upported organiza	tion			▶∟
17a	a 10% -facts-and-circumstances test	t - 2017. If the orga	anization did not cl	neck a box on line	13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstand	ces" test, check th	is box and <b>stop h</b> e	ere. Explain in Pa	rt VI how the orgar	nization
	meets the "facts-and-circumstances"	test. The organizat	tion qualifies as a p	publicly supported	l organization	-	
ł	0 10% -facts-and-circumstances test						
	more, and if the organization meets th	-					
	organization meets the "facts-and-circ						
18	Private foundation. If the organization						
			,				

Schedule A (Form 990 or 990-EZ) 2017

# Schedule A (Form 990 or 990-EZ) 2017 SOCIETY PREVENTION CRUELTY ANIMALS

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(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.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
-	merchandise sold or services per- formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 6	(4) 2010		(0) 2010	(4) 2010	(0) 2011	
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
	First five years. If the Form 990 is for	the organization'	s first. second. thi	rd. fourth. or fifth t	tax vear as a section	on 501(c)(3) or	ganization.
	check this box and stop here	-			-		<b>b</b>
Se	ction C. Computation of Publi						· · ·
	Public support percentage for 2017 (li		-	column (f))		15	%
	Public support percentage from 2016					16	%
	ction D. Computation of Inves					1.01	,,,
	Investment income percentage for 20		-			17	%
	Investment income percentage from 2					18	%
	<b>33 1/3% support tests - 2017.</b> If the						
	more than 33 1/3%, check this box ar	-					
ŀ	<b>33 1/3% support tests - 2016.</b> If the						
	line 18 is not more than 33 1/3%, che	•					
20	Private foundation. If the organization			•		•	
		and not offern a	557 OF ING 14, 15				····· 🚩 🖵

### Schedule A (Form 990 or 990-EZ) 2017 SOCIETY PREVENTION CRUELTY ANIMALS

Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

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

Yes No 1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

# Schedule A (Form 990 or 990-EZ) 2017 SOCIETY PREVENTION CRUELTY ANIMALS

91-0577128 Page 5

I U	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		ļ
b	A family member of a person described in (a) above?	11b		ļ
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		1
Sec	tion D. All Type III Supporting Organizations	•		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		100	
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2		•		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how	0		
~	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's	-		
0	supported organizations played in this regard.	3		
	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)	•		
а	The organization satisfied the Activities Test. <i>Complete</i> line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	L The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see inside	ructions		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		L
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b				
	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	Зb		

Schedule A (Form 990 or 990-EZ) 2017

(Form 990 or 990-EZ) 2017	SOCIETY	PREVENTION	CRUELTY	ANIMALS	
Type III Non-Function	onally Integr	ated 509(a)(3) Su	pporting Org	ganizations	

#### 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.

Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	v integrat	ed Type III supporting or	anization (see

L Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see 7 instructions).

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990

Part V

Sche Par	dule A (Form 990 or 990-EZ) 2017 SOCIETY PREVE <b>t V</b> Type III Non-Functionally Integrated 509	NTION CRUELTY		91-0577128 Page 7
		(a)(b) Supporting Org	anizations (continued)	
	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp			
3	organizations, in excess of income from activity	as of supported organization	20	
	Administrative expenses paid to accomplish exempt purpose	es of supported organization	15	
<u>4</u> 5	Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	· · · ·			
8	<b>Total annual distributions.</b> Add lines 1 through 6.	a arganization is responsive	2	
0	Distributions to attentive supported organizations to which the (provide details in <b>Part VI</b> ). See instructions.	ne organization is responsive	e	
9	Distributable amount for 2017 from Section C, line 6			
<u> </u>				
10	Line 8 amount divided by line 9 amount	(i)	(ii)	(iii)
Secti	on E - Distribution Allocations (see instructions)	() Excess Distributions	Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
с	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
с	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2013			
b	Excess from 2014			
с	Excess from 2015			
d	Excess from 2016			
e	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

		HUMANE	SOCIETY FOR	TACOMA	PIERCE COUNTY	
Schedule A	(Form 990 or 990-EZ) 2017	SOCIETY	PREVENTION	CRUELTY	ANIMALS	91-0577128 Page 8
Part VI	Supplemental Inform	nation. Provi	de the explanations rec	nuired by Part II	line 10: Part II, line 17a or	
	Part IV, Section A, lines 1,	2 3h 3c 4h 4	le 5a 6 9a 9h 9c 11	a 11b and $11c$	Part IV Section B lines 1	and 2: Part IV Section C
	line 1. Part IV Section D li	nes 2 and 3. P	art IV Section F lines 1	lc 2a 2b 3a ar	nd 3b <sup>·</sup> Part V line 1 <sup>·</sup> Part V	, Section B, line 1e; Part V,
	Section D, lines 5, 6, and 8	B: and Part V. S	ection F. lines 2, 5, and	1 6. Also comple	te this part for any addition	nal information.
	(See instructions.)	, and r are r, e			to the part for any addition	
	(					

Schedule B (Form 990, 990-EZ, or 990-PF)
Department of the Treasury Internal Revenue Service

# **Schedule of Contributors**

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

OMB No. 1545-0047

2017

Employer identification number

Name of the organization HUM2

Organization type (check one):

IUMANE	SOCIETY	FOR	TACOMA	PIERCE	COUNTY
SOCIETY	PREVEN	TON	CRUELTY	γ ΑΝΤΜΑΤ	'.S

91-0577128

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

### **General Rule**

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

### **Special Rules**

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

### Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization HUMANE SOCIETY FOR TACOMA PIERCE COUNTY SOCIETY PREVENTION CRUELTY ANIMALS Employer identification number

91-0577128

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
1	HELEN MULL FOUNDATION 2608 CENTER STREET TACOMA, WA 98409	- \$ <u>235,430.</u>	Person     X       Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
2	RUTH FOUNDATION 2608 CENTER STREET TACOMA, WA 98409	\$962,000. 	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
3	THOMPSON FAMILY TRUST 2608 CENTER STREET TACOMA, WA 98409	- \$\$250,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
4	WM THE ESTATE OF WILLIAM GAZECKI 2608 CENTER STREET TACOMA, WA 98409	\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
5	ESTATE OF MICHELLE BUDROVICH 2608 CENTER STREET TACOMA, WA 98409	- \$ <u>83,178.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
6	ESTATE OF FRANK CAMPBELL 2608 CENTER STREET TACOMA, WA 98409	- \$\$78,722.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

### Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization HUMANE SOCIETY FOR TACOMA PIERCE COUNTY SOCIETY PREVENTION CRUELTY ANIMALS Employer identification number

91-0577128

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	ESTATE OF ANGELA LANDFRIED 2608 CENTER STREET TACOMA, WA 98409	\$77,885.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll On Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

### Name of organization

### HUMANE SOCIETY FOR TACOMA PIERCE COUNTY SOCIETY PREVENTION CRUELTY ANIMALS

Employer identification number

91-0577128

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				

Schedule E Name of org	3 (Form 990, 990-EZ, or 990-PF) (2017) ganization			Page <b>4</b> Employer identification number				
	E SOCIETY FOR TACOMA PI TY PREVENTION CRUELTY A Exclusively religious, charitable, etc., com the year from any one contributor. Complete completing Part III, enter the total of exclusively religiou	NIMALS iributions to organizations described columns (a) through (e) and the folloy	ving line entry. For organizations					
	Use duplicate copies of Part III if addition	al space is needed.		)				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descr	ription of how gift is held				
-		(e) Transfer of gift						
-	Transferee's name, address, a	nd ZIP + 4	Relationship of tran	nsferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descr	ription of how gift is held				
Γ	(e) Transfer of gift							
F	Transferee's name, address, and ZIP + 4		Relationship of tran	nsferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descr	ription of how gift is held				
ŀ		(e) Transfer of gift	I					
-	Transferee's name, address, a	nd ZIP + 4	Relationship of trar	sferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descr	ription of how gift is held				
F		(e) Transfer of gift						
ŀ	Transferee's name, address, a	nd ZIP + 4	Relationship of tran	nsferor to transferee				

SCHEDULE D (Form 990)		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.					OMB No. 1545-0047	
	ment of the Treasury	<ul> <li>Attach to Form 990.</li> <li>Go to www.irs.gov/Form990 for instructions and the latest information.</li> </ul>					Open to Public Inspection	
	I Revenue Service e of the organizati		TACOMA P	IERCE COUNT	nauon. Y	Emr	loyer identification number	
Nam	e of the organizati	SOCIETY PREVENTION			-	Link	91-0577128	
Pa	rt I Organiza	ations Maintaining Donor Advise			s or A	ccou		
		on answered "Yes" on Form 990, Part IV, lin						
	0			advised funds	(	b) Fun	ds and other accounts	
1	Total number at e	nd of year						
2		of contributions to (during year)						
3 Aggregate value of grants from (during year)								
4								
5	Did the organization	on inform all donors and donor advisors in	writing that the as	sets held in donor advi	sed fun	ds		
	are the organization	on's property, subject to the organization's	exclusive legal co	ntrol?			Yes No	
6	Did the organization	on inform all grantees, donors, and donor a	advisors in writing	that grant funds can be	e used c	only		
	for charitable purp	poses and not for the benefit of the donor o	or donor advisor, c	r for any other purpose	e confer	ring		
	impermissible priv							
Pa		vation Easements. Complete if the org	-		Part IV,	line 7.		
1		servation easements held by the organizat	· –					
		n of land for public use (e.g., recreation or e	education)	☐ Preservation of a his	-	•		
		of natural habitat		☐ Preservation of a cer	tified his	storic s	structure	
•		n of open space	<i></i>					
2	•	through 2d if the organization held a quali	fied conservation	contribution in the form	1 of a co	nserva	Held at the End of the Tax Year	
_	day of the tax yea					00	neiu al lile ciiu vi lile tax teat	
a h		onservation easements				2a 2b		
b		tricted by conservation easements				20 2c		
с А		rvation easements included in (c) acquired				20		
u		nal Register				2d		
3		vation easements modified, transferred, re					during the tax	
•	year ►		ioacoa, oxingalon		io organ	Lation		
4		where property subject to conservation ea	sement is located	•				
5	Does the organiza	ation have a written policy regarding the pe	riodic monitoring,	inspection, handling of				
	violations, and ent	forcement of the conservation easements i	it holds?	-			Yes 📃 No	
6	Staff and voluntee	er hours devoted to monitoring, inspecting,	, handling of violat	ons, and enforcing cor	nservatio	on eas	ements during the year	
	▶							
7	Amount of expense	ses incurred in monitoring, inspecting, hand	dling of violations,	and enforcing conserv	ation ea	semer	nts during the year	
	▶\$							
8		rvation easement reported on line 2(d) abov						
		ı)(4)(B)(ii)?					Yes III No	
9	,	be how the organization reports conservation				,	,	
		ble, the text of the footnote to the organiza	tion's financial sta	tements that describes	s the org	janizat	ion's accounting for	
Dai	conservation ease	ements. ations Maintaining Collections o	of Art Historia	al Trossuras, or (	)thor (	Simil	ar Accote	
Fai		f the organization answered "Yes" on Form				511111	ai A33013.	
10		elected, as permitted under SFAS 116 (AS			mont or	d bala	anco shoot works of art	
Ia	•	es, or other similar assets held for public exl	,. ·					
		the similar assets here for public existence to its financial statements that descri			anceor	public	service, provide, in r art All,	
h		elected, as permitted under SFAS 116 (AS		in its revenue statemer	nt and h	alance	sheet works of art historical	
5	-	r similar assets held for public exhibition, e						
	relating to these it				20110 301	100, F	anounts	
	-	uded on Form 990, Part VIII, line 1					\$	
							\$ \$	
2	• •	received or held works of art, historical tre						
-		unts required to be reported under SFAS 1			90111,		-	
а	-	I on Form 990, Part VIII, line 1		-			\$	
		n Form 990, Part X						
-		,						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 732051 10-09-17

		SOCIETY FO						
		PREVENTIO					77128	
Par	rt III   Organizations Maintaining C	collections of A	rt, Historical Tr	easures, or Oth	ner Simil	ar Asse	<b>ts</b> (continue)	d)
3	Using the organization's acquisition, accessi	on, and other record	ls, check any of the	following that are a	significant	use of its	collection ite	ems
	(check all that apply):							
а	Public exhibition	d	I 🔄 Loan or exc	hange programs				
b	Scholarly research	e	• 🔄 Other					
с	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explai	n how they further t	he organization's ex	empt purp	ose in Par	t XIII.	
5	During the year, did the organization solicit o	r receive donations	of art, historical trea	sures, or other simil	ar assets			
	to be sold to raise funds rather than to be maintained as part of the organization's collection?							
Par	t IV Escrow and Custodial Arran		ete if the organizatio	n answered "Yes" o	n Form 99	0, Part IV,	line 9, or	
	reported an amount on Form 990, Par							
1a	Is the organization an agent, trustee, custodi	ian or other intermed	diary for contributior	is or other assets no	ot included			
	on Form 990, Part X?					L	Yes	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:			-		
							Amount	
с	Beginning balance				1c			
d	Additions during the year				1d			
е	Distributions during the year				1e			
f	Ending balance				<b>1</b> f			
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for escrow or c	ustodial account liab	oility?	L	Yes	No
<u>b</u>	If "Yes," explain the arrangement in Part XIII.						L	
Par	rt V Endowment Funds. Complete i	f the organization an	swered "Yes" on Fo	orm 990, Part IV, line	e 10.			
		(a) Current year	(b) Prior year	(c) Two years back		years back	(e) Four yea	ars back
1a	Beginning of year balance	2,689,298.	1,962,908.	2,118,403.	. 2,0	068,383.	1,93	0,339.
b	Contributions	832,065.	684,210.					
	Net investment earnings, gains, and losses	466,928.	152,760.	-46,787.	, :	L53,978.	23	4,572.
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs	101,977.	98,962.	96,550.		91,520.	8	4,910.
f	Administrative expenses	18,882.	11,618.	12,158.	,	12,438.	1	1,618.
g	End of year balance	3,867,432.	2,689,298.	1,962,908.	2,2	L18,403.	2,06	8,383.
2	Provide the estimated percentage of the curr	rent year end baland	ce (line 1g, column (a	a)) held as:				
а	Board designated or quasi-endowment	24.38	%					
b	Permanent endowment > 75.62	%						
с	Temporarily restricted endowment	%						
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.						
3a	Are there endowment funds not in the posse		ation that are held a	nd administered for	the organi	zation		
	by:	C C			Ū.		Ye	s No
	(i) unrelated organizations						3a(i)	X
	(ii) related organizations							X
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requi	red on Schedule R?				3b	
4	Describe in Part XIII the intended uses of the							
Par	rt VI Land, Buildings, and Equipm							
	Complete if the organization answered		0. Part IV. line 11a. S	See Form 990. Part 3	K. line 10.			
	Description of property	(a) Cost or o			Accumulat	ed	(d) Book va	alue
		basis (investr	• •		epreciation		(u) Doon to	
19	Land		,	4,322.			164,	322.
	Buildings				182,4	96.	2,480,	
	Leasehold improvements			<u> </u>	/		, /	
d	Equipment		1_19	2,772. 1,	123,3	80.	69	392.
				<u> </u>	,			
	Other Add lines 1a through 1e. (Column (d) must e		X column (P) line 1				2,714,	673
Total	n Aud miles ta through te. (Column (d) Must e	quari unii 990, Parl		<i>vo.j</i>			-,,,	<u> </u>

Schedule D (Form 990) 2017

	VENTION CRUEL	A PIERCE COUNTY	91-0577128 Page 3
Schedule D (Form 990) 2017 SOCIETY PRE Part VII Investments - Other Securities.	VENTION CROED		
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		ost or end-of-year market value
(1) Financial derivatives	(		
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"		11c. See Form 990, Part X, line	<u>13.</u>
(a) Description of investment	(b) Book value	(c) Method of Valuation: Co	ost or end-of-year market value
(1)			
(2)			
(3)			
<u>(4)</u>			
(5)			
(6) (7)			
(8)			
(9)			
Total. (Col. (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) ENDOWMENTS			3,867,432.
(2) BENEFICIAL INTEREST IN PE		S	6,743,054.
(3) LAND HELD FOR DEVELOPMENT			1,459,837.
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		▶ 12,070,323.
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.

(a) Description of liability

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	DEFERRED COMPENSATION	90,711.
(3)	DEPOSITS	3,330.
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	94,041.

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

Schedule D (Form 990) 2017

HUMANE	SOCIETY	FOR	TACOMA	PIERCE	COUNTY	
				7 3 3773637	a	

Sche	edule D (Form 990) 2017 SOCIETY PREVENTION CRUELTY	-			0577128 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stateme	ents With	n Revenue per R	eturr	۱.
	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	7,360,423.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	837,041.		
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	68,057.		
е	Add lines 2a through 2d			2e	905,098.
3	Subtract line 2e from line 1			3	6,455,325.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			_
с	Add lines <b>4a</b> and <b>4b</b>			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	6,455,325.
<u> </u>				•	
<u> </u>	rt XII Reconciliation of Expenses per Audited Financial Statem	ents Wit		•	
<u> </u>		ents Wit		•	irn.
<u> </u>	rt XII Reconciliation of Expenses per Audited Financial Statem	ents Wit	h Expenses per	•	
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ents Wit	h Expenses per	Retu	irn.
Pa 1	Reconciliation of Expenses per Audited Financial Statem           Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.           Total expenses and losses per audited financial statements	ents Wit	h Expenses per	Retu	irn.
Pa 1 2	Reconciliation of Expenses per Audited Financial Statem           Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.           Total expenses and losses per audited financial statements           Amounts included on line 1 but not on Form 990, Part IX, line 25:	ents Wit	h Expenses per	Retu	irn.
Pa 1 2 a	Reconciliation of Expenses per Audited Financial Statem           Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.           Total expenses and losses per audited financial statements           Amounts included on line 1 but not on Form 990, Part IX, line 25:           Donated services and use of facilities	ents Wit	h Expenses per	Retu	irn.
<b>Pa</b> 1 2 a b	Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses	ents Wit	h Expenses per	Retu	ırn. 5,187,483.
Pa 1 2 a b c	rt XII       Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	2a 2b 2c 2d	h Expenses per	Retu	rn. 5,187,483. 68,057.
Pa 1 2 a b c d	Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	ents Wit	h Expenses per	1	ırn. 5,187,483.
Pa 1 2 b c d e	rt XII       Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d	ents Wit	h Expenses per	1 2e	rn. 5,187,483. 68,057.
Pa 1 2 b c d e 3	rt XII       Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1	ents Wit	h Expenses per	1 2e	rn. 5,187,483. 68,057.
Pa 1 2 a b c d e 3 4	Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b	ents Wit 2a 2b 2c 2d 4a	h Expenses per	1 2e	rn. 5,187,483. 68,057.
Pa 1 2 a b c d e 3 4 a	rt XII       Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b	ents Wit 2a 2b 2c 2d 4a 4a 4b	h Expenses per	1 2e	rn. 5,187,483. 68,057. 5,119,426. 0.
Pa 1 2 a b c d e 3 4 a b c 5	rt XII       Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)	ents Wit 2a 2b 2c 2d 4a 4b	h Expenses per 68,057.	1 2e 3	rn. 5,187,483. 68,057. 5,119,426.

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 V, LINE 4:

THE	SOCIETY	HAS	ENDOWMENTS	ESTABLISHED	$\mathbf{T}\mathbf{H}\mathbf{A}\mathbf{T}$	SUPPORTS	ITS	OPERATIONS
-----	---------	-----	------------	-------------	--	----------	-----	------------

INCLUDING SPECIFIC ENDOWMENTS FOR SPAY & NEUTER; EDUCATION AND VETERINARY

### PROGRAMS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:	
COST OF GOODS SOLD	37,016.
SPECIAL EVENT COSTS	31,041.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	68,057.

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

### COST OF GOODS SOLD REPORTED ON LINE 10B

Schedule D (Form 990) 2017	SOCIETY H	PREVENTION	PIERCE COUNTY ANIMALS	91-0577128 Page 5
Part XIII Supplemental Infor	mation (continue	ed)		
DIRECT FUNDRAISING	COSTS			31,041.
TOTAL TO SCHEDULE D	, PART XII	I, LINE 2D		68,057.

Name of the organization       HUMANE       SOCIETY PREVENTION       CRUELTY ANIMALS       Employer identification number 91-0577128         Part       Fundraising Activities. Complete the organization answered "Yes" on Form 990. Part IV, line 17. Form 990-E2 filers are not required to complete this part.       Indicate whether the organization raised funds through any of the following activities. Check all that apply.       Image: Check all that apply.         a       Mail solicitations       e       Solicitation of non government grants         b       Internet and email solicitations       g       Special fundraising events         c       Phone solicitations       g       Special fundraising events         d       Incluster workson the organization have a written or and 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?       Ves       No         f(I) Name and address of individual or entity (fundraiser)       (ii) Activity       (iii) and the experiment contributions?       (v) Amount paid to (or retained by) from activity       (v) Amount paid to (or retained by) organization         u	SCHEDULE G (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	Complete if the	e organization answered "Yes" or organization entered more than \$1 Attach to Form 990 Go to www.irs.gov/Form990	- Form 15,000 D or Fo	990, F on Fo rm 99	Part IV, line 17, 18, o rm 990-EZ, line 6a. 10-EZ.		or if the	OMB No. 1545-0047	
Part       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       C         b       Indicate whether the organization raised funds through any of the following activities. Check all that apply.         c       Phone solicitations       Imperson solicitations         c       Phone solicitations       Imperson solicitations         2       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       Intheme and address of individual or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.       (ii) Activity       (iii) Constrained by form activity in form activity in form activity in contained by form activity in contained by individual or entities (fundraiser)       (iv) Gross receipts in ool. (i)       (iv) Amount paid to (or retained by individual or entities (fundraiser)       (iv) Gross receipts in ool. (i)       (iv) Amount paid to (or retained by individual or entities (fundraiser)       (iv) Amount paid to (or entities (fundraiser)       (iv) Amount paid to (or entities (fundraiser)       (iv) Amount paid to (oretained by individual or entitis (fundraiser)	Name of the organization		SOCIETY FOR TACOM	A PI	ERC	E COUNTY				
Indicate whether the organization raised funds through any of the following activities. Check all that appy         Indicate whether the organization raised funds through any of the following activities. Check all that appy         Indicate whether the organization raised funds through any of the following activities. Check all that appy         Image: the organization approximation of non-government grants         Image: the organization have a written or oral agreement with any individual (including officers, directors, fustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?         Image: the the organization have a written or oral agreement with any individual (including officers, directors, fustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?       Image: the the fundraiser is to be compensated at least \$5,000 by the organization.         (i) Name and address of individual or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.       Image: the fund is the organization is completed by organization for entity fundraiser is to be compensated at least \$5,000 by the organization.       Image: the fund is the organization of the organization or entity (fundraiser) is completed by organization is completed by o										
A is solicitations     B is oblicitation of non-government grants     B is interret and email solicitations     B is oblicitation of government grants     B is oblicitations     B is oblicitation of government grants     B is oblicitations     B is oblicitation of government grants     B is oblicitations     B is oblicitation     B is oblicitatis     B is oblicitatio blicitation     B is oblicitation     B is				ered "Y	'es" oi	n Form 990, Part IV,	line 17	. Form 990-E	Z filers are not	
(i) Name and address of individual or entity (fundraiser)       (ii) Activity       Image and address of individual for retained by organization         (iii) Activity       Yes       No       Image and address of individual for retained by organization         Yes       No       Image and address of individual for retained by organization       Image and address of individual for retained by organization         Yes       No       Image and address of individual for retained by organization       Image and address of individual for retained by organization         Yes       No       Image and address of individual for retained by organization       Image and address of individual for retained by organization         Yes       No       Image and address of individual for retained by organization       Image and address of individual for retained by organization         Yes       No       Image and address of individual for retained by organization       Image and address of individual for retained by organization         Image and the	<ul> <li>a Mail solicitation</li> <li>b Internet and e</li> <li>c Phone solicitation</li> <li>d In-person soli</li> <li>2 a Did the organization key employees listed</li> <li>b If "Yes," list the 10</li> </ul>	ons email solicitations ations icitations in have a written o ed in Form 990, P highest paid indiv	e Solicita f Solicita g Specia or oral agreement with any individua Part VII) or entity in connection with p viduals or entities (fundraisers) purs	ition of tion of I fundra I (inclue profess	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, tru fundraising services?	stees, o	🗌 Ye		
Total     3     List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration	••		(ii) Activity	fundraiser have custody or control of		(iv) Gross receipts to (or retained from activity fundraiser		retained by) ndraiser	by) to (or retained by)	
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration				Yes	No					
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration										
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration										
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration										
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration										
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration										
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration										
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration				-						
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration										
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration										
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration										
		ch the organizatio	on is registered or licensed to solicit	contrit	outions	s or has been notified	d it is e	xempt from	registration	

Schedule G (Form 990 or 990-EZ) 2017

Cab	م مار را	HUMANE le G (Form 990 or 990-EZ) 2017 SOCIETY	SOCIETY FOR			0577128 Page 2
	eau I <b>rt I</b>					
		of fundraising event contributions and gr	-			
			<b>(a)</b> Event #1	(b) Event #2	(c) Other events	(d) Total events
			DOG-A-THON			(add col. (a) through
Ø			(event type)	(event type)	(total number)	col. <b>(c)</b> )
Sevenue	1	Gross receipts	304,815.			304,815.
-	2	Less: Contributions	241,820.			241,820.
	3	Gross income (line 1 minus line 2)	62,995.			62,995.
	4	Cash prizes				
S	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
Direct F	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				31,041.
						31,041. 31,954.
Pa	rt I	Net income summary. Subtract line 10 from I III Gaming. Complete if the organization		990 Part IV line 19 or		51,954.
		\$15,000 on Form 990-EZ, line 6a.				
Revenue			(a) Bingo	<b>(b)</b> Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Reve	1	Gross revenue				
Expenses	2	Cash prizes				
	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
			Yes%	Yes%	Yes %	
	6	Volunteer labor	No	No	No	
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)		►	
	8	Net gaming income summary. Subtract line 7	' from line 1, column (d)		<b>&gt;</b>	
					►	
	Ent	ter the state(s) in which the organization condu	ucts gaming activities:			
а	Ent Is t	ter the state(s) in which the organization conduct the organization licensed to conduct gaming a	ucts gaming activities: ctivities in each of these			YesNo
а	Ent Is t	ter the state(s) in which the organization condu	ucts gaming activities: ctivities in each of these			Yes No
а	Ent Is t	ter the state(s) in which the organization conduct the organization licensed to conduct gaming a	ucts gaming activities: ctivities in each of these			Yes No
a b 10a	Ent Is t If "	ter the state(s) in which the organization conduct the organization licensed to conduct gaming a	ucts gaming activities: ctivities in each of these evoked, suspended, or te	states? erminated during the tax		

	HUMANE SOCIETY FOR TACOMA PIERCE COUNTY		
Sch		0577128	Page 3
	Does the organization conduct gaming activities with nonmembers?	Yes	No No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		┌┐
40	to administer charitable gaming?	Ves	└── No
	Indicate the percentage of gaming activity conducted in:	13a	%
	The organization's facility An outside facility		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	.0.0	,,,
	Name		
	Address		
150	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	No No
IJa	Toos the organization have a contract with a third party north whom the organization receives gaming revenue?	🔲 103	
b	If "Yes," enter the amount of gaming revenue received by the organization <b>&gt;</b> \$ and the amount		
	of gaming revenue retained by the third party ►\$		
с	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		
	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to	Yes	
h	retain the state gaming license?	L Tes	
b	organization's own exempt activities during the tax year <b>&gt;</b> \$		
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III,	lines 9, 9b, 10	)b, 15b,
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		

					PIERCE COUNTY	91-0577128	<b>D</b> 4
Part IV	G (Form 990 or 990-EZ) Supplemental Inform	mation (cont	inved)	CKOEDII	ANTMADS	91-0577120	Page 4
1 art IV	oupplemental mon		naca)				

	HEDULE M rm 990)			Nonc	ash Contr	ibutions			OMB No. 154	5-0047	
	ment of the Treasury I Revenue Service	Attach to F	orm 990	).	answered "Yes" o r the latest inform		t IV, lines 29 o	r 30.	<b>CU</b> Open To F Inspect		
Name	e of the organization				TACOMA F		JNTY		identification		r
			PREV	<b>ENTION</b>	CRUELTY	ANIMALS		9	1-05771	28	
Par	rt I Types of F	roperty			()				( 1)		_
				(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash cont amounts repo Form 990, Part \	orted on		( <b>d)</b> of determinin ntribution amo	•	
1	Art - Works of art										_
2	Art - Historical treasu										_
3	Art - Fractional intere	ests									_
4	Books and publication										_
5	Clothing and house	nold goods									_
6	Cars and other vehic	cles									
7	Boats and planes										_
8	Intellectual property										_
9	Securities - Publicly	traded									
10	Securities - Closely h	neld stock									_
11	Securities - Partners	hip, LLC, or									
											_
12	Securities - Miscellar	neous									_
13	Qualified conservation	on contribution -									
	Historic structures										_
14	Qualified conservation										_
15	Real estate - Reside										_
16	Real estate - Comme										_
17	Real estate - Other										_
18	Collectibles										_
19	Food inventory										_
20	Drugs and medical s										_
21	Taxidermy										—
22	Historical artifacts										_
23	Scientific specimens										_
24	Archeological artifac			X	442	50	5,722.				_
25	· · <u> </u>	IMAL SUPI	<u>, 117</u>		442		5,122.				—
26 07	Other (		)								_
27	Other (		;								_
<u>28</u> 29	Other ( Number of Forms 82	292 received by t	) ha araan	I ization durin	l a tha tay year for <i>i</i>						—
23	for which the organiz	-	-				29				
	for which the organi	zation completed	1 0111 02	.00,1 art 10,		gement	23			es No	-
30a	During the year, did	the organization	receive h	v contributio	on any property re	norted in Part L lir	nes 1 through 2	98 that it			
	must hold for at leas	0		5	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	0	,			
	exempt purposes fo								30a	X	1
b	If "Yes," describe th										
31	Does the organizatio	-		policy that r	equires the review	of any nonstand	ard contributior	ıs?	31	X	1
	Does the organizatio										-
			-		gamzationio to oor				32a	X	
b	If "Yes," describe in										
33	If the organization di		nount in a	column (c) fo	r a type of proper	ty for which colum	nn (a) is checke	d,			
	describe in Part II.	-				-					
LHA	For Paperwork R	eduction Act No	tice, see	the Instruc	tions for Form 99	90.		Sched	ule M (Form	990) 201	7

					PIERCE COUNTY		
Schedule M	(Form 990) 2017		PREVENTION			91-0577128	Page <b>2</b>
Part II	<b>Supplemental</b> is reporting in Part this part for any ac	I, column (b), t	he number of contribu	ation required by Itions, the numb	/ Part I, lines 30b, 32b, and 3 per of items received, or a cor	3, and whether the organiz nbination of both. Also con	ation nplete

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.

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

HUMANE SOCIETY FOR TACOMA PIERCE COUNTY



OMB No 1545-0047

91-0577128

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

SOCIETY PREVENTION CRUELTY ANIMALS

PEOPLE.

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

A COPY OF FORM 990 IS PROVIDED TO THE SOCIETY'S FINANCE COMMITTEE FOR

REVIEW. AFTER FINANCE COMMITTEE APPROVAL, THE DRAFT COPY IS FORWARDED TO

ALL MEMBERS OF THE BOARD OF DIRECTORS. THE FORM IS FILED AFTER A

RESOLUTION TO APPROVE IS PASSED BY THE BOARD.

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

ANY ITEMS DISCLOSED IN THE CONFLICT OF INTEREST DISCLOSURES ARE IDENTIFIED

AND REVIEWED WITH THE BOARD OF DIRECTORS.

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

THE SOCIETY'S EXECUTIVE COMMITTEE HIRES THE EXECUTIVE POSITIONS AND

CONDUCTS AN ANNUAL PERFORMANCE EVALUATION. COMPENSATION IS REVIEWED

ANNUALLY AND MAY BE ADJUSTED TO REFLECT MARKET AND INDUSTRY COMPENSATION STANDARDS.

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

THE SOCIETY MAKES ITS GOVERNING DOCUMENTS, FINANCIAL STATEMENTS AND OTHER

APPROPRIATE DOCUMENTS AVAILABLE UPON REQUEST.

FORM 990, PART XII, LINE 2C:

THE SOCIETY HAS A FINANCE COMMITTEE THAT PROVIDES OVERSIGHT TO THE

AUDIT PROCESS. THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

Schedule O (Form 990 or 990-EZ) (2017)

Schedule O (Form 990 or 990-EZ) (2017)         Page			
Name of the organization	HUMANE SOCIETY FOR	TACOMA PIERCE COUNTY	Employer identification number 91-0577128
	SOCIETY PREVENTION	CRUELTY ANIMALS	91-0577128