Form <b>990</b>
(Rev. January 2020)
Department of the Treasury Internal Revenue Service

For the 2010 colonder year

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### \*\* PUBLIC DISCLOSURE COPY \*\*

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

Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047

AI	or ur	and a search a s	enuing		
B c	Check if pplicab	E Name of organization		D Employer identific	cation number
	Addre				
	Name Chang	e Doing business as		65-07192	33
	Initial returr	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final returr	21287 BOCA RIO RD		561-482-	
	termii ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	6,952,735.
	Amer returr	ded BOCA RATON, FL 33433		H(a) Is this a group re	turn
	Appli tion	F Name and address of principal officer: SUSAN A GOLDSMITH		for subordinates	?
	pend	<sup>ng</sup> SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
11	ax-ex	empt status: 🗴 501(c)(3) 🗌 501(c) ( )◀ (insert no.) 🗌 4947(a)(1) c	or 📃 527	If "No," attach a	list. (see instructions)
		te: NWW.TRICOUNTYHUMANE.ORG		H(c) Group exemptior	n number 🕨
		f organization: 🔀 Corporation 🔄 Trust 🔄 Association 🔄 Other 🕨	L Year	of formation: 1997 M	State of legal domicile: ${f FL}$
Pa	art I	Summary			
e	1	Briefly describe the organization's mission or most significant activities: A NO-	-KILL	PET RESCUE	
anc.		ORGANIZATION SAVING ANIMALS IN SOUTH FLOP	RIDA A	ND BEYOND.	
sr n a	2	Check this box 🕨 🛄 if the organization discontinued its operations or dispos	sed of more	than 25% of its net as	
Ň	3	Number of voting members of the governing body (Part VI, line 1a)			13
ي م	4	Number of independent voting members of the governing body (Part VI, line 1b) _		13	
es	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	69	
viti	6	Total number of volunteers (estimate if necessary)			317
Activities & Governance	7a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated business taxable income from Form 990-T, line 39		7b	0.
				Prior Year	Current Year
ē	8	Contributions and grants (Part VIII, line 1h)		2,153,634.	4,293,261.
Revenue	9	Program service revenue (Part VIII, line 2g)		459,573.	591,910.
Sev.	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		63,865.	66,292.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		84,316.	251,998.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .		2,761,388.	5,203,461.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) $_{\rm .}$		971,761.	1,129,509.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)	L	0.	0.
ăX		Total fundraising expenses (Part IX, column (D), line 25)			
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		948,274.	931,065.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,920,035.	2,060,574.
	19	Revenue less expenses. Subtract line 18 from line 12		841,353.	3,142,887.
Net Assets or Fund Balances			Be	ginning of Current Year	End of Year
sset	20	Total assets (Part X, line 16)		8,634,672.	11,257,435.
atA	21	Total liabilities (Part X, line 26)		678,703.	158,579.
N <sup>n</sup>	22	Net assets or fund balances. Subtract line 21 from line 20		7,955,969.	11,098,856.
Pa	art II	Signature Block			

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

	Signature of officer		Date
Sign Here	SUSAN A GOLDSMITH, EXE	CUTIVE DIRECTOR	Date
	Type or print name and title		
	Print/Type preparer's name	Preparer's signature Date	Check PTIN
Paid	KEVIN E. REYNOLDS		self-employed P00178156
Preparer	Firm's name 🕞 DASZKAL BOLTON L	LP	Firm's EIN <b>65-0406502</b>
Use Only	Firm's address 2401 NW BOCA RAT	ON BLVD	
	BOCA RATON, FL 3	3431	Phone no. (561) 367-1040
May the II	RS discuss this return with the preparer shown abo	ove? (see instructions)	X Yes No
932001 01-2	20-20 LHA For Paperwork Reduction Act Notic	ce, see the separate instructions.	Form <b>990</b> (2019)

	990 (2019) TRI COUNTY HUMANE SOCIETY	65-0719233	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission: TRI-COUNTY ANIMAL RESCUE IS A NO-KILL, NONPROFIT ANIMAL	קחבר הבה	
	WORKING TO PREVENT THE KILLING OF OVER 209,000 UNWANTED		
	BROWARD, MIAMI-DADE, AND PALM BEACH COUNTIES EACH YEAR.		HAS
	NO BOUNDARIES; WE GO ALL OVER THE US WHENEVER WE ARE NE		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	ХҮе	s 🗌 No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Ye	s 🚺 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 Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth	• •	
	revenue, if any, for each program service reported.	ers, the total expenses	s, anu
4a	(Code: ) (Expenses \$ 1,849,657 • including grants of \$ ) (Reven	ue \$ 514	,610.
	TRI-COUNTY ANIMAL RESCUE IS ALWAYS AT CAPACITY WITH CAT		
	THEY ARE WAITING FOR THEIR FOREVER HOMES. WHEN YOU ADOP	T A PET FRO	M US,
	YOU HAVE THE OPPORTUNITY TO PROVIDE A WONDERFUL RESCUE		
	AND LOVING ENVIRONMENT. WHETHER YOU HAVE QUESTIONS ABO		
	OR NEED HELP CHOOSING THE RIGHT COMPANION, OUR PET ADOP	TION COUNSE	LORS
	ARE HERE EACH AND EVERY DAY TO ASSIST YOU.		
	IN 2019, WE ADOPTED OUT 2,941 DOGS AND CATS INTO NEW HO	MES AMONG T	нЕ
	THOUSANDS OF ANIMALS RESCUED, TOOK IN 519 STRAY ANIMALS		
	ANIMALS FROM OWNERS NO LONGER ABLE TO CARE FOR THEIR PE		
4b	(Code: ) (Expenses \$ 39,648. including grants of \$ ) (Reven		,300.
	TRI-COUNTY ANIMAL RESCUE OFFERS A FULL COMPLIMENT OF SE		11011
	ADDRESS YOUR NEEDS BEFORE AND AFTER YOUR PET PASSES AWA IMPORTANT YOUR PET IS TO YOU AND WE ARE HERE WHEN THE T		
	YOUR PET TO CROSS OVER THE RAINBOW BRIDGE.	IME COMES F	0K
	IN 2019, WE PROVIDED 30 CEMETERY PLOTS/ BURIALS AND 16	PRIVATE	
	CREMATIONS AND 6 GROUP CREMATIONS TO BEREAVED PET OWNER	S.	
4c	(Code: ) (Expenses \$ including grants of \$ ) (Reven		
10		<u> </u>	
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ 57,122. including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses 1,946,427.		
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Form 990 (2019)

Part IV Checklist of Required Schedules

TRI COUNTY HUMANE SOCIETY

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		37	
-	If "Yes," complete Schedule A	1	X X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Δ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i>	2		x
4	public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i> Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3		- 23
-	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	<u> </u>		
-	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? 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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			v
10	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		x
11	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	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			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
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? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			x
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d 11e		X
f	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	Tie		- 23
•	the organization's separate of consolidated infancial statements for the tax year include a footfold 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
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i>	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	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		X
20a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i>	21		x
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Part IV Checklist of Required Schedules (continued)

			Yes	N
	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	00		x
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	x	
	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
	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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
	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			_
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			x
	entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		
	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, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	 28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	30		x
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
	Part V, line 1	34		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	x	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V	1	-	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 21			
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable1a21Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable1b0			
b		-		
b c	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	1c	X 990	

Form 990	(2019)	TRI	COUNTY	HUMANE	SOCIETY	
Part V	Sta	atements Regard	ing Other I	RS Filings	and Tax Com	pliance (continued)

			Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return 2a 69					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х			
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X		
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a					
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X		
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		X X		
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?						
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit					
	any contributions that were not tax deductible as charitable contributions?	6a		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	Organizations that may receive deductible contributions under section 170(c).		37			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X			
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х			
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		v		
	to file Form 8282?	7c		X		
	If "Yes," indicate the number of Forms 8282 filed during the year 7d	-				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f				
g b	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h				
h 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? <b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the	/11				
0	sponsoring organization have excess business holdings at any time during the year?	8				
9	Sponsoring organizations maintaining donor advised funds.	-				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a				
b		9b				
10	Section 501(c)(7) organizations. Enter:					
	Initiation fees and capital contributions included on Part VIII, line 12 10a					
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b					
	Section 501(c)(12) organizations. Enter:					
а	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.) 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					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?	13a				
	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 13b					
	Enter the amount of reserves on hand 13c			37		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			v		
	excess parachute payment(s) during the year?	15		X		
16	If "Yes," see instructions and file Form 4720, Schedule N.	40		x		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		~		
	If "Yes," complete Form 4720, Schedule O.					

Form **990** (2019)

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Form 990 (	2019)
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#### TRI COUNTY HUMANE SOCIETY

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

	Check if Schedule O contains a response or note to any line in this Part VI			
Sec	tion A. Governing Body and Management			-
	Enter the number of voting members of the governing body at the end of the tax year 13		Yes	╞
та				L
	If there are material differences in voting rights among members of the governing body, or if the governing			L
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.			l
	Enter the number of voting members included on line 1a, above, who are independent 1b 13			l
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			l
	officer, director, trustee, or key employee?	2		ļ
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			I
	of officers, directors, trustees, or key employees to a management company or other person?	3		ļ
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		l
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		
6	Did the organization have members or stockholders?	6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			T
	more members of the governing body?	7a		I
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			t
	persons other than the governing body?	7b		I
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			t
		8a	х	I
a 6	The governing body? Each committee with authority to act on behalf of the governing body?	8b	X	ł
		uo	- 23	╉
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			I
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
_			Yes	
	Did the organization have local chapters, branches, or affiliates?	10a		_
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			I
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			1
	in Schedule O how this was done	12c	Х	I
3	Did the organization have a written whistleblower policy?	13	Х	1
4	Did the organization have a written document retention and destruction policy?	14	Х	1
5	Did the process for determining compensation of the following persons include a review and approval by independent			t
0	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			I
_		45-	х	l
	The organization's CEO, Executive Director, or top management official	15a	л	┨
b	Other officers or key employees of the organization	15b		╁
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			ļ
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			ļ
	taxable entity during the year?	16a		ļ
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		
ec	tion C. Disclosure			
7	List the states with which a copy of this Form 990 is required to be filed $igarleft FL$			
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A, if applicable), 990, and 990 T (Section 501(c)(3	)s only	) avai	k
	for public inspection. Indicate how you made these available. Check all that apply.          X       Own website       Another's website       X       Upon request       Other (explain on Schedule O)			
0	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d fina	acial	
9			icidi	
0	statements available to the public during the tax year.			
0	State the name, address, and telephone number of the person who possesses the organization's books and records ► THE ORGANIZATION - (561)482-8110 21287 DOCA DIO DOCA DIO DOCA DI DOCA DI DOCA DI DOCA			
	21287 BOCA RIO ROAD, BOCA RATON, FL 33433		0000	_
2006	3 01-20-20	Form	990	(
21	6 120 131409 12410.1 2019.05000 TRI COUNTY HUMANE SOCIETY	12/	110	
-				

Part VII	Compensation of Officers,	Directors, T	rustees, Key	y Employees,	Highest	Compensated
	Employees, and Independe	ent Contracto	ors			

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 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.

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

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

(A)	(B)			(		npo	liou	(D)	(E)	(F)
Name and title	Average	(do	not c	Pos	ition		one	Reportable	Reportable	Estimated
	hours per	box	, unle cer an	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week	<u> </u>		uau				from	from related	other
	(list any hours for	Individual trustee or director				_		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	ee or	stee			nsate		(W-2/1099-MISC)		organization
	organizations	l trust	ıal tru		oyee	ompe				and related
	below	vidua	Institutional trustee	cer	Key employee	Highest compensated employee	Former			organizations
	line)	Indi	Inst	Officer	Key	Higher	For			
(1) KYLE FINIZIO	10.00									
DIRECTOR		х						0.	0.	0.
(2) KEN RONAN, ESQ.	20.00									
VICE CHAIRMAN AND LEGAL CO		Х		Х				0.	0.	0.
(3) SHARON DIPIETRO	20.00									
CHAIR		Х		Х				0.	0.	0.
(4) ARTHUR E. BENJAMIN	10.00									
DIRECTOR		Х						0.	0.	0.
(5) PAUL CARMAN	20.00								_	_
TREASURER		Х		Х				0.	0.	0.
(6) GARY EDELSON	10.00									
DIRECTOR		Х						0.	0.	0.
(7) HEATHER SHAW FAIRS	10.00									
DIRECTOR		Х						0.	0.	0.
(8) ANDREA KLINE	10.00									
SECRETARY		Х						0.	0.	0.
(9) MARNEY GLASSER	10.00									
DIRECTOR		Х						0.	0.	0.
(10) DEBORAH ROBINSON	10.00									
DIRECTOR		Х						0.	0.	0.
(11) EDITH STEIN	10.00									
DIRECTOR		Х						0.	0.	0.
(12) RENETTE VERHAEGHE	10.00									
VICE SECRETARY		Х						0.	0.	0.
(13) DR. ANDREA COLTON	10.00									
DIRECTOR		Х						0.	0.	0.
(14) SUZI GOLDSMITH	40.00									
EXECUTIVE DIRECTOR				Х				140,371.	0.	0.
(15) CRYSTAL RAMSEY	40.00									
VETERINARIAN/SURGEON					х			157,753.	0.	0.
										<b>600</b> (0010)

932007 01-20-20

Form 990 (2019)

09221120 131409 12410.1

7 2019.05000 TRI COUNTY HUMANE SOCIETY

 $12410_{11}$ 

	orm 990 (2019) TRI COUNTY HUMANE SOCIETY 65-0719233 Page 8													
Par			ploy	ees			ghes	st C						
	(A) Name and title	(B) Average hours per week	box offic	not c , unle	ss pe	ition more rson i	than d is both pr/trust	n an	compensation compensat from from relate			an	(F) stimate nount other	
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization: (W-2/1099-MIS		fr org an	pensa om th anizat d relat anizati	e ion ed
. <u> </u>														
. <u> </u>														
	Subtotal Total from continuation sheets to Part VI								298,124.		0.			0.
d	Total (add lines 1b and 1c)								298,124.		0.			0.
2	Total number of individuals (including but n compensation from the organization	ot limited to th	lose	liste	ed al	SOVe	e) wh	io r	eceived more than \$100	0,000 of reportabl	е			2
	· · ·												Yes	No
3	Did the organization list any <b>former</b> officer, line 1a? If "Yes," complete Schedule J for s			-	•	-		Ŭ		-		3		х
4	For any individual listed on line 1a, is the su	im of reportab	le co	omp	ensa	atior	n anc	l ot	-	the organization		5		
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a											4	X	
	rendered to the organization? If "Yes," com	-				-			-			5		Х
	tion B. Independent Contractors									•				
1	Complete this table for your five highest co the organization. Report compensation for										ipens	ation 1	rom	
	(A) Name and business	address	NC	ONE	3				(B) Description of s	ervices	C	<b>(C</b> ompe		n
								_						
								_						
. <u> </u>														
2	Total number of independent contractors (i \$100,000 of compensation from the organiz	•	iot lii	mite	d to		se lis )	stec	d above) who received n	nore than			000	
												Form	<b>990</b> ()	2019)

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8 09221120 131409 12410.1 2019.05000 TRI COUNTY HUMANE SOCIETY 12410\_11

			Check if Schedule O	cont	ains a res	ponse	or note to any lin	e in this Part VIII			
								<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated	(D) Revenue excluded from tax under sections 512 - 514
ts	1	а	Federated campaigns		1a						
Contributions, Gifts, Grants and Other Similar Amounts	•		Membership dues								
Υ <sup>m</sup> G			Fundraising events				671,966.				
ar /			Related organizations				, ,				
s, G			Government grants (contr								
Si			All other contributions, gifts,		Ý —						
ihei		•	similar amounts not included				3,621,295.				
<u>ie</u>		a	Noncash contributions included in				1,687,250.				
and		-	Total. Add lines 1a-1f					4,293,261.			
							Business Code	, ,			
e	2	а	ADOPTIONS & PET HEA	LTH			900099	514,610.	514,610.		
° Zi		b	PET CEMETERY				900099	77,300.	77,300.		
Program Service Revenue		с									
am		d									
Ba		е									
Pr		f	All other program service	reve	enue						
			Total. Add lines 2a-2f					591,910.			
	3		Investment income (inclue								
			other similar amounts)				►	68,270.			68,270.
	4		Income from investment of								
	5		Royalties	. <u></u>			►				
					(i) Re	eal	(ii) Personal				
	6	а	Gross rents	6a							
		b	Less: rental expenses	6b							
		с	Rental income or (loss)	6c							
		d	Net rental income or (loss	)			►				
	7	а	Gross amount from sales of		(i) Secu	rities	(ii) Other				
			assets other than inventory	7a	1,559	,296.					
		b	Less: cost or other basis								
nue			and sales expenses	-	1,561						
eve			Gain or (loss)			,978.					
Other Revenue			Net gain or (loss)				🕨	-1,978.			-1,978.
the	8	а	Gross income from fundraisi	ng ev	/ents (not						
Ò			including \$	671	<u>,966.</u> of						
			contributions reported on		,						
			Part IV, line 18								
			Less: direct expenses				130,878.				
			Net income or (loss) from				····· ►	225,838.			225,838.
	9	а	Gross income from gamin								
			Part IV, line 19								
			Less: direct expenses								
			Net income or (loss) from			ies	▶				
	10	а	Gross sales of inventory,								
			and allowances								
			Less: cost of goods sold				· · · · · · · · · · · · · · · · · · ·	26.160			26.160
		С	Net income or (loss) from	sale	s of inven	tory		26,160.			26,160.
sn		~					Business Code				
Miscellaneous Revenue	11										
ven		b									
Re		с а									
Σ			All other revenue								
	12	e	Total. Add lines 11a-11d Total revenue. See instruction					5,203,461.	591,910.	0.	318,290.
93200		-20-		/10				-,100,101.			Form <b>990</b> (2019)
											(==10)

TRI COUNTY HUMANE SOCIETY

Form 990 (2019) Part VIII

Statement of Revenue

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Part IX Statement of Functional Expenses

TRI COUNTY HUMANE SOCIETY

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

Do no	Check if Schedule O contains a respon of include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				•
	Grants and other assistance to domestic				
	ndividuals. See Part IV, line 22				
	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	ndividuals. See Part IV, lines 15 and 16				
4 I	Benefits paid to or for members				
5 (	Compensation of current officers, directors,				
t	trustees, and key employees				
6 (	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
	Other salaries and wages	1,033,237.	990,719.	21,434.	21,084
	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	16 610	16 610		
	Other employee benefits	16,619.	16,619.	1 (00	1 500
	Payroll taxes	79,653.	76,463.	1,608.	1,582
	Fees for services (nonemployees):	2 0 2 7	266	2 571	
	Management	3,937.	366.	3,571.	
	Legal	59,616.	5,549.	54,067.	
		59,010.	5,549.	54,007.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	nvestment management fees				
-	column (A) amount, list line 11g expenses on Sch 0.)	79,988.	79,988.		
	Advertising and promotion	34,504.	33,279.		1,225
	Office expenses				-,
	Information technology	9,932.	9,932.		
	Royalties	- /	- ,		
	Dccupancy	127,203.	127,203.		
	Travel	-	-		
	Payments of travel or entertainment expenses				
f	for any federal, state, or local public officials				
	Conferences, conventions, and meetings	14,501.	11,386.	2,252.	863
<b>20</b>	nterest				
21	Payments to affiliates				
<b>22</b> [	Depreciation, depletion, and amortization	115,439.	115,439.		
<b>23</b>	nsurance	57,971.	55,904.	2,067.	
 	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If ine 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	ANIMAL CARE COSTS	361,315.	361,315.		
	CREDIT CARD FEES	35,888.	33,764.	321.	1,803
	SUNDRY EXPENSES	22,644.	20,543.	2,101.	
d	SUPPLIES	8,127.	7,958.	169.	
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	2,060,574.	1,946,427.	87,590.	26,557
	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
(	Check here if following SOP 98-2 (ASC 958-720)				Form <b>990</b> (201

09221120 131409 12410.1

10 2019.05000 TRI COUNTY HUMANE SOCIETY Form **990** (2019)

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Form 990 (2019)

1

2

3

4

6

Assets

Liabilities

Net Assets or Fund Balances

30

31

32

33

Part X Balance Sheet

7	Notes and loans receivable, net					7	
8	Inventories for sale or use					8	
9	Prepaid expenses and deferred charges				17,707.	9	
10a	Land, buildings, and equipment: cost or other						
	basis. Complete Part VI of Schedule D	10a	6,291,688. 705,045.				
b			705,045.	3,	362,891.	10c	5
11	Investments - publicly traded securities					11	2
12	Investments - other securities. See Part IV, line 1	11				12	
13	Investments - program-related. See Part IV, line	11				13	
14	Intangible assets					14	
15	Other assets. See Part IV, line 11					15	
16	Total assets. Add lines 1 through 15 (must equa	al line 3	3)		634,672.	16	11
17	Accounts payable and accrued expenses				678,703.	17	
18	Grants payable					18	
19	Deferred revenue					19	
20	Tax-exempt bond liabilities					20	
21	Escrow or custodial account liability. Complete I	Part IV	of Schedule D			21	
22	Loans and other payables to any current or form	ner offic	er, director,				
	trustee, key employee, creator or founder, subst	tantial c	contributor, or 35%				
	controlled entity or family member of any of these	se perso	ons			22	
23	Secured mortgages and notes payable to unrela	ated thi	rd parties			23	
24	Unsecured notes and loans payable to unrelated	d third	parties			24	
25	Other liabilities (including federal income tax, pa	yables	to related third				
	parties, and other liabilities not included on lines	s 17-24)	. Complete Part X				
	of Schedule D					25	
26	Total liabilities. Add lines 17 through 25				678,703.	26	
	Organizations that follow FASB ASC 958, che	ck her	e 🕨 🔟				
	and complete lines 27, 28, 32, and 33.			_			-
27	Net assets without donor restrictions			5,	706,567.	27	6
28	Net assets with donor restrictions			2,	249,402.	28	4
	Organizations that do not follow FASB ASC 9	58, che	eck here 🕨 🛄				
	and complete lines 29 through 33.						
29	Capital stock or trust principal, or current funds					29	

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(B)

End of year

66,965.

2,101,471.

868,700.

3,500.

83,756.

586,643. 546,400.

257,435. 158,579.

158,579.

312,115. 786,741.

11,098,856.

11,257,435.

Form 990 (2019)

(A)

Beginning of year

113,412.

9,898.

3,639,564.

1,491,200.

1

2

3

4

5

6

30

31

32

33

7,955,969.

8,634,672.

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

Cash - non-interest-bearing

Savings and temporary cash investments

Pledges and grants receivable, net

Accounts receivable, net

controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined

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

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)

5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%

Form	1990 (2019) TRI COUNTY HUMANE SOCIETY	65-0	719233	Pag	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets				<u> </u>
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,20		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,06		
3	Revenue less expenses. Subtract line 2 from line 1	3	3,14:		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	7,95	5,9	69.
5	Net unrealized gains (losses) on investments	5			
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 on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	11,09	8,8	56.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a 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				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			37
	Act and OMB Circular A-133?		За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			000	

Form **990** (2019)

932012 01-20-20

**SCHEDULE A** 

(Form	990	or	990-	EZ)
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# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047
2019
Open to Public

Depar ntern	tment o al Reve	of the Treasury nue Service			Attach to Form 990 or F v/Form990 for instruction			nformation.		Inspection
Nam	e of	the organizat		v					Employer	identification number
			TRI	COUNTY HUM	ANE SOCIETY				6	5-0719233
Pa	rt I	Reason	for Public	Charity Status (	All organizations must co	omplete th	is part.) Se	ee instruction	S.	
The	orgar	nization is not a	a private found	dation because it is:	(For lines 1 through 12, c	check only	one box.)			
1					on of churches described					
2		A school des	cribed in <b>sect</b>	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Forn	n 990 or 9	90-EZ).)			
3		A hospital or	a cooperative	hospital service org	anization described in <b>s</b> e	ection 170	)(b)(1)(A)(i	ii).		
4		A medical re	search organiz	ation operated in co	njunction with a hospita	l described	d in <b>sectio</b>	n 170(b)(1)(A	)(iii). Enter	the hospital's name,
		city, and stat	te:							
5		An organizat	ion operated f	or the benefit of a co	ollege or university owned	d or opera	ted by a g	overnmental u	unit describ	oed in
		section 170	(b)(1)(A)(iv). ((	Complete Part II.)						
6		A federal, sta	ate, or local go	vernment or governr	mental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	An organizat	ion that norma	ally receives a substa	antial part of its support f	from a gov	ernmental	unit or from t	he general	public described in
		section 170	( <b>b)(1)(A)(vi).</b> (C	omplete Part II.)						
8		A community	/ trust describ	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9		An agricultur	al research or	ganization described	l in section 170(b)(1)(A)(	ix) operate	ed in conju	inction with a	land-grant	college
		or university	or a non-land-	grant college of agric	culture (see instructions).	Enter the	name, city	y, and state o	f the colleg	e or
		university:								
10		An organizat	ion that norma	ally receives: (1) more	e than 33 1/3% of its sup	port from	contributi	ons, members	ship fees, a	and gross receipts from
		activities rela	ated to its exer	npt functions - subje	ct to certain exceptions,	and (2) no	o more tha	n 33 1/3% of	its support	t from gross investment
		income and	unrelated busi	ness taxable income	e (less section 511 tax) fr	om busine	esses acqu	ired by the or	ganization	after June 30, 1975.
		See section	509(a)(2). (Co	mplete Part III.)						
11		An organizat	ion organized	and operated exclus	ively to test for public sa	afety. See	section 50	09(a)(4).		
12		-	-	-	ively for the benefit of, to	-			-	
					ed in <b>section 509(a)(1)</b> o					Check the box in
		lines 12a thr	ough 12d that	describes the type of	of supporting organizatio	n and con	nplete lines	s 12e, 12f, an	d 12g.	
а		_ <b>Type I.</b> A s	upporting orga	anization operated, s	supervised, or controlled	by its sup	ported org	ganization(s), f	typically by	<i>r</i> giving
		the suppo	ted organizati	on(s) the power to re	egularly appoint or elect a	a majority	of the dire	ctors or truste	es of the s	supporting
		organizatio	on. You must o	complete Part IV, Se	ections A and B.					
b		<b>Type II.</b> A	supporting org	anization supervised	d or controlled in connec	tion with it	ts support	ed organizatio	on(s), by ha	iving
			-		anization vested in the s	ame perso	ons that co	ontrol or mana	ige the sup	ported
				t complete Part IV,						
С		••	-	•	g organization operated				lly integrate	ed with,
			-		s). You must complete I					
d					porting organization oper				-	
					zation generally must sat				d an attent	iveness
	_	- ·			nplete Part IV, Sections					
е			•		written determination fro			а Туре I, Туре	II, Type III	
	E.t.				onally integrated support					
Ť			of supported							
g		(i) Name of supp	<u> </u>	n about the supporte (ii) EIN	(iii) Type of organization	(iv) Is the orga	inization listed	(v) Amount of	monetary	(vi) Amount of other
		organizatio		(,	(described on lines 1-10	in your governi Yes	ng document? No	support (see ir	,	support (see instructions)
					above (see instructions))	103				
Tota	1									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19 Schedule A (Form 990 or 990-EZ) 2019

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### Schedule A (Form 990 or 990 EZ) 2019 TRI COUNTY HUMANE SOCIETY

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1,629,020.	2,092,347.	3,956,065.	2,153,634.	4,293,261.	14,124,327.
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	1,629,020.	2,092,347.	3,956,065.	2,153,634.	4,293,261.	14,124,327.
5							
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						5,186,372.
6	Public support. Subtract line 5 from line 4.						8,937,955.
	ction B. Total Support						, ,
	ndar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 4	1,629,020.	2,092,347.	3,956,065.	2,153,634.	4,293,261.	14,124,327.
	Gross income from interest,						<u> </u>
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	14,797.	24,857.	38,273.	63,857.	68,270.	210,054.
9	Net income from unrelated business	-	<b>,</b>			, .	
Ŭ	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						14,334,381.
	Gross receipts from related activities,	ota (soo instructio				12 4	,283,205.
	First five years. If the Form 990 is for	· ·	,	h fourth or fifth to			/203/2031
13	organization, check this box and stop	have			-		
Se	ction C. Computation of Publi	ic Support Per	rcentage				
	Public support percentage for 2019 (I			olumn (f))		14	62.35 %
	Public support percentage from 2018		•			15	70.61 %
	<b>33 1/3% support test - 2019.</b> If the c						, -
	stop here. The organization qualifies						
r	<b>33 1/3% support test - 2018.</b> If the c						
~	and stop here. The organization quali	•					
17:	10% -facts-and-circumstances test						
170	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
L	10% -facts-and-circumstances						
C		•					
	more, and if the organization meets the						
10	organization meets the "facts-and-circ						
10	Private foundation. If the organizatio	n ulu not check a l		a, 100, 17a, 0r 17b		nd see instruction	

Schedule A (Form 990 or 990-EZ) 2019

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#### Schedule A (Form 990 or 990-EZ) 2019 TRI COUNTY HUMANE SOCIETY Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

4	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(	<b>e)</b> 2019	(f) Total
	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")							
	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							
	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							
	Total. Add lines 1 through 5							
	Amounts included on lines 1, 2, and							
	3 received from disqualified persons							
	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.)							
ec	tion B. Total Support							
aler	ndar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(	e) 2019	(f) Total
	Amounts from line 6	.,					,	
0a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
b	Unrelated business taxable income							
	(less section 511 taxes) from businesses acquired after June 30, 1975							
с	Add lines 10a and 10b							
1	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
2	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
	Total support. (Add lines 9, 10c, 11, and 12.)							
	First five years. If the Form 990 is for	the organization's	s first. second. thi	d. fourth. or fifth ta	ax vear as a sectio	n 501	(c)(3) organiz	ation.
4	······································	-					(-)(-) - 3	
	check this box and stop here							······
ec	tion C. Computation of Publ	ic Support Pe	rcentage	column (fl)		15		%
<b>6ec</b> 15	tion C. Computation of Public Public support percentage for 2019 (I	ic Support Pe ine 8, column (f), c	rcentage livided by line 13,			15 16		%
<b>6</b> 15	tion C. Computation of Public Public support percentage for 2019 (I Public support percentage from 2018	ic Support Pe ine 8, column (f), c Schedule A, Part	rcentage livided by line 13, III, line 15			15 16		
ec 5 6 ec	tion C. Computation of Publi Public support percentage for 2019 (I Public support percentage from 2018 tion D. Computation of Invest	ic Support Pe ine 8, column (f), c Schedule A, Part Stment Incom	rcentage livided by line 13, III, line 15 e Percentage			16		%
ec 5 6 ec 7	tion C. Computation of Public Public support percentage for 2019 (I Public support percentage from 2018 tion D. Computation of Invest Investment income percentage for 20	ic Support Pe ine 8, column (f), c Schedule A, Part stment Incom 19 (line 10c, colur	rcentage livided by line 13, III, line 15 e Percentage nn (f), divided by l	ine 13, column (f))		16 17		%
ec 5 6 6 7 8	tion C. Computation of Public Public support percentage for 2019 (I Public support percentage from 2018 tion D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2	ic Support Pe ine 8, column (f), c Schedule A, Part stment Incom 19 (line 10c, colur 2018 Schedule A,	rcentage livided by line 13, III, line 15 e Percentage nn (f), divided by l Part III, line 17	ine 13, column (f))		16 17 18	06 and line 1	% %
iec 6 iec 7 8	tion C. Computation of Public Public support percentage for 2019 (I Public support percentage from 2018 tion D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2 33 1/3% support tests - 2019. If the	ic Support Pe ine 8, column (f), c Schedule A, Part Stment Incom 19 (line 10c, colur 2018 Schedule A, organization did r	rcentage livided by line 13, III, line 15 e Percentage nn (f), divided by I Part III, line 17  ot check the box	ine 13, column (f)) on line 14, and line	e 15 is more than 3	<b>16</b> <b>17</b> <b>18</b> 33 1/3		% % 17 is not
<b>5</b> 6 <b>6</b> 7 8 9a	tion C. Computation of Public Public support percentage for 2019 (I Public support percentage from 2018 tion D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2	ic Support Pe ine 8, column (f), c Schedule A, Part stment Incom 19 (line 10c, colur 2018 Schedule A, organization did n nd stop here. The	rcentage livided by line 13, III, line 15 e Percentage nn (f), divided by I Part III, line 17 ot check the box organization qual	ine 13, column (f)) on line 14, and line fies as a publicly s	e 15 is more than 3 upported organiza	16 17 18 33 1/39 ation		% % 17 is not ►
eC 5 6 eC 7 8 9a b	tion C. Computation of Public Public support percentage for 2019 (I Public support percentage from 2018 tion D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2 33 1/3% support tests - 2019. If the more than 33 1/3%, check this box an	ic Support Pe ine 8, column (f), c Schedule A, Part stment Incom 19 (line 10c, colur 2018 Schedule A, organization did n nd stop here. The organization did n	rcentage livided by line 13, III, line 15 e Percentage nn (f), divided by I Part III, line 17 ot check the box organization qual ot check a box or	ine 13, column (f)) on line 14, and line fies as a publicly s n line 14 or line 19a	e 15 is more than 3 upported organiza a, and line 16 is mo	16 17 18 33 1/3 ation ore that	an 33 1/3%, a	% % 17 is not and
<b>ec</b> 5 6 7 8 9 9 a b	tion C. Computation of Public Public support percentage for 2019 (I Public support percentage from 2018 tion D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2 33 1/3% support tests - 2019. If the more than 33 1/3%, check this box an 33 1/3% support tests - 2018. If the	ic Support Pe ine 8, column (f), c Schedule A, Part stment Incom 19 (line 10c, colur 2018 Schedule A, organization did n nd stop here. The organization did n ck this box and st	rcentage livided by line 13, lll, line 15 e Percentage nn (f), divided by l Part III, line 17 ot check the box organization qual tot check a box or op here. The orga	ine 13, column (f)) on line 14, and line fies as a publicly s n line 14 or line 19a nization qualifies a	e 15 is more than 3 upported organiza a, and line 16 is mo is a publicly suppo	16           17           18           33 1/3°           ation           ore that           orted c	an 33 1/3%, organization	% % 17 is not 

1

2

3a

Yes No

### 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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disgualified 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.)

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3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

# Schedule A (Form 990 or 990 EZ) 2019 TRI COUNTY HUMANE SOCIETY Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	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 <b>Part VI</b> 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	•		
2	organization(s) that operated, supervised, or controlled the supporting organization of If "Yes," explain in			
	<b>Part VI</b> 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	2		
360			Vac	Na
	Ways a particulty of the experimentary's diverteen system stars dowing the territory along presidual of the diverteen		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	_		
<u></u>	the supported organization(s).	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			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	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. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inside	tructions	s).	
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		
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.			
a				
u	trustees of each of the supported organizations? <i>Provide details in</i> <b>Part VI.</b>	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	50		
5	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	Зb		
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#### Schedule A (Form 990 or 990-EZ) 2019 TRI COUNTY HUMANE SOCIETY

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations
 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	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	on 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	on 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 integra	ted Type III supporting or	anization (see

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

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## Schedule A (Form 990 or 990-EZ) 2019 TRI COUNTY HUMANE SOCIETY

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	IS		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
b	From 2015			
c	From 2016			
d	From 2017			
e	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
-	Applied to 2019 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
-	Excess from 2015			
-	Excess from 2016			
-	Excess from 2017			
	Excess from 2018			
e	Excess from 2019			(Form 000 or 000 EZ) 2010

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Schedule A (Form S	990 or 990-E2	Z) 2019 TRI	COUNTY	HUMANE	SOCI	ETY			19233 Page 8
Part VI Supp Part IV line 1; Section	V, Section A, Part IV, Secton D, lines 5,	Information lines 1, 2, 3b, 3 tion D, lines 2 a	<b>1.</b> Provide the ic, 4b, 4c, 5a, nd 3; Part IV, 5	explanations re 6, 9a, 9b, 9c, 1 <sup>-</sup> Section E, lines	equired b 1a, 11b, 1c, 2a, 2	by Part II, line <sup>-</sup> and 11c; Part 2b, 3a, and 3b	IV, Section B ; Part V, line 1	e 17a or 17b; Part II 5, lines 1 and 2; Part 1; Part V, Section B additional informat	t IV, Section C, , line 1e; Part V,
(See in	nstructions.)								
932028 09-25-19 221120 131	400 10	410 1	0.01	0 05000	20	001131771		Chedule A (Form 9	90 or 990-EZ) 2019
∠∠⊥⊥∠∪ 131	4U9 124	₩TΛ•T	201		TRT	COUNTY	TOMANE	POCTELI	$12410_{11}$

### 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

2019

Employer identification number

65-	071	9233	
05-	0/1	9433	

or 990-PF)	
Department of the Treasury Internal Revenue Service	

Name of the organization

Organization type (check o	anization type(check one):						
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						

TRI COUNTY HUMANE SOCIETY

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.

**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) (2019)

Name of organization

Employer identification number

65-0719233

#### TRI COUNTY HUMANE SOCIETY

09221120 131409 12410.1

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if additional space is needed.						
(a)	(b)	(c)	(d)				
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution				
1		\$300,000.	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				
<u>2</u>	Name, address, and ZiP + 4	\$ 101,000.	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		\$ 1,528,024.	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		\$1,009,500.	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		\$180,000.	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				
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				
923452 11-06	6-19 <b>22</b>	Schedule B (Form	990, 990-EZ, or 990-PF) (2019				

2019.05000 TRI COUNTY HUMANE SOCIETY

12410\_11

Page 2

Name of organization

Employer identification number

65-0719233

TRI COUNTY HUMANE SOCIETY

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		s	
(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
23453 11-06-19		\$Schedule B /Form	990, 990-EZ, or 990-PF)

Page 4

me of organi			Employer identification no
	ITY HUMANE SOCIETY clusively religious, charitable, etc., contributi	ons to organizations described in	65-0719233 n section 501(c)(7), (8), or (10) that total more than \$1,000 for
fro cor	m any one contributor. Complete columns (a) mpleting Part III, enter the total of exclusively religious, c se duplicate copies of Part III if additional	through (e) and the following line of haritable, etc., contributions of \$1,000 of	entry. For organizations
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-art i			
		(e) Transfer of g	gift
	Transferee's name, address, ar	d ZIP + 4	Relationship of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of g	yift
	Transferee's name, address, ar	d ZIP + 4	Relationship of transferor to transferee
a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
		(e) Transfer of g	gift
	Transferee's name, address, ar	d ZIP + 4	Relationship of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
- -			
		(e) Transfer of g	yift
	Transferee's name, address, ar	Id ZIP + 4	Relationship of transferor to transferee
—			

SCHEDULE D

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.



Employer identification number

65-0719233

Department of the Treasury Internal Revenue Service Name of the organization

TRI COUNTY HUMANE SOCIETY onor Advised Funde Maintaining Г

Total numb Aggregate Aggregate Did the org are the org for charitab impermissil <b>t II</b> Con Purpose(s) □ Prese Prote Prese Complete li day of the t Total numb Total acrea Number of listed in the Number of listed in the Number of Staff and v ► Complete li day of the t Total numb Total acrea Number of Does the or violations, a Staff and v ► Com If the organ of art, historic provide the (i) Revenue in Assets incle	ganizations Maintaining Donor Advise anization answered "Yes" on Form 990, Part IV, lir		ACCOUNTS. Complete if the
Aggregate Aggregate Aggregate Did the org are the org Did the org for charitab impermissil <b>t II Co</b> Purpose(s) Prese Prote Prese Complete II day of the t Total numb Total acrea Number of Number of Isted in the Number of Staff and v Mumber of Does the or violations, a Staff and v Mumber of Does each and sectior In Part XIII, balance sho organizatio f the organ of art, historic provide the (i) Revenue in Assets inclu		(a) Donor advised funds	(b) Funds and other accounts
Aggregate Aggregate Aggregate Did the org are the org Did the org for charitab impermissil <b>t II Co</b> Purpose(s) Prese Prote Prese Complete II day of the t Total numb Total acrea Number of Number of Isted in the Number of Staff and v Mumber of Does the or violations, a Staff and v Mumber of Does each and sectior In Part XIII, balance sho organizatio f the organ of art, historic provide the (i) Revenue in Assets inclu	ber at end of year		
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Aggregate Did the org are the org for charitate impermissil <b>t II</b> CO Purpose(s) Prese Complete li day of the t Total numb Total acrea Number of listed in the Number of listed in the Number of Staff and ve Mumber of Does the or violations, a Staff and ve Mumber of Does the or violations, a Staff and ve Staff and ve Staff and ve Staff and ve Staff and ve Staff and ve Mumber of Does the or violations, a Staff and ve Staff and ve Sta	value of grants from (during year)		
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are the organization pict the organization are the organization are the organization are the organization are the organization balance sho organization till Org Complete li day of the the Total number of Number of listed in the Number of Number of Does the on violations, a Staff and ve S Does each and section In Part XIII, balance sho organization till Org Com If the organization art, historic provide the (i) Revenue (ii) Assets If the organization Assets inclu	ganization inform all donors and donor advisors in	writing that the assets held in donor advised fu	inds
Did the org for charitability impermission t II Con Purpose(s) Prese Prese Complete lin day of the t Total numb Total acrea Number of listed in the Number of listed in the Number of Staff and v Pare Number of Does the of violations, a Staff and v P Momber of Does the of violations, a Staff and v P Does each and sectior In Part XIII, balance sho organizatio to f the organ of art, historic provide the (i) Revenu (ii) Assets If the organ the followin Revenue in Assets inclu	, ganization's property, subject to the organization's	-	
impermissil         till       Con         Purpose(s)       Prese         Protein       Protein         Protein       Prese         Complete list       day of the transmission         Total number       Order of         Number of       Number of         Number of       Does the or         Violations, a       Staff and volume         Momount of       S         Does each       and section         In Part XIII,       Dalance shoor         organization       Org         Common of art, historic       Organization         the organization       If the organization         and section       If the organization         If the organization       Organization	ganization inform all grantees, donors, and donor a		
til       Con         Purpose(s)       Prese         Prote       Prese         Prote       Prese         Opplete Ii       day of the t         Total numb       Total acrea         Number of       Number of         Number of       Number of         Number of       Number of         Staff and voltations, a       Staff and voltations, a         Staff and voltations, a       Staff and voltations, a         Does the or       violations, a         Staff and voltations, a       Staff and voltations, a         Does each       and sectior         In Part XIII,       balance shoor         organization       Corr         If the organ       of art, historic         provide the       (i)       Revenue         (ii) Assets       If the organ         Revenue in       Assets inclusion	ble purposes and not for the benefit of the donor	or donor advisor, or for any other purpose conf	erring
Purpose(s) Prese Prote Prote Prote Prote Complete li day of the t Total numb Total acrea Number of Number of listed in the Number of Usear Number of Staff and v  Amount of \$ Does the or violations, a Staff and v  Amount of \$ Does each and sectior In Part XIII, balance sh organizatio t III Org Com If the organ art, historic provide the (i) Revenue in Assets incli	ible private benefit?		Yes
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Prese Complete li day of the t Total numb Total acrea Number of listed in the Number of Number of Does the of violations, a Staff and v ▶ Amount of ▶ \$ Does each and sectior In Part XIII, balance sho organizatio till Org Com If the organ art, historic provide the (i) Revenue in Revenue in Assets inclu	ervation of land for public use (for example, recrea	ation or education)	torically important land area
Complete Ii day of the t Total numb Total acrea Number of Number of Iisted in the Number of year > Number of Does the of violations, a Staff and v > Does each and sectior In Part XIII, balance sh organizatio <b>t III</b> Org Com If the organ of art, historic provide the (i) Revenue in Assets inclu	ection of natural habitat	Preservation of a cer	rtified historic structure
day of the t Total numb Total acrea Number of Number of listed in the Number of year ▶ Number of Does the or violations, a Staff and ve ▶ \$ Does each and sectior In Part XIII, balance sho organizatio till Org Corr If the organ of art, historic provide the (i) Revenue (ii) Assets If the organ the followin Revenue in Assets inclu	ervation of open space		
Total numb Total acrea Number of Number of listed in the Number of year ▶ Number of Does the or violations, a Staff and ve ▶ Amount of ▶ \$ Does each and section In Part XIII, balance sho organizatio <b>t III</b> Org Com If the organ of art, historic provide the (i) Revenue (ii) Assets If the organ the followin Revenue in Assets inclu	lines 2a through 2d if the organization held a qual	ified conservation contribution in the form of a c	
Total acrea Number of Number of listed in the Number of year ▶ Number of Does the or violations, a Staff and ve ▶ Amount of ▶ \$ Does each and sectior In Part XIII, balance sho organizatio <b>till Org</b> Corr If the organ art, historic provide the (i) Revenue in Assets inclu	-		Held at the End of the Tax
Number of Number of listed in the Number of year > Number of Does the or violations, a Staff and ve > Amount of > \$ Does each and section In Part XIII, balance sho organizatio <b>till Org</b> Com If the organ art, historic provide the (i) Revenue in Assets inclu	ber of conservation easements		
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listed in the Number of year ▶ Number of Does the of violations, a Staff and v ▶ Mount of ▶ \$ Does each and sectior In Part XIII, balance sho organizatio till Org Corr If the organ art, historic provide the (i) Revenue (ii) Assets If the organ the followin Revenue in Assets inclu	conservation easements on a certified historic st		2c
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Does the or violations, a Staff and view Amount of Staff and view Amount of Staff and view Amount of Staff and view Staff and view Staff and view Staff and view Openation of and section In Part XIII, balance she organization <b>t</b> f the organ art, historic provide the (i) Revenue in Assets inclu			
violations, a Staff and v Amount of Staff and v Amount of Staff and v Staff and v Staff and v Staff and v Staff and v Staff and section In Part XIII, balance sho organizatio to real organizatio organizatio organizatio of art, histo service, pro- If the organ art, historic provide the (i) Revenue (ii) Assets If the organ the followin Revenue in Assets inclu	f states where property subject to conservation ea		
Staff and ve Amount of Amount of \$ Does each and sectior In Part XIII, balance sh organizatio till Org Com If the organ art, historic provide the (i) Revenue (ii) Assets If the organ the followin Revenue in Assets inclu	organization have a written policy regarding the pe		
Amount of Amount of S Does each and section In Part XIII, balance shi organizatio <b>t III Org</b> Com If the organ of art, histo service, pro If the organ art, historic provide the (i) Revenue (ii) Assets If the organ the followin Revenue in Assets inclu	and enforcement of the conservation easements		
\$	volunteer hours devoted to monitoring, inspecting	, handling of violations, and enforcing conserva	ition easements during the year
\$		dling of violations, and enforcing concernation (	accomente duving the year
Does each and sectior In Part XIII, balance sh organizatio <b>t III Org</b> Com If the organ of art, historic provide the (i) Revenue (ii) Assets If the organ the followin Revenue in Assets inclu	expenses incurred in monitoring, inspecting, han	aling of violations, and enforcing conservation e	easements during the year
and section In Part XIII, balance sho organizatio <b>till Org</b> Com If the organ of art, historic provide the (i) Revenue (ii) Assets If the organ the followin Revenue in Assets inclu	conservation easement reported on line 2(d) abo	we satisfy the requirements of section $170(h)(4)$	
In Part XIII, balance shi organizatio <b>t III Org</b> Com If the organ of art, histo service, pro If the organ art, historic provide the (i) Revenue (ii) Assets If the organ the followin Revenue in Assets inclu			
balance sh organizatio <b>t III</b> Org Com If the organ of art, histo service, pro If the organ art, historic provide the (i) Revenu (ii) Assets If the organ the followin Revenue in Assets inclu	n 170(h)(4)(B)(ii)? , describe how the organization reports conservat		
organizatio Com If the organ of art, histo service, pro If the organ art, historic provide the (i) Revenu (ii) Assets If the organ the followin Revenue in Assets inclu	neet, and include, if applicable, the text of the foot		
t III Org Com If the organ of art, histo service, pro If the organ art, historic provide the (i) Revenu (ii) Assets If the organ the followin Revenue in Assets inclu	on's accounting for conservation easements.		that describes the
Corr If the organ of art, histor service, pro If the organ art, historic provide the (i) Revenu (ii) Assets If the organ the followin Revenue in Assets inclu	ganizations Maintaining Collections of	of Art, Historical Treasures, or Other	r Similar Assets.
of art, histo service, pro If the organ art, historic provide the (i) Revenu (ii) Assets If the organ the followin Revenue in Assets inclu	mplete if the organization answered "Yes" on Forn		
service, pro If the organ art, historic provide the (i) Revenu (ii) Assets If the organ the followin Revenue in Assets inclu	nization elected, as permitted under FASB ASC 9	58, not to report in its revenue statement and b	alance sheet works
If the organ art, historic provide the (i) Revenu (ii) Assets If the organ the followin Revenue in Assets inclu	orical treasures, or other similar assets held for pu	blic exhibition, education, or research in further	rance of public
art, historic provide the (i) Revenu (ii) Assets If the organ the followin Revenue in Assets inclu	ovide in Part XIII the text of the footnote to its fina	ancial statements that describes these items.	
<ul><li>provide the</li><li>(i) Revenu</li><li>(ii) Assets</li><li>If the organ</li><li>the followin</li><li>Revenue in</li><li>Assets inclusion</li></ul>	nization elected, as permitted under FASB ASC 9	58, to report in its revenue statement and balar	nce sheet works of
(i) Revenu (ii) Assets If the organ the followin Revenue in Assets inclu	cal treasures, or other similar assets held for publi	c exhibition, education, or research in furtheran	ice of public service,
(ii) Assets If the organ the followin Revenue in Assets inclu	e following amounts relating to these items:		
(ii) Assets If the organ the followin Revenue in Assets inclu	ue included on Form 990, Part VIII, line 1		▶ \$
the followin Revenue in Assets incl	s included in Form 990, Part X		
Revenue in Assets incl	nization received or held works of art, historical tre		
Assets incl	ng amounts required to be reported under FASB A	ASC 958 relating to these items:	
Assets incl	ncluded on Form 990, Part VIII, line 1		▶ \$
	luded in Form 990, Part X		
	work Reduction Act Notice, see the Instruction		Schedule D (Form 990)
10-02-19			
	31409 12410.1 2019.0	25 05000 TRI COUNTY HUMANE	SOCIETY 12410_

-		NTY HUMANE	SOC	IETY				65-07	1923	3 <sub>Pa</sub>	age <b>2</b>
Par	t III Organizations Maintaining C	Collections of A	rt, Hist	orical Tr	easures,	or Othe	er Simila	ar Asse	<b>ts</b> (contii	nued)	
3	Using the organization's acquisition, accessi	on, and other record	ds, check	any of the	following that	at make s	significant	use of its			
	collection items (check all that apply):										
а	Public exhibition	c			hange progr						
b	Scholarly research	e		Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	n how th	ey further tl	he organizat	ion's exe	mpt purpo	ose in Par	t XIII.		
5	During the year, did the organization solicit of								-		7
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran		ete if the	organizatio	n answered	"Yes" on	Form 990	), Part IV,	line 9, oi	•	
	reported an amount on Form 990, Pa	· · · · · · · · · · · · · · · · · · ·									
1a	Is the organization an agent, trustee, custod								٦.,		1
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	bliowing t	able:					•		
_	De sincipar la classica								Amoun	t	
	Beginning balance										
	Additions during the year										
	Distributions during the year										
	Ending balance Did the organization include an amount on F								Yes		No
	If "Yes," explain the arrangement in Part XIII.										1
Par											-
	·	(a) Current year		rior year	(c) Two yea			ears back	(e) Four	years	back
1a	Beginning of year balance						<u> </u>				
	Contributions										
	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1	g, column (a	a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c sho										
3a	Are there endowment funds not in the posse	ession of the organiz	ation tha	t are held a	nd administe	ered for t	he organiz	zation			
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations										
b	If "Yes" on line 3a(ii), are the related organiza								3b		
	Describe in Part XIII the intended uses of the           t VI         Land, Buildings, and Equipment		owment f	unds.							
Fai			0 Dort IV	lino 11o C	Soo Earm 00(		line 10				
	Complete if the organization answere								(d) Dee	le volue	
	Description of property	(a) Cost or c basis (investr		• •	or other (other)		ccumulate preciation	<sup>,</sup> u	( <b>d)</b> Boo	r value	3
10	Land	``		54515			0.0014001				
	Land										
	Buildings Leasehold improvements			32	3,023.		323,0	23.			0.
	Equipment				8,811.		128,8				0.
	Other				9,854.		253,2		5,58	6,6	
	Add lines 1a through 1e. (Column (d) must e		X. colur	-	-		/-		<u>5,58</u>		

Schedule D (Form 990) 2019

932052 10-02-19

## Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.								
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value						
(1) Financial derivatives								
(2) Closely held equity interests								
(3) Other								
(A)								
(B)								
(C)								
(D)								
(E)								
(F)								
(G)								
(H)								
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)								

#### Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
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)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Colu	ımn (b) must equal Form 990, Part X, col. (B) line 15.)	
Part X	Other Liabilities.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25	

 1.
 (a) Description of liability
 (b) Book value

 (1) Federal income taxes
 (a)

 (2)
 (b)

 (3)
 (c)

 (4)
 (c)

 (5)
 (c)

 (6)
 (c)

 (7)
 (c)

 (8)
 (c)

 (9)
 (c)

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

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

932053 10-02-19

	dule D (Form 990) 2019 TRI COUNTY HUMANE SOCIETY				0/19233 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statem	nents With	n Revenue per R	eturr	۱.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.			
1	Total revenue, gains, and other support per audited financial statements			1	5,481,518.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	90,057.		
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)		188,000.		
е	Add lines 2a through 2d			2e	278,057.
3	Subtract line 2e from line 1			3	5,203,461.
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	5,203,461.
Pa	t XII Reconciliation of Expenses per Audited Financial Stater		h Expenses per	Retu	irn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				
1	Total expenses and losses per audited financial statements			1	2,338,631.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		~~ ~ ~ ~ ~		
а	Donated services and use of facilities		90,057.		
b	Prior year adjustments	<b>2</b> b			
С	Other losses		100 000		
d		-	188,000.		
е	Add lines 2a through 2d			2e	278,057.
3	Subtract line 2e from line 1			3	2,060,574.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)	4b			•
С	Add lines <b>4a</b> and <b>4b</b>			4c	0.
5	Total expenses. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line 18.</i> ).			5	2,060,574.

0710000

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

PART X, LINE 2:

THE SOCIETY IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) AS

CONFIRMED BY A DETERMINATION LETTER ISSUED BY THE INTERNAL REVENUE

SERVICE. AS A RESULT, THE FINANCIAL STATEMENTS DO NOT REFLECT A PROVISION

FOR INCOME TAXES.

 THE SOCIETY EVALUATED ITS TAX POSITIONS AND CONCLUDED THAT THE SOCIETY HAD

 TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL

 STATEMENTS. IN ADDITION, THE SOCIETY'S MANAGEMENT IS NOT AWARE OF ANY

 MATTERS WHICH WOULD CAUSE THE SOCIETY TO LOSE ITS TAX-EXEMPT STATUS. IN

 GENERAL, THE SOCIETY IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY

 THE U.S. FEDERAL, STATE, OR LOCAL TAX AUTHORITIES FOR YEARS BEFORE 2015.

 932054 10-02-19

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188,000.

57,122.

130,878.

188,000.

ANY INTEREST AND PENALTIES RELATED TO UNRECOGNIZED TAX BENEFITS WOULD BE RECOGNIZED AS ACCRUED EXPENSES IN ITS ACCOMPANYING FINANCIAL STATEMENTS. DURING THE YEAR ENDED DECEMBER 31, 2019, THE SOCIETY DID NOT RECOGNIZE ANY INTEREST AND PENALTIES.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD 57,122. DIRECT FUNDRAISING EXPENSE 130,878.

TOTAL TO SCHEDULE D, PART XI, LINE 2D

PART XII, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD

DIRECT FUNDRAISING EXPENSE

TOTAL TO SCHEDULE D, PART XII, LINE 2D

Schedule D (Form 990) 2019

932055 10-02-19

29 2019.05000 TRI COUNTY HUMANE SOCIETY  $12410_{11}$ 

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SCHEDULE G	Suppleme	ental Information Regarding	Fund	drais	ing or Gaming	Acti	vities	OMB No. 1545-0047	
(Form 990 or 990-EZ)	rm 990 or 990-EZ) Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.								
Department of the Treasury	► Attach to Form 990 or Form 990-EZ.								
Internal Revenue Service		o to www.irs.gov/Form990 for instr	uction	s and	the latest informat	ion.	<b>Free lever ide</b>	Inspection	
Name of the organization		NTY HUMANE SOCIETY					65-0719	entification number	
	complete this par	<ul> <li>Complete if the organization answer</li> </ul>	ered "Y	'es" oi	n Form 990, Part IV,	line 1	7. Form 990-E	Z filers are not	
· · ·		sed funds through any of the followir	ng acti	vities.	Check all that apply				
a Mail solicitat				•	overnment grants				
	email solicitations			•	nment grants				
<b>c</b> Phone solici <b>d</b> In-person so		g L Special	Turiura	using	events				
•		or oral agreement with any individual	(inclue	ding o	fficers, directors, tru	stees	s, or		
• • •		Part VII) or entity in connection with p			-		Yes		
<b>b</b> If "Yes," list the 10 compensated at le	-	viduals or entities (fundraisers) pursu e organization.	ant to	agree	ements under which	the fu	undraiser is to	be	
			(iii)	Did		(v)	Amount paid		
(i) Name and addres or entity (func		(ii) Activity	(iii) fundr have c or con contribu	trol of	(iv) Gross receipts from activity	tò (o	or retained by) fundraiser ted in col. <b>(i)</b>	(vi) Amount paid to (or retained by) organization	
			Yes	No					
		on is registered or licensed to solicit (		► outions	s or has been notifie	d it is	exempt from r	egistration	
or licensing.		<u> </u>					•		
	duction Act Not	ice, see the Instructions for Form	000 ~~	000	=7 0	Soho	dulo G (Eorre (	990 or 990-EZ) 2019	
	Suction ACLINOL	ice, see the instructions for FOrms	<b>ออบ or</b>	990-I		JUILE		990 OF 990-EZ) ZU 19	

932081 09-11-19

#### Schedule G (Form 990 or 990-EZ) 2019 TRI COUNTY HUMANE SOCIETY

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

- 1			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			PEPPERMINT		90	(add col. (a) through
			BRUNCH (event type)	DOGGIE BALL (event type)	(total number)	col. <b>(c)</b> )
			(event type)	(event type)	(total humber)	
	1	Gross receipts	488,238.	286,486.	253,958.	1,028,682
	2	Less: Contributions	444,888.	165,100.	61,978.	671,966
	3	Gross income (line 1 minus line 2)	43,350.	121,386.	191,980.	356,716
	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages	28,870.	58,369.		87,239
	8	Entertainment	1,900.	17,343.		19 243
	9	Other direct expenses		22,609.	1,487.	19,243 24,396
	-	Direct expense summary. Add lines 4 throug				130,878
	11	Net income summary. Subtract line 10 from			•	225,838
Т		\$15,000 on Form 990-EZ, line 6a.	(a) Bingo	<b>(b)</b> Pull tabs/instant bingo/progressive bingo	(c) Other gaming	
1	1	\$15,000 on Form 990-EZ, line 6a. Gross revenue	(a) Bingo		(c) Other gaming	
	1	Gross revenue			(c) Other gaming	
	1 2 3	Gross revenue			(c) Other gaming	(d) Total gaming (add col. (a) through col. (d
		Gross revenue			(c) Other gaming	
	3 4	Gross revenue Cash prizes Noncash prizes Rent/facility costs			(c) Other gaming	
	3 4 5	Gross revenue Cash prizes Noncash prizes			(c) Other gaming	
	3 4 5 6	Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	%	bingo/progressive bingo	Yes% □No	
Т	3 4 5 6 7	Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug	↓ Yes% <b>No</b> h 5 in column (d)	bingo/progressive bingo	Yes% No	
	3 4 5 6	Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	↓ Yes% <b>No</b> h 5 in column (d)	bingo/progressive bingo	Yes% No	
	3 4 5 7 8 Entilist	Gross revenue	Yes       %         No       %         1 5 in column (d)          7 from line 1, column (d)          ucts gaming activities:	bingo/progressive bingo	Yes% No	col. (a) through col. (
a	3 4 5 7 8 Entilist	Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line T ter the state(s) in which the organization cond	Yes       %         No       %         1 5 in column (d)          7 from line 1, column (d)          ucts gaming activities:	bingo/progressive bingo	Yes% No	col. (a) through col. (
a b	3 4 5 6 7 8 Entl Is t If "	Gross revenue	h 5 in column (d) from line 1, column (d) ucts gaming activities: ctivities in each of these	bingo/progressive bingo	Yes% No	col. (a) through col. (

932082 09-11-19

Schedule G (Form 990 or 990-EZ) 2019

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Sch	edule G (Form 990 or 990-EZ) 2019 TRI COUNTY HUMANE SOCIETY	<u>55-0'</u>	7 <u>1</u> 923	3 Page 3
	Does the organization conduct gaming activities with nonmembers?		Yes	
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		🗌 Yes	No
13	Indicate the percentage of gaming activity conducted in:			
а	The organization's facility		13a	%
	An outside facility		13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and record			
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	No
b	If "Yes," enter the amount of gaming revenue received by the organization <b>&gt;</b> \$ and the amou	nt		
	of gaming revenue retained by the third party $\blacktriangleright$ \$			
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			
47				
	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			No No
	retain the state gaming license?		L Tes	
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	i the		
Da	organization's own exempt activities during the tax year <b>s s</b> <b>Supplemental Information.</b> Provide the explanations required by Part I, line 2b, columns (iii) and (v); a			0.06.106
га	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	anu Pari	m, mes	9, 90, 100,
3208	3 09-11-19 Schedule G 32	Form (	990 or 99	90-EZ) 2019
21	.120 131409 12410.1 2019.05000 TRI COUNTY HUMANE SOCI	ETY	124	10_11

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	entinaea)					
					Osherbil O.	
2084 04-01-19					Schedule G (F	orm 990 or 990-EZ)
		33				
21120 131409 12410.1	2019.05000	TRI	COUNTY	HUMANE	SOCIETY	12410_11

SCHEDULE J Compensation Information	OMB No. 1	545-0047
(Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest	20	10
Compensated Employees	20	IJ
Department of the Treasury Complete if the organization answered "Yes" on Form 990, Part IV, line 23.	Open to	Public
Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.	Inspe	
-	nployer identification	
TRI COUNTY HUMANE SOCIETY	65-071923	3
Part I Questions Regarding Compensation		
		Yes No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 99	90,	
Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
First-class or charter travel Housing allowance or residence for personal		
Travel for companions Payments for business use of personal reside	ence	
Tax indemnification and gross-up payments		
Discretionary spending account	chef)	
<b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or		
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,		
trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	
3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's		
CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization	to	
establish compensation of the CEO/Executive Director, but explain in Part III.		
Compensation committee Written employment contract		
Independent compensation consultant		
Form 990 of other organizations	nmittee	
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing		
organization or a related organization:		v
a Receive a severance payment or change-of-control payment?		X X
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?		
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	A
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only solution $501(a)(2)$ , $501(a)(4)$ , and $501(a)(20)$ argumizations must complete lines 5.0		
<ul> <li>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</li> <li>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation</li> </ul>		
contingent on the revenues of:	5a	x
a The organization?		
<ul> <li>b Any related organization?</li> <li>If "Yes" on line 5a or 5b, describe in Part III.</li> </ul>	<u>5b</u>	
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
	60	x
a The organization?		
<ul> <li>b Any related organization?</li> <li>If "Yes" on line 6a or 6b, describe in Part III.</li> </ul>	6b	
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	7	x
not described on lines 5 and 6? If "Yes," describe in Part III 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the		
		x
initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	ð	
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Populations section 53 (458 6(c))2	9	
Regulations section 53.4958-6(c)?           LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule J (Forn	1 990) 2019

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#### 65-0719233

Page 2

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

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

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

<b>(A)</b> Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(B)(I)-(D)	reported as deferred on prior Form 990	
(1) CRYSTAL RAMSEY	(i)	157,753.	0.	0.	0.	0.	157,753.	0.	
VETERINARIAN/SURGEON	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
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	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

#### Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2019

#### **SCHEDULE M** (Form 990)

### **Noncash Contributions**

OMB No. 1545-0047

**Open to Public** 

Inspection

ſ 20

Employer identification number

**|9** 

Department of the Treasury Internal Revenue Service

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

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

Name of the organization

TRI COUNTY HUMANE SOCIETY

	TRI COUNTY H	UMANE	SOCIETY		65	5-0719	233	
Pa	rt I Types of Property							
		<b>(a)</b> Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method noncash cor	(d) of determin ntribution a	0	s
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other  ( MEDICAL & ANI )	X	11,630	107,214.	FMV			
26	Other ► ( ANIMAL FOOD )	X	8,112	49,321.	FMV			
27	Other ► ()							
28	Other  ()							
29	Number of Forms 8283 received by the organi							
	for which the organization completed Form 82	83, Part IV,	Donee Acknowled	gement 29				<u> </u>
							Yes	No
30a	During the year, did the organization receive b							
	must hold for at least three years from the dat							37
	exempt purposes for the entire holding period	?				<b>30</b> a		X
	If "Yes," describe the arrangement in Part II.						37	
31	Does the organization have a gift acceptance					31	X	<u> </u>
32a	Does the organization hire or use third parties		•	· • ·				v
	contributions?					32a		X
	If "Yes," describe in Part II.			· · · · · · · · ·				
33	If the organization didn't report an amount in c	column (c) fo	or a type of propert	y for which column (a) is che	cked,			

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2019

932141 09-27-19

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Part II

**Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Schedule M (Form 990) 2019 932142 09-27-19 38 09221120 131409 12410.1 2019.05000 TRI COUNTY HUMANE SOCIETY 12410\_11

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.



65-0719233

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

TRI COUNTY HUMANE SOCIETY

SINCE OUR INCEPTION, WE HAVE SAVED OVER 68,000 DOMESTIC ANIMALS FROM BEING EUTHANIZED, PLACING THEM IN HOMES THROUGH OUR ADOPTION CENTER. WE ALSO WORK WITH SEVERAL ORGANIZATIONS, BUSINESSES, AND THE LOCAL SCHOOL DISTRICT TO EDUCATE THE COMMUNITY ON ANIMAL AWARENESS. AT TRI-COUNTY ANIMAL RESCUE, WE BELIEVE THAT EVERY CAT AND DOG REGARDLESS OF BREED, GENDER, TEMPERAMENT, ETC. SERVES TO LIVE A HAPPY AND HEALTHY LIFE. OUR MISSION, THEN, AIMS TO SHELTER AND PROVIDE A COMFORTABLE HOME FOR ALL ANIMALS PLACED IN OUR FACILITY. WE CONSIDER EVERY ANIMAL THAT COMES TO OUR SHELTER A MEMBER OF OUR OWN FAMILY, LOVING AND CARING FOR THEM WITH THE UTMOST RESPECT AND TENDERNESS UNTIL WE CAN PLACE THEM IN THEIR SAFE, HAPPY, FOREVER HOMES.

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

IN 2019, TCHS OPENED THE LOIS POPE PET CLINIC TO PROVIDE MEDICAL

ATTENTION TO PETS WHOSE OWNERS WOULD OTHERWISE FIND THEM UNAFFORDABLE.

SINCE OPENING TO THE PUBLIC, TCHS HAS SAVED HUNDREDS OF ANIMALS LIVES.

TCHS' GOAL OF KEEPING ANIMALS IN THEIR HOMES RATHER THAN SURRENDERED TO

A SHELTER HAS HELPED BOTH THE ANIMAL AND THEIR FAMILIES. WITH THIS IN

MIND, TCHS HAS "GIVEN BACK" TO THEIR COMMUNITY OVER \$17,000 IN PRO-BONO

SURGERIES, MEDICAL ATTENTION AND VACCINES.

FORM 990, PART VI, SECTION B, LINE 11B:THE FORM 990 WAS PROVIDED TO THE ORGANIZATION'S GOVERNING BODY AND REVIEWEDPRIOR TO BEING FILED WITH THE INTERNAL REVENUE SERVICE.LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.Schedule O (Form 990 or 990-EZ) (2019)39092211 09-06-193909221120 131409 12410.12019.05000 TRI COUNTY HUMANE SOCIETY 12410\_11

Name of the organization

TRI COUNTY HUMANE SOCIETY

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

THE ORGANIZATION MONITORS AND ENFORCES COMPLIANCE WITH THE CONFLICT OF

INTEREST POLICY ON AN ONGOING BASIS AND FINDINGS ARE RECORDED IN THE

MINUTES.

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

THE ORGANIZATION DETERMINES COMPENSATION FOR THE CEO, EXECUTIVE DIRECTOR OR TOP MANAGEMENT OFFICIAL BASED ON LENGTH OF EMPLOYMENT INCREASES ARE BASED ON REVIEW OF WORK PERFORMANCE AND AVAILABLE FUNDS.

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

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND

FINANCIAL STATEMENTS ARE AVAILABLE FOR INSPECTION ON UPON REQUEST THE

ORGANIZATION'S PRIVCAY POLICY AND DOCUMENT RETENTION AND DESTRUCTION

POLICIES ARE AVAILABLE FOR INSPECTION ON ITS WEBSITE, TRICOUNTYHUMANE.ORG.

FORM 990, PART XII, LINE 2C

NO CHANGE

Schedule O (Form 990 or 990-EZ) (2019)

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