

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2023
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

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

A For the 2023 calendar year, or tax year beginning , and ending

- B** Check if applicable:
- Address change
 - Name change
 - Initial return
 - Final return/terminated
 - Amended return
 - Application pending

C Name of organization
HALIFAX HUMANE SOCIETY, INC

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
2364 LPGA BLVD.

City or town, state or province, country, and ZIP or foreign postal code
DAYTONA BEACH FL 32124

D Employer identification number
59-0530990

E Telephone number
386-274-4703

G Gross receipts \$ **15,721,914**

F Name and address of principal officer:
SEAN HAWKINS
2364 LPGA BLVD
DAYTONA BEACH FL 32124

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No

If "No," attach a list. See instructions

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: **HALIFAXHUMANESOCIETY.ORG**

H(c) Group exemption number

K Form of organization: Corporation Trust Association Other

L Year of formation: **1966**

M State of legal domicile: **FL**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE HALIFAX HUMANE SOCIETY EXISTS TO PROTECT ANIMALS FROM CRUEL, NEGLECTFUL AND EXPLOITATIVE TREATMENT, AND TO OFFER SPAY & NEUTER SERVICES.			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3 Number of voting members of the governing body (Part VI, line 1a)		3	8
	4 Number of independent voting members of the governing body (Part VI, line 1b)		4	8
	5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)		5	185
	6 Total number of volunteers (estimate if necessary)		6	500
	7a Total unrelated business revenue from Part VIII, column (C), line 12		7a	155,027
b Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	3,474,723	Current Year 6,033,948
	9 Program service revenue (Part VIII, line 2g)		1,018,856	1,182,409
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		159,087	316,154
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,196,569	1,017,329
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		5,849,235	8,549,840
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)			0
	14 Benefits paid to or for members (Part IX, column (A), line 4)			0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,839,683	3,363,560
	16a Professional fundraising fees (Part IX, column (A), line 11e)			0
	b Total fundraising expenses (Part IX, column (D), line 25) 418,469			
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,372,700	1,566,736
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		4,212,383	4,930,296	
19 Revenue less expenses. Subtract line 18 from line 12		1,636,852	3,619,544	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	14,787,437	End of Year 19,013,419
	21 Total liabilities (Part X, line 26)		450,934	408,594
	22 Net assets or fund balances. Subtract line 21 from line 20		14,336,503	18,604,825

Part II Signature Block

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

Sign Here

Signature of officer: **SEAN HAWKINS** Date: _____

Type or print name and title: **CEO**

Paid Preparer Use Only

Print/Type preparer's name: **JOHNNY SVAJKO, CPA** Preparer's signature: **JOHNNY SVAJKO, CPA** Date: **01/30/25** Check if self-employed PTIN: **P00201386**

Firm's name: **OLIVARI & ASSOCIATES CPA'S** Firm's EIN: **59-2425904**

Firm's address: **141 SAGE BRUSH TRAIL, SUITE D ORMOND BEACH, FL 32174** Phone no.: **386-672-0775**

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

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

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



1 Briefly describe the organization's mission:

THE HALIFAX HUMANE SOCIETY EXISTS TO PROTECT ANIMALS FROM CRUEL, NEGLECTFUL AND EXPLOITATIVE TREATMENT, AND TO OFFER SPAY & NEUTER SERVICES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No [X]

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No [X]

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

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

4a (Code:) (Expenses \$ 4,110,821 including grants of \$) (Revenue \$ 1,027,382)

WE ARE AN OPEN-DOOR ANIMAL SHELTER THAT RECEIVES OVER 15,000 ANIMALS ANNUALLY THROUGH CITY CONTRACTS AND OWNER SURRENDERS. KENNEL AND CAGE CAPACITY CAN COMFORTABLY HOUSE APPROXIMATELY 350 ANIMALS PER DAY AND IS USUALLY FULL.

EQUIPPED WITH A SPAY/NEUTER CLINIC, WE PERFORM EARLY-AGE SPAY/NEUTER SURGERIES TO ENSURE THAT ALL ADOPTED ANIMALS ARE ALTERED BEFORE ENTERING A NEW HOME.

SUBSIDIZED SPAY/NEUTER SURGERIES ARE ALSO AVAILABLE AT HALIFAX HUMANE SOCIETY'S REDINGER SPAY/NEUTER CLINIC, LOCATED AT 600 MASON AVENUE IN DAYTONA BEACH.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

N/A

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

N/A

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

(Expenses \$ 232,699 including grants of \$) (Revenue \$ 155,027)

4e Total program service expenses 4,343,520

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	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>		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? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Yes No

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	185			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X		
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		X		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account 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				X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b				X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-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).					
a	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				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b				
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c				
d	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	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h				
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8				
9	Sponsoring organizations maintaining donor advised funds.					
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a				
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b				
10	Section 501(c)(7) organizations. Enter:					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b				
12a	Section 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.					
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a				X
b	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 excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15				X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16				X
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17				

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
1b	Enter the number of voting members included on line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done		X
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	X	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	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?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **NONE**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records.

SEAN HAWKINS
DAYTONA BEACH

2364 LPGA BLVD

FL 32124

386-274-4703

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ADAM LEATH INTERIM CEO	40.00 0.00	X		X				98,599	0	0
(2) PAMELA CLAYTON FORMER CEO	40.00 0.00	X		X				54,895	0	0
(3) MATT BANKER DIRECTOR	1.00 0.00	X						0	0	0
(4) MICHAEL LEONARD PRESIDENT	40.00 0.00	X		X				0	0	0
(5) NANCY LOHMAN VICE PRESIDENT	40.00 0.00	X		X				0	0	0
(6) MATT MONTGOMERY DIRECTOR	1.00 0.00	X						0	0	0
(7) JJ ROBERTS DIRECTOR	1.00 0.00	X						0	0	0
(8) TED SERBOUSEK TREASURER	40.00 0.00	X		X				0	0	0
(9) MELVIN STACK IMMEDIATE PAST PRES	1.00 0.00	X						0	0	0
(10) VONDA SULLIVAN SECRETARY	40.00 0.00	X		X				0	0	0
(11) SEAN HAWKINS CEO	40.00 0.00			X				0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12)										
(13)										
(14)										
(15)										
(16)										
(17)										
(18)										
(19)										
1b Subtotal							153,494			
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							153,494			

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

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	6,033,948			
	g Noncash contributions included in lines 1a-1f	1g	\$			
	h Total. Add lines 1a-1f		6,033,948			
Program Service Revenue	2a ANIMAL CARE	Business Code	1,027,382	1,027,382		
	b BOARDING & GROOMING	900099	155,027	155,027		
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		1,182,409			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		252,571	252,571		
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents		(i) Real	(ii) Personal		
		6a				
		b Less: rental expenses	6b			
	c Rental inc. or (loss)	6c				
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other		
		7a	6,931,381	847		
		b Less: cost or other basis and sales exps.	7b	6,868,645		
		c Gain or (loss)	7c	62,736	847	
	d Net gain or (loss)		63,583	63,583		
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a	730,250				
	b Less: direct expenses	8b	242,171			
	c Net income or (loss) from fundraising events		488,079			
9a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b				
	c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances	10a	522,210				
	b Less: cost of goods sold	10b	61,258			
	c Net income or (loss) from sales of inventory		460,952		460,952	
Miscellaneous Revenue	11a OTHER INCOME	Business Code	68,298	68,298		
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d		68,298			
12 Total revenue. See instructions		8,549,840	1,411,834	155,027	460,952	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	153,584	92,186		61,398
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,698,357	2,348,295	100,851	249,211
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	21,333	17,843	1,637	1,853
9 Other employee benefits	328,839	281,809	10,746	36,284
10 Payroll taxes	161,447	138,154	5,709	17,584
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	58,441	55,835	1,852	754
12 Advertising and promotion	2,266	1,724		542
13 Office expenses	115,416	104,233	11,183	
14 Information technology				
15 Royalties				
16 Occupancy	283,183	256,771	10,580	15,832
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	15	15		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	257,183	241,174		16,009
23 Insurance	80,535	65,896	6,788	7,851
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a ANIMAL SERVICES/SUPPLIES	629,404	629,404		
b OTHER EXPENSES	36,268	36,268		
c PROFESSIONAL SERVICE	24,031	24,031		
d VEHICLE EXPENSE	24,023	22,822	1,201	
e All other expenses	55,971	27,060	17,760	11,151
25 Total functional expenses. Add lines 1 through 24e	4,930,296	4,343,520	168,307	418,469
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year		
Assets	1	Cash—non-interest-bearing		1	422,545	
	2	Savings and temporary cash investments	429,713	2		
	3	Pledges and grants receivable, net	926,094	3		
	4	Accounts receivable, net	30,856	4	105,176	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6		
	7	Notes and loans receivable, net		7		
	8	Inventories for sale or use	58,385	8	41,404	
	9	Prepaid expenses and deferred charges	25,595	9	31,700	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	8,691,257		
	b	Less: accumulated depreciation	10b	2,754,444	10c	5,936,813
	11	Investments—publicly traded securities	6,501,280	11	11,555,967	
	12	Investments—other securities. See Part IV, line 11		12		
	13	Investments—program-related. See Part IV, line 11		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11	831,417	15	919,814	
16	Total assets. Add lines 1 through 15 (must equal line 33)	14,787,437	16	19,013,419		
Liabilities	17	Accounts payable and accrued expenses	356,041	17	285,828	
	18	Grants payable		18		
	19	Deferred revenue	70,100	19	92,254	
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22		
	23	Secured mortgages and notes payable to unrelated third parties		23		
	24	Unsecured notes and loans payable to unrelated third parties		24		
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	24,793	25	30,512	
	26	Total liabilities. Add lines 17 through 25	450,934	26	408,594	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.					
	27	Net assets without donor restrictions	11,898,350	27	12,515,477	
	28	Net assets with donor restrictions	2,438,153	28	6,089,348	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.					
	29	Capital stock or trust principal, or current funds		29		
	30	Paid-in or capital surplus, or land, building, or equipment fund		30		
	31	Retained earnings, endowment, accumulated income, or other funds		31		
32	Total net assets or fund balances	14,336,503	32	18,604,825		
33	Total liabilities and net assets/fund balances	14,787,437	33	19,013,419		

Part XI Reconciliation of Net Assets

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	8,549,840
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,930,296
3	Revenue less expenses. Subtract line 2 from line 1	3	3,619,544
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	14,336,503
5	Net unrealized gains (losses) on investments	5	648,990
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	-212
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	18,604,825

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

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.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization

HALIFAX HUMANE SOCIETY, INC

Employer identification number

59-0530990

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,372,656	1,885,227	1,830,862	3,474,723	6,033,948	14,597,416
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	1,372,656	1,885,227	1,830,862	3,474,723	6,033,948	14,597,416
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						4,722,338
6 Public support. Subtract line 5 from line 4						9,875,078

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	1,372,656	1,885,227	1,830,862	3,474,723	6,033,948	14,597,416
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	163,797	100,982	131,281	150,501	252,571	799,132
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	387,075	379,724	488,299	111,910	68,298	1,435,306
11 Total support. Add lines 7 through 10						16,831,854

12 Gross receipts from related activities, etc. (see instructions) 12 9,620,366

13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f) divided by line 11, column (f))	14	58.67 %
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	75.13 %

16a 33 1/3% support test — 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support test — 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test — 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here**. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test — 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here**. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests — 2023.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b 33 1/3% support tests — 2022.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
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)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b	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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	2	
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	3	

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

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

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

Section D – Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4 Amounts paid to acquire exempt-use assets	4
5 Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	5
6 Other distributions (describe in Part VI). See instructions.	6
7 Total annual distributions. Add lines 1 through 6.	7
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9 Distributable amount for 2022 from Section C, line 6	9
10 Line 8 amount divided by line 9 amount	10

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2023			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019			
b Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			

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

PART II, LINE 10 - OTHER INCOME DETAIL

OTHER INCOME **\$ 1,435,306**

**Schedule B
(Form 990)**

Schedule of Contributors

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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

2023

Name of the organization

Employer identification number

HALIFAX HUMANE SOCIETY, INC

59-0530990

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

Name of organization

HALIFAX HUMANE SOCIETY, INC

Employer identification number

59-0530990

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ESTATE OF JUDITH ANDERSON 444 SEABREEZE BLVE, STE 1003 DAYTONA BEACH FL 32118	\$ 4,500,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization

HALIFAX HUMANE SOCIETY, INC

Employer identification number

59-0530990

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors... Yes No, 6 Did the organization inform all grantees... Yes No.

Part II Conservation Easements

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

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

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

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

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

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

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange program
- e** Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table.

- c** Beginning balance
- d** Additions during the year
- e** Distributions during the year
- f** Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds

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

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

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment%
- b** Permanent endowment%
- c** Term endowment%

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** Unrelated organizations?
- (ii)** Related organizations?

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,052,787		1,052,787
b Buildings		6,629,139	1,955,456	4,673,683
c Leasehold improvements				
d Equipment		1,009,331	798,988	210,343
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				5,936,813

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. (Column (b) must equal Form 990, Part X, line 12, col. (B))		

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. (Column (b) must equal Form 990, Part X, line 13, col. (B))		

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. (Column (b) must equal Form 990, Part X, line 15, col. (B))	

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) FINANCE LEASE LIABILITY	29,172
(3) ANNUITY PAYABLE	1,340
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	30,512

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	9,486,476
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	648,990
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	303,429
e	Add lines 2a through 2d	2e	952,419
3	Subtract line 2e from line 1	3	8,534,057
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	15,783
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	15,783
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	8,549,840

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

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

1	Total expenses and losses per audited financial statements	1	5,218,154
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	303,641
e	Add lines 2a through 2d	2e	303,641
3	Subtract line 2e from line 1	3	4,914,513
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	15,783
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	15,783
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	4,930,296

Part XIII Supplemental Information

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

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

THRIFT SHOP COGS	\$	61,258
SPECIAL EVENT EXPENSES	\$	242,171

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

THRIFT SHOP COGS	\$	61,258
SPECIAL EVENT EXPENSES	\$	242,171
INTEREST EXPENSE	\$	152
EQUIPMENT RENTAL	\$	-890
BOOK / TAX DEPRECIATION DIFFERENCE	\$	950

**SCHEDULE G
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

HALIFAX HUMANE SOCIETY, INC

Employer identification number

59-0530990

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

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

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

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

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

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total							

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

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		<u>FUR BALL</u> (event type)	<u>MUTT STRUTT</u> (event type)	<u>1</u> (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	179,015	37,362	513,873	730,250
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	179,015	37,362	513,873	730,250
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	47,025	10,040	185,106	242,171
	10	Direct expense summary. Add lines 4 through 9 in column (d)				242,171
11	Net income summary. Subtract line 10 from line 3, column (d)				488,079	

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

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

9 Enter the state(s) in which the organization conducts gaming activities: Yes No

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain:

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

b If "Yes," explain:

**SCHEDULE O
(Form 990)**Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023**Open to Public
Inspection**

Name of the organization

HALIFAX HUMANE SOCIETY, INC

Employer identification number

59-0530990**FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENTS**

BOARDING AND GROOMING INCOME AND RELATED EXPENSES ARE CONSIDERED UNRELATED BUSINESS ACTIVITIES, HOWEVER THE ACTIVITIES ARE PART OF THE LARGER MISSION OF THE ORGANIZATION TO PROMOTE THE HEALTH AND WELFARE OF ANIMALS, RAISE AWARENESS, AND ENCOURAGE VISITATION TO THE SHELTER AND ADOPTION OF ANIMALS.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 FORM 990 IS REVIEWED BY MANAGEMENT AND THE BOARD AND IS APPROVED BY THE BOARD MEMBERS.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL COMPENSATION IS REVIEWED ANNUALLY BY THE GOVERNING BOARD AND COMPARED TO OTHER COMPARABLE ORGANIZATIONS.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS OTHER OFFICERS AND KEY EMPLOYEES COMPENSATION IS DECIDED BY THE CEO.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION GOVERNING DOCUMENTS PUBLICLY AVAILABLE UPON REQUEST

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

THRIFT SHOP COGS	\$	61,258
SPECIAL EVENT EXPENSES	\$	242,171
THRIFT SHOP COGS	\$	-61,258
SPECIAL EVENT EXPENSES	\$	-242,171

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

Schedule O (Form 990) 2023

Name of the organization

Employer identification number

HALIFAX HUMANE SOCIETY, INC

59-0530990

INTEREST EXPENSE	\$	-152
EQUIPMENT RENTAL	\$	890
BOOK / TAX DEPRECIATION DIFFERENCE	\$	-950
TOTAL	\$	-212

Federal Statements**Taxable Interest on Investments**

Description	Amount	Unrelated Business	Exclusion Code	Postal Code	Acquired after 6/30/75	US Obs (\$ or %)
	\$ 137,773					
TOTAL	\$ 137,773					

Taxable Dividends from Securities

Description	Amount	Unrelated Business	Exclusion Code	Postal Code	Acquired after 6/30/75	US Obs (\$ or %)
	\$ 114,798					
TOTAL	\$ 114,798					

Federal Statements**Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)**

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management & General</u>	<u>Fund Raising</u>
PROFESSIONAL FEES	\$ 57,687	\$ 55,835	\$ 1,852	\$
FUNDRAISING EVENTS				
PROFESSIONAL FEES	754			754
TOTAL	<u>\$ 58,441</u>	<u>\$ 55,835</u>	<u>\$ 1,852</u>	<u>\$ 754</u>

Form 990, Part IX, Line 24e - All Other Expenses

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management & General</u>	<u>Fund Raising</u>
INVESTMENT FEES	\$ 15,746	\$	\$ 15,746	\$
TELEPHONE	11,189	10,630	559	
REPAIR & MAINTENANCE	5,581	5,581		
LICENSE & PERMITS	4,426	4,426		
VEHICLE EXPENSE	3,995			3,995
EDUCATION AND DEVELOPMENT	3,653	3,653		
TELEPHONE	3,016			3,016
REPAIRS AND MAINTENANCE	2,208			2,208
COGS	1,880	1,880		
PROFESSIONAL FEES	1,799			1,799
REPAIRS AND MAINTENANCE	1,418		1,418	
EQUIPMENT RENTAL	890	890		
SHIPPING	133			133
OTHER TAXES	37		37	
TOTAL	<u>\$ 55,971</u>	<u>\$ 27,060</u>	<u>\$ 17,760</u>	<u>\$ 11,151</u>

Federal Statements

Schedule A, Part II, Line 1(e)

Description	Amount
DONATIONS	\$ 661,672
GRANTS	58,171
LEGACIES AND BEQUESTS	5,276,591
SPLIT INTEREST DISTRIBUTIONS	37,514
TOTAL	\$ <u>6,033,948</u>

Federal Statements**Schedule A, Part II, Line 5 - Excess Gifts**

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
ESTATE OF EDWARD RUPPERT JR	\$ 123,688	\$
ESTATE OF ESTELLE BATSCHKE	111,551	
ESTATE OF ANGEL CROWDER	30,214	
ESTATE OF BEVERLY LOSCH	50,000	
ESTATE OF TONY MARIA HERMANS	395,612	58,975
ESTATE OF DARRYL L. ECKHOFF	42,982	
LOWELL & NANCY LOHMAN	94,000	
ANONYMOUS	55,578	
HOWARD SIEGEL TRUST	89,931	
ESTATE OF EVELYN HOLT	60,000	
ESTATE OF MARY FULLERTON	108,801	
CHARLES WASHBURN	54,652	
ESTATE OF WILLIAM HARMON	150,000	
ESTATE OF FAY J KRICEK	250,000	
ESTATE OF BERRY SEWELL	44,707	
ESTATE OF PAULINE GRINDLE	84,562	
ESTATE OF NANCY LEE KREISLER	62,500	
MARGARET E ENGLAND TRUST	257,401	
EDWARD B HEAPHY REVOCABLE TRUST	59,381	
ESTATE OF DAVID A QUAID	111,438	
ESTATE OF TERESA FULFORD	81,989	
ESTATE OF HARRIET RODGERS	250,000	
ANONYMOUS	43,093	
PETCO FOUNDATION	40,000	
ESTATE OF MONNA SPARKS	105,309	
JOAN COLGAN TRUST	219,284	
ESTATE OF JANICE STONER	228,335	
ESTATE OF JUNE L SIEBERT	182,939	
ESTATE OF GARY JAMES DUPUIS	221,836	
ESTATE OF ROSEMARY M MOLOCSAY TRUST	313,570	
ESTATE OF JANE SCHELL	266,540	
ESTATE OF JUDITH ANDERSON	5,000,000	4,663,363
DEPARTMENT OF TREASURY (ERC)	233,406	
TOTAL	<u>\$ 9,423,299</u>	<u>\$ 4,722,338</u>

Federal Statements**Schedule A, Part II, Line 9(e)**

Description	Amount
BOARDING & GROOMING	\$ -87,711
LESS: DEDUCTIONS	-1,000
TOTAL	\$ <u>-88,711</u>

Schedule A, Part II, Line 12 - Current year

Description	Amount
ANIMAL CARE	\$ 1,027,382
	137,773
	114,798
OTHER INCOME	68,298
FUNDRAISING EVENTS	513,873
CAPITAL CAMPAIGN	
FUR BALL	179,015
ISLAND PARTY	
MUTT STRUTT	37,362
TOTAL	\$ <u>2,078,501</u>

Form **990-T**

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

OMB No. 1545-0047

2023

Department of the Treasury
Internal Revenue Service

For calendar year 2023 or other tax year beginning _____, and ending _____

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection
for 501(c)(3)
Organizations Only

A <input type="checkbox"/> Check box if address changed. B Exempt under section <input checked="" type="checkbox"/> 501(C) (3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A	Print or Type Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) HALIFAX HUMANE SOCIETY, INC Number, street, and room or suite no. If a P.O. box, see instructions. 2364 LPGA BLVD. City or town, state or province, country, and ZIP or foreign postal code DAYTONA BEACH FL 32124	D Employer identification number 59-0530990
		E Group exemption number (see instructions)
C Book value of all assets at end of year 19,013,419		F <input type="checkbox"/> Check box if an amended return.

G Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust <input type="checkbox"/> State college/university <input type="checkbox"/> 6417(d)(1)(A) Applicable entity

H Check if filing only to claim <input type="checkbox"/> Credit from Form 8941 <input type="checkbox"/> Refund shown on Form 2439 <input type="checkbox"/> Elective payment amount from Form 3800
--

I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation <input type="checkbox"/>
--

J Enter the number of attached Schedules A (Form 990-T) 1

K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the name and identifying number of the parent corporation

L The books are in care of SEAN HAWKINS Telephone number 386-274-4703
--

Part I Total Unrelated Business Taxable Income

1	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	0
2	Reserved	2	
3	Add lines 1 and 2	3	
4	Charitable contributions (see instructions for limitation rules)	4	
5	Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	
6	Deduction for net operating loss. See instructions	6	0
7	Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	0
8	Specific deduction (generally \$1,000, but see instructions for exceptions)	8	1,000
9	Trusts. Section 199A deduction. See instructions	9	
10	Total deductions. Add lines 8 and 9	10	1,000
11	Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	0

Part II Tax Computation

1	Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	0
2	Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	2	0
3	Proxy tax. See instructions	3	
4	Other tax amounts. See instructions	4	
5	Alternative minimum tax	5	
6	Tax on noncompliant facility income. See instructions	6	
7	Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7	0

Part III Tax and Payments

1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a		
b	Other credits (see instructions)	1b		
c	General business credit. Attach Form 3800 (see instructions)	1c		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	1d		
e	Total credits. Add lines 1a through 1d	1e		
2	Subtract line 1e from Part II, line 7	2		
3a	Amount due from Form 4255	3a		
b	Amount due from Form 8611	3b		
c	Amount due from Form 8697	3c		
d	Amount due from Form 8866	3d		
e	Other amounts due (see instructions)	3e		
f	Total amounts due. Add lines 3a through 3e	3f		
4	Total tax. Add lines 2 and 3f (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	4	0	
5	Current net 965 tax liability paid from Form 965-A, Part II, column (k)	5		

For Paperwork Reduction Act Notice, see instructions.

Part III Tax and Payments (continued)

6a Payments: Preceding year's overpayment credited to the current year	6a	
b Current year's estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	6b	
c Tax deposited with Form 8868	6c	
d Foreign organizations: Tax paid or withheld at source (see instructions)	6d	
e Backup withholding (see instructions)	6e	
f Credit for small employer health insurance premiums (attach Form 8941)	6f	
g Elective payment election amount from Form 3800	6g	
h Payment from Form 2439	6h	
i Credit from Form 4136	6i	
j Other (see instructions)	6j	
7 Total payments. Add lines 6a through 6j	7	
8 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	8	
9 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9	0
10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10	
11 Enter the amount of line 10 you want: Credited to 2024 estimated tax Refunded	11	

Part IV Statements Regarding Certain Activities and Other Information (see instructions)

	Yes	No
1 At any time during the 2023 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here		X
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
3 Enter the amount of tax-exempt interest received or accrued during the tax year \$		
4 Enter available pre-2018 NOL carryovers here \$ -42,984 . Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
5 Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		
Business Activity Code	Available post-2017 NOL carryover	
900099	\$	54,548
	\$	
	\$	
	\$	
6a Reserved for future use		
b Reserved for future use		

Part V Supplemental Information

Provide any additional information. See instructions.

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 taxpayer) is based on all information of which preparer has any knowledge.

Sign Here

May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Signature of officer: _____ Date: _____ Title: **CEO**

Paid Preparer Use Only

Print/Type preparer's name JOHNNY SVAJKO, CPA	Preparer's signature JOHNNY SVAJKO, CPA	Date 01/30/25	Check <input type="checkbox"/> if self-employed	PTIN P00201386
Firm's name OLIVARI & ASSOCIATES CPA'S			Firm's EIN 59-2425904	
Firm's address 141 SAGE BRUSH TRAIL, SUITE D ORMOND BEACH, FL 32174			Phone no. 386-672-0775	

**SCHEDULE A
(Form 990-T)**

**Unrelated Business Taxable Income
From an Unrelated Trade or Business**

OMB No. 1545-0047

2023

Go to www.irs.gov/Form990T for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for
501(c)(3) Organizations Only

A Name of the organization HALIFAX HUMANE SOCIETY, INC	B Employer identification number 59-0530990
---	--

C Unrelated business activity code (see instructions) 900099	D Sequence: 1 of 1
--	---

E Describe the unrelated trade or business **BOARDING & GROOMING**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales <u>155,027</u>			
b Less returns and allowances <u> </u> c Balance	1c 155,027		
2 Cost of goods sold (Part III, line 8)	2 1,880		
3 Gross profit. Subtract line 2 from line 1c	3 153,147		153,147
4a Capital gain net income (attach Sch D (Form 1041 or Form 1120)). See instructions	4a		
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from a partnership or an S corporation (attach statement)	5		
6 Rent income (Part IV)	6		
7 Unrelated debt-financed income (Part V)	7		
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8		
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9		
10 Exploited exempt activity income (Part VIII)	10		
11 Advertising income (Part IX)	11		
12 Other income (see instructions; attach statement)	12		
13 Total. Combine lines 3 through 12	13 153,147		153,147

Part II **Deductions Not Taken Elsewhere** See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

1 Compensation of officers, directors, and trustees (Part X)		1		
2 Salaries and wages		2	155,962	
3 Repairs and maintenance		3	1,418	
4 Bad debts		4		
5 Interest (attach statement). See instructions		5		
6 Taxes and licenses		6	8,829	
7 Depreciation (attach Form 4562). See instructions	7		11,387	
8 Less depreciation claimed in Part III and elsewhere on return	8a			8b 11,387
9 Depletion		9		
10 Contributions to deferred compensation plans		10	754	
11 Employee benefit programs		11	18,396	
12 Excess exempt expenses (Part VIII)		12		
13 Excess readership costs (Part IX)		13		
14 Other deductions (attach statement) SEE STATEMENT 1		14	44,112	
15 Total deductions. Add lines 1 through 14		15	240,858	
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)		16		-87,711
17 Deduction for net operating loss. See instructions		17		
18 Unrelated business taxable income. Subtract line 17 from line 16		18		-87,711

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2023

Part III Cost of Goods Sold

Enter method of inventory valuation

COST METHOD

Table with 8 rows for Cost of Goods Sold. Line 2: Purchases 1,880. Line 6: Total 1,880. Line 8: Cost of goods sold 1,880. Line 9: Do the rules of section 263A apply? Yes No [X]

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

Table for Rent Income with 4 columns (A, B, C, D). Rows include: 2. Rent received or accrued (a, b, c); 3. Total rents received or accrued; 4. Deductions directly connected with the income; 5. Total deductions.

Part V Unrelated Debt-Financed Income (see instructions)

Table for Unrelated Debt-Financed Income with 4 columns (A, B, C, D). Rows include: 2. Gross income from or allocable to debt-financed property; 3. Deductions directly connected with or allocable to debt-financed property (a, b, c); 4. Amount of average acquisition debt; 5. Average adjusted basis; 6. Divide line 4 by line 5; 7. Gross income reportable; 8. Total gross income; 9. Allocable deductions; 10. Total allocable deductions; 11. Total dividends — received deductions.

Part VI Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organization			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				

Add columns 5 and 10. Enter here and on Part I, line 8, column (A).

Add columns 6 and 11. Enter here and on Part I, line 8, column (B).

Totals

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add columns 3 and 4)
(1)				
(2)				
(3)				
(4)				

Add amounts in column 2. Enter here and on Part I, line 9, column (A).

Add amounts in column 5. Enter here and on Part I, line 9, column (B).

Totals

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1 Description of exploited activity: _____	
2 Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2
3 Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3
4 Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4
5 Gross income from activity that is not unrelated business income	5
6 Expenses attributable to income entered on line 5	6
7 Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7

Form 990-T	Schedule A Loss Carryover Calculation Description BOARDING & GROOMING	2023
Name HALIFAX HUMANE SOCIETY, INC		Taxpayer Identification Number 59-0530990
Unincorporated Business Income Tax Code: 900099		Activity: OTHER UNRELATED BUSINESS ACTIVIT

Each activity may carryforward losses after 2018

1 Activity income	1	153,147
2 Activity deductions	2	240,858
3 Activities income or loss, after deductions	3	-87,711
4 Enter losses carried over to this year (no amounts prior to 2018) plus any carried-back amounts	4	54,548
5 Enter 80% of the amount on Line 3, if both lines 3 and 4 are positive.	5	
6 Take the lesser of Line 4 or Line 5. Enter here and on Line 17 of Form 990-T, Sch A, Part II	6	
7 Remaining losses to be carried forward to 2024 (Subtract Line 6 from line 4)	7	54,548
8 If line 3 is less than zero, enter that amount here as a positive number	8	87,711
9 Total loss carried forward to 2024 (Add lines 7 and 8)	9	142,259

Electronic Filing includes the report of additional amounts for this activity

E1 Post-2017 loss amounts from 2022, indefinite carryover (Reported with Form 990-T, Pt IV, with above UBIT code)	E1	54,548
E2 Prior year activity losses included on Schedule A, Line 17	E2	

Federal Statements

Form 990-T, Part IV, Line 5 - Post 2017 NOL Carryover Amounts

<u>Activity Description</u>	<u>UBIT Num</u>	<u>Available Carryover</u>
BOARDING & GROOMING	900099	\$ 54,548
TOTAL		\$ 54,548

Federal Statements**BOARDING & GROOMING****Statement 1 - Schedule A (990T), Part II, Line 14 - Other Deductions**

Deduction Description	Deduction Amount
OCCUPANCY	\$ 11,460
PROFESSIONAL SERVICE	24,031
OFFICE	7,085
INSURANCE	1,536
TOTAL	\$ <u>44,112</u>

59-0530990

Federal Asset Report

FYE: 12/31/2023

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv	Meth	Prior	Current
Prior MACRS:											
20	AIR PURIFIER	6/01/93	2,914				2,914	5	HY 200DB	2,914	0
			<u>2,914</u>				<u>2,914</u>			<u>2,914</u>	<u>0</u>
Other Depreciation:											
1	LAND	1/01/65	3,476				3,476	0	-- Land	0	0
2	CARE CENTER BUILDING	6/01/87	291,661				291,661	39	MO S/L	291,661	0
3	PUMP HOUSE	6/01/93	7,112				7,112	39	MO S/L	5,565	182
4	KENNEL	6/01/93	68,841				68,841	39	MO S/L	53,856	1,765
5	CATTERY	11/01/93	64,447				64,447	39	MO S/L	49,777	1,652
6	BUILDING IMPROVEMENTS	5/01/63	69,473				69,473	30	MO S/L	69,473	0
7	BUILDING ADDITION	4/01/01	541,970				541,970	39	MO S/L	302,254	13,897
9	BUILDING ADDITIONS	2/01/02	18,856				18,856	39	MO S/L	10,112	483
10	CENTER EQUIPMENT	6/05/97	15,186				15,186	15	MO S/L	15,186	0
11	CENTER EQUIPMENT	4/01/98	37,829				37,829	15	MO S/L	37,829	0
12	CENTER EQUIPMENT	6/02/99	10,686				10,686	10	MO S/L	10,686	0
13	CENTER EQUIPMENT	4/01/01	5,126				5,126	8	MO S/L	5,126	0
14	CENTER EQUIPMENT	6/01/02	4,161				4,161	7	MO S/L	4,161	0
15	FURNITURE	5/20/87	13,905				13,905	5	MO S/L	13,905	0
16	EQUIPMENT	1/01/88	15,621				15,621	5	MO S/L	15,621	0
18	EQUIPMENT	1/01/88	2,042				2,042	5	MO S/L	2,042	0
19	MICROSCOPE	6/01/93	1,245				1,245	5	MO S/L	1,245	0
21	REFRIG/SURGERY	6/01/93	102				102	5	MO S/L	102	0
22	LAUNDRY	6/01/93	2,949				2,949	39	MO S/L	2,316	75
23	LANDSCAPING	8/01/93	500				500	15	MO S/L	500	0
24	REFRIGERATOR	7/02/93	159				159	5	MO S/L	159	0
25	LAWN MOWER	5/01/93	753				753	5	MO S/L	753	0
27	FENCING	3/28/94	5,775				5,775	10	MO S/L	5,775	0
28	EQUIPMENT	6/01/94	150				150	5	MO S/L	150	0
29	CATTERY WIRE	1/15/94	3,310				3,310	39	MO S/L	2,544	85
30	AIR HANDLER	8/03/94	895				895	5	MO S/L	895	0
32	WINDOW TREATMENT	8/31/94	57				57	5	MO S/L	57	0
33	AIR CIRCULATOR	8/18/94	160				160	5	MO S/L	160	0
34	TOOLS	6/30/94	256				256	5	MO S/L	256	0
36	PERM FILTERS	2/23/94	583				583	10	MO S/L	583	0
37	VAPORIZER	2/15/94	1,721				1,721	10	MO S/L	1,721	0
38	3 REFRIGERATORS	5/27/94	200				200	5	MO S/L	200	0
39	OFFICE EQUIPMENT	6/30/94	710				710	5	MO S/L	710	0
40	HAND BLOWER	3/23/94	152				152	5	MO S/L	152	0
41	SOD	6/05/95	540				540	15	MO S/L	540	0
42	SHOP IMPROVEMENTS	3/28/95	317				317	15	MO S/L	317	0
43	AIR CONDITIONER	5/24/95	550				550	5	MO S/L	550	0
44	SPRINKLER SYSTEM	5/30/95	1,120				1,120	10	MO S/L	1,120	0
45	SHOP IMPROVEMENTS	6/15/65	115				115	10	MO S/L	115	0
46	ELECTRICAL UPGRADE	12/13/95	1,370				1,370	39	MO S/L	950	35
47	PUMP/GENERATOR	8/01/95	1,380				1,380	10	MO S/L	1,380	0
48	WET VACUUM	4/20/95	59				59	5	MO S/L	59	0
49	SANDER	8/10/95	105				105	7	MO S/L	105	0
51	A/C UNIT	11/21/95	428				428	7	MO S/L	428	0
53	FORCEPS	4/26/95	59				59	7	MO S/L	59	0
54	EQUIPMENT	6/26/95	250				250	7	MO S/L	250	0
55	GENERATORS	7/05/95	3,445				3,445	15	MO S/L	3,445	0
56	WASHER/DRYER	9/27/95	1,000				1,000	10	MO S/L	1,000	0
58	TELEPHONE	5/07/96	620				620	7	MO S/L	620	0
60	EQUIPMENT	7/31/96	296				296	7	MO S/L	296	0
61	CASH REGISTER	2/14/96	895				895	10	MO S/L	895	0
62	A/C UNIT	7/02/96	539				539	7	MO S/L	539	0
63	FAN	7/02/96	159				159	7	MO S/L	159	0
65	SAFE	11/08/96	500				500	20	MO S/L	500	0
66	IMPROVEMENTS	8/31/96	1,755				1,755	25	MO S/L	1,755	0
67	ELECTRIC GATE	2/12/96	1,610				1,610	10	MO S/L	1,610	0
68	PARKING LOT	7/24/96	4,078				4,078	15	MO S/L	4,078	0
69	IMPROVEMENTS	7/01/03	7,917				7,917	39	MO S/L	3,959	203
70	EQUIPMENT	7/01/03	19,996				19,996	5	MO S/L	19,996	0
71	CARE CENTER BUILDING	12/31/03	934,831				934,831	39	MO S/L	455,430	23,970
72	IMPROVEMENTS	7/01/04	3,610				3,610	39	MO S/L	1,714	92
73	A/C UNIT	1/13/04	1,895				1,895	5	MO S/L	1,895	0
75	SECURITY CAMERAS	4/26/04	9,200				9,200	10	MO S/L	9,200	0

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Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv Meth	Prior	Current
76	OFFICE EQUIPMENT	6/07/04	378				378	5 MO S/L	378	0
78	EQUIPMENT	12/31/04	2,809				2,809	5 MO S/L	2,809	0
79	5 TON A/C UNIT	1/10/05	3,450				3,450	5 MO S/L	3,450	0
80	OIL FIRED FURNACE	3/10/05	1,200				1,200	5 MO S/L	1,200	0
81	4 TON A/C UNIT	7/19/05	1,575				1,575	5 MO S/L	1,575	0
84	LAND CLEARING	6/06/06	3,000				3,000	0 -- Land	0	0
85	COPIER	1/03/07	600				600	5 MO S/L	600	0
86	TRAILER	8/20/07	1,155				1,155	5 MO S/L	1,155	0
87	DIXIE CHOPPER MOWER	11/09/07	4,999				4,999	5 MO S/L	4,999	0
88	8 SS PORTABLE KENNELS	8/17/07	9,007				9,007	7 MO S/L	9,007	0
90	SECURITY SYSTEM	12/03/08	1,900				1,900	5 MO S/L	1,900	0
93	GAS FURNACE	11/18/10	1,540				1,540	7 MO S/L	1,540	0
94	FENCING	4/29/10	3,867				3,867	20 MO S/L	2,449	193
95	AUTOCLAVE	2/11/10	957				957	7 MO S/L	957	0
97	DENTAL SCALER/POLISHER	8/27/10	924				924	7 MO S/L	924	0
98	ANIMAL SCALE	9/30/10	565				565	7 MO S/L	565	0
99	CELESTIAL STAR DUEL SURGERY LIG	12/21/10	2,675				2,675	7 MO S/L	2,675	0
100	DELL DESKTOP - ACCTG	1/07/10	585				585	7 MO S/L	585	0
	Mass Sale: 10/01/23									
101	TOSHIBA LAPTOP	1/07/10	535				535	7 MO S/L	535	0
	Mass Sale: 10/01/23									
104	PET CRATES	3/01/11	5,000				5,000	5 MO S/L	5,000	0
106	LAPTOP - MIGUEL	1/12/11	585				585	5 MO S/L	585	0
	Mass Sale: 10/01/23									
107	A/C UNIT	3/23/11	20,398				20,398	7 MO S/L	20,398	0
108	ELECTRICAL WIRING	4/14/11	5,698				5,698	15 MO S/L	4,463	380
109	INSULATION	5/19/11	1,250				1,250	15 MO S/L	965	84
110	PAYNE 4 TON 13 SEER	9/21/11	2,490				2,490	7 MO S/L	2,490	0
113	DESKS, CHAIRS, BOOKSHELVES	12/01/11	31,725				31,725	7 MO S/L	31,725	0
115	FENCE	12/01/11	1,300				1,300	15 MO S/L	961	86
116	CONSTRUCTION DOCUMENTS	12/31/11	2,200				2,200	15 MO S/L	1,613	147
117	IMPACT FEES	12/31/11	6,637				6,637	15 MO S/L	4,867	442
118	CONSTRUCTION DOCUMENTS	12/31/11	2,200				2,200	15 MO S/L	1,613	147
119	DOG KENNELS	12/31/11	15,615				15,615	15 MO S/L	11,451	1,041
120	SURGICAL TABLE	12/31/11	3,077				3,077	7 MO S/L	3,077	0
121	STERILIZER	12/31/11	2,800				2,800	5 MO S/L	2,800	0
122	ANESTHESIA MACHINE	12/31/11	2,690				2,690	5 MO S/L	2,690	0
123	SURGICAL / EXAM LIGHT	3/08/12	2,073				2,073	7 MO S/L	2,073	0
124	SCAVENGER SYSTEM	4/10/12	1,190				1,190	7 MO S/L	1,190	0
125	ANESTHESIA MACHINE	4/10/12	4,000				4,000	7 MO S/L	4,000	0
126	ANESTHESIA MACHINE	4/10/12	1,038				1,038	7 MO S/L	1,038	0
127	OMNI SERIES PET LIFT	4/23/12	1,020				1,020	7 MO S/L	1,020	0
128	MILLENNIUM ANESTHESIA	6/26/12	2,180				2,180	7 MO S/L	2,180	0
129	ANESTHESIA	8/29/12	2,865				2,865	7 MO S/L	2,865	0
130	A/C UNIT - CAT ROOM	7/20/12	1,125				1,125	7 MO S/L	1,125	0
134	SINAGE	5/30/12	839				839	15 MO S/L	592	56
135	RENOVATIONS I	4/19/12	38,777				38,777	15 MO S/L	28,368	2,585
136	ADOPTION TRAILER	1/01/13	46,505				46,505	10 MO S/L	46,505	0
137	2006 SIERRA 2500	3/21/13	22,204				22,204	5 MO S/L	22,204	0
138	RENOVATIONS II	4/09/12	17,832				17,832	15 MO S/L	11,888	1,189
142	12 PARK BENCHES	8/30/13	3,245				3,245	7 MO S/L	3,245	0
143	EXAM LIGHT - LED	8/13/13	616				616	5 MO S/L	616	0
146	HD-P MANUAL STERILIZER	10/03/13	2,670				2,670	5 MO S/L	2,670	0
147	MEMORIAL GARDEN FENCE	10/02/13	869				869	15 MO S/L	536	58
150	LAWN EQUIPMENT	11/28/13	619				619	5 MO S/L	619	0
151	LAND	2/18/14	392,501				392,501	0 -- Land	0	0
152	CHERRY WOOD FLOORING	3/31/14	2,006				2,006	39 MO S/L	450	52
153	KONICA MINOLTA COPIER	3/31/14	869				869	5 MO S/L	869	0
	Mass Sale: 12/01/23									
154	STRAY KENNEL	8/25/15	10,179				10,179	15 MO S/L	4,976	679
155	METAL DOOR	12/21/15	438				438	15 MO S/L	204	29
156	SECURITY CAMERA SYSTEM	2/27/15	7,957				7,957	10 MO S/L	6,233	796
157	WALK-IN COOLER	3/15/15	6,200				6,200	10 MO S/L	4,857	620
159	TIMECLOCK PLUS	6/22/15	1,021		X		510	3 MO Amort	1,021	0
160	KENNEL RENOVATIONS	12/15/15	25,000				25,000	39 MO S/L	4,541	641
161	DOG PARK	12/30/15	79,987				79,987	20 MO S/L	27,996	3,999
162	DOG PARK ENG	12/30/15	31,791				31,791	20 MO S/L	11,127	1,590
163	A/C INDOOR & OUTDOOR UNIT	4/01/16	9,082				9,082	7 MO S/L	8,758	324
164	FURNANCE	4/01/16	2,545				2,545	7 MO S/L	2,454	91
165	DOG PARK PLAY STRUCTURE	2/23/16	8,965				8,965	20 MO S/L	3,063	448
166	WEBSITE OVERHAUL/REVAMP	4/28/16	1,488				1,488	3 MO S/L	1,488	0

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167	DOG PARK	10/31/16	326,844				326,844	20 MO S/L	100,777	16,342
168	3 ROOF EXHAUST FANS	1/28/16	2,014				2,014	7 MO S/L	1,990	24
169	ADOPTION KENNEL RENOVATION	10/31/16	364,555				364,555	39 MO S/L	57,643	9,348
170	METAL DOOR	1/06/16	438				438	15 MO S/L	204	29
173	DOG PEN	5/02/17	2,666				2,666	15 MO S/L	1,007	178
174	A/C - ADMISSION LOBBY	6/24/17	5,058				5,058	7 MO S/L	3,974	723
175	LIFTSTATION/PUMPS	8/25/17	22,672				22,672	40 MO S/L	3,023	567
176	COPIER	5/10/17	5,800				5,800	5 MO S/L	5,800	0
	Mass Sale: 12/01/23									
177	BATHING SINK	5/28/17	1,850				1,850	7 MO S/L	1,476	264
178	SECURITY CAMERAS SYSTEM	6/01/17	895				895	10 MO S/L	500	89
179	A/C UNIT	9/01/17	4,846				4,846	7 MO S/L	3,692	693
180	A/C UNIT	9/01/17	5,963				5,963	7 MO S/L	4,543	852
181	A/C UNIT	9/05/17	5,844				5,844	7 MO S/L	4,453	834
182	HYDROSURGE BATH	5/19/17	995				995	5 MO S/L	995	0
183	SECURITY CAMERA SYSTEM	6/01/17	6,390				6,390	10 MO S/L	3,568	639
185	BOARD/GROOMING BUILDING & IMPI	10/01/17	690,341				690,341	40 MO S/L	90,607	17,259
186	FOUNTAIN, TRASH, BABY CHANGING	10/01/17	1,272				1,272	15 MO S/L	445	85
187	CAT CONDO QUADS	10/01/17	13,081				13,081	15 MO S/L	4,578	872
188	DOG KENNELS	10/01/17	4,360				4,360	15 MO S/L	1,526	291
189	82 GALLON BALDDER TANK	7/19/17	500				500	7 MO S/L	387	65
	Mass Sale: 12/01/23									
190	A/C WALL UNIT - RAINBOW ROOM	9/28/17	739				739	7 MO S/L	554	106
191	BATHING TUB	5/28/17	1,850				1,850	7 MO S/L	1,476	264
192	SECURITY CAMERA SYSTEM	6/01/17	8,810				8,810	10 MO S/L	4,919	881
193	SH DOUBLE DRYING CAGE	6/19/17	3,971				3,971	7 MO S/L	3,120	568
194	PS MOD KENNEL CAGE 11 UNIT	5/03/17	1,805				1,805	7 MO S/L	1,461	258
195	B.I. ROOF	5/04/18	12,950				12,950	40 MO S/L	1,511	324
196	LAUNDRY ROOM ROOF	7/26/18	7,900				7,900	40 MO S/L	872	198
197	MOTORIZED STAND UP DESK (DR. GR	2/28/18	6,250				6,250	7 MO S/L	4,315	893
198	DONATED FURNITURE (DESKS, CHAIR	6/30/18	10,000				10,000	7 MO S/L	6,429	1,428
199	BUILT-IN CABINET	7/30/18	2,010				2,010	10 MO S/L	888	201
201	FENCING AROUND DOG YARD	10/05/18	3,780				3,780	20 MO S/L	803	189
203	TIMECLOCK PLUS SOFTWARE	10/29/18	1,350		X		244	3 MO Amort	1,106	81
204	MUSIC SYSTEM (DOG KENNELS)	12/01/18	2,499				2,499	5 MO S/L	2,041	458
205	2017 FORD BOX TRUCK	1/31/19	36,887				36,887	5 MO S/L	28,895	7,377
206	SECURITY FORCE CAMERAS & ED RO	11/30/19	15,569				15,569	10 MO S/L	4,800	1,557
207	DOG YARD FENCING	2/27/19	2,153				2,153	20 MO S/L	413	107
208	NEW FLOORING - ADMIN	4/28/19	1,732				1,732	40 MO S/L	159	43
209	CONCRETE SLAB - EAST SIDE	5/17/19	2,700				2,700	20 MO S/L	484	135
210	DOG CAGES - REPLACEMENT/REPAIR	5/30/19	5,775				5,775	10 MO S/L	2,069	578
211	MAIN SHELTER REMODEL (CAPITAL C	6/30/19	2,246,133				2,246,133	40 MO S/L	196,837	56,153
212	SURGERY UNIT DUCTWORK	7/08/19	1,233				1,233	40 MO S/L	108	31
213	NEW LIFTMASTER 1 HP EMPLOYEE G.	9/27/19	5,187				5,187	10 MO S/L	1,686	519
214	CAT CAGES - REPLACEMENT/REPAIRS	9/27/19	5,530				5,530	10 MO S/L	1,797	553
215	ROLL GATE - REPLACED	11/01/19	1,275				1,275	10 MO S/L	404	127
216	DRILL NIBBLER	1/29/19	577				577	5 MO S/L	452	115
217	VET SERVICES EQUIP - LADSCOPE, M	2/01/19	20,844				20,844	5 MO S/L	16,328	4,169
218	PRESSURE WASHER	5/22/19	1,074				1,074	5 MO S/L	770	215
219	EVAPORATOR/FREEZER	9/10/19	1,270				1,270	5 MO S/L	847	254
220	CAPITAL CAMPAIGN - FIXTURES/ SHE	9/30/19	43,640				43,640	10 MO S/L	14,183	4,364
221	EASY TURF - ARTIFICIAL GRASS	5/22/19	20,370				20,370	20 MO S/L	3,650	1,018
222	3 ELECTRICAL CIRCUITS	8/29/19	1,281				1,281	40 MO S/L	107	32
223	SURGICAL - AUTOCLAVE, PULSE OX 1	2/01/19	4,987				4,987	5 MO S/L	3,906	998
224	FRONT LAND	2/12/19	2,500				2,500	0 -- Land	0	0
226	AIM LED EXAM LIGHT	1/02/20	2,891				2,891	5 MO S/L	1,734	578
227	IV FLUID WARMER (1)	1/10/20	300				300	5 MO S/L	180	60
228	FREEDOM BUNDLE VS2+HMS+SA (NO	1/14/20	19,500				19,500	5 MO S/L	11,700	3,900
229	TOMAHAWK LIVE TRAPS	1/29/20	1,609				1,609	5 MO S/L	939	322
231	SO#44004LDT- ANESTHESIA MACHINI	3/05/20	3,888				3,888	5 MO S/L	2,203	778
232	2 CAMERAS (NEW INTAKE AREA)	3/31/20	1,984				1,984	10 MO S/L	546	198
233	SIDEWALK REPAIRS (BOARDING/GRC	1/20/20	875				875	20 MO S/L	128	43
234	SIDEWALK REPAIRS (COURT YARD)	1/20/20	875				875	20 MO S/L	128	43
235	PLUMBING BLOCKAGE & BROKEN SE	1/20/20	2,943				2,943	40 MO S/L	215	73
236	UPGRADED ALARM SYSTEM	1/31/20	4,418				4,418	10 MO S/L	1,289	441
237	TV MOUNT/INSTALL (LOBBY)	1/31/20	825				825	5 MO S/L	481	165
238	MILLINGS/GRADE WORK	2/10/20	2,300				2,300	20 MO S/L	335	115
239	BUILT IN CAT PORTALS (31)	2/11/20	2,469				2,469	40 MO S/L	180	62
240	AUTOCLAVE EZ9 FULLY AUTO CHAM	12/28/18	9,196				9,196	7 MO S/L	5,255	1,314
242	DOG PARK FENCE	4/29/20	1,850				1,850	20 MO S/L	247	92
243	IN-WALL CABINETS	6/01/20	3,721				3,721	40 MO S/L	240	93

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244	DRYER	6/01/20	509				509	7 MO S/L	188	73
245	20 GALLON WATER HEATER	4/16/20	1,276				1,276	10 MO S/L	340	128
246	2016 F-250	8/06/20	23,606				23,606	5 MO S/L	11,410	4,721
247	FREEZER REBUILD	6/03/20	553				553	5 MO S/L	286	111
248	VET SERVICES REMODEL	5/16/20	53,753				53,753	40 MO S/L	3,472	1,343
249	ADMIN A/C UNIT	5/14/20	5,800				5,800	7 MO S/L	2,210	828
250	SEARS WASHING MACHINE	5/29/20	578				578	10 MO S/L	149	53
	Mass Sale: 12/01/23									
251	5HP GRINDER PUMP (LIFT STATION)	8/19/20	6,541				6,541	10 MO S/L	1,526	654
252	VS EQUIP - FORCEPS, TISSUE, METZEI	8/29/20	586				586	5 MO S/L	273	117
253	FLOOR VENT COVERS	9/02/20	880				880	40 MO S/L	51	22
254	VET SVCS - AUTOCLAVE & MISC	11/20/20	11,210				11,210	10 MO S/L	2,335	1,121
255	FENCE REPAIR	10/29/20	762				762	20 MO S/L	83	38
256	PORTABLE A/C UNIT	10/29/20	290				290	7 MO S/L	90	41
257	NEW CONDENSER (WALK-IN FREEZER)	11/20/20	2,364				2,364	5 MO S/L	985	473
258	EMPLOYEE BREAKROOM RENOVATION	2/12/20	19,567				19,567	40 MO S/L	1,427	489
259	VET SERVICES - HYDRAULIC TABLE &	12/23/20	9,741				9,741	10 MO S/L	1,948	974
260	BUILDING SIGNS - ACRYLIC LETTERS	3/23/20	6,752				6,752	40 MO S/L	464	169
261	VET SERVICES RENOVATION	5/16/20	3,507				3,507	40 MO S/L	227	87
262	RE-KEY LOCKS	6/16/20	1,655				1,655	40 MO S/L	103	42
263	STRAY KENNEL ROOF & GRATES	8/11/20	5,730				5,730	40 MO S/L	346	143
264	ADMISSIONS ROOM RENOVATION	8/12/20	57,115				57,115	40 MO S/L	3,481	1,428
265	LEADERSHIP RENOVATION (TILE FLO	10/31/20	1,529				1,529	40 MO S/L	83	38
266	ED ROOM - WALLS TILES/SOUND BAF	11/30/20	3,204				3,204	40 MO S/L	167	80
267	COMPUTERS, CABLES, NETGEAR, WIR	2/29/20	5,018				5,018	10 MO S/L	1,422	376
	Mass Sale: 10/01/23									
269	STORM WATER EVALUATION	2/21/20	1,750				1,750	20 MO S/L	248	87
270	24 HP KAW 54" LAWN TRACTOR	1/08/21	4,500				4,500	5 MO S/L	1,800	900
271	HOTDOG CONTROLLER - VET WARMU	1/12/21	7,516				7,516	5 MO S/L	3,006	1,504
272	VET 30 BP SPO2 & ACCUVET TEMP	1/26/21	2,650				2,650	7 MO S/L	726	378
273	FILING CABINET - ADOPTION MGR OF	1/29/21	280				280	10 MO S/L	54	28
274	BENCHMARK HEMATOCRIT CENTRIFU	2/12/21	1,119				1,119	7 MO S/L	306	160
275	PULSAR HEAVY DUTY GENERATOR	2/26/21	750				750	5 MO S/L	275	150
276	RESP MONITOR	3/07/21	1,273				1,273	7 MO S/L	333	182
277	STRAY DOG AREA FENCING	6/09/21	4,400				4,400	20 MO S/L	348	220
278	PRACTIVET INFUSION PUMP	4/27/21	895				895	10 MO S/L	149	90
279	PRACTIVET SYRINGE PUMP	4/27/21	900				900	10 MO S/L	150	90
280	VET-TEC 2020 PLATFORM SCALE	5/06/21	858				858	5 MO S/L	286	172
281	5 HP GRINDER PUMP (LIFT STATION)	6/02/21	9,988				9,988	10 MO S/L	1,581	999
282	PRACTIVET INFUSION PUMP	6/09/21	895				895	10 MO S/L	142	89
283	VET TEMP EAR THERMOMETER	6/10/21	299				299	5 MO S/L	95	59
284	STRAY KENNEL RENOVATION	8/31/21	126,073				126,073	40 MO S/L	4,202	3,152
285	ADDITIONS/SIGNS - ADOPTION/ED RC	8/31/21	1,768				1,768	10 MO S/L	236	177
286	STRAY KENNEL FENCING	9/08/21	4,400				4,400	20 MO S/L	293	220
287	SIGNS	8/31/21	150				150	10 MO S/L	20	15
288	SURGERY LIGHT	8/26/21	4,321				4,321	10 MO S/L	576	432
289	HYDRAULIC HEATED TOP TABLES	10/20/21	6,053				6,053	10 MO S/L	706	605
290	A/C REPLACED ON ADOPTION TRAILE	9/01/21	1,470				1,470	5 MO S/L	392	294
291	INFINITY LABSCOPE	7/13/21	1,602				1,602	10 MO S/L	240	160
292	LIGHT - GALAXY SPRING ARM DUAL &	10/11/21	8,403				8,403	10 MO S/L	1,050	841
293	EMPLOYEE LOCKERS	11/28/21	2,246				2,246	10 MO S/L	243	225
294	COMPUTER WIRING/EQUIP (LIGHTNIN	8/21/21	2,381				2,381	10 MO S/L	317	239
295	NEW HVAC UNIT	10/27/21	17,574				17,574	40 MO S/L	513	439
296	T.S. BUILDING IMPROVEMENTS	5/31/22	71,944				71,944	40 MO S/L	1,049	1,799
297	ALARM SYSTEM RADIO	5/31/22	300				300	5 MO S/L	35	60
298	NONIN OXIMETER	4/28/22	1,939				1,939	10 MO S/L	129	194
299	OUTSIDE A/C - STRAY KENNEL	2/21/22	4,800				4,800	10 MO S/L	400	480
300	BACKFLOW	4/10/22	2,597				2,597	10 MO S/L	195	259
301	OUTSIDE A/C - STRAY KENNEL	6/02/22	4,800				4,800	10 MO S/L	280	480
302	PHARMACY/MEDICAL CART	1/21/22	11,000				11,000	10 MO S/L	1,008	1,100
303	METAL CABINET - V.S.	5/29/22	390				390	7 MO S/L	33	55
304	RPG DENTAL SX & EXAM CHAIRS	7/29/22	2,047				2,047	7 MO S/L	122	292
305	ALARM SYSTEM UPGRADE	6/30/22	1,485				1,485	5 MO S/L	149	297
306	NEW WASHER/DRYER UNIT	8/16/22	1,515				1,515	5 MO S/L	101	303
307	BUILDING PURCHASE	3/31/22	546,072				546,072	40 MO S/L	10,239	13,652
308	6' VINYL FENCING	5/31/22	5,517				5,517	20 MO S/L	161	276
309	ADOPTION TRAILER IMPROVEMENTS	6/09/22	6,722				6,722	5 MO S/L	784	1,345
310	VINYL GRAPHICS	7/21/22	580				580	10 MO S/L	24	58
311	SECURITY CAMERAS-ADMIS/INTAKE	8/31/22	1,211				1,211	10 MO S/L	40	121
312	ULTRASOUND INTEGRA HANDHELD -	12/28/22	5,013				5,013	7 MO S/L	0	716
314	REFRIGERATOR - VET SERVICES	10/08/22	275				275	5 MO S/L	14	55

59-0530990

Federal Asset Report

FYE: 12/31/2023

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv Meth	Prior	Current
315	Fence - Vet Services Kennel gates	2/07/22	9,800				9,800	20 MO S/L	449	490
316	Courtyard/Rainbow Room/Stray/A Kennel I	2/28/22	13,525				13,525	40 MO S/L	282	338
317	Fence - Vet Services/A Kennel/Behavioral I	5/02/22	19,546				19,546	20 MO S/L	652	977
318	TRACK HEADS & RAILS	12/12/22	2,244				2,244	10 MO S/L	19	224
319	Revelation Microscope	3/30/23	777				777	10 MO S/L	0	58
320	Water Machine/Dispenser	4/19/23	188				188	10 MO S/L	0	13
321	Lift Station with pump	4/12/23	21,359				21,359	20 MO S/L	0	801
322	Window A/C Unite for Cat ISO	4/17/23	875				875	10 MO S/L	0	58
323	LAND	3/31/22	201,972				201,972	0 -- Land	0	0
324	Compact X-Ray Table	8/31/23	3,523				3,523	10 MO S/L	0	117
327	Sign - Mall Cat Room	9/10/23	2,032				2,032	10 MO S/L	0	68
328	Dog Sign - Mall Store Signage	7/11/23	1,725				1,725	10 MO S/L	0	86
330	POWER & LIGHT	8/31/23	80				80	40 MO S/L	0	1
331	WINDOWS	1/31/23	2,166				2,166	40 MO S/L	0	50
334	CLINIC PRINTER	6/15/23	889				889	5 MO S/L	0	104
336	WASHER/DRYER FOR REDINGER CLIN	12/29/23	340				340	10 MO S/L	0	0
337	NEW WASHER/DRYER FOR CLINIC	12/29/23	800				800	10 MO S/L	0	0
338	WASHER/DRYER FOR REDINGER CLIN	12/29/23	500				500	10 MO S/L	0	0
339	LIFT STATION	1/06/23	3,252				3,252	10 MO S/L	0	325
340	DOG WASTE STATION (6)	1/10/23	1,530				1,530	10 MO S/L	0	153
341	CHAMPION 5 HP GRINDER PUMP FOR	1/17/23	12,447				12,447	10 MO S/L	0	1,141
342	ACCUWAVE MONITOR	1/27/23	1,499				1,499	10 MO S/L	0	137
343	INCUBATOR	1/29/23	324				324	10 MO S/L	0	30
344	CENTRIFG E8 DIGI 8-PL	2/06/23	675				675	10 MO S/L	0	62
345	NEEDLE HOLDER OLSEN HEGAR	2/13/23	2,310				2,310	10 MO S/L	0	212
346	SPEAKER SYSTEM IN STRAY & ISO AF	2/23/23	3,910				3,910	10 MO S/L	0	326
347	RGP - 400 COMFORT	3/29/23	1,082				1,082	10 MO S/L	0	81
350	SCALER - GS DELUX LED PIEZO P6	5/30/23	7,079				7,079	10 MO S/L	0	413
351	POWER COARD FOR SCALER	6/13/23	15				15	10 MO S/L	0	1
352	X-RAY MACHINE	8/24/23	48,750				48,750	10 MO S/L	0	1,625
353	EISENHAUER - OFFICE CHAIR CEO	6/28/23	1,204				1,204	10 MO S/L	0	60
355	DESKS	7/28/23	1,518				1,518	10 MO S/L	0	63
356	BREAKROOM TABLE & SHELVES	7/28/23	660				660	10 MO S/L	0	28
357	FENCE PANEL CAGING FOR MALL	8/25/23	11,618				11,618	10 MO S/L	0	387
359	COMPUTER APPLIANCES	6/28/23	818				818	10 MO S/L	0	41
360	COMPUTER, MONITOR, USB DOCK, 3 1	8/10/23	1,513				1,513	10 MO S/L	0	63
361	CHARGING CABLES/BACKUP BATTER	8/29/23	187				187	10 MO S/L	0	6
362	EQUIPMENT MAINTENANCE	7/12/23	39				39	10 MO S/L	0	2
363	Computer Support Software	10/06/23	6,159				6,159	3 MO S/L	0	513
364	CONSULTING SERVICES FOR NEW AD	11/01/23	5,133				5,133	0 -- Memo	0	0
Total Other Depreciation			8,573,759				8,572,142		2,453,164	255,793
Total ACRS and Other Depreciation			8,573,759				8,572,142		2,453,164	255,793
Listed Property:										
184	2011 FRE VAN	12/01/17	46,285				46,285	5 MO S/L	16,146	2,075
329	2023 MERCEDES PRINTER 2500	11/10/23	71,001				71,001	0 -- Memo	0	0
241	2016 SUBARU FORESTER	5/18/20	14,453				14,453	10 MO S/L	3,734	1,445
365	LineX	12/13/23	1,200				1,200	5 MO S/L	0	20
			132,939				132,939		19,880	3,540
Amortization:										
144	BLACKBAUD SOFTWARE	8/01/13	1,750				1,750	3 MO Amort	1,750	0
			1,750				1,750		1,750	0
Grand Totals			8,711,362				8,709,745		2,477,708	259,333
Less: Dispositions and Transfers			14,470				14,470		10,332	494
Less: Start-up/Org Expense			0				0		0	0
Net Grand Totals			8,696,892				8,695,275		2,467,376	258,839

Bonus Depreciation Report**Form 990, Page 1**

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
159	TIMECLOCK PLUS	6/22/15	1,021		0	0	511	510
203	TIMECLOCK PLUS SOFTWARE	10/29/18	1,350		0	0	1,106	244
260	BUILDING SIGNS - ACRYLIC LETTERS	3/23/20	6,752		0	0	0	6,752
330	POWER & LIGHT	8/31/23	80		0	0	0	80
331	WINDOWS	1/31/23	2,166		0	0	0	2,166
364	CONSULTING SERVICES FOR NEW ADE	11/01/23	5,133		0	0	0	5,133
Grand Total			<u>16,502</u>		<u>0</u>	<u>0</u>	<u>1,617</u>	<u>14,885</u>

Depreciation Adjustment Report

All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
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There are no assets that meet the criteria of this report

Asset	Description	Date In Service	Cost	Tax	AMT
Prior MACRS:					
20	AIR PURIFIER	6/01/93	2,914	0	0
			<u>2,914</u>	<u>0</u>	<u>0</u>
Other Depreciation:					
1	LAND	1/01/65	3,476	0	0
2	CARE CENTER BUILDING	6/01/87	291,661	0	0
3	PUMP HOUSE	6/01/93	7,112	183	0
4	KENNEL	6/01/93	68,841	1,765	0
5	CATTERY	11/01/93	64,447	1,653	0
6	BUILDING IMPROVEMENTS	5/01/63	69,473	0	0
7	BUILDING ADDITION	4/01/01	541,970	13,897	0
9	BUILDING ADDITIONS	2/01/02	18,856	484	0
10	CENTER EQUIPMENT	6/05/97	15,186	0	0
11	CENTER EQUIPMENT	4/01/98	37,829	0	0
12	CENTER EQUIPMENT	6/02/99	10,686	0	0
13	CENTER EQUIPMENT	4/01/01	5,126	0	0
14	CENTER EQUIPMENT	6/01/02	4,161	0	0
15	FURNITURE	5/20/87	13,905	0	0
16	EQUIPMENT	1/01/88	15,621	0	0
18	EQUIPMENT	1/01/88	2,042	0	0
19	MICROSCOPE	6/01/93	1,245	0	0
21	REFRIG/SURGERY	6/01/93	102	0	0
22	LAUNDRY	6/01/93	2,949	76	0
23	LANDSCAPING	8/01/93	500	0	0
24	REFRIGERATOR	7/02/93	159	0	0
25	LAWN MOWER	5/01/93	753	0	0
27	FENCING	3/28/94	5,775	0	0
28	EQUIPMENT	6/01/94	150	0	0
29	CATTERY WIRE	1/15/94	3,310	85	0
30	AIR HANDLER	8/03/94	895	0	0
32	WINDOW TREATMENT	8/31/94	57	0	0
33	AIR CIRCULATOR	8/18/94	160	0	0
34	TOOLS	6/30/94	256	0	0
36	PERM FILTERS	2/23/94	583	0	0
37	VAPORIZER	2/15/94	1,721	0	0
38	3 REFRIGERATORS	5/27/94	200	0	0
39	OFFICE EQUIPMENT	6/30/94	710	0	0
40	HAND BLOWER	3/23/94	152	0	0
41	SOD	6/05/95	540	0	0
42	SHOP IMPROVEMENTS	3/28/95	317	0	0
43	AIR CONDITIONER	5/24/95	550	0	0
44	SPRINKLER SYSTEM	5/30/95	1,120	0	0
45	SHOP IMPROVEMENTS	6/15/65	115	0	0
46	ELECTRICAL UPGRADE	12/13/95	1,370	35	0
47	PUMP/GENERATOR	8/01/95	1,380	0	0
48	WET VACUUM	4/20/95	59	0	0
49	SANDER	8/10/95	105	0	0
51	A/C UNIT	11/21/95	428	0	0
53	FORCEPS	4/26/95	59	0	0
54	EQUIPMENT	6/26/95	250	0	0
55	GENERATORS	7/05/95	3,445	0	0
56	WASHER/DRYER	9/27/95	1,000	0	0
58	TELEPHONE	5/07/96	620	0	0
60	EQUIPMENT	7/31/96	296	0	0
61	CASH REGISTER	2/14/96	895	0	0
62	A/C UNIT	7/02/96	539	0	0
63	FAN	7/02/96	159	0	0
65	SAFE	11/08/96	500	0	0
66	IMPROVEMENTS	8/31/96	1,755	0	0
67	ELECTRIC GATE	2/12/96	1,610	0	0
68	PARKING LOT	7/24/96	4,078	0	0
69	IMPROVEMENTS	7/01/03	7,917	203	0
70	EQUIPMENT	7/01/03	19,996	0	0
71	CARE CENTER BUILDING	12/31/03	934,831	23,970	0

Asset	Description	Date In Service	Cost	Tax	AMT
72	IMPROVEMENTS	7/01/04	3,610	93	0
73	A/C UNIT	1/13/04	1,895	0	0
75	SECURITY CAMERAS	4/26/04	9,200	0	0
76	OFFICE EQUIPMENT	6/07/04	378	0	0
78	EQUIPMENT	12/31/04	2,809	0	0
79	5 TON A/C UNIT	1/10/05	3,450	0	0
80	OIL FIRED FURNACE	3/10/05	1,200	0	0
81	4 TON A/C UNIT	7/19/05	1,575	0	0
84	LAND CLEARING	6/06/06	3,000	0	0
85	COPIER	1/03/07	600	0	0
86	TRAILER	8/20/07	1,155	0	0
87	DIXIE CHOPPER MOWER	11/09/07	4,999	0	0
88	8 SS PORTABLE KENNELS	8/17/07	9,007	0	0
90	SECURITY SYSTEM	12/03/08	1,900	0	0
93	GAS FURNACE	11/18/10	1,540	0	0
94	FENCING	4/29/10	3,867	194	0
95	AUTOCLAVE	2/11/10	957	0	0
97	DENTAL SCALER/POLISHER	8/27/10	924	0	0
98	ANIMAL SCALE	9/30/10	565	0	0
99	CELESTIAL STAR DUEL SURGERY LIGHT	12/21/10	2,675	0	0
104	PET CRATES	3/01/11	5,000	0	0
107	A/C UNIT	3/23/11	20,398	0	0
108	ELECTRICAL WIRING	4/14/11	5,698	380	0
109	INSULATION	5/19/11	1,250	83	0
110	PAYNE 4 TON 13 SEER	9/21/11	2,490	0	0
113	DESKS, CHAIRS, BOOKSHELVES	12/01/11	31,725	0	0
115	FENCE	12/01/11	1,300	87	0
116	CONSTRUCTION DOCUMENTS	12/31/11	2,200	147	0
117	IMPACT FEES	12/31/11	6,637	443	0
118	CONSTRUCTION DOCUMENTS	12/31/11	2,200	147	0
119	DOG KENNELS	12/31/11	15,615	1,041	0
120	SURGICAL TABLE	12/31/11	3,077	0	0
121	STERILIZER	12/31/11	2,800	0	0
122	ANESTHESIA MACHINE	12/31/11	2,690	0	0
123	SURGICAL / EXAM LIGHT	3/08/12	2,073	0	0
124	SCAVENGER SYSTEM	4/10/12	1,190	0	0
125	ANESTHESIA MACHINE	4/10/12	4,000	0	0
126	ANESTHESIA MACHINE	4/10/12	1,038	0	0
127	OMNI SERIES PET LIFT	4/23/12	1,020	0	0
128	MILLENNIUM ANESTHESIA	6/26/12	2,180	0	0
129	ANESTHESIA	8/29/12	2,865	0	0
130	A/C UNIT - CAT ROOM	7/20/12	1,125	0	0
134	SINAGE	5/30/12	839	56	0
135	RENOVATIONS I	4/19/12	38,777	2,585	0
136	ADOPTION TRAILER	1/01/13	46,505	0	0
137	2006 SIERRA 2500	3/21/13	22,204	0	0
138	RENOVATIONS II	4/09/12	17,832	1,188	0
142	12 PARK BENCHES	8/30/13	3,245	0	0
143	EXAM LIGHT - LED	8/13/13	616	0	0
146	HD-P MANUAL STERILIZER	10/03/13	2,670	0	0
147	MEMORIAL GARDEN FENCE	10/02/13	869	58	0
150	LAWN EQUIPMENT	11/28/13	619	0	0
151	LAND	2/18/14	392,501	0	0
152	CHERRY WOOD FLOORING	3/31/14	2,006	51	0
154	STRAY KENNEL	8/25/15	10,179	679	0
155	METAL DOOR	12/21/15	438	30	0
156	SECURITY CAMERA SYSTEM	2/27/15	7,957	796	0
157	WALK-IN COOLER	3/15/15	6,200	620	0
159	TIMECLOCK PLUS	6/22/15	1,021	0	0
160	KENNEL RENOVATIONS	12/15/15	25,000	641	0
161	DOG PARK	12/30/15	79,987	3,999	0
162	DOG PARK ENG	12/30/15	31,791	1,589	0
163	A/C INDOOR & OUTDOOR UNIT	4/01/16	9,082	0	0
164	FURNANCE	4/01/16	2,545	0	0
165	DOG PARK PLAY STRUCTURE	2/23/16	8,965	449	0
166	WEBSITE OVERHAUL/REVAMP	4/28/16	1,488	0	0
167	DOG PARK	10/31/16	326,844	16,342	0
168	3 ROOF EXHAUST FANS	1/28/16	2,014	0	0
169	ADOPTION KENNEL RENOVATION	10/31/16	364,555	9,347	0
170	METAL DOOR	1/06/16	438	30	0
173	DOG PEN	5/02/17	2,666	178	0

Asset	Description	Date In Service	Cost	Tax	AMT
174	A/C - ADMISSION LOBBY	6/24/17	5,058	361	0
175	LIFTSTATION/PUMPS	8/25/17	22,672	567	0
177	BATHING SINK	5/28/17	1,850	110	0
178	SECURITY CAMERAS SYSTEM	6/01/17	895	90	0
179	A/C UNIT	9/01/17	4,846	461	0
180	A/C UNIT	9/01/17	5,963	568	0
181	A/C UNIT	9/05/17	5,844	557	0
182	HYDROSURGE BATH	5/19/17	995	0	0
183	SECURITY CAMERA SYSTEM	6/01/17	6,390	639	0
185	BOARD/GROOMING BUILDING & IMPROV.	10/01/17	690,341	17,258	0
186	FOUNTAIN, TRASH, BABY CHANGING STA	10/01/17	1,272	85	0
187	CAT CONDO QUADS	10/01/17	13,081	872	0
188	DOG KENNELS	10/01/17	4,360	290	0
190	A/C WALL UNIT - RAINBOW ROOM	9/28/17	739	79	0
191	BATHING TUB	5/28/17	1,850	110	0
192	SECURITY CAMERA SYSTEM	6/01/17	8,810	881	0
193	SH DOUBLE DRYING CAGE	6/19/17	3,971	283	0
194	PS MOD KENNEL CAGE 11 UNIT	5/03/17	1,805	86	0
195	B.I. ROOF	5/04/18	12,950	323	0
196	LAUNDRY ROOM ROOF	7/26/18	7,900	197	0
197	MOTORIZED STAND UP DESK (DR. GREEN	2/28/18	6,250	893	0
198	DONATED FURNITURE (DESKS, CHAIRS, S	6/30/18	10,000	1,429	0
199	BUILT-IN CABINET	7/30/18	2,010	201	0
201	FENCING AROUND DOG YARD	10/05/18	3,780	189	0
203	TIMECLOCK PLUS SOFTWARE	10/29/18	1,350	54	0
204	MUSIC SYSTEM (DOG KENNELS)	12/01/18	2,499	0	0
205	2017 FORD BOX TRUCK	1/31/19	36,887	615	0
206	SECURITY FORCE CAMERAS & ED ROOM	11/30/19	15,569	1,557	0
207	DOG YARD FENCING	2/27/19	2,153	108	0
208	NEW FLOORING - ADMIN	4/28/19	1,732	43	0
209	CONCRETE SLAB - EAST SIDE	5/17/19	2,700	135	0
210	DOG CAGES - REPLACEMENT/REPAIRS	5/30/19	5,775	577	0
211	MAIN SHELTER REMODEL (CAPITAL CAM	6/30/19	2,246,133	56,153	0
212	SURGERY UNIT DUCTWORK	7/08/19	1,233	31	0
213	NEW LIFTMASTER 1 HP EMPLOYEE GATE	9/27/19	5,187	518	0
214	CAT CAGES - REPLACEMENT/REPAIRS	9/27/19	5,530	553	0
215	ROLL GATE - REPLACED	11/01/19	1,275	128	0
216	DRILL NIBBLER	1/29/19	577	10	0
217	VET SERVICES EQUIP - LADSCOPE, MONI	2/01/19	20,844	347	0
218	PRESSURE WASHER	5/22/19	1,074	89	0
219	EVAPORATOR/FREEZER	9/10/19	1,270	169	0
220	CAPITAL CAMPAIGN - FIXTURES/ SHELVE	9/30/19	43,640	4,364	0
221	EASY TURF - ARTIFICIAL GRASS	5/22/19	20,370	1,019	0
222	3 ELECTRICAL CIRCUITS	8/29/19	1,281	32	0
223	SURGICAL - AUTOCLAVE, PULSE OX MON	2/01/19	4,987	83	0
224	FRONT LAND	2/12/19	2,500	0	0
226	AIM LED EXAM LIGHT	1/02/20	2,891	579	0
227	IV FLUID WARMER (1)	1/10/20	300	60	0
228	FREEDOM BUNDLE VS2+HMS+SA (NO WA	1/14/20	19,500	3,900	0
229	TOMAHAWK LIVE TRAPS	1/29/20	1,609	321	0
231	SO#44004LDT- ANESTHESIA MACHINE/VA	3/05/20	3,888	777	0
232	2 CAMERAS (NEW INTAKE AREA)	3/31/20	1,984	198	0
233	SIDEWALK REPAIRS (BOARDING/GROOMI	1/20/20	875	44	0
234	SIDEWALK REPAIRS (COURT YARD)	1/20/20	875	44	0
235	PLUMBING BLOCKAGE & BROKEN SEWER	1/20/20	2,943	74	0
236	UPGRADED ALARM SYSTEM	1/31/20	4,418	442	0
237	TV MOUNT/INSTALL (LOBBY)	1/31/20	825	165	0
238	MILLINGS/GRADE WORK	2/10/20	2,300	115	0
239	BUILT IN CAT PORTALS (31)	2/11/20	2,469	62	0
240	AUTOCLAVE EZ9 FULLY AUTO CHAMBER	12/28/18	9,196	1,313	0
242	DOG PARK FENCE	4/29/20	1,850	93	0
243	IN-WALL CABINETS	6/01/20	3,721	93	0
244	DRYER	6/01/20	509	72	0
245	20 GALLON WATER HEATER	4/16/20	1,276	127	0
246	2016 F-250	8/06/20	23,606	4,721	0
247	FREEZER REBUILD	6/03/20	553	110	0
248	VET SERVICES REMODEL	5/16/20	53,753	1,344	0
249	ADMIN A/C UNIT	5/14/20	5,800	829	0
251	5HP GRINDER PUMP (LIFT STATION)	8/19/20	6,541	654	0
252	VS EQUIP - FORCEPS, TISSUE, METZENBA	8/29/20	586	118	0
253	FLOOR VENT COVERS	9/02/20	880	22	0

Asset	Description	Date In Service	Cost	Tax	AMT
254	VET SVCS - AUTOCLAVE & MISC	11/20/20	11,210	1,121	0
255	FENCE REPAIR	10/29/20	762	38	0
256	PORTABLE A/C UNIT	10/29/20	290	42	0
257	NEW CONDENSER (WALK-IN FREEZER)	11/20/20	2,364	473	0
258	EMPLOYEE BREAKROOM RENOVATION	2/12/20	19,567	489	0
259	VET SERVICES - HYDRAULIC TABLE & FO	12/23/20	9,741	975	0
260	BUILDING SIGNS - ACRYLIC LETTERS	3/23/20	6,752	169	0
261	VET SERVICES RENOVATION	5/16/20	3,507	88	0
262	RE-KEY LOCKS	6/16/20	1,655	41	0
263	STRAY KENNEL ROOF & GRATES	8/11/20	5,730	144	0
264	ADMISSIONS ROOM RENOVATION	8/12/20	57,115	1,428	0
265	LEADERSHIP RENOVATION (TILE FLOORS	10/31/20	1,529	38	0
266	ED ROOM - WALLS TILES/SOUND BAFFLE	11/30/20	3,204	80	0
269	STORM WATER EVALUATION	2/21/20	1,750	88	0
270	24 HP KAW 54" LAWN TRACTOR	1/08/21	4,500	900	0
271	HOTDOG CONTROLLER - VET WARMING I	1/12/21	7,516	1,503	0
272	VET 30 BP SPO2 & ACCUVET TEMP	1/26/21	2,650	379	0
273	FILING CABINET - ADOPTION MGR OFFICE	1/29/21	280	28	0
274	BENCHMARK HEMATOCRIT CENTRIFUGE	2/12/21	1,119	160	0
275	PULSAR HEAVY DUTY GENERATOR	2/26/21	750	150	0
276	RESP MONITOR	3/07/21	1,273	182	0
277	STRAY DOG AREA FENCING	6/09/21	4,400	220	0
278	PRACTIVET INFUSION PUMP	4/27/21	895	89	0
279	PRACTIVET SYRINGE PUMP	4/27/21	900	90	0
280	VET-TEC 2020 PLATFORM SCALE	5/06/21	858	171	0
281	5 HP GRINDER PUMP (LIFT STATION)	6/02/21	9,988	999	0
282	PRACTIVET INFUSION PUMP	6/09/21	895	90	0
283	VET TEMP EAR THERMOMETER	6/10/21	299	60	0
284	STRAY KENNEL RENOVATION	8/31/21	126,073	3,152	0
285	ADDITIONS/SIGNS - ADOPTION/ED ROOM	8/31/21	1,768	176	0
286	STRAY KENNEL FENCING	9/08/21	4,400	220	0
287	SIGNS	8/31/21	150	15	0
288	SURGERY LIGHT	8/26/21	4,321	432	0
289	HYDRAULIC HEATED TOP TABLES	10/20/21	6,053	606	0
290	A/C REPLACED ON ADOPTION TRAILER	9/01/21	1,470	294	0
291	INFINITY LABSCOPE	7/13/21	1,602	161	0
292	LIGHT - GALAXY SPRING ARM DUAL 8	10/11/21	8,403	840	0
293	EMPLOYEE LOCKERS	11/28/21	2,246	224	0
294	COMPUTER WIRING/EQUIP (LIGHTNING D	8/21/21	2,381	238	0
295	NEW HVAC UNIT	10/27/21	17,574	439	0
296	T.S. BUILDING IMPROVEMENTS	5/31/22	71,944	1,798	0
297	ALARM SYSTEM RADIO	5/31/22	300	60	0
298	NONIN OXIMETER	4/28/22	1,939	194	0
299	OUTSIDE A/C - STRAY KENNEL	2/21/22	4,800	480	0
300	BACKFLOW	4/10/22	2,597	260	0
301	OUTSIDE A/C - STRAY KENNEL	6/02/22	4,800	480	0
302	PHARMACY/MEDICAL CART	1/21/22	11,000	1,100	0
303	METAL CABINET - V.S.	5/29/22	390	56	0
304	RPG DENTAL SX & EXAM CHAIRS	7/29/22	2,047	293	0
305	ALARM SYSTEM UPGRADE	6/30/22	1,485	297	0
306	NEW WASHER/DRYER UNIT	8/16/22	1,515	303	0
307	BUILDING PURCHASE	3/31/22	546,072	13,651	0
308	6' VINYL FENCING	5/31/22	5,517	276	0
309	ADOPTION TRAILER IMPROVEMENTS	6/09/22	6,722	1,344	0
310	VINYL GRAPHICS	7/21/22	580	58	0
311	SECURITY CAMERAS-ADMIS/INTAKE	8/31/22	1,211	122	0
312	ULTRASOUND INTEGRA HANDHELD - VET	12/28/22	5,013	716	0
314	REFRIGERATOR - VET SERVICES	10/08/22	275	55	0
315	Fence - Vet Services Kennel gates	2/07/22	9,800	490	0
316	Courtyard/Rainbow Room/Stray/A Kennel Reno	2/28/22	13,525	338	0
317	Fence - Vet Services/A Kennel/Behaviorial Isol	5/02/22	19,546	977	0
318	TRACK HEADS & RAILS	12/12/22	2,244	224	0
319	Revelation Microscope	3/30/23	777	78	0
320	Water Machine/Dispenser	4/19/23	188	18	0
321	Lift Station with pump	4/12/23	21,359	1,068	0
322	Window A/C Unite for Cat ISO	4/17/23	875	88	0
323	LAND	3/31/22	201,972	0	0
324	Compact X-Ray Table	8/31/23	3,523	353	0
327	Sign - Mall Cat Room	9/10/23	2,032	203	0
328	Dog Sign - Mall Store Signage	7/11/23	1,725	173	0
330	POWER & LIGHT	8/31/23	80	2	0

Asset	Description	Date In Service	Cost	Tax	AMT
331	WINDOWS	1/31/23	2,166	54	0
334	CLINIC PRINTER	6/15/23	889	178	0
336	WASHER/DRYER FOR REDINGER CLINIC	12/29/23	340	34	0
337	NEW WASHER/DRYER FOR CLINIC	12/29/23	800	80	0
338	WASHER/DRYER FOR REDINGER CLINIC	12/29/23	500	50	0
339	LIFT STATION	1/06/23	3,252	325	0
340	DOG WASTE STATION (6)	1/10/23	1,530	153	0
341	CHAMPION 5 HP GRINDER PUMP FOR LIFT	1/17/23	12,447	1,245	0
342	ACCUWAVE MONITOR	1/27/23	1,499	150	0
343	INCUBATOR	1/29/23	324	32	0
344	CENTRIFUG E8 DIGI 8-PL	2/06/23	675	67	0
345	NEEDLE HOLDER OLSEN HEGAR	2/13/23	2,310	231	0
346	SPEAKER SYSTEM IN STRAY & ISO AREA	2/23/23	3,910	391	0
347	RGP - 400 COMFORT	3/29/23	1,082	108	0
350	SCALER - GS DELUX LED PIEZO P6	5/30/23	7,079	708	0
351	POWER COARD FOR SCALER	6/13/23	15	1	0
352	X-RAY MACHINE	8/24/23	48,750	4,875	0
353	EISENHAUER - OFFICE CHAIR CEO	6/28/23	1,204	121	0
355	DESKS	7/28/23	1,518	152	0
356	BREAKROOM TABLE & SHELVES	7/28/23	660	66	0
357	FENCE PANEL CAGING FOR MALL	8/25/23	11,618	1,162	0
359	COMPUTER APPLIANCES	6/28/23	818	82	0
360	COMPUTER, MONITOR, USB DOCK, 3 YEAR	8/10/23	1,513	151	0
361	CHARGING CABLES/BACKUP BATTERIES	8/29/23	187	19	0
362	EQUIPMENT MAINTENANCE	7/12/23	39	4	0
363	Computer Support Software	10/06/23	6,159	2,053	0
364	CONSULTING SERVICES FOR NEW ADDITI	11/01/23	5,133	0	0
Total Other Depreciation			8,559,289	248,074	0
Total ACRS and Other Depreciation			8,559,289	248,074	0
Listed Property:					
184	2011 FRE VAN	12/01/17	46,285	2,075	0
329	2023 MERCEDES PRINTER 2500	11/10/23	71,001	0	0
241	2016 SUBARU FORESTER	5/18/20	14,453	1,445	0
365	LineX	12/13/23	1,200	240	0
			132,939	3,760	0
Amortization:					
144	BLACKBAUD SOFTWARE	8/01/13	1,750	0	0
			1,750	0	0
Grand Totals			8,696,892	251,834	0

Form 990	Event Income and Deduction Worksheet	2023
Name HALIFAX HUMANE SOCIETY, INC		Taxpayer Identification Number 59-0530990
Description THRIFT STORE & PRODUCT SALE		

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:

1. Gross receipts or sales	1.		522,210
2. Advertising income	2.		
3. Circulation income	3.		
4. Other income	4.		
5. Returns and allowances	5.		
6. Contributions received	6.		
7. Total revenue. Add lines 1 through 6	7.		522,210
8. Cost of Goods Sold	8.		61,258
9. Employment Expense	9.		258,103
10. Fees for services	10.		
11. Indirect Expense	11.		24,225
12. Depreciation Expense	12.		16,009
13. Exempt Activity Expense	13.		11,151
14. Fundraising Expense	14.		
15. Total expenses. Add lines 8 through 14	15.		370,746
16. Net Income/Loss. Line 7 minus Line 15	16.		151,464

Expense Details - Indirect Expense:

Advertising and promotion	542
Office	
Printing/publication/postage	
Info technology/Maintenance	
Royalties & License Fees	
Occupancy/Real Estate Taxes	15,832
Travel & Repairs	
Travel/entertainment (officials)	
Conferences/meetings	
Interest	
Insurance	7,851
Total Indirect Expense	24,225

Expense Details - Depreciation Expense:

On investment property	
On non-investment property	16,009
Amortization	
Depletion	
Total Depreciation Expense	16,009

Expense Details - Exempt Activity Expense:

Repairs and Maintenance	2,208
Bad debts	
Taxes/licenses	
Charitable contributions	
Dividend recd deductions	
Readership costs	
Other expenses	8,943
Total Exempt Activity Expense	11,151

Expense Details - Fundraising Expense:

Cash prizes	
Non-cash prizes	
Rent and facility costs	
Food & beverages (Part II only)	
Entertainment (Part II only)	
Other direct expenses	
Total Fundraising Expense	

Expense Details - Cost of Goods Sold:

Beginning inventory	58,385
Purchases	44,277
Labor	
Section 263A costs	
Other costs	
Ending inventory	41,404
Total Cost of Goods Sold	61,258

Expense Details - Employment Expense:

Compensation of officers	
Other salaries and wages	218,844
Pension plan contributions	686
Other employee benefits	26,184
Payroll taxes	12,389
Total Employment Expense	258,103

Expense Details - Fees for Services:

Management	
Legal	
Accounting	
Lobbying	
Professional fundraising	
Investment management	
Other	
Total Fees for Services	

Information is indicated for use on Form 990-T, Schedule A:

- Schedule A, UBIT Activity Code _____ Seq # _____
- Part V, Debt Financing
 - Part VI, Controlled Org Income
 - Part VII, Investments for C(7)(9)(17)
 - Part VIII, Exploited Activities
 - Part IX, Advertising Income

Allocation of Expense to Program Service Accomplishments:

- First _____
- Second _____
- Third _____
- All other _____

Form 990	Event Income and Deduction Worksheet	2023
Name HALIFAX HUMANE SOCIETY, INC		Taxpayer Identification Number 59-0530990
Description FUNDRAISING EVENTS		

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:

1. Gross receipts or sales	1.		513,873
2. Advertising income	2.		
3. Circulation income	3.		
4. Other income	4.		
5. Returns and allowances	5.		
6. Contributions received	6.		
7. Total revenue. Add lines 1 through 6	7.		513,873
8. Cost of Goods Sold	8.		185,106
9. Employment Expense	9.		46,829
10. Fees for services	10.		754
11. Indirect Expense	11.		
12. Depreciation Expense	12.		
13. Exempt Activity Expense	13.		
14. Fundraising Expense	14.		
15. Total expenses. Add lines 8 through 14	15.		232,689
16. Net Income/Loss. Line 7 minus Line 15	16.		281,184

Expense Details - Cost of Goods Sold:

Beginning inventory	
Purchases	
Labor	
Section 263A costs	
Other costs	185,106
Ending inventory	
Total Cost of Goods Sold	185,106

Expense Details - Employment Expense:

Compensation of officers	
Other salaries and wages	30,367
Pension plan contributions	1,167
Other employee benefits	10,100
Payroll taxes	5,195
Total Employment Expense	46,829

Expense Details - Fees for Services:

Management	
Legal	
Accounting	
Lobbying	
Professional fundraising	
Investment management	
Other	754
Total Fees for Services	754

Information is indicated for use on Form 990-T, Schedule A:

- Schedule A, UBIT Activity Code _____ Seq # _____
- Part V, Debt Financing
 - Part VI, Controlled Org Income
 - Part VII, Investments for C(7)(9)(17)
 - Part VIII, Exploited Activities
 - Part IX, Advertising Income

Expense Details - Indirect Expense:

Advertising and promotion	
Office	
Printing/publication/postage	
Info technology/Maintenance	
Royalties & License Fees	
Occupancy/Real Estate Taxes	
Travel & Repairs	
Travel/entertainment (officials)	
Conferences/meetings	
Interest	
Insurance	
Total Indirect Expense	

Expense Details - Depreciation Expense:

On investment property	
On non-investment property	
Amortization	
Depletion	
Total Depreciation Expense	

Expense Details - Exempt Activity Expense:

Repairs and Maintenance	
Bad debts	
Taxes/licenses	
Charitable contributions	
Dividend recd deductions	
Readership costs	
Other expenses	
Total Exempt Activity Expense	

Expense Details - Fundraising Expense:

Cash prizes	
Non-cash prizes	
Rent and facility costs	
Food & beverages (Part II only)	
Entertainment (Part II only)	
Other direct expenses	
Total Fundraising Expense	

Allocation of Expense to Program Service Accomplishments:

First	
Second	
Third	
All other	

Form 990	Event Income and Deduction Worksheet	2023
Name HALIFAX HUMANE SOCIETY, INC		Taxpayer Identification Number 59-0530990
Description CAPITAL CAMPAIGN		

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:

1. Gross receipts or sales	1.	_____
2. Advertising income	2.	_____
3. Circulation income	3.	_____
4. Other income	4.	_____
5. Returns and allowances	5.	_____
6. Contributions received	6.	_____
7. Total revenue. Add lines 1 through 6	7.	_____
8. Cost of Goods Sold	8.	_____
9. Employment Expense	9.	_____
10. Fees for services	10.	_____
11. Indirect Expense	11.	_____
12. Depreciation Expense	12.	_____
13. Exempt Activity Expense	13.	_____
14. Fundraising Expense	14.	_____
15. Total expenses. Add lines 8 through 14	15.	_____
16. Net Income/Loss. Line 7 minus Line 15	16.	_____

Expense Details - Cost of Goods Sold:

Beginning inventory	_____
Purchases	_____
Labor	_____
Section 263A costs	_____
Other costs	_____
Ending inventory	_____
Total Cost of Goods Sold	_____

Expense Details - Employment Expense:

Compensation of officers	_____
Other salaries and wages	_____
Pension plan contributions	_____
Other employee benefits	_____
Payroll taxes	_____
Total Employment Expense	_____

Expense Details - Fees for Services:

Management	_____
Legal	_____
Accounting	_____
Lobbying	_____
Professional fundraising	_____
Investment management	_____
Other	_____
Total Fees for Services	_____

Information is indicated for use on Form 990-T, Schedule A:

Schedule A, UBIT Activity Code _____	Seq # _____
Part V, Debt Financing	
Part VI, Controlled Org Income	
Part VII, Investments for C(7)(9)(17)	
Part VIII, Exploited Activities	
Part IX, Advertising Income	

Expense Details - Indirect Expense:

Advertising and promotion	_____
Office	_____
Printing/publication/postage	_____
Info technology/Maintenance	_____
Royalties & License Fees	_____
Occupancy/Real Estate Taxes	_____
Travel & Repairs	_____
Travel/entertainment (officials)	_____
Conferences/meetings	_____
Interest	_____
Insurance	_____
Total Indirect Expense	_____

Expense Details - Depreciation Expense:

On investment property	_____
On non-investment property	_____
Amortization	_____
Depletion	_____
Total Depreciation Expense	_____

Expense Details - Exempt Activity Expense:

Repairs and Maintenance	_____
Bad debts	_____
Taxes/licenses	_____
Charitable contributions	_____
Dividend recd deductions	_____
Readership costs	_____
Other expenses	_____
Total Exempt Activity Expense	_____

Expense Details - Fundraising Expense:

Cash prizes	_____
Non-cash prizes	_____
Rent and facility costs	_____
Food & beverages (Part II only)	_____
Entertainment (Part II only)	_____
Other direct expenses	_____
Total Fundraising Expense	_____

Allocation of Expense to Program Service Accomplishments:

First	_____
Second	_____
Third	_____
All other	_____

Form 990	Event Income and Deduction Worksheet	2023
Description BOARDING & GROOMING		

Name HALIFAX HUMANE SOCIETY, INC	Taxpayer Identification Number 59-0530990
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Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:

1. Gross receipts or sales	1.		155,027
2. Advertising income	2.		
3. Circulation income	3.		
4. Other income	4.		
5. Returns and allowances	5.		
6. Contributions received	6.		
7. Total revenue. Add lines 1 through 6	7.		155,027
8. Cost of Goods Sold	8.		1,880
9. Employment Expense	9.		183,941
10. Fees for services	10.		
11. Indirect Expense	11.		20,081
12. Depreciation Expense	12.		11,387
13. Exempt Activity Expense	13.		25,449
14. Fundraising Expense	14.		
15. Total expenses. Add lines 8 through 14	15.		242,738
16. Net Income/Loss. Line 7 minus Line 15	16.		-87,711

Expense Details - Indirect Expense:

Advertising and promotion	
Office	7,085
Printing/publication/postage	
Info technology/Maintenance	
Royalties & License Fees	
Occupancy/Real Estate Taxes	11,460
Travel & Repairs	
Travel/entertainment (officials)	
Conferences/meetings	
Interest	
Insurance	1,536
Total Indirect Expense	20,081

Expense Details - Depreciation Expense:

On investment property	
On non-investment property	11,387
Amortization	
Depletion	
Total Depreciation Expense	11,387

Expense Details - Exempt Activity Expense:

Repairs and Maintenance	1,418
Bad debts	
Taxes/licenses	
Charitable contributions	
Dividend recd deductions	
Readership costs	
Other expenses	24,031
Total Exempt Activity Expense	25,449

Expense Details - Fundraising Expense:

Cash prizes	
Non-cash prizes	
Rent and facility costs	
Food & beverages (Part II only)	
Entertainment (Part II only)	
Other direct expenses	
Total Fundraising Expense	

Expense Details - Cost of Goods Sold:

Beginning inventory	
Purchases	1,880
Labor	
Section 263A costs	
Other costs	
Ending inventory	
Total Cost of Goods Sold	1,880

Expense Details - Employment Expense:

Compensation of officers	
Other salaries and wages	155,962
Pension plan contributions	754
Other employee benefits	18,396
Payroll taxes	8,829
Total Employment Expense	183,941

Expense Details - Fees for Services:

Management	
Legal	
Accounting	
Lobbying	
Professional fundraising	
Investment management	
Other	
Total Fees for Services	

Allocation of Expense to Program Service Accomplishments:

First	
Second	
Third	
All other	232,699

Information is indicated for use on Form 990-T, Schedule A:

- Schedule A, UBIT Activity Code **900099** Seq # **1**
- Part V, Debt Financing
 - Part VI, Controlled Org Income
 - Part VII, Investments for C(7)(9)(17)
 - Part VIII, Exploited Activities
 - Part IX, Advertising Income

Form 990	Event Income and Deduction Worksheet	2023
Name HALIFAX HUMANE SOCIETY, INC		Taxpayer Identification Number 59-0530990
Description FUR BALL		

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:

1. Gross receipts or sales	1.		179,015
2. Advertising income	2.		
3. Circulation income	3.		
4. Other income	4.		
5. Returns and allowances	5.		
6. Contributions received	6.		
7. Total revenue. Add lines 1 through 6	7.		179,015
8. Cost of Goods Sold	8.		47,025
9. Employment Expense	9.		
10. Fees for services	10.		
11. Indirect Expense	11.		
12. Depreciation Expense	12.		
13. Exempt Activity Expense	13.		
14. Fundraising Expense	14.		
15. Total expenses. Add lines 8 through 14	15.		47,025
16. Net Income/Loss. Line 7 minus Line 15	16.		131,990

Expense Details - Indirect Expense:

Advertising and promotion	
Office	
Printing/publication/postage	
Info technology/Maintenance	
Royalties & License Fees	
Occupancy/Real Estate Taxes	
Travel & Repairs	
Travel/entertainment (officials)	
Conferences/meetings	
Interest	
Insurance	
Total Indirect Expense	

Expense Details - Depreciation Expense:

On investment property	
On non-investment property	
Amortization	
Depletion	
Total Depreciation Expense	

Expense Details - Cost of Goods Sold:

Beginning inventory	
Purchases	
Labor	
Section 263A costs	
Other costs	47,025
Ending inventory	
Total Cost of Goods Sold	47,025

Expense Details - Exempt Activity Expense:

Repairs and Maintenance	
Bad debts	
Taxes/licenses	
Charitable contributions	
Dividend recd deductions	
Readership costs	
Other expenses	
Total Exempt Activity Expense	

Expense Details - Employment Expense:

Compensation of officers	
Other salaries and wages	
Pension plan contributions	
Other employee benefits	
Payroll taxes	
Total Employment Expense	

Expense Details - Fundraising Expense:

Cash prizes	
Non-cash prizes	
Rent and facility costs	
Food & beverages (Part II only)	
Entertainment (Part II only)	
Other direct expenses	
Total Fundraising Expense	

Expense Details - Fees for Services:

Management	
Legal	
Accounting	
Lobbying	
Professional fundraising	
Investment management	
Other	
Total Fees for Services	

Allocation of Expense to Program Service Accomplishments:

First	
Second	
Third	
All other	

Information is indicated for use on Form 990-T, Schedule A:

- Schedule A, UBIT Activity Code _____ Seq # _____
- Part V, Debt Financing
 - Part VI, Controlled Org Income
 - Part VII, Investments for C(7)(9)(17)
 - Part VIII, Exploited Activities
 - Part IX, Advertising Income

Form 990	Event Income and Deduction Worksheet	2023
Name HALIFAX HUMANE SOCIETY, INC		Taxpayer Identification Number 59-0530990
Description ISLAND PARTY		

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:

1. Gross receipts or sales	1.	_____
2. Advertising income	2.	_____
3. Circulation income	3.	_____
4. Other income	4.	_____
5. Returns and allowances	5.	_____
6. Contributions received	6.	_____
7. Total revenue. Add lines 1 through 6	7.	_____
8. Cost of Goods Sold	8.	_____
9. Employment Expense	9.	_____
10. Fees for services	10.	_____
11. Indirect Expense	11.	_____
12. Depreciation Expense	12.	_____
13. Exempt Activity Expense	13.	_____
14. Fundraising Expense	14.	_____
15. Total expenses. Add lines 8 through 14	15.	_____
16. Net Income/Loss. Line 7 minus Line 15	16.	_____

Expense Details - Cost of Goods Sold:

Beginning inventory	_____
Purchases	_____
Labor	_____
Section 263A costs	_____
Other costs	_____
Ending inventory	_____
Total Cost of Goods Sold	_____

Expense Details - Employment Expense:

Compensation of officers	_____
Other salaries and wages	_____
Pension plan contributions	_____
Other employee benefits	_____
Payroll taxes	_____
Total Employment Expense	_____

Expense Details - Fees for Services:

Management	_____
Legal	_____
Accounting	_____
Lobbying	_____
Professional fundraising	_____
Investment management	_____
Other	_____
Total Fees for Services	_____

Information is indicated for use on Form 990-T, Schedule A:

Schedule A, UBIT Activity Code _____	Seq # _____
Part V, Debt Financing	
Part VI, Controlled Org Income	
Part VII, Investments for C(7)(9)(17)	
Part VIII, Exploited Activities	
Part IX, Advertising Income	

Expense Details - Indirect Expense:

Advertising and promotion	_____
Office	_____
Printing/publication/postage	_____
Info technology/Maintenance	_____
Royalties & License Fees	_____
Occupancy/Real Estate Taxes	_____
Travel & Repairs	_____
Travel/entertainment (officials)	_____
Conferences/meetings	_____
Interest	_____
Insurance	_____
Total Indirect Expense	_____

Expense Details - Depreciation Expense:

On investment property	_____
On non-investment property	_____
Amortization	_____
Depletion	_____
Total Depreciation Expense	_____

Expense Details - Exempt Activity Expense:

Repairs and Maintenance	_____
Bad debts	_____
Taxes/licenses	_____
Charitable contributions	_____
Dividend recd deductions	_____
Readership costs	_____
Other expenses	_____
Total Exempt Activity Expense	_____

Expense Details - Fundraising Expense:

Cash prizes	_____
Non-cash prizes	_____
Rent and facility costs	_____
Food & beverages (Part II only)	_____
Entertainment (Part II only)	_____
Other direct expenses	_____
Total Fundraising Expense	_____

Allocation of Expense to Program Service Accomplishments:

First	_____
Second	_____
Third	_____
All other	_____

Form 990	Event Income and Deduction Worksheet	2023
Name HALIFAX HUMANE SOCIETY, INC		Taxpayer Identification Number 59-0530990
Description MUTT STRUTT		

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:

1. Gross receipts or sales	1.		37,362
2. Advertising income	2.		
3. Circulation income	3.		
4. Other income	4.		
5. Returns and allowances	5.		
6. Contributions received	6.		
7. Total revenue. Add lines 1 through 6	7.		37,362
8. Cost of Goods Sold	8.		10,040
9. Employment Expense	9.		
10. Fees for services	10.		
11. Indirect Expense	11.		
12. Depreciation Expense	12.		
13. Exempt Activity Expense	13.		
14. Fundraising Expense	14.		
15. Total expenses. Add lines 8 through 14	15.		10,040
16. Net Income/Loss. Line 7 minus Line 15	16.		27,322

Expense Details - Cost of Goods Sold:

Beginning inventory		
Purchases		
Labor		
Section 263A costs		
Other costs		10,040
Ending inventory		
Total Cost of Goods Sold		10,040

Expense Details - Employment Expense:

Compensation of officers		
Other salaries and wages		
Pension plan contributions		
Other employee benefits		
Payroll taxes		
Total Employment Expense		

Expense Details - Fees for Services:

Management		
Legal		
Accounting		
Lobbying		
Professional fundraising		
Investment management		
Other		
Total Fees for Services		

Information is indicated for use on Form 990-T, Schedule A:

- Schedule A, UBIT Activity Code _____ Seq # _____
- Part V, Debt Financing
 - Part VI, Controlled Org Income
 - Part VII, Investments for C(7)(9)(17)
 - Part VIII, Exploited Activities
 - Part IX, Advertising Income

Expense Details - Indirect Expense:

Advertising and promotion		
Office		
Printing/publication/postage		
Info technology/Maintenance		
Royalties & License Fees		
Occupancy/Real Estate Taxes		
Travel & Repairs		
Travel/entertainment (officials)		
Conferences/meetings		
Interest		
Insurance		
Total Indirect Expense		

Expense Details - Depreciation Expense:

On investment property		
On non-investment property		
Amortization		
Depletion		
Total Depreciation Expense		

Expense Details - Exempt Activity Expense:

Repairs and Maintenance		
Bad debts		
Taxes/licenses		
Charitable contributions		
Dividend recd deductions		
Readership costs		
Other expenses		
Total Exempt Activity Expense		

Expense Details - Fundraising Expense:

Cash prizes		
Non-cash prizes		
Rent and facility costs		
Food & beverages (Part II only)		
Entertainment (Part II only)		
Other direct expenses		
Total Fundraising Expense		

Allocation of Expense to Program Service Accomplishments:

First		
Second		
Third		
All other		

Form 990-T	Business Income Activity Summary	2023
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Name HALIFAX HUMANE SOCIETY, INC	Taxpayer Identification Number 59-0530990
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Business Activity Income (and allocation of Prior-2018 NOL)

A. Total Pre-2018 Net Operating Losses Carried Forward	A. <u>42,984</u>
B. Total Pre-2018 Net Operating Loss allocated to Sch A activities	B. _____
C. Total Pre-2018 Net Operating Loss allocated to Form 990-T, Line 6	C. _____
D. Pre-2018 Applied (Sum of B and C)	D. _____
E. Pre-2018 Remaining (Line A minus Line D)	E. <u>42,984</u>
F. Pre-2018 Net Operating Losses Expiring this Year	F. _____
G. Pre-2018 Net Operating Losses Carried Forward	G. <u>42,984</u>

Unrelated Business Income Activity with Income	Code	Net Income	Allocated Pre2018 NOL
1. _____		1. _____	_____
2. _____		2. _____	_____
3. _____		3. _____	_____
4. _____		4. _____	_____
5. _____		5. _____	_____
6. _____		6. _____	_____
7. _____		7. _____	_____
8. _____		8. _____	_____
9. _____		9. _____	_____
10. _____		10. _____	_____
11. _____		11. _____	_____
12. _____		12. _____	_____
13. _____		13. _____	_____
14. _____		14. _____	_____
15. All other revenue _____		15. _____	_____
16. Total taxable income		16. _____	_____

Business Activity Losses

Unrelated Business Income Activity with Losses	Code		Current Year Loss
1. BOARDING & GROOMING	900099	1. _____	<u>-87,711</u>
2. _____		2. _____	_____
3. _____		3. _____	_____
4. _____		4. _____	_____
5. All other activities		5. _____	_____
6. Totals		6. _____	<u>-87,711</u>

SCHEDULE G (Form 990 or 990-EZ)	Fundraising Other Events	2023
For calendar year 2023, or tax year beginning _____, and ending _____		

Name HALIFAX HUMANE SOCIETY, INC	Employer Identification Number 59-0530990
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		(a) Other event FUNDRAISING EVE <small>(event type)</small>	(b) Other event <hr/> <small>(event type)</small>	(c) Other event <hr/> <small>(event type)</small>	(d) Total other events <small>(add col. (a) through col. (c))</small>
Revenue	1 Gross receipts	513,873			513,873
	2 Less: Charitable contributions				
	3 Gross income <small>(line 1 minus line 2)</small>	513,873			513,873
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food/beverages				
	8 Entertainment				
	9 Other expenses	185,106			185,106

Net Operating Loss Carryover Worksheet for Pre-2018 Losses

Form **990-T****2023**

For calendar year 2023, or tax year beginning _____, ending _____

Name

HALIFAX HUMANE SOCIETY, INCEmployer Identification Number
59-0530990

Preceding Taxable Year	Adj. To NOL Inc/(Loss) After Adj.	Prior Year		Current Year	Next Year Carryover
		NOL Utilized (Income Offset)	Carryovers to Current Year	Income Offset By Prior Carryover	
15th 12/31/03					
14th 12/31/04					
13th 12/31/05					
12th 12/31/06					
11th 12/31/07					
10th 12/31/08					
9th 12/31/09					
8th 12/31/10					
7th 12/31/11					
6th 12/31/12					
5th 12/31/13					
4th 12/31/14					
3rd 12/31/15					
2nd 12/31/16					
1st 12/31/17	-42,984		42,984		42,984
NOL carryover available to current year			42,984		
Current year	0				
NOL carryover available to next year					42,984

Form **990****Two Year Comparison Report****2022 & 2023**

For calendar year 2023, or tax year beginning

, ending

Name

Taxpayer Identification Number

HALIFAX HUMANE SOCIETY, INC**59-0530990**

		2022	2023	Differences
Revenue	1. Contributions, gifts, grants	1. 3,241,317	6,033,948	2,792,631
	2. Membership dues and assessments	2.		
	3. Government contributions and grants	3. 233,406		-233,406
	4. Program service revenue	4. 1,018,856	1,182,409	163,553
	5. Investment income	5. 150,501	252,571	102,070
	6. Proceeds from tax exempt bonds	6.		
	7. Net gain or (loss) from sale of assets other than inventory	7. 8,586	63,583	54,997
	8. Net income or (loss) from fundraising events	8. 633,705	488,079	-145,626
	9. Net income or (loss) from gaming	9.		
	10. Net gain or (loss) on sales of inventory	10. 450,954	460,952	9,998
	11. Other revenue	11. 111,910	68,298	-43,612
	12. Total revenue. Add lines 1 through 11	12. 5,849,235	8,549,840	2,700,605
Expenses	13. Grants and similar amounts paid	13.		
	14. Benefits paid to or for members	14.		
	15. Compensation of officers, directors, trustees, etc.	15. 104,000	153,584	49,584
	16. Salaries, other compensation, and employee benefits	16. 2,735,683	3,209,976	474,293
	17. Professional fundraising fees	17.		
	18. Other professional fees	18. 73,513	58,441	-15,072
	19. Occupancy, rent, utilities, and maintenance	19. 217,591	283,183	65,592
	20. Depreciation and Depletion	20. 258,372	257,183	-1,189
	21. Other expenses	21. 823,224	967,929	144,705
	22. Total expenses. Add lines 13 through 21	22. 4,212,383	4,930,296	717,913
	23. Excess or (Deficit). Subtract line 22 from line 12	23. 1,636,852	3,619,544	1,982,692
Other Information	24. Total exempt revenue	24. 5,849,235	8,549,840	2,700,605
	25. Total unrelated revenue	25. 258,872	155,027	-103,845
	26. Total excludable revenue	26. 1,481,935	1,872,786	390,851
	27. Total assets	27. 14,787,437	19,013,419	4,225,982
	28. Total liabilities	28. 450,934	408,594	-42,340
	29. Retained earnings	29. 14,336,503	18,604,825	4,268,322
	30. Number of voting members of governing body	30.	8	
	31. Number of independent voting members of governing body	31.	8	
	32. Number of employees	32. 187	185	
	33. Number of volunteers	33.	500	

Form 990T	Two Year Comparison Report	2022 & 2023
For calendar year 2023, or tax year beginning _____, ending _____		

Name **HALIFAX HUMANE SOCIETY, INC** Taxpayer Identification Number **59-0530990**

		2022	2023	Differences
Business Taxable Income	1. Number of unrelated business activities for this return	1	1	
	2. Unrelated business taxable income from all trades			
	3. Charitable contributions			
	4. Section 199A deduction (trusts only)			
	5. Taxable income before NOL loss			
	6. Net operating loss (pre-2018)			
	7. Specific deduction	1,000	1,000	
	8. Unrelated business taxable income.			
Tax & Credits	9. Income tax (corporate or trust)			
	10. Proxy tax			
	11. Other taxes			
	12. Total taxes			
	13. Other credits			
	14. General business credit			
	15. Credit for prior year minimum tax			
	16. Total credits			
	17. Net tax after credits			
	18. Recapture taxes and 965 tax			
19. Total Taxes				
Due/Refund	20. Prior year overpayment and estimated tax payments			
	21. Payment made with extension			
	22. Backup withholding and foreign withholding			
	23. Other payments			
	24. Total payments			
	25. Balance due/(Overpayment)			
	26. Overpayment applied to next year			
	27. Penalties			
	28. Total due/(Refund)			
29. Activity Losses NOL (Post-2017)		-87,711	-87,711	

Form **SchA** (990T)**Two Year Comparison for Unrelated Business Activity****2022 & 2023**

For calendar year 2023, or tax year beginning

, ending

Organization Name

HALIFAX HUMANE SOCIETY, INC

Taxpayer Identification Number

59-0530990Activity: **BOARDING & GROOMING**Unincorporated Business Income Tax Code: **900099**

		2022	2023	Differences	
Revenue	1. Gross profit/loss on business activities	1. 257,864	153,147	-104,717	
	2. Capital gains/losses	2.			
	3. Income/loss from partnerships and S corporations	3.			
	4. Rental income (net of expense)	4.			
	5. Unrelated debt-financed income (net of expense)	5.			
	6. Interest, and other income from controlled organizations (net of expense)	6.			
	7. Investment income of specific organizations (net of expense)	7.			
	8. Exploited exempt activity income (net of expense)	8.			
	9. Advertising income (net of expense)	9.			
	10. Other income	10.			
	11. Total trade or business income. Combine lines 1 through 10	11.	257,864	153,147	-104,717
Expenses	12. Compensation of officers, directors, and trustees	12.			
	13. Other salaries and wages	13. 146,833	155,962	9,129	
	14. Repairs and maintenance	14. 2,143	1,418	-725	
	15. Bad debts	15.			
	16. Interest	16.			
	17. Taxes and licenses	17. 8,377	8,829	452	
	18. Depreciation and Depletion	18. 22,428	11,387	-11,041	
	19. Contributions to deferred compensation plans	19. 744	754	10	
	20. Employee benefit programs	20. 4,190	18,396	14,206	
	21. Other deductions	21. 56,160	44,112	-12,048	
	22. Total deductions. Add lines 12 through 22	22.	240,875	240,858	-17
	23. Taxable income before deductions. Subtract line 23 from 11	23.	16,989	-87,711	-104,700
	24. Deductible losses	24. 16,989	54,548	37,559	
	25. Unrelated business taxable income (loss)	25.		-142,259	-142,259

Form 990	Tax Return History	2023
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Name HALIFAX HUMANE SOCIETY, INC	Employer Identification Number 59-0530990
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	2019	2020	2021	2022	2023	2024
Contributions, gifts, grants	1,372,656	1,885,227	1,830,862	3,474,723	6,033,948	
Membership dues						
Program service revenue	1,311,439	1,131,706	1,385,876	1,018,856	1,182,409	
Capital gain or loss	32,027	10,541	157,176	8,586	63,583	
Investment income	131,772	99,347	131,281	150,501	252,571	
Fundraising revenue (income/loss)	331,516	357,176	444,598	633,705	488,079	
Gaming revenue (income/loss)						
Other revenue	382,036	349,594	486,170	562,864	529,250	
Total revenue	3,561,446	3,833,591	4,435,963	5,849,235	8,549,840	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.	140,273	144,370	86,326	104,000	153,584	
Other compensation	2,081,388	2,111,103	2,234,544	2,735,683	3,209,976	
Professional fees	24,729	29,949	21,889	73,513	58,441	
Occupancy costs	182,990	173,808	179,712	217,591	283,183	
Depreciation and depletion	178,290	203,710	239,617	258,372	257,183	
Other expenses	657,849	622,004	704,247	823,224	967,929	
Total expenses	3,265,519	3,284,944	3,466,335	4,212,383	4,930,296	
Excess or (Deficit)	295,927	548,647	969,628	1,636,852	3,619,544	
Total exempt revenue	3,561,446	3,833,591	4,435,963	5,849,235	8,549,840	
Total unrelated revenue	147,128	127,335	214,609	258,872	155,027	
Total excludable revenue	1,710,146	1,463,853	1,945,894	1,481,935	1,872,786	
Total Assets	12,100,837	13,287,462	14,272,148	14,787,437	19,013,419	
Total Liabilities	383,112	704,366	340,515	450,934	408,594	
Net Fund Balances	11,717,725	12,583,096	13,931,633	14,336,503	18,604,825	

Form **990T****Tax Return History****2023**

Name

HALIFAX HUMANE SOCIETY, INC

Employer Identification Number

59-0530990

* Income shown net of expenses

	2019	2020	2021	2022	2023	2024
Business activity profit/loss	145,702					
Capital gains/losses						
Partner and S Corp gain/loss						
Rental income*						
Debt-financed income*						
Controlled organizations income/interest*						
Investment income, specific organizations*						
Exploited exempt activity income*						
Other income						
Total trade or business income.	145,702	-26,344				
Compensation of officers, ect.						
Other salaries and wages	76,604					
Repairs and maintenance	3,348					
Bad debts						
Interest						
Taxes and licenses	4,388					
Depreciation and Depletion	21,024					
Deferred compensation plans	610					
Employee benefit programs	5,607					

Form 990T	Tax Return History	2023
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Name HALIFAX HUMANE SOCIETY, INC	Employer Identification Number 59-0530990
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	2019	2020	2021	2022	2023	2024
Other deductions	54,607					
Net income (first activity, year 2019 & prior)	-20,486	-26,344				
UBTI from all trades	0	0	0	0	0	
Charitable contributions						
Net operating loss deduction						
Specific deduction	1,000		1,000	1,000	1,000	
Section 199A deduction (trusts)						
Income after deductions						
Income tax (corporate or trust)						
Other taxes						
Total taxes						
General business credit						
Other credits						
Net tax after credits						
Estimated tax payments						
Other payments						
Balance due /-Overpayment						