

OLIVARI & ASSOCIATES CPA'S  
141 SAGE BRUSH TRAIL, SUITE D  
ORMOND BEACH, FL 32174

HALIFAX HUMANE SOCIETY, INC  
2364 LPGA BLVD.  
DAYTONA BEACH, FL 32124



## Forms 990 / 990-EZ Return Summary

For calendar year 2025, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

59-0530990

### HALIFAX HUMANE SOCIETY, INC

<b>Net Asset / Fund Balance at Beginning of Year</b>		<u>18,411,367</u>
<b>Revenue</b>		
Contributions	<u>5,814,621</u>	
Program service revenue	<u>1,300,372</u>	
Investment income	<u>410,621</u>	
Capital gain / loss	<u>420,608</u>	
Fundraising / Gaming:		
Gross revenue	<u>816,982</u>	
Direct expenses	<u>712,652</u>	
Net income	<u>104,330</u>	
Other income	<u>444,928</u>	
<b>Total revenue</b>		<u>8,495,480</u>
<b>Expenses</b>		
Program services	<u>7,504,993</u>	
Management and general	<u>317,747</u>	
Fundraising	<u>561,776</u>	
<b>Total expenses</b>		<u>8,384,516</u>
<b>Excess / (deficit)</b>		<u>110,964</u>
Changes		<u>376,230</u>
<b>Net Asset / Fund Balance at End of Year</b>		<u>18,898,561</u>

Reconciliation of Revenue	
Total revenue per financial statements	<u>9,632,771</u>
Less:	
Unrealized gains	<u>376,450</u>
Donated services	<u>          </u>
Recoveries	<u>          </u>
Other	<u>778,515</u>
Plus:	
Investment expenses	<u>17,674</u>
Other	<u>          </u>
<b>Total revenue per return</b>	<u>8,495,480</u>

Reconciliation of Expenses	
Total expenses per financial statements	<u>9,145,577</u>
Less:	
Donated services	<u>          </u>
Prior year adjustments	<u>          </u>
Losses	<u>          </u>
Other	<u>778,735</u>
Plus:	
Investment expenses	<u>17,674</u>
Other	<u>          </u>
<b>Total expenses per return</b>	<u>8,384,516</u>

Balance Sheet			Differences	
Beginning	Ending			
Assets	<u>18,857,611</u>	<u>19,833,349</u>		
Liabilities	<u>446,244</u>	<u>934,788</u>		
Net assets	<u>18,411,367</u>	<u>18,898,561</u>	<u>487,194</u>	

#### Miscellaneous Information

Amended return \_\_\_\_\_  
Return / extended due date 11/16/26  
Failure to file penalty \_\_\_\_\_

Form **990**

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

OMB No. 1545-0047

**2025**  
Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

**A** For the **2025** 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**

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

**G** Gross receipts \$: **16,671,201**

**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**

**K** Form of organization:  Corporation  Trust  Association  Other

**L** Year of formation: **1966**

**M** State of legal domicile: **FL**

**H(c)** Group exemption number

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>THE HALIFAX HUMANE SOCIETY EXISTS TO PROTECT ANIMALS FROM CRUEL, NEGLECTFUL AND EXPLOITATIVE TREATMENT, AND TO OFFER SPAY &amp; NEUTER SERVICES.</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>7</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>7</b>
	<b>5</b> Total number of individuals employed in calendar year 2025 (Part V, line 2a)	<b>5</b>	<b>125</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>400</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>2,434,456</b>	<b>5,814,621</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>1,221,637</b>	<b>1,300,372</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>567,740</b>	<b>831,229</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>682,316</b>	<b>549,258</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>4,906,149</b>	<b>8,495,480</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		<b>0</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		<b>0</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>3,339,893</b>	<b>4,351,559</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	<b>561,776</b>	<b>0</b>
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>2,189,238</b>	<b>4,032,957</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>5,529,131</b>	<b>8,384,516</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>-622,982</b>	<b>110,964</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	<b>18,857,611</b>	<b>19,833,349</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>446,244</b>	<b>934,788</b>
		<b>18,411,367</b>	<b>18,898,561</b>

**Part II Signature Block**

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

**Sign Here**

Signature of officer: **SEAN HAWKINS** Date: \_\_\_\_\_

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

**Paid Preparer Use Only**

Preparer's name: **JOHNNY SVAJKO, CPA** Preparer's signature: **JOHNNY SVAJKO, CPA** Date: **05/28/26** 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

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

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

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

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

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

4a (Code: ) (Expenses \$ 7,504,993 including grants of \$ ) (Revenue \$ 1,300,372 )

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

4e Total program service expenses 7,504,993

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

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

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

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

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

	Yes	No
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	<b>1a</b>	<b>12</b>
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	<b>1b</b>	<b>0</b>
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1c</b>	<b>X</b>

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No		
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b>	125		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>		X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>			X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	<b>3b</b>			
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>			X
<b>b</b>	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>			X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>			X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>			
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6a</b>			X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>			
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>				
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>			
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>			
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>			
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>			
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>			
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>			
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>			
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>			
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>			
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>				
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>			
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>			
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:				
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>			
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>			
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:				
<b>a</b>	Gross income from members or shareholders	<b>11a</b>			
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>			
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>			
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>			
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>				
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>			
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>			
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>			
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>			X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>			
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	<b>15</b>			X
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>			X
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, or 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.	<b>17</b>			

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 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?; 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?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 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?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 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.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 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?; 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; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 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; 15b Other officers or key employees of the organization; 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?; 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. [X] Own website [ ] Another's website [X] 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 LPG A 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 the 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) SEAN HAWKINS ..... CEO	40.00 ..... 0.00			X				158,675	0	29,051
(2) GREGORY WOLF ..... VETERINARY	40.00 ..... 0.00					X		145,061	0	918
(3) ALLISON BLISS ..... DIR OF SHELTER MED	40.00 ..... 0.00					X		130,778	0	4,936
(4) CHRISTINA SUTHERIN ..... CHIEF LIFESAVING OFF	40.00 ..... 0.00			X				114,641	0	19,875
(5) MATT FERRITTO ..... CFO	40.00 ..... 0.00			X				115,816	0	0
(6) MATT BANKER ..... DIRECTOR	1.00 ..... 0.00	X						0	0	0
(7) MICHAEL LEONARD ..... PRESIDENT	1.00 ..... 0.00	X		X				0	0	0
(8) MATT MONTGOMERY ..... DIRECTOR	1.00 ..... 0.00	X						0	0	0
(9) JJ ROBERTS ..... DIRECTOR	1.00 ..... 0.00	X						0	0	0
(10) TED SERBOUSEK ..... TREASURER	40.00 ..... 0.00	X		X				0	0	0
(11) MELVIN STACK ..... VICE PRESIDENT	1.00 ..... 0.00	X		X				0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) <b>VONDA SULLIVAN</b>										
(12) <b>SECRETARY</b>	<b>40.00</b> <b>0.00</b>	<b>X</b>		<b>X</b>				<b>0</b>	<b>0</b>	
(13)										
(14)										
(15)										
(16)										
(17)										
(18)										
(19)										
<b>1b Subtotal</b>							<b>664,971</b>		<b>54,780</b>	
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>							<b>664,971</b>		<b>54,780</b>	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **5**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
<b>FERRITTO ADVISORY SOLUTIONS</b> <b>DAYTONA BEACH</b>	<b>2364 LPGA BLVD</b> <b>CFO SERVICE</b>	<b>115,816</b>

**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 **1**

**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>	91,757				
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	5,722,864				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 2,053,076				
	<b>h Total.</b> Add lines 1a-1f		5,814,621				
	<b>Program Service Revenue</b>	<b>2a</b> <b>ANIMAL CARE</b>	Business Code	1,300,372	1,300,372		
<b>b</b>							
<b>c</b>							
<b>d</b>							
<b>e</b>							
<b>f</b> All other program service revenue							
<b>g Total.</b> Add lines 2a-2f			1,300,372				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		410,621	410,621			
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6a</b> Gross rents	(i) Real					
		(ii) Personal					
		<b>6a</b>					
	<b>b</b> Less: rental expenses	<b>6b</b>					
	<b>c</b> Rental inc. or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss)						
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities		7,790,988	26,827		
		(ii) Other					
		<b>7a</b>					
		<b>b</b> Less: cost or other basis and sales exps.	<b>7b</b>	7,397,207			
	<b>c</b> Gain or (loss)	<b>7c</b>	393,781	26,827			
<b>d</b> Net gain or (loss)		420,608	420,608				
<b>8a</b> Gross income from fundraising events (not including \$ 91,757 of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>	816,982					
	<b>b</b> Less: direct expenses	<b>8b</b>	712,652				
	<b>c</b> Net income or (loss) from fundraising events		104,330				
<b>9a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>						
	<b>b</b> Less: direct expenses	<b>9b</b>					
<b>c</b> Net income or (loss) from gaming activities							
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>	403,225					
	<b>b</b> Less: cost of goods sold	<b>10b</b>	65,862				
	<b>c</b> Net income or (loss) from sales of inventory		337,363		337,363		
<b>Miscellaneous Revenue</b>	<b>11a</b> <b>OTHER INCOME</b>	Business Code	107,565	107,565			
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d		107,565				
<b>12 Total revenue.</b> See instructions		8,495,480	2,239,166	0	337,363		

**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				
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	<b>3,585,766</b>	<b>3,126,220</b>	<b>116,057</b>	<b>343,489</b>
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	<b>25,039</b>	<b>21,831</b>	<b>810</b>	<b>2,398</b>
9 Other employee benefits	<b>477,986</b>	<b>416,727</b>	<b>15,471</b>	<b>45,788</b>
10 Payroll taxes	<b>262,768</b>	<b>229,092</b>	<b>8,505</b>	<b>25,171</b>
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.)	<b>384,802</b>	<b>256,064</b>	<b>128,738</b>	
12 Advertising and promotion	<b>6,276</b>	<b>1,672</b>		<b>4,604</b>
13 Office expenses	<b>593,878</b>	<b>548,666</b>	<b>8,407</b>	<b>36,805</b>
14 Information technology				
15 Royalties				
16 Occupancy	<b>379,634</b>	<b>333,151</b>	<b>15,562</b>	<b>30,921</b>
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	<b>793</b>	<b>793</b>		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	<b>323,904</b>	<b>301,091</b>		<b>22,813</b>
23 Insurance	<b>277,745</b>	<b>263,499</b>	<b>4,607</b>	<b>9,639</b>
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 <b>ANIMAL SERVICES/SUPPLIES</b>	<b>1,585,156</b>	<b>1,585,156</b>		
b <b>GRANT CONTINGENCY</b>	<b>186,539</b>	<b>186,539</b>		
c <b>OTHER EXPENSES</b>	<b>70,778</b>	<b>70,778</b>		
d <b>EDUCATION AND DEVELOPMENT</b>	<b>42,975</b>	<b>42,975</b>		
e All other expenses	<b>180,477</b>	<b>120,739</b>	<b>19,590</b>	<b>40,148</b>
25 Total functional expenses. Add lines 1 through 24e	<b>8,384,516</b>	<b>7,504,993</b>	<b>317,747</b>	<b>561,776</b>
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	
<b>Assets</b>	1	Cash—non-interest-bearing	100,648	1	113,275
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	142,032	4	614,081
	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	33,463	8	78,406
	9	Prepaid expenses and deferred charges	194,674	9	207,124
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 13,600,836		
	b	Less: accumulated depreciation	10b 3,259,296	10c	10,341,540
	11	Investments—publicly traded securities	11,437,272	11	7,399,170
	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	1,174,133	15	1,079,753
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 33)	18,857,611	16	19,833,349	
<b>Liabilities</b>	17	Accounts payable and accrued expenses	337,588	17	833,474
	18	Grants payable		18	
	19	Deferred revenue	56,511	19	74,889
	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	52,145	25	26,425
	26	<b>Total liabilities.</b> Add lines 17 through 25	446,244	26	934,788
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>				
	27	Net assets without donor restrictions	11,750,925	27	10,492,419
	28	Net assets with donor restrictions	6,660,442	28	8,406,142
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>				
	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	<b>Total net assets or fund balances</b>	18,411,367	32	18,898,561
33	<b>Total liabilities and net assets/fund balances</b>	18,857,611	33	19,833,349	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>8,495,480</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>8,384,516</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>110,964</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	<b>18,411,367</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	<b>376,450</b>
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	<b>-220</b>
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	<b>18,898,561</b>

**Part XII Financial Statements and Reporting**

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

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

SCHEDULE A (Form 990)

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

2025

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 X 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 must generally 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).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Rows (A) through (E) and 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) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,830,862	3,474,723	6,033,948	2,434,456	5,814,621	19,588,610
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	1,830,862	3,474,723	6,033,948	2,434,456	5,814,621	19,588,610
<b>5</b> 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)						7,215,798
<b>6</b> Public support. Subtract line 5 from line 4						12,372,812

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
<b>7</b> Amounts from line 4	1,830,862	3,474,723	6,033,948	2,434,456	5,814,621	19,588,610
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	131,281	150,501	252,571	457,124	437,448	1,428,925
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	488,299	111,910	68,298	423,218	403,225	1,494,950
<b>11 Total support.</b> Add lines 7 through 10						22,512,485

**12** Gross receipts from related activities, etc. (see instructions) **12** 11,245,055

**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**

<b>14</b> Public support percentage for 2025 (line 6, column (f), divided by line 11, column (f))	<b>14</b>	54.96 %
<b>15</b> Public support percentage from 2024 Schedule A, Part II, line 14	<b>15</b>	57.49 %

**16a 33 1/3% support test — 2025.** 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 — 2024.** 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 — 2025.** 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 — 2024.** 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

Table with 7 columns: (a) 2021, (b) 2022, (c) 2023, (d) 2024, (e) 2025, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2021, (b) 2022, (c) 2023, (d) 2024, (e) 2025, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support.

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

Section C. Computation of Public Support Percentage

Table with 2 columns: Percentage, %. Row 15: Public support percentage for 2025 (line 8, column (f), divided by line 13, column (f)) = 15%. Row 16: Public support percentage from 2024 Schedule A, Part III, line 15 = 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Percentage, %. Row 17: Investment income percentage for 2025 (line 10c, column (f), divided by line 13, column (f)) = 17%. Row 18: Investment income percentage from 2024 Schedule A, Part III, line 17 = 18%.

19a 33 1/3% support tests — 2025. 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 — 2024. 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 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

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

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

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>1</b>		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s), or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>2</b>		
<b>3</b> By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
<b>3</b>		

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

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

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

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

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

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

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

7  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 <b>Total annual distributions.</b> Add lines 1 through 5.	6
7 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	7
8 Distributable amount for 2025 from Section C, line 6	8
9 Line 7 amount divided by line 8 amount	9

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2025	(iii) Distributable Amount for 2025
1 Distributable amount for 2025 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2025 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2025			
a From 2020 .....			
b From 2021 .....			
c From 2022 .....			
d From 2023 .....			
e From 2024 .....			
f <b>Total</b> of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2025 distributable amount			
i Carryover from 2020 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2025 from Section D, line 6: \$			
a Applied to underdistributions of prior years			
b Applied to 2025 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2025, 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 2025. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 <b>Excess distributions carryover to 2026.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2021 .....			
b Excess from 2022 .....			
c Excess from 2023 .....			
d Excess from 2024 .....			
e Excess from 2025 .....			

**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, 3b, and 3c; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5 and 7; 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** **\$ 1,091,725**

**Schedule B  
(Form 990)**  
(Rev. December 2024)  
Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

OMB No. 1545-0047

Attach to Form 990, 990-EZ, or 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

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 33<sup>1</sup>/<sub>3</sub>% 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 JANICE STONER	\$ 313,989	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	ESTATE OF JUDITH ANDERSON 444 SEABREEZE BLVD, STE 1003 DAYTONA BEACH FL 32118	\$ 123,260	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	ESTATE OF IRENE KNORR 444 SEABREEZE BLVD, STE 1003 DAYTONA BEACH FL 32118	\$ 451,035	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	ESTATE OF LEO AND EVIE SALTER	\$ 2,353,743	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	ESTATE OF SUE SPURLOCK	\$ 173,436	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	BOEHRINGER-INGELHEIM 1323 BEACON ST NEW SMYRNA FL 32169	\$ 122,883	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

**HALIFAX HUMANE SOCIETY, INC**

Employer identification number

**59-0530990**

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	STOCK DONATION	\$ 123,260	
4	LAND AND BUILDINGS	\$ 1,573,000	
6	PHARMACEUTICAL AND SUPPLIES	\$ 122,883	
		\$	
		\$	
		\$	
		\$	

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

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 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate values, and yes/no questions about donor advisement.

Part II Conservation Easements

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number of easements, acreage, and monitoring expenses.

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 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include reporting requirements for art and historical treasures.

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

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

**Part IV Escrow and Custodial Arrangements**

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

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

	Yes	No
(i) Unrelated organizations? .....	<b>3a(i)</b>	
(ii) Related organizations? .....	<b>3a(ii)</b>	
- 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 .....		<b>1,324,587</b>		<b>1,324,587</b>
b Buildings .....		<b>11,143,394</b>	<b>2,324,367</b>	<b>8,819,027</b>
c Leasehold improvements .....				
d Equipment .....		<b>1,132,855</b>	<b>934,929</b>	<b>197,926</b>
e Other .....				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) .....				<b>10,341,540</b>

**Part VII Investments – Other Securities**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, 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)		
<b>Total.</b> (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) <b>SPLIT-INTEREST AGREEMENTS</b>	<b>1,033,162</b>
(2) <b>RIGHT OF USE - FINANCE LEASE, NET</b>	<b>17,566</b>
(3) <b>CONSTRUCTION IN PROGRESS</b>	<b>15,000</b>
(4) <b>DEPOSITS</b>	<b>7,194</b>
(5) <b>RIGHT OF USE - OPERATING LEASE, NET</b>	<b>6,831</b>
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B))	<b>1,079,753</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) <b>FINANCE LEASE LIABILITY</b>	<b>18,454</b>
(3) <b>OPERATING LEASE LIABILITY</b>	<b>6,931</b>
(4) <b>ANNUITY PAYABLE</b>	<b>1,040</b>
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B))	<b>26,425</b>

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	9,632,771
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a	376,450	
	b Donated services and use of facilities	2b		
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII.)	2d	778,515	
	e Add lines 2a through 2d		2e	1,154,965
3	Subtract line 2e from line 1		3	8,477,806
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	17,674	
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b		4c	17,674
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	8,495,480

**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	9,145,577
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	778,735	
	e Add lines 2a through 2d		2e	778,735
3	Subtract line 2e from line 1		3	8,366,842
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	17,674	
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b		4c	17,674
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	8,384,516

**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	\$	65,862
SPECIAL EVENT EXPENSES	\$	712,653

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

THRIFT SHOP COGS	\$	65,862
SPECIAL EVENT EXPENSES	\$	712,653
INTEREST EXPENSE	\$	930
EQUIPMENT RENTAL	\$	-6,405
BOOK/TAX DIFFERENCE	\$	5,695



**SCHEDULE G  
(Form 990)**

(Rev. December 2024)  
Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

**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 nongovernment 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							
<b>Total</b>							

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	
		<b>FUR BALL</b> (event type)	<b>MUTT STRUTT</b> (event type)	<b>2</b> (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	719,978	159,914	28,847	908,739
	2	Less: Contributions	91,757			91,757
	3	Gross income (line 1 minus line 2)	628,221	159,914	28,847	816,982
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	263,401	93,408	355,843	712,652
	10	Direct expense summary. Add lines 4 through 9 in column (d)				712,652
11	Net income summary. Subtract line 10 from line 3, column (d)				104,330	

**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: .....  
 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 J

(Form 990)

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

Name of the organization

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public  
Inspection

Employer identification number

59-0530990

HALIFAX HUMANE SOCIETY, INC

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- First-class or charter travel
Travel for companions
Tax indemnification and gross-up payments
Discretionary spending account
Housing allowance or residence for personal use
Payments for business use of personal residence
Health or social club dues or initiation fees
Personal services (such as maid, chauffeur, chef)

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- Compensation committee
Independent compensation consultant
Form 990 of other organizations
Written employment contract
Compensation survey or study
Approval by the board or compensation committee

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a Receive a severance payment or change-of-control payment?
b Participate in or receive payment from a supplemental nonqualified retirement plan?
c Participate in or receive payment from an equity-based compensation arrangement?

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a The organization?
b Any related organization?
If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a The organization?
b Any related organization?
If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Table with 3 columns: Question ID, Yes, No. Rows include 1a, 1b, 2, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, 8, 9.

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 <b>SEAN HAWKINS</b> CEO	(i)	158,675	0	0	20,000	9,051	187,726	0
	(ii)	0	0	0	0	0	0	0
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							



**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Noncash Contributions**

Complete if the organizations answered "Yes" on Form 990, Part IV, line 29 or 30.

Attach to Form 990.

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

OMB No. 1545-0047

**2025**

**Open to Public  
Inspection**

**HALIFAX HUMANE SOCIETY, INC**

Employer identification number

**59-0530990**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art				
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded	<b>X</b>	<b>1</b>	<b>132,013</b>	<b>FAIR MARKET VALUE</b>
10 Securities — Closely held stock				
11 Securities — Partnership, LLC, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential				
16 Real estate — Commercial				
17 Real estate — Other	<b>X</b>	<b>1</b>	<b>1,573,000</b>	<b>APPRAISED VALUE</b>
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies	<b>X</b>	<b>2</b>	<b>241,306</b>	<b>RETAIL</b>
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( )	<b>X</b>	<b>2</b>	<b>106,757</b>	
26 Other ( )				
27 Other ( )				
28 Other ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgment

<b>29</b>							
-----------	--	--	--	--	--	--	--

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
<b>30a</b>	<b>X</b>	
<b>31</b>		<b>X</b>
<b>32a</b>		<b>X</b>
<b>33</b>		

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

**PART I, LINE 30B - CONTRIBUTIONS THAT MUST BE HELD FOR AT LEAST THREE YEARS  
HALIFAX HUMANE SOCIETY RECEIVED LAND AND BUILDINGS VALUED AT \$1,573,000**

**SCHEDULE O**  
**(Form 990)**  
(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

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

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

**HALIFAX HUMANE SOCIETY, INC**

Employer identification number

**59-0530990**

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	\$	65,862
SPECIAL EVENT EXPENSES	\$	712,653
THRIFT SHOP COGS	\$	-65,862
SPECIAL EVENT EXPENSES	\$	-712,653
INTEREST EXPENSE	\$	-930
EQUIPMENT RENTAL	\$	6,405
BOOK/TAX DIFFERENCE	\$	-5,695
<b>TOTAL</b>	<b>\$</b>	<b>-220</b>

**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 &amp; General</u>	<u>Fund Raising</u>
PROFESSIONAL FEES	\$ 384,802	\$ 256,064	\$ 128,738	\$
TOTAL	<u>\$ 384,802</u>	<u>\$ 256,064</u>	<u>\$ 128,738</u>	<u>\$ 0</u>

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

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management &amp; General</u>	<u>Fund Raising</u>
REPAIRS AND MAINTENANCE	\$ 26,135	\$	\$	\$ 26,135
REPAIRS AND MAINTENANCE	24,315	24,315		
SETTLEMENT FEES	24,002	24,002		
VEHICLE EXPENSE	22,841	21,699	1,142	
PROPERTY TAX	19,721	19,721		
INVESTMENT FEES	17,717		17,717	
TELEPHONE	14,625	13,894	731	
LICENSE & PERMITS	10,691	10,691		
EQUIPMENT RENTAL	6,405	6,405		
PROFESSIONAL FEES	6,242			6,242
TELEPHONE	3,099			3,099
VEHICLE EXPENSE	2,372			2,372
MISCELLANEOUS	2,300			2,300
SHIPPING	12	12		
TOTAL	<u>\$ 180,477</u>	<u>\$ 120,739</u>	<u>\$ 19,590</u>	<u>\$ 40,148</u>

**Federal Statements****Schedule A, Part II, Line 1(e)**

Description	Amount
LEGACIES AND BEQUESTS	\$ 4,303,790
DONATIONS	1,037,977
GRANTS	85,120
SPLIT INTEREST DISTRIBUTIONS	39,671
PHARMACEUTICAL SUPPLIES	87,077
ANIMAL SUPPLIES	154,229
PROFESSIONAL FEES	15,000
FUR BALL	91,757
	<u>91,757</u>
TOTAL	<u>\$ 5,814,621</u>

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**Federal Statements**

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

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
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	542,324	92,074
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	5,669,696	5,219,446
DEPARTMENT OF TREASURY (ERC)	233,406	
ESTATE OF MARILYN MIDDLETON	58,486	
ROSEMARY J PIAZZA TRUST	259,902	
ESTATE OF BERNICE B FAUST	199,977	
HILLS PET NUTRITION	74,588	
ESTATE OF IRENE KNORR	451,035	785
ESTATE OF LEO AND EVIE SALTER	2,353,743	1,903,493
ESTATE OF SUE SPURLOCK	173,436	
BOEHRINGER-INGELHEIM	122,883	
TOTAL	<u>\$ 12,292,256</u>	<u>\$ 7,215,798</u>

**Federal Statements****Schedule A, Part II, Line 10(e)**

Description	Amount
THRIFT STORE & PRODUCT SALE	\$ 403,225
TOTAL	\$ <u>403,225</u>

**Schedule A, Part II, Line 12 - Current year**

Description	Amount
ANIMAL CARE	\$ 1,300,372
TAXABLE INTEREST ON SAVINGS AND TEMPORARY CASH INVESTMENTS	192,340
TAXABLE DIVIDENDS AND INTEREST FROM SECURITIES	218,281
OTHER INCOME	107,565
FUNDRAISING EVENTS	23,626
CAPITAL CAMPAIGN	5,221
FUR BALL	628,221
MUTT STRUTT	159,914
TOTAL	\$ <u>2,635,540</u>

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## Federal Asset Report

FYE: 12/31/2025

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
<b>Prior MACRS:</b>										
20	AIR PURIFIER	6/01/1993	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>
<b>Other Depreciation:</b>										
1	LAND	1/01/1965	3,476			3,476	0	-- Land	0	0
2	CARE CENTER BUILDING	6/01/1987	291,661			291,661	39	MO S/L	291,661	0
3	PUMP HOUSE	6/01/1993	7,112			7,112	39	MO S/L	5,930	182
4	KENNEL	6/01/1993	68,841			68,841	39	MO S/L	57,386	1,766
5	CATTERY	11/01/1993	64,447			64,447	39	MO S/L	53,082	1,652
6	BUILDING IMPROVEMENTS	5/01/1963	69,473			69,473	30	MO S/L	69,473	0
7	BUILDING ADDITION	4/01/2001	541,970			541,970	39	MO S/L	330,048	13,896
9	BUILDING ADDITIONS	2/01/2002	18,856			18,856	39	MO S/L	11,079	483
10	CENTER EQUIPMENT	6/05/1997	15,186			15,186	15	MO S/L	15,186	0
11	CENTER EQUIPMENT	4/01/1998	37,829			37,829	15	MO S/L	37,829	0
12	CENTER EQUIPMENT	6/02/1999	10,686			10,686	10	MO S/L	10,686	0
13	CENTER EQUIPMENT	4/01/2001	5,126			5,126	8	MO S/L	5,126	0
14	CENTER EQUIPMENT	6/01/2002	4,161			4,161	7	MO S/L	4,161	0
15	FURNITURE	5/20/1987	13,905			13,905	5	MO S/L	13,905	0
16	EQUIPMENT	1/01/1988	15,621			15,621	5	MO S/L	15,621	0
18	EQUIPMENT	1/01/1988	2,042			2,042	5	MO S/L	2,042	0
19	MICROSCOPE	6/01/1993	1,245			1,245	5	MO S/L	1,245	0
21	REFRIG/SURGERY	6/01/1993	102			102	5	MO S/L	102	0
22	LAUNDRY	6/01/1993	2,949			2,949	39	MO S/L	2,467	76
23	LANDSCAPING	8/01/1993	500			500	15	MO S/L	500	0
24	REFRIGERATOR	7/02/1993	159			159	5	MO S/L	159	0
25	LAWN MOWER	5/01/1993	753			753	5	MO S/L	753	0
27	FENCING	3/28/1994	5,775			5,775	10	MO S/L	5,775	0
28	EQUIPMENT	6/01/1994	150			150	5	MO S/L	150	0
29	CATTERY WIRE	1/15/1994	3,310			3,310	39	MO S/L	2,714	85
30	AIR HANDLER	8/03/1994	895			895	5	MO S/L	895	0
32	WINDOW TREATMENT	8/31/1994	57			57	5	MO S/L	57	0
33	AIR CIRCULATOR	8/18/1994	160			160	5	MO S/L	160	0
34	TOOLS	6/30/1994	256			256	5	MO S/L	256	0
36	PERM FILTERS	2/23/1994	583			583	10	MO S/L	583	0
37	VAPORIZER	2/15/1994	1,721			1,721	10	MO S/L	1,721	0
38	3 REFRIGERATORS	5/27/1994	200			200	5	MO S/L	200	0
39	OFFICE EQUIPMENT	6/30/1994	710			710	5	MO S/L	710	0
40	HAND BLOWER	3/23/1994	152			152	5	MO S/L	152	0
41	SOD	6/05/1995	540			540	15	MO S/L	540	0
42	SHOP IMPROVEMENTS	3/28/1995	317			317	15	MO S/L	317	0
43	AIR CONDITIONER	5/24/1995	550			550	5	MO S/L	550	0
44	SPRINKLER SYSTEM	5/30/1995	1,120			1,120	10	MO S/L	1,120	0
45	SHOP IMPROVEMENTS	6/15/1965	115			115	10	MO S/L	115	0
46	ELECTRICAL UPGRADE	12/13/1995	1,370			1,370	39	MO S/L	1,020	35
47	PUMP/GENERATOR	8/01/1995	1,380			1,380	10	MO S/L	1,380	0
48	WET VACUUM	4/20/1995	59			59	5	MO S/L	59	0
49	SANDER	8/10/1995	105			105	7	MO S/L	105	0
51	A/C UNIT	11/21/1995	428			428	7	MO S/L	428	0
53	FORCEPS	4/26/1995	59			59	7	MO S/L	59	0
54	EQUIPMENT	6/26/1995	250			250	7	MO S/L	250	0
55	GENERATORS	7/05/1995	3,445			3,445	15	MO S/L	3,445	0
56	WASHER/DRYER	9/27/1995	1,000			1,000	10	MO S/L	1,000	0
	Sold/Scrapped: 12/31/2025									
58	TELEPHONE	5/07/1996	620			620	7	MO S/L	620	0
60	EQUIPMENT	7/31/1996	296			296	7	MO S/L	296	0
61	CASH REGISTER	2/14/1996	895			895	10	MO S/L	895	0
62	A/C UNIT	7/02/1996	539			539	7	MO S/L	539	0
63	FAN	7/02/1996	159			159	7	MO S/L	159	0
65	SAFE	11/08/1996	500			500	20	MO S/L	500	0
66	IMPROVEMENTS	8/31/1996	1,755			1,755	25	MO S/L	1,755	0
67	ELECTRIC GATE	2/12/1996	1,610			1,610	10	MO S/L	1,610	0
68	PARKING LOT	7/24/1996	4,078			4,078	15	MO S/L	4,078	0
69	IMPROVEMENTS	7/01/2003	7,917			7,917	39	MO S/L	4,365	203
70	EQUIPMENT	7/01/2003	19,996			19,996	5	MO S/L	19,996	0
71	CARE CENTER BUILDING	12/31/2003	934,831			934,831	39	MO S/L	503,370	23,971
72	IMPROVEMENTS	7/01/2004	3,610			3,610	39	MO S/L	1,899	93
73	A/C UNIT	1/13/2004	1,895			1,895	5	MO S/L	1,895	0

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## Federal Asset Report

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Asset	Description	Date		Bus %	Sec 179	Bonus	Basis			Prior	Current
		In Service	Cost				for	Depr	Per Conv Meth		
75	SECURITY CAMERAS	4/26/2004	9,200				9,200	10	MO S/L	9,200	0
76	OFFICE EQUIPMENT	6/07/2004	378				378	5	MO S/L	378	0
78	EQUIPMENT	12/31/2004	2,809				2,809	5	MO S/L	2,809	0
79	5 TON A/C UNIT	1/10/2005	3,450				3,450	5	MO S/L	3,450	0
80	OIL FIRED FURNACE	3/10/2005	1,200				1,200	5	MO S/L	1,200	0
81	4 TON A/C UNIT	7/19/2005	1,575				1,575	5	MO S/L	1,575	0
84	LAND CLEARING	6/06/2006	3,000				3,000	0	-- Land	0	0
85	COPIER	1/03/2007	600				600	5	MO S/L	600	0
86	TRAILER	8/20/2007	1,155				1,155	5	MO S/L	1,155	0
87	DIXIE CHOPPER MOWER	11/09/2007	4,999				4,999	5	MO S/L	4,999	0
88	8 SS PORTABLE KENNELS	8/17/2007	9,007				9,007	7	MO S/L	9,007	0
90	SECURITY SYSTEM	12/03/2008	1,900				1,900	5	MO S/L	1,900	0
93	GAS FURNACE	11/18/2010	1,540				1,540	7	MO S/L	1,540	0
94	FENCING	4/29/2010	3,867				3,867	20	MO S/L	2,836	193
95	AUTOCLAVE	2/11/2010	957				957	7	MO S/L	957	0
97	DENTAL SCALER/POLISHER	8/27/2010	924				924	7	MO S/L	924	0
98	ANIMAL SCALE	9/30/2010	565				565	7	MO S/L	565	0
99	CELESTIAL STAR DUEL SURGERY LIC	12/21/2010	2,675				2,675	7	MO S/L	2,675	0
104	PET CRATES	3/01/2011	5,000				5,000	5	MO S/L	5,000	0
107	A/C UNIT	3/23/2011	20,398				20,398	7	MO S/L	20,398	0
108	ELECTRICAL WIRING	4/14/2011	5,698				5,698	15	MO S/L	5,223	380
109	INSULATION	5/19/2011	1,250				1,250	15	MO S/L	1,132	83
110	PAYNE 4 TON 13 SEER	9/21/2011	2,490				2,490	7	MO S/L	2,490	0
113	DESKS, CHAIRS, BOOKSHELVES	12/01/2011	31,725				31,725	7	MO S/L	31,725	0
115	FENCE	12/01/2011	1,300				1,300	15	MO S/L	1,134	87
116	CONSTRUCTION DOCUMENTS	12/31/2011	2,200				2,200	15	MO S/L	1,907	146
117	IMPACT FEES	12/31/2011	6,637				6,637	15	MO S/L	5,752	442
118	CONSTRUCTION DOCUMENTS	12/31/2011	2,200				2,200	15	MO S/L	1,907	146
119	DOG KENNELS	12/31/2011	15,615				15,615	15	MO S/L	13,533	1,041
120	SURGICAL TABLE	12/31/2011	3,077				3,077	7	MO S/L	3,077	0
121	STERILIZER	12/31/2011	2,800				2,800	5	MO S/L	2,800	0
122	ANESTHESIA MACHINE	12/31/2011	2,690				2,690	5	MO S/L	2,690	0
123	SURGICAL / EXAM LIGHT	3/08/2012	2,073				2,073	7	MO S/L	2,073	0
124	SCAVENGER SYSTEM	4/10/2012	1,190				1,190	7	MO S/L	1,190	0
125	ANESTHESIA MACHINE	4/10/2012	4,000				4,000	7	MO S/L	4,000	0
126	ANESTHESIA MACHINE	4/10/2012	1,038				1,038	7	MO S/L	1,038	0
127	OMNI SERIES PET LIFT	4/23/2012	1,020				1,020	7	MO S/L	1,020	0
128	MILLENNIUM ANESTHESIA	6/26/2012	2,180				2,180	7	MO S/L	2,180	0
129	ANESTHESIA	8/29/2012	2,865				2,865	7	MO S/L	2,865	0
130	A/C UNIT - CAT ROOM	7/20/2012	1,125				1,125	7	MO S/L	1,125	0
134	SINAGE	5/30/2012	839				839	15	MO S/L	704	56
135	RENOVATIONS I	4/19/2012	38,777				38,777	15	MO S/L	33,538	2,585
136	ADOPTION TRAILER	1/01/2013	46,505				46,505	10	MO S/L	46,505	0
138	RENOVATIONS II	4/09/2012	17,832				17,832	15	MO S/L	14,265	1,189
142	12 PARK BENCHES	8/30/2013	3,245				3,245	7	MO S/L	3,245	0
143	EXAM LIGHT - LED	8/13/2013	616				616	5	MO S/L	616	0
146	HD-P MANUAL STERILIZER	10/03/2013	2,670				2,670	5	MO S/L	2,670	0
147	MEMORIAL GARDEN FENCE	10/02/2013	869				869	15	MO S/L	652	58
150	LAWN EQUIPMENT	11/28/2013	619				619	5	MO S/L	619	0
151	LAND	2/18/2014	392,501				392,501	0	-- Land	0	0
152	CHERRY WOOD FLOORING	3/31/2014	2,006				2,006	39	MO S/L	553	52
154	STRAY KENNEL	8/25/2015	10,179				10,179	15	MO S/L	6,334	678
155	METAL DOOR	12/21/2015	438				438	15	MO S/L	263	29
156	SECURITY CAMERA SYSTEM	2/27/2015	7,957				7,957	10	MO S/L	7,825	132
159	TIMECLOCK PLUS	6/22/2015	1,021			X	510	3	MO Amort	1,021	0
160	KENNEL RENOVATIONS	12/15/2015	25,000				25,000	39	MO S/L	5,823	641
161	DOG PARK	12/30/2015	79,987				79,987	20	MO S/L	35,994	4,000
162	DOG PARK ENG	12/30/2015	31,791				31,791	20	MO S/L	14,306	1,590
163	A/C INDOOR & OUTDOOR UNIT	4/01/2016	9,082				9,082	7	MO S/L	9,082	0
164	FURNANCE	4/01/2016	2,545				2,545	7	MO S/L	2,545	0
165	DOG PARK PLAY STRUCTURE	2/23/2016	8,965				8,965	20	MO S/L	3,960	448
167	DOG PARK	10/31/2016	326,844				326,844	20	MO S/L	133,461	16,343
168	3 ROOF EXHAUST FANS	1/28/2016	2,014				2,014	7	MO S/L	2,014	0
169	ADOPTION KENNEL RENOVATION	10/31/2016	364,555				364,555	39	MO S/L	76,338	9,348
170	METAL DOOR	1/06/2016	438				438	15	MO S/L	263	29
173	DOG PEN	5/02/2017	2,666				2,666	15	MO S/L	1,363	178
174	A/C - ADMISSION LOBBY	6/24/2017	5,058				5,058	7	MO S/L	5,058	0
175	LIFTSTATION/PUMPS	8/25/2017	22,672				22,672	40	MO S/L	4,157	566
177	BATHING SINK	5/28/2017	1,850				1,850	7	MO S/L	1,850	0
178	SECURITY CAMERAS SYSTEM	6/01/2017	895				895	10	MO S/L	679	89
179	A/C UNIT	9/01/2017	4,846				4,846	7	MO S/L	4,846	0

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## Federal Asset Report

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Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
180	A/C UNIT	9/01/2017	5,963				5,963	7	MO S/L	5,963	0
181	A/C UNIT	9/05/2017	5,844				5,844	7	MO S/L	5,844	0
182	HYDROSURGE BATH	5/19/2017	995				995	5	MO S/L	995	0
183	SECURITY CAMERA SYSTEM	6/01/2017	6,390				6,390	10	MO S/L	4,846	639
185	BOARD/GROOMING BUILDING & IMP	10/01/2017	690,341				690,341	40	MO S/L	125,124	17,259
186	FOUNTAIN, TRASH, BABY CHANGING	10/01/2017	1,272				1,272	15	MO S/L	615	85
187	CAT CONDO QUADS	10/01/2017	13,081				13,081	15	MO S/L	6,322	872
188	DOG KENNELS	10/01/2017	4,360				4,360	15	MO S/L	2,107	291
190	A/C WALL UNIT - RAINBOW ROOM	9/28/2017	739				739	7	MO S/L	739	0
191	BATHING TUB	5/28/2017	1,850				1,850	7	MO S/L	1,850	0
Sold/Scrapped: 12/31/2025											
192	SECURITY CAMERA SYSTEM	6/01/2017	8,810				8,810	10	MO S/L	6,681	881
193	SH DOUBLE DRYING CAGE	6/19/2017	3,971				3,971	7	MO S/L	3,971	0
194	PS MOD KENNEL CAGE 11 UNIT	5/03/2017	1,805				1,805	7	MO S/L	1,805	0
195	B.I. ROOF	5/04/2018	12,950				12,950	40	MO S/L	2,158	324
196	LAUNDRY ROOM ROOF	7/26/2018	7,900				7,900	40	MO S/L	1,267	198
197	MOTORIZED STAND UP DESK (DR. GF	2/28/2018	6,250				6,250	7	MO S/L	6,101	149
198	DONATED FURNITURE (DESKS, CHAI	6/30/2018	10,000				10,000	7	MO S/L	9,286	714
199	BUILT-IN CABINET	7/30/2018	2,010				2,010	10	MO S/L	1,290	201
201	FENCING AROUND DOG YARD	10/05/2018	3,780				3,780	20	MO S/L	1,181	189
203	TIMECLOCK PLUS SOFTWARE	10/29/2018	1,350		X		109	3	MO Amort	1,241	37
204	MUSIC SYSTEM (DOG KENNELS)	12/01/2018	2,499				2,499	5	MO S/L	2,499	0
205	2017 FORD BOX TRUCK	1/31/2019	36,887				36,887	5	MO S/L	36,887	0
206	SECURITY FORCE CAMERAS & ED RC	11/30/2019	15,569				15,569	10	MO S/L	7,914	1,557
207	DOG YARD FENCING	2/27/2019	2,153				2,153	20	MO S/L	628	108
208	NEW FLOORING - ADMIN	4/28/2019	1,732				1,732	40	MO S/L	245	44
209	CONCRETE SLAB - EAST SIDE	5/17/2019	2,700				2,700	20	MO S/L	754	135
210	DOG CAGES - REPLACEMENT/REPAIR	5/30/2019	5,775				5,775	10	MO S/L	3,224	578
211	MAIN SHELTER REMODEL (CAPITAL	6/30/2019	2,246,133				2,246,133	40	MO S/L	309,143	56,154
212	SURGERY UNIT DUCTWORK	7/08/2019	1,233				1,233	40	MO S/L	170	30
213	NEW LIFTMASTER 1 HP EMPLOYEE G	9/27/2019	5,187				5,187	10	MO S/L	2,723	519
214	CAT CAGES - REPLACEMENT/REPAIR	9/27/2019	5,530				5,530	10	MO S/L	2,903	553
215	ROLL GATE - REPLACED	11/01/2019	1,275				1,275	10	MO S/L	659	127
216	DRILL NIBBLER	1/29/2019	577				577	5	MO S/L	577	0
217	VET SERVICES EQUIP - LADSCOPE, M	2/01/2019	20,844				20,844	5	MO S/L	20,844	0
218	PRESSURE WASHER	5/22/2019	1,074				1,074	5	MO S/L	1,074	0
220	CAPITAL CAMPAIGN - FIXTURES/ SHI	9/30/2019	43,640				43,640	10	MO S/L	22,911	4,364
221	EASY TURF - ARTIFICIAL GRASS	5/22/2019	20,370				20,370	20	MO S/L	5,687	1,018
222	3 ELECTRICAL CIRCUITS	8/29/2019	1,281				1,281	40	MO S/L	171	32
223	SURGICAL - AUTOCLAVE, PULSE OX	2/01/2019	4,987				4,987	5	MO S/L	4,987	0
224	FRONT LAND	2/12/2019	2,500				2,500	0	-- Land	0	0
226	AIM LED EXAM LIGHT	1/02/2020	2,891				2,891	5	MO S/L	2,891	0
227	IV FLUID WARMER (1)	1/10/2020	300				300	5	MO S/L	300	0
228	FREEDOM BUNDLE VS2+HMS+SA (NC	1/14/2020	19,500				19,500	5	MO S/L	19,500	0
229	TOMAHAWK LIVE TRAPS	1/29/2020	1,609				1,609	5	MO S/L	1,582	27
231	SO#44004LDT- ANESTHESIA MACHIN	3/05/2020	3,888				3,888	5	MO S/L	3,758	130
232	2 CAMERAS (NEW INTAKE AREA)	3/31/2020	1,984				1,984	10	MO S/L	942	199
233	SIDEWALK REPAIRS (BOARDING/GRC	1/20/2020	875				875	20	MO S/L	215	44
234	SIDEWALK REPAIRS (COURT YARD)	1/20/2020	875				875	20	MO S/L	215	44
235	PLUMBING BLOCKAGE & BROKEN SE	1/20/2020	2,943				2,943	40	MO S/L	362	73
236	UPGRADED ALARM SYSTEM	1/31/2020	4,418				4,418	10	MO S/L	2,172	442
237	TV MOUNT/INSTALL (LOBBY)	1/31/2020	825				825	5	MO S/L	811	14
238	MILLINGS/GRADE WORK	2/10/2020	2,300				2,300	20	MO S/L	565	115
239	BUILT IN CAT PORTALS (31)	2/11/2020	2,469				2,469	40	MO S/L	304	61
240	AUTOCLAVE EZ9 FULLY AUTO CHAM	12/28/2018	9,196				9,196	7	MO S/L	7,882	1,314
242	DOG PARK FENCE	4/29/2020	1,850				1,850	20	MO S/L	432	92
243	IN-WALL CABINETS	6/01/2020	3,721				3,721	40	MO S/L	426	93
245	20 GALLON WATER HEATER	4/16/2020	1,276				1,276	10	MO S/L	595	128
246	2016 F-250	8/06/2020	23,606				23,606	5	MO S/L	20,852	2,754
248	VET SERVICES REMODEL	5/16/2020	53,753				53,753	40	MO S/L	6,159	1,344
249	ADMIN A/C UNIT	5/14/2020	5,800				5,800	7	MO S/L	3,867	828
251	5HP GRINDER PUMP (LIFT STATION)	8/19/2020	6,541				6,541	10	MO S/L	2,834	655
252	VS EQUIP - FORCEPS, TISSUE, METZE	8/29/2020	586				586	5	MO S/L	508	78
253	FLOOR VENT COVERS	9/02/2020	880				880	40	MO S/L	95	22
254	VET SVCS - AUTOCLAVE & MISC	11/20/2020	11,210				11,210	10	MO S/L	4,577	1,121
255	FENCE REPAIR	10/29/2020	762				762	20	MO S/L	159	38
256	PORTABLE A/C UNIT	10/29/2020	290				290	7	MO S/L	173	41
Sold/Scrapped: 12/31/2025											
257	NEW CONDENSER (WALK-IN FREEZE	11/20/2020	2,364				2,364	5	MO S/L	1,931	433
258	EMPLOYEE BREAKROOM RENOVATI	2/12/2020	19,567				19,567	40	MO S/L	2,405	489
259	VET SERVICES - HYDRAULIC TABLE	12/23/2020	9,741				9,741	10	MO S/L	3,897	974

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## Federal Asset Report

FYE: 12/31/2025

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
260	BUILDING SIGNS - ACRYLIC LETTERS	3/23/2020	6,752				6,752	40	MO S/L	802	169
261	VET SERVICES RENOVATION	5/16/2020	3,507				3,507	40	MO S/L	402	88
262	RE-KEY LOCKS	6/16/2020	1,655				1,655	40	MO S/L	186	42
	Sold/Scrapped: 12/31/2025										
263	STRAY KENNEL ROOF & GRATES	8/11/2020	5,730				5,730	40	MO S/L	633	143
264	ADMISSIONS ROOM RENOVATION	8/12/2020	57,115				57,115	40	MO S/L	6,337	1,428
265	LEADERSHIP RENOVATION (TILE FLC	10/31/2020	1,529				1,529	40	MO S/L	159	39
266	ED ROOM - WALLS TILES/SOUND BA	11/30/2020	3,204				3,204	40	MO S/L	327	80
269	STORM WATER EVALUATION	2/21/2020	1,750				1,750	20	MO S/L	423	87
270	24 HP KAW 54" LAWN TRACTOR	1/08/2021	4,500				4,500	5	MO S/L	3,600	900
271	HOTDOG CONTROLLER - VET WARM	1/12/2021	7,516				7,516	5	MO S/L	6,013	1,503
272	VET 30 BP SPO2 & ACCUVET TEMP	1/26/2021	2,650				2,650	7	MO S/L	1,483	378
273	FILING CABINET - ADOPTION MGR O	1/29/2021	280				280	10	MO S/L	110	28
274	BENCHMARK HEMATOCRIT CENTRIF	2/12/2021	1,119				1,119	7	MO S/L	626	160
275	PULSAR HEAVY DUTY GENERATOR	2/26/2021	750				750	5	MO S/L	575	150
276	RESP MONITOR	3/07/2021	1,273				1,273	7	MO S/L	697	182
277	STRAY DOG AREA FENCING	6/09/2021	4,400				4,400	20	MO S/L	788	220
278	PRACTIVET INFUSION PUMP	4/27/2021	895				895	10	MO S/L	328	90
279	PRACTIVET SYRINGE PUMP	4/27/2021	900				900	10	MO S/L	330	90
280	VET-TEC 2020 PLATFORM SCALE	5/06/2021	858				858	5	MO S/L	629	172
281	5 HP GRINDER PUMP (LIFT STATION)	6/02/2021	9,988				9,988	10	MO S/L	3,579	999
282	PRACTIVET INFUSION PUMP	6/09/2021	895				895	10	MO S/L	321	89
283	VET TEMP EAR THERMOMETER	6/10/2021	299				299	5	MO S/L	214	60
284	STRAY KENNEL RENOVATION	8/31/2021	126,073				126,073	40	MO S/L	10,506	3,152
285	ADDITIONS/SIGNS - ADOPTION/ED R	8/31/2021	1,768				1,768	10	MO S/L	589	177
286	STRAY KENNEL FENCING	9/08/2021	4,400				4,400	20	MO S/L	733	220
287	SIGNS	8/31/2021	150				150	10	MO S/L	50	15
288	SURGERY LIGHT	8/26/2021	4,321				4,321	10	MO S/L	1,440	432
289	HYDRAULIC HEATED TOP TABLES	10/20/2021	6,053				6,053	10	MO S/L	1,917	605
290	A/C REPLACED ON ADOPTION TRAIL	9/01/2021	1,470				1,470	5	MO S/L	980	294
291	INFINITY LABSCOPE	7/13/2021	1,602				1,602	10	MO S/L	561	160
292	LIGHT - GALAXY SPRING ARM DUAL	10/11/2021	8,403				8,403	10	MO S/L	2,731	840
293	EMPLOYEE LOCKERS	11/28/2021	2,246				2,246	10	MO S/L	692	225
294	COMPUTER WIRING/EQUIP (LIGHTNIN	8/21/2021	2,381				2,381	10	MO S/L	794	238
295	NEW HVAC UNIT	10/27/2021	17,574				17,574	40	MO S/L	1,391	440
296	T.S. BUILDING IMPROVEMENTS	5/31/2022	71,944				71,944	40	MO S/L	4,646	1,799
297	ALARM SYSTEM RADIO	5/31/2022	300				300	5	MO S/L	155	60
298	NONIN OXIMETER	4/28/2022	1,939				1,939	10	MO S/L	517	194
299	OUTSIDE A/C - STRAY KENNEL	2/21/2022	4,800				4,800	10	MO S/L	1,360	480
300	BACKFLOW	4/10/2022	2,597				2,597	10	MO S/L	714	260
301	OUTSIDE A/C - STRAY KENNEL	6/02/2022	4,800				4,800	10	MO S/L	1,240	480
302	PHARMACY/MEDICAL CART	1/21/2022	11,000				11,000	10	MO S/L	3,208	1,100
303	METAL CABINET - V.S.	5/29/2022	390				390	7	MO S/L	144	56
304	RPG DENTAL SX & EXAM CHAIRS	7/29/2022	2,047				2,047	7	MO S/L	707	292
305	ALARM SYSTEM UPGRADE	6/30/2022	1,485				1,485	5	MO S/L	743	297
307	BUILDING PURCHASE	3/31/2022	546,072				546,072	40	MO S/L	37,542	13,652
308	6' VINYL FENCING	5/31/2022	5,517				5,517	20	MO S/L	713	275
309	ADOPTION TRAILER IMPROVEMENTS	6/09/2022	6,722				6,722	5	MO S/L	3,473	1,344
310	VINYL GRAPHICS	7/21/2022	580				580	10	MO S/L	140	58
311	SECURITY CAMERAS-ADMIS/INTAKE	8/31/2022	1,211				1,211	10	MO S/L	283	121
312	ULTRASOUND INTEGRA HANDHELD	12/28/2022	5,013				5,013	7	MO S/L	1,432	717
314	REFRIGERATOR - VET SERVICES	10/08/2022	275				275	5	MO S/L	124	55
315	Fence - Vet Services Kennel gates	2/07/2022	9,800				9,800	20	MO S/L	1,429	490
316	Courtyard/Rainbow Room/Stray/A Kennel	2/28/2022	13,525				13,525	40	MO S/L	958	338
317	Fence - Vet Services/A Kennel/Behavioral	5/02/2022	19,546				19,546	20	MO S/L	2,606	977
318	TRACK HEADS & RAILS	12/12/2022	2,244				2,244	10	MO S/L	467	225
319	Revelation Microscope	3/30/2023	777				777	10	MO S/L	136	78
320	Water Machine/Dispenser	4/19/2023	188				188	10	MO S/L	31	19
321	Lift Station with pump	4/12/2023	21,359				21,359	20	MO S/L	1,869	1,068
322	Window A/C Unite for Cat ISO	4/17/2023	875				875	10	MO S/L	146	87
323	LAND	3/31/2022	201,972				201,972	0	-- Land	0	0
324	Compact X-Ray Table	8/31/2023	3,523				3,523	10	MO S/L	470	352
327	Sign - Mall Cat Room	9/10/2023	2,032				2,032	10	MO S/L	271	203
328	Dog Sign - Mall Store Signage	7/11/2023	1,725				1,725	10	MO S/L	259	172
330	POWER & LIGHT	8/31/2023	80				80	40	MO S/L	3	2
331	WINDOWS	1/31/2023	2,166				2,166	40	MO S/L	104	54
334	CLINIC PRINTER	6/15/2023	889				889	5	MO S/L	282	177
336	WASHER/DRYER FOR REDINGER CLII	12/29/2023	340				340	10	MO S/L	34	34
337	NEW WASHER/DRYER FOR CLINIC	12/29/2023	800				800	10	MO S/L	80	80
338	WASHER/DRYER FOR REDINGER CLII	12/29/2023	500				500	10	MO S/L	50	50
339	LIFT STATION	1/06/2023	3,252				3,252	10	MO S/L	650	326

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## Federal Asset Report

FYE: 12/31/2025

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
340	DOG WASTE STATION (6)	1/10/2023	1,530				1,530	10	MO S/L	306	153
341	CHAMPION 5 HP GRINDER PUMP FOR	1/17/2023	12,447				12,447	10	MO S/L	2,386	1,244
342	ACCUWAVE MONITOR	1/27/2023	1,499				1,499	10	MO S/L	287	150
343	INCUBATOR	1/29/2023	324				324	10	MO S/L	62	33
344	CENTRIFG E8 DIGI 8-PL	2/06/2023	675				675	10	MO S/L	129	68
345	NEEDLE HOLDER OLSEN HEGAR	2/13/2023	2,310				2,310	10	MO S/L	443	231
346	SPEAKER SYSTEM IN STRAY & ISO A	2/23/2023	3,910				3,910	10	MO S/L	717	391
347	RGP - 400 COMFORT	3/29/2023	1,082				1,082	10	MO S/L	189	109
350	SCALER - GS DELUX LED PIEZO P6	5/30/2023	7,079				7,079	10	MO S/L	1,121	708
351	POWER COARD FOR SCALER	6/13/2023	15				15	10	MO S/L	2	2
352	X-RAY MACHINE	8/24/2023	48,750				48,750	10	MO S/L	6,500	4,875
353	EISENHAUER - OFFICE CHAIR CEO	6/28/2023	1,204				1,204	10	MO S/L	181	120
355	DESKS	7/28/2023	1,518				1,518	10	MO S/L	215	152
356	BREAKROOM TABLE & SHELVES	7/28/2023	660				660	10	MO S/L	94	66
357	FENCE PANEL CAGING FOR MALL	8/25/2023	11,618				11,618	10	MO S/L	1,549	1,162
359	COMPUTER APPLIANCES	6/28/2023	818				818	10	MO S/L	123	82
360	COMPUTER, MONITOR, USB DOCK, 3	8/10/2023	1,513				1,513	10	MO S/L	214	152
361	CHARGING CABLES/BACKUP BATTEF	8/29/2023	187				187	10	MO S/L	25	19
		Sold/Scrapped: 12/31/2025									
362	EQUIPMENT MAINTENANCE	7/12/2023	39				39	10	MO S/L	6	4
363	Computer Support Software	10/06/2023	6,159				6,159	3	MO S/L	2,566	2,053
366	CAT TOWER UNIT AND 5 PC PATIO SE	9/03/2024	10,747				10,747	10	MO S/L	358	1,075
367	MR WINTER FREEZER	10/23/2024	18,550				18,550	10	MO S/L	309	1,855
368	ENGRAVING MACHINE - MY FAMILY	10/26/2024	4,950				4,950	5	MO S/L	165	990
369	SHELTER SIGNAGE	10/26/2024	3,518				3,518	7	MO S/L	84	502
370	OFFICE CHAIRS - 3 OFFICE MAX	10/29/2024	360				360	5	MO S/L	12	72
371	EISENHAUR DESKS - 3	10/29/2024	2,888				2,888	7	MO S/L	69	412
372	EISENHAUR DESK	10/29/2024	983				983	7	MO S/L	23	141
373	RETAIL SUPPLIES - TAG MACHINE AN	10/29/2024	4,171				4,171	3	MO S/L	232	1,390
374	DOG YARD PROJECT	1/01/2025	146,105				146,105	15	MO S/L	0	9,740
375	SIGN AND POLE	1/01/2025	17,400				17,400	15	MO S/L	0	1,160
376	MERCEDES SPRINTER VAN A/C	8/29/2024	9,175				9,175	5	MO S/L	612	1,835
377	LENOVO COMPUTERS AND WORKST.	12/31/2024	28,934				28,934	5	MO S/L	0	5,787
378	40W AMPLIFIER	9/27/2024	589				589	5	MO S/L	29	118
379	10 LED MONITORS AND BACKUPS	10/30/2024	3,202				3,202	5	MO S/L	107	640
380	WEBSITE PLATFORM ENHANCEMENT	11/08/2024	1,875				1,875	3	MO S/L	104	625
382	DELL OPTIPLEX ALL IN ONE	12/03/2024	1,078				1,078	5	MO S/L	18	216
383	DELL POWER EDGE SERVER	12/31/2024	11,707				11,707	5	MO S/L	0	2,341
384	HP 8 PORT SWITCH	9/12/2024	456				456	5	MO S/L	30	92
385	STORAGE CABINETS - CAT AREAS	1/01/2025	8,295				8,295	15	MO S/L	0	553
386	Margaritaville Sales Center	11/12/2025	2,998,460				2,998,460	39	MO S/L	0	12,814
387	Cabinets for Medical Shelter	4/04/2025	11,875				11,875	15	MO S/L	0	594
388	Cabnits for Shelter Medical	9/29/2025	4,875				4,875	15	MO S/L	0	81
389	Cabinets for Shelter Madical	10/22/2025	4,875				4,875	15	MO S/L	0	54
390	Removable Partition	10/29/2025	5,521				5,521	3	MO S/L	0	307
391	Removable Partition	11/04/2025	5,305				5,305	3	MO S/L	0	295
392	Wall Box Sign / Mon Sign	9/23/2025	12,000				12,000	15	MO S/L	0	200
393	Adoption Trailer Wrap	3/05/2025	6,112				6,112	5	MO S/L	0	1,019
394	2024 Subaru Outback w/ Custom wrap	4/28/2025	29,239				29,239	5	MO S/L	0	3,899
395	HP Probook	2/12/2025	1,167				1,167	3	MO S/L	0	357
396	Owl 360 Dgree Video	2/24/2025	2,259				2,259	3	MO S/L	0	628
397	HP Probook Notebook	9/02/2025	1,547				1,547	3	MO S/L	0	172
398	Anesthesia Scavenger System	7/01/2025	3,936				3,936	5	MO S/L	0	394
399	Oxywave Operating table	8/01/2025	30,718				30,718	7	MO S/L	0	1,828
400	Margaritaville Design and permit	12/11/2025	15,000				15,000	0	-- Memo	0	0
401	Salter Farm 1980 Lake Hires	5/31/2025	1,000,000				1,000,000	39	MO S/L	0	14,957
402	Salter - 512 N Kentucky	6/30/2025	218,000				218,000	39	MO S/L	0	2,795
403	Salter 790 Spring Garden	6/30/2025	255,000				255,000	39	MO S/L	0	3,269
404	NC Vacant Lot Rosemont - Salter	6/30/2025	25,000				25,000	0	-- Land	0	0
405	NC Vacant Lot - Greenspire Dr - Salter	6/30/2025	25,000				25,000	0	-- Land	0	0
407	Thrift store equipment	9/30/2025	20,982				20,982	5	MO S/L	0	1,049
408	Computer equipment	11/13/2025	3,699				3,699	5	MO S/L	0	123
409	GA land - Salter	6/30/2025	50,000				50,000	0	-- Land	0	0
410	2025 other assets	10/31/2025	4,332				4,332	5	MO S/L	0	144
<b>Total Other Depreciation</b>			<u>13,530,302</u>				<u>13,528,550</u>			<u>2,915,751</u>	<u>307,746</u>
<b>Total ACRS and Other Depreciation</b>			<u>13,530,302</u>				<u>13,528,550</u>			<u>2,915,751</u>	<u>307,746</u>

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**Federal Asset Report**

FYE: 12/31/2025

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
<b>Listed Property:</b>									
184	2011 FRE VAN	12/01/2017	46,285			46,285	5 MO S/L	20,296	2,075
	Sold/Scrapped: 11/10/2025								
241	2016 SUBARU FORESTER	5/18/2020	14,453			14,453	10 MO S/L	6,624	1,446
329	2023 MERCEDES SPRINTER 2500	1/31/2024	71,001			71,001	5 MO S/L	13,017	14,200
365	MERCEDES SPRINTER VAN LineX	12/13/2023	1,200			1,200	5 MO S/L	260	240
			<u>132,939</u>			<u>132,939</u>		<u>40,197</u>	<u>17,961</u>
<b>Amortization:</b>									
381	WEB DESIGN	11/11/2024	949			949	3 MO Amort	53	316
			<u>949</u>			<u>949</u>		<u>53</u>	<u>316</u>
	<b>Grand Totals</b>		13,667,104			13,665,352		2,958,915	326,023
	<b>Less: Dispositions and Transfers</b>		51,267			51,267		23,530	2,177
	<b>Less: Start-up/Org Expense</b>		0			0		0	0
	<b>Less: Domestic R &amp; E Expense</b>		0			0		0	0
	<b>Net Grand Totals</b>		<u>13,615,837</u>			<u>13,614,085</u>		<u>2,935,385</u>	<u>323,846</u>

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**Bonus Depreciation Report**

FYE: 12/31/2025

**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	6/22/2015	1,021		0	0	511	510
203	TIMECLOCK PLUS SOFTWARE	10/29/2018	1,350		0	0	1,241	109
260	BUILDING SIGNS - ACRYLIC LETTERS	3/23/2020	6,752		0	0	0	6,752
330	POWER & LIGHT	8/31/2023	80		0	0	0	80
331	WINDOWS	1/31/2023	2,166		0	0	0	2,166
<b>Grand Total</b>			<u>11,369</u>		<u>0</u>	<u>0</u>	<u>1,752</u>	<u>9,617</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>
There are no assets that meet the criteria of this report						

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**Future Depreciation Report****FYE: 12/31/2026**

FYE: 12/31/2025

**Form 990, Page 1**

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
<b>Prior MACRS:</b>					
20	AIR PURIFIER	6/01/1993	2,914	0	0
			<u>2,914</u>	<u>0</u>	<u>0</u>
<b>Other Depreciation:</b>					
1	LAND	1/01/1965	3,476	0	0
2	CARE CENTER BUILDING	6/01/1987	291,661	0	0
3	PUMP HOUSE	6/01/1993	7,112	182	0
4	KENNEL	6/01/1993	68,841	1,765	0
5	CATTERY	11/01/1993	64,447	1,653	0
6	BUILDING IMPROVEMENTS	5/01/1963	69,473	0	0
7	BUILDING ADDITION	4/01/2001	541,970	13,897	0
9	BUILDING ADDITIONS	2/01/2002	18,856	484	0
10	CENTER EQUIPMENT	6/05/1997	15,186	0	0
11	CENTER EQUIPMENT	4/01/1998	37,829	0	0
12	CENTER EQUIPMENT	6/02/1999	10,686	0	0
13	CENTER EQUIPMENT	4/01/2001	5,126	0	0
14	CENTER EQUIPMENT	6/01/2002	4,161	0	0
15	FURNITURE	5/20/1987	13,905	0	0
16	EQUIPMENT	1/01/1988	15,621	0	0
18	EQUIPMENT	1/01/1988	2,042	0	0
19	MICROSCOPE	6/01/1993	1,245	0	0
21	REFRIG/SURGERY	6/01/1993	102	0	0
22	LAUNDRY	6/01/1993	2,949	75	0
23	LANDSCAPING	8/01/1993	500	0	0
24	REFRIGERATOR	7/02/1993	159	0	0
25	LAWN MOWER	5/01/1993	753	0	0
27	FENCING	3/28/1994	5,775	0	0
28	EQUIPMENT	6/01/1994	150	0	0
29	CATTERY WIRE	1/15/1994	3,310	85	0
30	AIR HANDLER	8/03/1994	895	0	0
32	WINDOW TREATMENT	8/31/1994	57	0	0
33	AIR CIRCULATOR	8/18/1994	160	0	0
34	TOOLS	6/30/1994	256	0	0
36	PERM FILTERS	2/23/1994	583	0	0
37	VAPORIZER	2/15/1994	1,721	0	0
38	3 REFRIGERATORS	5/27/1994	200	0	0
39	OFFICE EQUIPMENT	6/30/1994	710	0	0
40	HAND BLOWER	3/23/1994	152	0	0
41	SOD	6/05/1995	540	0	0
42	SHOP IMPROVEMENTS	3/28/1995	317	0	0
43	AIR CONDITIONER	5/24/1995	550	0	0
44	SPRINKLER SYSTEM	5/30/1995	1,120	0	0
45	SHOP IMPROVEMENTS	6/15/1965	115	0	0
46	ELECTRICAL UPGRADE	12/13/1995	1,370	35	0
47	PUMP/GENERATOR	8/01/1995	1,380	0	0
48	WET VACUUM	4/20/1995	59	0	0
49	SANDER	8/10/1995	105	0	0
51	A/C UNIT	11/21/1995	428	0	0
53	FORCEPS	4/26/1995	59	0	0
54	EQUIPMENT	6/26/1995	250	0	0
55	GENERATORS	7/05/1995	3,445	0	0
58	TELEPHONE	5/07/1996	620	0	0
60	EQUIPMENT	7/31/1996	296	0	0
61	CASH REGISTER	2/14/1996	895	0	0
62	A/C UNIT	7/02/1996	539	0	0
63	FAN	7/02/1996	159	0	0
65	SAFE	11/08/1996	500	0	0
66	IMPROVEMENTS	8/31/1996	1,755	0	0
67	ELECTRIC GATE	2/12/1996	1,610	0	0
68	PARKING LOT	7/24/1996	4,078	0	0
69	IMPROVEMENTS	7/01/2003	7,917	203	0
70	EQUIPMENT	7/01/2003	19,996	0	0
71	CARE CENTER BUILDING	12/31/2003	934,831	23,970	0
72	IMPROVEMENTS	7/01/2004	3,610	92	0

Asset	Description	Date In Service	Cost	Tax	AMT
73	A/C UNIT	1/13/2004	1,895	0	0
75	SECURITY CAMERAS	4/26/2004	9,200	0	0
76	OFFICE EQUIPMENT	6/07/2004	378	0	0
78	EQUIPMENT	12/31/2004	2,809	0	0
79	5 TON A/C UNIT	1/10/2005	3,450	0	0
80	OIL FIRED FURNACE	3/10/2005	1,200	0	0
81	4 TON A/C UNIT	7/19/2005	1,575	0	0
84	LAND CLEARING	6/06/2006	3,000	0	0
85	COPIER	1/03/2007	600	0	0
86	TRAILER	8/20/2007	1,155	0	0
87	DIXIE CHOPPER MOWER	11/09/2007	4,999	0	0
88	8 SS PORTABLE KENNELS	8/17/2007	9,007	0	0
90	SECURITY SYSTEM	12/03/2008	1,900	0	0
93	GAS FURNACE	11/18/2010	1,540	0	0
94	FENCING	4/29/2010	3,867	194	0
95	AUTOCLAVE	2/11/2010	957	0	0
97	DENTAL SCALER/POLISHER	8/27/2010	924	0	0
98	ANIMAL SCALE	9/30/2010	565	0	0
99	CELESTIAL STAR DUEL SURGERY LIGHT	12/21/2010	2,675	0	0
104	PET CRATES	3/01/2011	5,000	0	0
107	A/C UNIT	3/23/2011	20,398	0	0
108	ELECTRICAL WIRING	4/14/2011	5,698	95	0
109	INSULATION	5/19/2011	1,250	35	0
110	PAYNE 4 TON 13 SEER	9/21/2011	2,490	0	0
113	DESKS, CHAIRS, BOOKSHELVES	12/01/2011	31,725	0	0
115	FENCE	12/01/2011	1,300	79	0
116	CONSTRUCTION DOCUMENTS	12/31/2011	2,200	147	0
117	IMPACT FEES	12/31/2011	6,637	443	0
118	CONSTRUCTION DOCUMENTS	12/31/2011	2,200	147	0
119	DOG KENNELS	12/31/2011	15,615	1,041	0
120	SURGICAL TABLE	12/31/2011	3,077	0	0
121	STERILIZER	12/31/2011	2,800	0	0
122	ANESTHESIA MACHINE	12/31/2011	2,690	0	0
123	SURGICAL / EXAM LIGHT	3/08/2012	2,073	0	0
124	SCAVENGER SYSTEM	4/10/2012	1,190	0	0
125	ANESTHESIA MACHINE	4/10/2012	4,000	0	0
126	ANESTHESIA MACHINE	4/10/2012	1,038	0	0
127	OMNI SERIES PET LIFT	4/23/2012	1,020	0	0
128	MILLENNIUM ANESTHESIA	6/26/2012	2,180	0	0
129	ANESTHESIA	8/29/2012	2,865	0	0
130	A/C UNIT - CAT ROOM	7/20/2012	1,125	0	0
134	SINAGE	5/30/2012	839	56	0
135	RENOVATIONS I	4/19/2012	38,777	2,585	0
136	ADOPTION TRAILER	1/01/2013	46,505	0	0
138	RENOVATIONS II	4/09/2012	17,832	1,189	0
142	12 PARK BENCHES	8/30/2013	3,245	0	0
143	EXAM LIGHT - LED	8/13/2013	616	0	0
146	HD-P MANUAL STERILIZER	10/03/2013	2,670	0	0
147	MEMORIAL GARDEN FENCE	10/02/2013	869	58	0
150	LAWN EQUIPMENT	11/28/2013	619	0	0
151	LAND	2/18/2014	392,501	0	0
152	CHERRY WOOD FLOORING	3/31/2014	2,006	51	0
154	STRAY KENNEL	8/25/2015	10,179	679	0
155	METAL DOOR	12/21/2015	438	29	0
156	SECURITY CAMERA SYSTEM	2/27/2015	7,957	0	0
159	TIMECLOCK PLUS	6/22/2015	1,021	0	0
160	KENNEL RENOVATIONS	12/15/2015	25,000	641	0
161	DOG PARK	12/30/2015	79,987	3,999	0
162	DOG PARK ENG	12/30/2015	31,791	1,589	0
163	A/C INDOOR & OUTDOOR UNIT	4/01/2016	9,082	0	0
164	FURNANCE	4/01/2016	2,545	0	0
165	DOG PARK PLAY STRUCTURE	2/23/2016	8,965	448	0
167	DOG PARK	10/31/2016	326,844	16,342	0
168	3 ROOF EXHAUST FANS	1/28/2016	2,014	0	0
169	ADOPTION KENNEL RENOVATION	10/31/2016	364,555	9,347	0
170	METAL DOOR	1/06/2016	438	29	0
173	DOG PEN	5/02/2017	2,666	177	0
174	A/C - ADMISSION LOBBY	6/24/2017	5,058	0	0
175	LIFTSTATION/PUMPS	8/25/2017	22,672	567	0
177	BATHING SINK	5/28/2017	1,850	0	0
178	SECURITY CAMERAS SYSTEM	6/01/2017	895	90	0

Asset	Description	Date In Service	Cost	Tax	AMT
179	A/C UNIT	9/01/2017	4,846	0	0
180	A/C UNIT	9/01/2017	5,963	0	0
181	A/C UNIT	9/05/2017	5,844	0	0
182	HYDROSURGE BATH	5/19/2017	995	0	0
183	SECURITY CAMERA SYSTEM	6/01/2017	6,390	639	0
185	BOARD/GROOMING BUILDING & IMPROV	10/01/2017	690,341	17,258	0
186	FOUNTAIN, TRASH, BABY CHANGING STA	10/01/2017	1,272	84	0
187	CAT CONDO QUADS	10/01/2017	13,081	872	0
188	DOG KENNELS	10/01/2017	4,360	291	0
190	A/C WALL UNIT - RAINBOW ROOM	9/28/2017	739	0	0
192	SECURITY CAMERA SYSTEM	6/01/2017	8,810	881	0
193	SH DOUBLE DRYING CAGE	6/19/2017	3,971	0	0
194	PS MOD KENNEL CAGE 11 UNIT	5/03/2017	1,805	0	0
195	B.I. ROOF	5/04/2018	12,950	324	0
196	LAUNDRY ROOM ROOF	7/26/2018	7,900	197	0
197	MOTORIZED STAND UP DESK (DR. GREEN	2/28/2018	6,250	0	0
198	DONATED FURNITURE (DESKS, CHAIRS, S	6/30/2018	10,000	0	0
199	BUILT-IN CABINET	7/30/2018	2,010	201	0
201	FENCING AROUND DOG YARD	10/05/2018	3,780	189	0
203	TIMECLOCK PLUS SOFTWARE	10/29/2018	1,350	24	0
204	MUSIC SYSTEM (DOG KENNELS)	12/01/2018	2,499	0	0
205	2017 FORD BOX TRUCK	1/31/2019	36,887	0	0
206	SECURITY FORCE CAMERAS & ED ROOM	11/30/2019	15,569	1,557	0
207	DOG YARD FENCING	2/27/2019	2,153	107	0
208	NEW FLOORING - ADMIN	4/28/2019	1,732	43	0
209	CONCRETE SLAB - EAST SIDE	5/17/2019	2,700	135	0
210	DOG CAGES - REPLACEMENT/REPAIRS	5/30/2019	5,775	577	0
211	MAIN SHELTER REMODEL (CAPITAL CAM	6/30/2019	2,246,133	56,153	0
212	SURGERY UNIT DUCTWORK	7/08/2019	1,233	31	0
213	NEW LIFTMASTER 1 HP EMPLOYEE GATE	9/27/2019	5,187	519	0
214	CAT CAGES - REPLACEMENT/REPAIRS	9/27/2019	5,530	553	0
215	ROLL GATE - REPLACED	11/01/2019	1,275	128	0
216	DRILL NIBBLER	1/29/2019	577	0	0
217	VET SERVICES EQUIP - LADSCOPE, MONI	2/01/2019	20,844	0	0
218	PRESSURE WASHER	5/22/2019	1,074	0	0
220	CAPITAL CAMPAIGN - FIXTURES/ SHELVE	9/30/2019	43,640	4,364	0
221	EASY TURF - ARTIFICIAL GRASS	5/22/2019	20,370	1,019	0
222	3 ELECTRICAL CIRCUITS	8/29/2019	1,281	32	0
223	SURGICAL - AUTOCLAVE, PULSE OX MON	2/01/2019	4,987	0	0
224	FRONT LAND	2/12/2019	2,500	0	0
226	AIM LED EXAM LIGHT	1/02/2020	2,891	0	0
227	IV FLUID WARMER (1)	1/10/2020	300	0	0
228	FREEDOM BUNDLE VS2+HMS+SA (NO WA	1/14/2020	19,500	0	0
229	TOMAHAWK LIVE TRAPS	1/29/2020	1,609	0	0
231	SO#44004LDT- ANESTHESIA MACHINE/VA	3/05/2020	3,888	0	0
232	2 CAMERAS (NEW INTAKE AREA)	3/31/2020	1,984	198	0
233	SIDEWALK REPAIRS (BOARDING/GROOMI	1/20/2020	875	44	0
234	SIDEWALK REPAIRS (COURT YARD)	1/20/2020	875	44	0
235	PLUMBING BLOCKAGE & BROKEN SEWEF	1/20/2020	2,943	74	0
236	UPGRADED ALARM SYSTEM	1/31/2020	4,418	442	0
237	TV MOUNT/INSTALL (LOBBY)	1/31/2020	825	0	0
238	MILLINGS/GRADE WORK	2/10/2020	2,300	115	0
239	BUILT IN CAT PORTALS (31)	2/11/2020	2,469	62	0
240	AUTOCLAVE EZ9 FULLY AUTO CHAMBER	12/28/2018	9,196	0	0
242	DOG PARK FENCE	4/29/2020	1,850	93	0
243	IN-WALL CABINETS	6/01/2020	3,721	93	0
245	20 GALLON WATER HEATER	4/16/2020	1,276	128	0
246	2016 F-250	8/06/2020	23,606	0	0
248	VET SERVICES REMODEL	5/16/2020	53,753	1,344	0
249	ADMIN A/C UNIT	5/14/2020	5,800	829	0
251	5HP GRINDER PUMP (LIFT STATION)	8/19/2020	6,541	654	0
252	VS EQUIP - FORCEPS, TISSUE, METZENBA	8/29/2020	586	0	0
253	FLOOR VENT COVERS	9/02/2020	880	22	0
254	VET SVCS - AUTOCLAVE & MISC	11/20/2020	11,210	1,121	0
255	FENCE REPAIR	10/29/2020	762	38	0
257	NEW CONDENSER (WALK-IN FREEZER)	11/20/2020	2,364	0	0
258	EMPLOYEE BREAKROOM RENOVATION	2/12/2020	19,567	489	0
259	VET SERVICES - HYDRAULIC TABLE & FO	12/23/2020	9,741	974	0
260	BUILDING SIGNS - ACRYLIC LETTERS	3/23/2020	6,752	168	0
261	VET SERVICES RENOVATION	5/16/2020	3,507	87	0
263	STRAY KENNEL ROOF & GRATES	8/11/2020	5,730	143	0

Asset	Description	Date In Service	Cost	Tax	AMT
264	ADMISSIONS ROOM RENOVATION	8/12/2020	57,115	1,428	0
265	LEADERSHIP RENOVATION (TILE FLOORS	10/31/2020	1,529	38	0
266	ED ROOM - WALLS TILES/SOUND BAFFLE	11/30/2020	3,204	80	0
269	STORM WATER EVALUATION	2/21/2020	1,750	88	0
270	24 HP KAW 54" LAWN TRACTOR	1/08/2021	4,500	0	0
271	HOTDOG CONTROLLER - VET WARMING I	1/12/2021	7,516	0	0
272	VET 30 BP SPO2 & ACCUVET TEMP	1/26/2021	2,650	379	0
273	FILING CABINET - ADOPTION MGR OFFICE	1/29/2021	280	28	0
274	BENCHMARK HEMATOCRIT CENTRIFUGE	2/12/2021	1,119	160	0
275	PULSAR HEAVY DUTY GENERATOR	2/26/2021	750	25	0
276	RESP MONITOR	3/07/2021	1,273	182	0
277	STRAY DOG AREA FENCING	6/09/2021	4,400	220	0
278	PRACTIVET INFUSION PUMP	4/27/2021	895	89	0
279	PRACTIVET SYRINGE PUMP	4/27/2021	900	90	0
280	VET-TEC 2020 PLATFORM SCALE	5/06/2021	858	57	0
281	5 HP GRINDER PUMP (LIFT STATION)	6/02/2021	9,988	999	0
282	PRACTIVET INFUSION PUMP	6/09/2021	895	90	0
283	VET TEMP EAR THERMOMETER	6/10/2021	299	25	0
284	STRAY KENNEL RENOVATION	8/31/2021	126,073	3,152	0
285	ADDITIONS/SIGNS - ADOPTION/ED ROOM	8/31/2021	1,768	177	0
286	STRAY KENNEL FENCING	9/08/2021	4,400	220	0
287	SIGNS	8/31/2021	150	15	0
288	SURGERY LIGHT	8/26/2021	4,321	432	0
289	HYDRAULIC HEATED TOP TABLES	10/20/2021	6,053	605	0
290	A/C REPLACED ON ADOPTION TRAILER	9/01/2021	1,470	196	0
291	INFINITY LABSCOPE	7/13/2021	1,602	160	0
292	LIGHT - GALAXY SPRING ARM DUAL 8	10/11/2021	8,403	840	0
293	EMPLOYEE LOCKERS	11/28/2021	2,246	225	0
294	COMPUTER WIRING/EQUIP (LIGHTNING D	8/21/2021	2,381	238	0
295	NEW HVAC UNIT	10/27/2021	17,574	439	0
296	T.S. BUILDING IMPROVEMENTS	5/31/2022	71,944	1,799	0
297	ALARM SYSTEM RADIO	5/31/2022	300	60	0
298	NONIN OXIMETER	4/28/2022	1,939	194	0
299	OUTSIDE A/C - STRAY KENNEL	2/21/2022	4,800	480	0
300	BACKFLOW	4/10/2022	2,597	260	0
301	OUTSIDE A/C - STRAY KENNEL	6/02/2022	4,800	480	0
302	PHARMACY/MEDICAL CART	1/21/2022	11,000	1,100	0
303	METAL CABINET - V.S.	5/29/2022	390	55	0
304	RPG DENTAL SX & EXAM CHAIRS	7/29/2022	2,047	293	0
305	ALARM SYSTEM UPGRADE	6/30/2022	1,485	297	0
307	BUILDING PURCHASE	3/31/2022	546,072	13,652	0
308	6' VINYL FENCING	5/31/2022	5,517	276	0
309	ADOPTION TRAILER IMPROVEMENTS	6/09/2022	6,722	1,345	0
310	VINYL GRAPHICS	7/21/2022	580	58	0
311	SECURITY CAMERAS-ADMIS/INTAKE	8/31/2022	1,211	121	0
312	ULTRASOUND INTEGRA HANDHELD - VET	12/28/2022	5,013	716	0
314	REFRIGERATOR - VET SERVICES	10/08/2022	275	55	0
315	Fence - Vet Services Kennel gates	2/07/2022	9,800	490	0
316	Courtyard/Rainbow Room/Stray/A Kennel Reno	2/28/2022	13,525	338	0
317	Fence - Vet Services/A Kennel/Behavioral Isol	5/02/2022	19,546	978	0
318	TRACK HEADS & RAILS	12/12/2022	2,244	224	0
319	Revelation Microscope	3/30/2023	777	77	0
320	Water Machine/Dispenser	4/19/2023	188	19	0
321	Lift Station with pump	4/12/2023	21,359	1,068	0
322	Window A/C Unite for Cat ISO	4/17/2023	875	88	0
323	LAND	3/31/2022	201,972	0	0
324	Compact X-Ray Table	8/31/2023	3,523	352	0
327	Sign - Mall Cat Room	9/10/2023	2,032	203	0
328	Dog Sign - Mall Store Signage	7/11/2023	1,725	173	0
330	POWER & LIGHT	8/31/2023	80	2	0
331	WINDOWS	1/31/2023	2,166	54	0
334	CLINIC PRINTER	6/15/2023	889	178	0
336	WASHER/DRYER FOR REDINGER CLINIC	12/29/2023	340	34	0
337	NEW WASHER/DRYER FOR CLINIC	12/29/2023	800	80	0
338	WASHER/DRYER FOR REDINGER CLINIC	12/29/2023	500	50	0
339	LIFT STATION	1/06/2023	3,252	325	0
340	DOG WASTE STATION (6)	1/10/2023	1,530	153	0
341	CHAMPION 5 HP GRINDER PUMP FOR LIFT	1/17/2023	12,447	1,245	0
342	ACCUWAVE MONITOR	1/27/2023	1,499	150	0
343	INCUBATOR	1/29/2023	324	32	0
344	CENTRIFUG E8 DIGI 8-PL	2/06/2023	675	67	0

Asset	Description	Date In Service	Cost	Tax	AMT
345	NEEDLE HOLDER OLSEN HEGAR	2/13/2023	2,310	231	0
346	SPEAKER SYSTEM IN STRAY & ISO AREA	2/23/2023	3,910	391	0
347	RGP - 400 COMFORT	3/29/2023	1,082	108	0
350	SCALER - GS DELUX LED PIEZO P6	5/30/2023	7,079	708	0
351	POWER COARD FOR SCALER	6/13/2023	15	2	0
352	X-RAY MACHINE	8/24/2023	48,750	4,875	0
353	EISENHAUER - OFFICE CHAIR CEO	6/28/2023	1,204	120	0
355	DESKS	7/28/2023	1,518	151	0
356	BREAKROOM TABLE & SHELVES	7/28/2023	660	66	0
357	FENCE PANEL CAGING FOR MALL	8/25/2023	11,618	1,162	0
359	COMPUTER APPLIANCES	6/28/2023	818	81	0
360	COMPUTER, MONITOR, USB DOCK, 3 YEA	8/10/2023	1,513	151	0
362	EQUIPMENT MAINTENANCE	7/12/2023	39	4	0
363	Computer Support Software	10/06/2023	6,159	1,540	0
366	CAT TOWER UNIT AND 5 PC PATIO SET	9/03/2024	10,747	1,075	0
367	MR WINTER FREEZER	10/23/2024	18,550	1,855	0
368	ENGRAVING MACHINE - MY FAMILY	10/26/2024	4,950	990	0
369	SHELTER SIGNAGE	10/26/2024	3,518	503	0
370	OFFICE CHAIRS - 3 OFFICE MAX	10/29/2024	360	72	0
371	EISENHAUR DESKS - 3	10/29/2024	2,888	413	0
372	EISENHAUR DESK	10/29/2024	983	140	0
373	RETAIL SUPPLIES - TAG MACHINE AND SI	10/29/2024	4,171	1,390	0
374	DOG YARD PROJECT	1/01/2025	146,105	9,741	0
375	SIGN AND POLE	1/01/2025	17,400	1,160	0
376	MERCEDES SPRINTER VAN A/C	8/29/2024	9,175	1,835	0
377	LENOVO COMPUTERS AND WORKSTATIO	12/31/2024	28,934	5,786	0
378	40W AMPLIFIER	9/27/2024	589	118	0
379	10 LED MONITORS AND BACKUPS	10/30/2024	3,202	640	0
380	WEBSITE PLATFORM ENHANCEMENT	11/08/2024	1,875	625	0
382	DELL OPTIPLEX ALL IN ONE	12/03/2024	1,078	215	0
383	DELL POWER EDGE SERVER	12/31/2024	11,707	2,342	0
384	HP 8 PORT SWITCH	9/12/2024	456	91	0
385	STORAGE CABINETS - CAT AREAS	1/01/2025	8,295	553	0
386	Margaritaville Sales Center	11/12/2025	2,998,460	76,884	0
387	Cabinets for Medical Shelter	4/04/2025	11,875	791	0
388	Cabnits for Sheler Medical	9/29/2025	4,875	325	0
389	Cabinets for Shelter Madical	10/22/2025	4,875	325	0
390	Removable Partition	10/29/2025	5,521	1,840	0
391	Removable Partition	11/04/2025	5,305	1,768	0
392	Wall Box Sign / Mon Sign	9/23/2025	12,000	800	0
393	Adoption Trailer Wrap	3/05/2025	6,112	1,222	0
394	2024 Subaru Outback w/ Custom wrap	4/28/2025	29,239	5,847	0
395	HP Probook	2/12/2025	1,167	389	0
396	Owl 360 Dgree Video	2/24/2025	2,259	753	0
397	HP Probook Notebook	9/02/2025	1,547	516	0
398	Anesthesia Scavenger System	7/01/2025	3,936	787	0
399	Oxywave Operating table	8/01/2025	30,718	4,389	0
400	Margaritaville Design and permit	12/11/2025	15,000	0	0
401	Salter Farm 1980 Lake Hires	5/31/2025	1,000,000	25,641	0
402	Salter - 512 N Kentucky	6/30/2025	218,000	5,590	0
403	Salter 790 Spring Garden	6/30/2025	255,000	6,539	0
404	NC Vacant Lot Rosemont - Salter	6/30/2025	25,000	0	0
405	NC Vacant Lot - Greenspire Dr - Salter	6/30/2025	25,000	0	0
407	Thrift store equipment	9/30/2025	20,982	4,196	0
408	Computer equipment	11/13/2025	3,699	740	0
409	GA land - Salter	6/30/2025	50,000	0	0
410	2025 other assets	10/31/2025	4,332	867	0
<b>Total Other Depreciation</b>			<b>13,525,320</b>	<b>393,479</b>	<b>0</b>
<b>Total ACRS and Other Depreciation</b>			<b>13,525,320</b>	<b>393,479</b>	<b>0</b>

**Listed Property:**

241	2016 SUBARU FORESTER	5/18/2020	14,453	1,445	0
329	2023 MERCEDES SPRINTER 2500	1/31/2024	71,001	14,200	0
365	MERCEDES SPRINTER VAN LineX	12/13/2023	1,200	240	0

**Future Depreciation Report FYE: 12/31/2026**

**Form 990, Page 1**

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
			86,654	15,885	0
<b><u>Amortization:</u></b>					
381	WEB DESIGN	11/11/2024	949	316	0
			949	316	0
<b>Grand Totals</b>			<u>13,615,837</u>	<u>409,680</u>	<u>0</u>

<b>SCHEDULE G</b> <b>(Form 990 or 990-EZ)</b>	<b>Fundraising Other Events</b>	<b>2025</b>
For calendar year 2025, or tax year beginning _____, and ending _____		

Name <b>HALIFAX HUMANE SOCIETY, INC</b>	Employer Identification Number <b>59-0530990</b>
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		(a) Other event <u>CAPITAL CAMPAIG</u> <small>(event type)</small>	(b) Other event <u>FUNDRAISING EVE</u> <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	<b>1</b> Gross receipts	<b>5,221</b>	<b>23,626</b>		<b>28,847</b>
	<b>2</b> Less: Charitable contributions				
	<b>3</b> Gross income <small>(line 1 minus line 2)</small>	<b>5,221</b>	<b>23,626</b>		<b>28,847</b>
Direct Expenses	<b>4</b> Cash prizes				
	<b>5</b> Noncash prizes				
	<b>6</b> Rent/facility costs				
	<b>7</b> Food/beverages				
	<b>8</b> Entertainment				
	<b>9</b> Other expenses		<b>355,843</b>		<b>355,843</b>

Form <b>990</b>	<b>Two Year Comparison Report</b>	<b>2024 &amp; 2025</b>
For calendar year 2025, or tax year beginning _____, ending _____		

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

		2024	2025	Differences
<b>Revenue</b>	1. Contributions, gifts, grants	2,434,456	5,814,621	3,380,165
	2. Membership dues and assessments			
	3. Government contributions and grants			
	4. Program service revenue	1,221,637	1,300,372	78,735
	5. Investment income	457,123	410,621	-46,502
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory	110,617	420,608	309,991
	8. Net income or (loss) from fundraising events	334,128	104,330	-229,798
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory	303,267	337,363	34,096
	11. Other revenue	44,921	107,565	62,644
	12. <b>Total revenue.</b> Add lines 1 through 11	<b>4,906,149</b>	<b>8,495,480</b>	<b>3,589,331</b>
<b>Expenses</b>	13. Grants and similar amounts paid			
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.	138,758		-138,758
	16. Salaries, other compensation, and employee benefits	3,201,135	4,351,559	1,150,424
	17. Professional fundraising fees			
	18. Other professional fees	74,007	384,802	310,795
	19. Occupancy, rent, utilities, and maintenance	286,714	379,634	92,920
	20. Depreciation and Depletion	264,924	323,904	58,980
	21. Other expenses	1,563,593	2,944,617	1,381,024
	22. <b>Total expenses.</b> Add lines 13 through 21	<b>5,529,131</b>	<b>8,384,516</b>	<b>2,855,385</b>
	23. <b>Excess or (Deficit).</b> Subtract line 22 from line 12	<b>-622,982</b>	<b>110,964</b>	<b>733,946</b>
<b>Other Information</b>	24. Total exempt revenue	4,906,149	8,495,480	3,589,331
	25. Total unrelated revenue			
	26. Total excludable revenue	2,137,565	2,576,529	438,964
	27. Total assets	18,857,611	19,833,349	975,738
	28. Total liabilities	446,244	934,788	488,544
	29. Retained earnings	18,411,367	18,898,561	487,194
	30. Number of voting members of governing body	8	7	
	31. Number of independent voting members of governing body	8	7	
	32. Number of employees	167	125	
33. Number of volunteers	221	400		

Form <b>990T</b>	<b>Two Year Comparison Report</b>	<b>2024 &amp; 2025</b>
For calendar year 2025, or tax year beginning _____, ending _____		

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

		2024	2025	Differences
<b>Business Taxable Income</b>	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. <b>Taxable income before NOL loss</b>			
	6. Net operating loss (pre-2018)			
	7. Specific deduction		1,000	1,000
	8. <b>Unrelated business taxable income.</b>			
<b>Tax &amp; Credits</b>	9. Income tax (corporate or trust)			
	10. Proxy tax			
	11. Other taxes			
	12. <b>Total taxes</b>			
	13. Other credits			
	14. General business credit			
	15. Credit for prior year minimum tax			
	16. <b>Total credits</b>			
	17. <b>Net tax after credits</b>			
	18. Recapture taxes and 965 tax			
	19. <b>Total Taxes</b>			
<b>Due/Refund</b>	20. Prior year overpayment and estimated tax payments			
	21. Payment made with extension			
	22. Backup withholding and foreign withholding			
	23. Other payments			
	24. <b>Total payments</b>			
	25. <b>Balance due/(Overpayment)</b>			
	26. Overpayment applied to next year			
	27. Penalties			
	28. <b>Total due/(Refund)</b>			
29. Activity Losses NOL (Post-2017)				

Form <b>990</b>	<b>Tax Return History</b>	<b>2025</b>
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Name <b>HALIFAX HUMANE SOCIETY, INC</b>	Employer Identification Number <b>59-0530990</b>
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	2021	2022	2023	2024	2025	2026
Contributions, gifts, grants	1,830,862	3,474,723	6,033,948	2,434,456	5,814,621	
Membership dues						
Program service revenue	1,385,876	1,018,856	1,182,409	1,221,637	1,300,372	
Capital gain or loss	157,176	8,586	63,583	110,617	420,608	
Investment income	131,281	150,501	252,571	457,123	410,621	
Fundraising revenue (income/loss)	444,598	633,705	488,079	334,128	104,330	
Gaming revenue (income/loss)						
Other revenue	486,170	562,864	529,250	348,188	444,928	
<b>Total revenue</b>	<b>4,435,963</b>	<b>5,849,235</b>	<b>8,549,840</b>	<b>4,906,149</b>	<b>8,495,480</b>	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.	86,326	104,000	153,584	138,758		
Other compensation	2,234,544	2,735,683	3,209,976	3,201,135	4,351,559	
Professional fees	21,889	73,513	58,441	74,007	384,802	
Occupancy costs	179,712	217,591	283,183	286,714	379,634	
Depreciation and depletion	239,617	258,372	257,183	264,924	323,904	
Other expenses	704,247	823,224	967,929	1,563,593	2,944,617	
<b>Total expenses</b>	<b>3,466,335</b>	<b>4,212,383</b>	<b>4,930,296</b>	<b>5,529,131</b>	<b>8,384,516</b>	
<b>Excess or (Deficit)</b>	<b>969,628</b>	<b>1,636,852</b>	<b>3,619,544</b>	<b>-622,982</b>	<b>110,964</b>	
<b>Total exempt revenue</b>	<b>4,435,963</b>	<b>5,849,235</b>	<b>8,549,840</b>	<b>4,906,149</b>	<b>8,495,480</b>	
Total unrelated revenue	214,609	258,872	155,027			
Total excludable revenue	1,945,894	1,481,935	1,872,786	2,137,565	2,576,529	
Total Assets	14,272,148	14,787,437	19,013,419	18,857,611	19,833,349	
Total Liabilities	340,515	450,934	408,594	446,244	934,788	
Net Fund Balances	13,931,633	14,336,503	18,604,825	18,411,367	18,898,561	

Form <b>990T</b>	<b>Tax Return History</b>	<b>2025</b>
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Name <b>HALIFAX HUMANE SOCIETY, INC</b>	Employer Identification Number <b>59-0530990</b>
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	2021	2022	2023	2024	2025	2026
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 .....						
<b>Total taxes</b> .....						
General business credit .....						
Other credits .....						
<b>Net tax after credits</b> .....						
Estimated tax payments .....						
Other payments .....						
<b>Balance due /-Overpayment</b> .....						