

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 2018, or tax year beginning _____, and ending _____

59-0530990

HALIFAX HUMANE SOCIETY, INC

Net Asset / Fund Balance at Beginning of Year 10,350,852

Revenue

Contributions	<u>1,928,772</u>		
Program service revenue	<u>1,349,907</u>		
Investment income	<u>150,294</u>		
Capital gain / loss	<u>189,268</u>		
Fundraising / Gaming:			
Gross revenue	<u>427,830</u>		
Direct expenses	<u>150,463</u>		
Net income	<u>277,367</u>		
Other income	<u>299,441</u>		
Total revenue		<u>4,195,049</u>	

Expenses

Program services	<u>2,532,087</u>		
Management and general	<u>264,839</u>		
Fundraising	<u>291,967</u>		
Total expenses		<u>3,088,893</u>	
Excess / (deficit)			<u>1,106,156</u>

Changes -564,315

Net Asset / Fund Balance at End of Year 10,892,693

Reconciliation of Revenue

Total revenue per financial statements	<u>3,896,301</u>		
Less:			
Unrealized gains	<u>-564,315</u>		
Donated services	<u> </u>		
Recoveries	<u> </u>		
Other	<u>271,557</u>		
Plus:			
Investment expenses	<u>5,990</u>		
Other	<u> </u>		
Total revenue per return	<u><u>4,195,049</u></u>		

Reconciliation of Expenses

Total expenses per financial statements	<u>3,354,460</u>		
Less:			
Donated services	<u> </u>		
Prior year adjustments	<u> </u>		
Losses	<u> </u>		
Other	<u>271,557</u>		
Plus:			
Investment expenses	<u>5,990</u>		
Other	<u> </u>		
Total expenses per return	<u><u>3,088,893</u></u>		

Balance Sheet

	Beginning	Ending	Differences
Assets	<u>10,691,059</u>	<u>11,130,027</u>	
Liabilities	<u>340,207</u>	<u>237,334</u>	
Net assets	<u><u>10,350,852</u></u>	<u><u>10,892,693</u></u>	<u><u>541,841</u></u>

Miscellaneous Information

Amended return _____
 Return / extended due date 11/15/19
 Failure to file penalty _____

Form 990-T Return Summary

For calendar year 2018, or tax year beginning _____, and ending _____

59-0530990

HALIFAX HUMANE SOCIETY, INC

Income and deductions reflect Form 990-T page 1

Income

Gross profit	<u>116,099</u>	
Capital gain / loss	<u>0</u>	
All other income	<u>0</u>	
Total income		<u>116,099</u>

Deductions

Officer compensation	<u>0</u>	
Salaries	<u>64,818</u>	
All other deductions	<u>74,482</u>	
Total deductions		<u>139,300</u>

Adjustments

Income from additional activities	<u>23,201</u>	
Disallowed fringe benefits	<u> </u>	
Net operating loss (prior to 2018)	<u> </u>	
Specific deduction	<u>1,000</u>	
Total adjustments		<u>22,201</u>

Unrelated business taxable income 0

Taxes / Credits / Payments

Regular tax	<u> </u>	
Other tax: <input type="checkbox"/> Proxy <input type="checkbox"/> AMT <input type="checkbox"/> Facilities	<u> </u>	
Tax		<u> </u>

Foreign tax credit and other credits	<u> </u>	
General business credits	<u> </u>	
Prior year minimum tax credit	<u> </u>	
Total nonrefundable credits		<u> </u>

Other taxes	<u> </u>	
Total tax		<u> </u>

Estimated tax payments and Tax withheld	<u> </u>	
Paid with extension	<u> </u>	
Other credits / payments	<u> </u>	
Estimated tax penalty	<u> </u>	
Overpayment applied to next year's tax	<u> </u>	

Payments / penalty / application

Net tax due

Additions to Tax

Interest on late payments	<u> </u>	
Failure to file penalty	<u> </u>	
Failure to pay penalty	<u> </u>	
Total additions		<u> </u>

Balance due

Refund

Next Year's Estimates

1st quarter	<u> </u>
2nd quarter	<u> </u>
3rd quarter	<u> </u>
4th quarter	<u> </u>
Total	<u><u> </u></u>

Miscellaneous Information

Number of Sch M Units	<u> </u>
Amended return	<u> </u>
Return / extended due date	<u>11/15/19</u>

OLIVARI & ASSOCIATES CPA'S
141 SAGE BRUSH TRAIL, SUITE D
ORMOND BEACH, FL 32174
386-672-0775
www.olivaricpa.com

August 27, 2019

CONFIDENTIAL

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

Dear Board Members:

We have prepared the following returns from information provided by you without verification or audit.

Return of Organization Exempt From Income Tax (Form 990)
Exempt Organization Business Income Tax Return (Form 990-T)

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements. Attached are instructions for signing and filing each return. Please follow those instructions carefully.

Enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

OLIVARI & ASSOCIATES CPA'S

Filing Instructions

HALIFAX HUMANE SOCIETY, INC

Exempt Organization / Private Foundation Tax Return(s)

Taxable Year Ended December 31, 2018

Federal Filing Instructions

Your Form 990 for the year ended 12/31/18 shows no balance due.

Your return is being filed electronically with the IRS and is not required to be mailed. If you mail a paper copy of your return to the IRS it will delay the processing of your return. Your electronically filed return is not complete without your signature. You are using a Personal Identification Number (PIN) for signing your return electronically. Form 8879-EO, IRS *e-file* Signature Authorization for an Exempt Organization should be signed and dated by an authorized officer of the organization and returned as soon as possible to:

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

Important: Your return will not be filed with the IRS until the signed Form 8879-EO has been received by this office.

Your Form 990-T for the tax year ended 12/31/18 shows no balance due. The return should be signed and dated on Page 2 by an officer representing the organization. Mail the return AS SOON AS POSSIBLE to:

Department of the Treasury
Internal Revenue Service Center
Ogden, UT 84201-0027

If a private delivery service is used, mail to:
OSPC
1973 Rulon White Blvd.
Ogden, UT 84201-1000

Form **8879-EO**

**IRS e-file Signature Authorization
for an Exempt Organization**

OMB No. 1545-1878

Department of the Treasury
Internal Revenue Service

For calendar year 2018, or fiscal year beginning 2018, and ending 20

2018

**u Do not send to the IRS. Keep for your records.
u Go to www.irs.gov/Form8879EO for the latest information.**

Name of exempt organization

HALIFAX HUMANE SOCIETY, INC

Employer identification number

59-0530990

Name and title of officer

**MIGUEL ABI-HASSAN
CHIEF EXECUTIVE OFF.**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a	Form 990 check here	<input checked="" type="checkbox"/>	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	4,195,049
2a	Form 990-EZ check here	<input type="checkbox"/>	b	Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here	<input type="checkbox"/>	b	Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here	<input type="checkbox"/>	b	Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here	<input type="checkbox"/>	b	Balance Due (Form 8868, line 3c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize **OLIVARI & ASSOCIATES CPA'S** to enter my PIN **11111** as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature }

Date }

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

59545511111
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.**

ERO's signature }

Date }

**ERO Must Retain This Form — See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2018)

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

2018
Open to Public Inspection

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

A For the 2018 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
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:
MELVIN STACK
2364 LPGA BLVD.
DAYTONA BEACH FL 32124

G Gross receipts \$ **14,364,440**

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) () t (insert no.) 4947(a)(1) or 527

J Website: **u HALIFAXHUMANESOCIETY.ORG** **H(c)** Group exemption number **u**

K Form of organization: Corporation Trust Association Other **u** **L** Year of formation: **1966** **M** State of legal domicile: **FL**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE HALIFAX HUMANE SOCIETY EXISTS TO PROTECT ANIMALS FROM CRUEL, NEGLECTFUL AND EXPLOITATIVE TREATMENT, AND TO OFFER SPAY & NEUTER SERVICES.	
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3 Number of voting members of the governing body (Part VI, line 1a)	10
	4 Number of independent voting members of the governing body (Part VI, line 1b)	10
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	138
	6 Total number of volunteers (estimate if necessary)	500
	7a Total unrelated business revenue from Part VIII, column (C), line 12	116,099
7b Net unrelated business taxable income from Form 990-T, line 38	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year: 1,047,069 Current Year: 1,928,772
	9 Program service revenue (Part VIII, line 2g)	1,250,757 1,349,907
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	134,170 339,562
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	613,360 576,808
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,045,356 4,195,049
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,925,239 2,101,738
	16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) u 291,967	0
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	953,110 987,155
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,878,349 3,088,893	
19 Revenue less expenses. Subtract line 18 from line 12	167,007 1,106,156	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year: 10,691,059 End of Year: 11,130,027
	21 Total liabilities (Part X, line 26)	340,207 237,334
	22 Net assets or fund balances. Subtract line 21 from line 20	10,350,852 10,892,693

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: **MIGUEL ABI-HASSAN** Date: **CHIEF EXECUTIVE OFF.**
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: **JOHN S OLIVARI, CPA** Preparer's signature: _____ Date: **08/27/19** Check if self-employed PTIN: **P01290808**

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 \$ **2,424,992** including grants of \$) (Revenue \$ **1,233,808**)

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 in Schedule O.)

(Expenses \$ **107,095** including grants of \$) (Revenue \$ **116,099**)

4e Total program service expenses **u 2,532,087**

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)? If "Yes," complete Schedule A	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? If "Yes," complete Schedule C, Part I		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		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? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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? If "Yes," complete Schedule D, Part IV		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V		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? If "Yes," complete Schedule D, Part VI	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? If "Yes," complete Schedule D, Part VII		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? If "Yes," complete Schedule D, Part VIII		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? If "Yes," complete Schedule D, Part IX	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		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? If "Yes," complete Schedule F, Parts I and IV		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? If "Yes," complete Schedule F, Parts II and IV		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? If "Yes," complete Schedule F, Parts III and IV		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		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? If "Yes," complete Schedule I, Parts I and II		X

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

		Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	138		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
b	If "Yes," enter the name of the foreign country: u See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15			X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			X

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 in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **u NONE**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in 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 **u**

MIGUEL ABI-HASSAN
DAYTONA BEACH

2364 LPGA BLVD

FL 32124

386-274-4703

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) 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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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) MELVIN STACK	1.00									
BOARD PRESIDENT	0.00	X		X			0	0	0	
(2) MARGARET FERGUSON	1.00									
VICE PRESIDENT	0.00	X		X			0	0	0	
(3) MICHAEL LEONARD	1.00									
TREASURER	0.00	X		X			0	0	0	
(4) VONDA SULLIVAN	1.00									
SECRETARY	0.00	X		X			0	0	0	
(5) MATT BANKER	1.00									
DIRECTOR	0.00	X					0	0	0	
(6) PATRICIA CULLER	1.00									
DIRECTOR	0.00	X					0	0	0	
(7) JJ ROBERTS	1.00									
DIRECTOR	0.00	X					0	0	0	
(8) JANICE SCOTT	1.00									
DIRECTOR	0.00	X					0	0	0	
(9) NANCY LOHMAN	1.00									
DIRECTOR	0.00	X					0	0	0	
(10) TED SERBOUSEK	1.00									
DIRECTOR	0.00	X					0	0	0	
(11) MIGUEL ABI-HASSAN	40.00									
CHIEF EXECUTIVE OFF.	0.00			X			136,423	0	0	

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	343,544				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,585,228				
	g Noncash contributions included in lines 1a-1f: \$		141,250				
	h Total. Add lines 1a-1f	u	1,928,772				
	Program Service Revenue	2a ANIMAL CARE	Busn. Code	1,233,808	1,233,808		
b BOARDING & GROOMING		900099	116,099		116,099		
c							
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f		u	1,349,907				
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts)	u	150,294	150,294		
	4 Income from investment of tax-exempt bond proceeds	u					
	5 Royalties	u					
	6a Gross rents	(i) Real					
		(ii) Personal					
	b Less: rental exps.						
	c Rental inc. or (loss)						
	d Net rental income or (loss)	u					
	7a Gross amount from sales of assets other than inventory	(i) Securities		10,081,963	5,138		
		(ii) Other					
	b Less: cost or other basis & sales exps.		9,897,833				
	c Gain or (loss)		184,130	5,138			
	d Net gain or (loss)	u	189,268	189,268			
	8a Gross income from fundraising events (not including \$ 343,544 of contributions reported on line 1c). See Part IV, line 18	a		427,830			
		b Less: direct expenses	b	150,463			
c Net income or (loss) from fundraising events		u	277,367				
9a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities	u					
10a Gross sales of inventory, less returns and allowances	a		363,434				
	b Less: cost of goods sold	b	121,095				
	c Net income or (loss) from sales of inventory	u	242,339		242,339		
Miscellaneous Revenue	11a OTHER INCOME	Busn. Code	57,102	57,102			
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d	u	57,102				
	12 Total revenue. See instructions.	u	4,195,049	1,630,472	116,099	242,339	

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	136,423	54,569	81,854	
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	1,586,017	1,279,467	95,907	210,643
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	22,621	15,041	5,217	2,363
9 Other employee benefits	254,990	220,581	18,184	16,225
10 Payroll taxes	101,687	81,705	13,380	6,602
11 Fees for services (non-employees):				
a Management				
b Legal	4,089	4,089		
c Accounting	20,000	20,000		
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.)	739		739	
12 Advertising and promotion	9,538	5,946		3,592
13 Office expenses	90,961	84,295	6,666	
14 Information technology				
15 Royalties				
16 Occupancy	187,027	148,266	5,299	33,462
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	144,335	123,544	20,302	489
23 Insurance	50,675	43,979	5,255	1,441
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a ANIMAL SERVICES/SUPPLIES	376,219	376,219		
b CAPITAL CAMPAIGN EXPENSES	18,048	18,048		
c VEHICLE EXPENSE	16,525	15,699	826	
d PROFESSIONAL SERVICE	15,117	15,117		
e All other expenses	53,882	25,522	11,210	17,150
25 Total functional expenses. Add lines 1 through 24e	3,088,893	2,532,087	264,839	291,967
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest bearing		1
	2	Savings and temporary cash investments	210,617	2 113,681
	3	Pledges and grants receivable, net	270,211	3 389,121
	4	Accounts receivable, net	105,296	4 52,530
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6
	7	Notes and loans receivable, net		7
	8	Inventories for sale or use	125,276	8 122,554
	9	Prepaid expenses and deferred charges	44,199	9 48,518
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 4,699,552	
	b	Less: accumulated depreciation	10b 1,637,907	10c 3,061,645
	11	Investments—publicly traded securities	5,970,123	11 5,770,269
	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	819,606	15 1,571,709
16	Total assets. Add lines 1 through 15 (must equal line 34)	10,691,059	16 11,130,027	
Liabilities	17	Accounts payable and accrued expenses	228,283	17 120,405
	18	Grants payable		18
	19	Deferred revenue	98,734	19 103,739
	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 current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		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	13,190	25 13,190
	26	Total liabilities. Add lines 17 through 25	340,207	26 237,334
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27	Unrestricted net assets	6,661,051	27 7,758,976
	28	Temporarily restricted net assets	2,234,530	28 1,784,526
	29	Permanently restricted net assets	1,455,271	29 1,349,191
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30
	31	Paid-in or capital surplus, or land, building, or equipment fund		31
	32	Retained earnings, endowment, accumulated income, or other funds		32
33	Total net assets or fund balances	10,350,852	33 10,892,693	
34	Total liabilities and net assets/fund balances	10,691,059	34 11,130,027	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,195,049
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,088,893
3	Revenue less expenses. Subtract line 2 from line 1	3	1,106,156
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	10,350,852
5	Net unrealized gains (losses) on investments	5	-564,315
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	10,892,693

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

2018

Department of the Treasury
Internal Revenue Service

u Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

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

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

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,415,736	1,296,103	3,152,582	1,047,069	1,928,772	9,840,262
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	2,415,736	1,296,103	3,152,582	1,047,069	1,928,772	9,840,262
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						580,206
6 Public support. Subtract line 5 from line 4						9,260,056

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	2,415,736	1,296,103	3,152,582	1,047,069	1,928,772	9,840,262
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	115,131	114,116	112,540	134,170	339,561	815,518
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	234,730	312,830	327,522	366,991	363,434	1,605,507
11 Total support. Add lines 7 through 10						12,261,287

12 Gross receipts from related activities, etc. (see instructions) 12 3,729,873

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	75.52%
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	83.04%

16a 33 1/3% support test—2018. 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—2017. 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—2018. 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—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here**. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) u	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) u	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests—2018.** 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—2017.** 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 in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV Supporting Organizations *(continued)*

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		
c <input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see instructions).</i>		
2 Activities Test. <i>Answer (a) and (b) below.</i>		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
2b		
3 Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
3b		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> 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	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

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

PART II, LINE 10 - OTHER INCOME DETAIL

OTHER INCOME **\$ 1,605,507**

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

OMB No. 1545-0047

2018**u Attach to Form 990, Form 990-EZ, or Form 990-PF.**
u Go to 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 foundationCheck 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
- ¹
- /
- ₃
- % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of
- (1)**
- \$5,000; or
- (2)**
- 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

-
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000
- exclusively*
- for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (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, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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 SHIRLEY BEACH ATTORNEY BAILEY 340 N. CAUSEWAY NEW SMYRNA BEACH FL 32169	\$ 92,368	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	ESTATE OF GARY ISYK ATTORNEY STACK 444 SEABREEZE BLVD., STE 900 DAYTONA BEACH FL 32118	\$ 825,432	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	ESTATE OF HENRY BELDEN ATTORNEY SMITH 444 SEABREEZE BLVD., STE 900 DAYTONA BEACH FL 32118	\$ 126,052	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	GLENN & CONNIE RITCHEY 1131 N. HALIFAX AVE DAYTONA BEACH FL 32118	\$ 75,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	SHERRY & ROY GAILEY 936 JOHN ANDERSON DR ORMOND BEACH FL 32176	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	DAYTONA BEACH RACING RECREATIONAL FACILITIES DISTICT 335 BILL FRANCE BLVD. DAYTONA BEACH FL 32114	\$ 200,000	Person <input checked="" 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
4	PLEGED CONTRIBUTION	\$ 25,000	11/30/18
5	PLEGED CONTRIBUTION	\$ 10,000	01/16/18
6	PLEGED CONTRIBUTION	\$ 100,000	02/08/18

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

u 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. u Attach to Form 990.

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

OMB No. 1545-0047

2018

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 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, 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 questions about reporting 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 are a 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 programs
 - 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 | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Yes No

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 **u**
 - b** Permanent endowment **u**
 - c** Temporarily restricted endowment **u**
- 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 | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
- b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? Yes No
- 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		846,565		846,565
b Buildings		3,334,709	1,219,423	2,115,286
c Leasehold improvements				
d Equipment		518,278	418,484	99,794
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)			u	3,061,645

Part VII Investments—Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) u		

Part VIII Investments—Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) u		

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) CONSTRUCTION IN PROGRESS	862,284
(2) SPLIT-INTEREST AGREEMENTS	703,528
(3) DEPOSITS	5,897
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) u	1,571,709

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) ANNUITY PAYABLE	13,190
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) u	13,190

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

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	3,896,301
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-564,315
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	271,557
e	Add lines 2a through 2d	2e	-292,758
3	Subtract line 2e from line 1	3	4,189,059
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	5,990
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	5,990
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	4,195,049

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	3,354,460
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	271,557
e	Add lines 2a through 2d	2e	271,557
3	Subtract line 2e from line 1	3	3,082,903
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	5,990
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	5,990
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	3,088,893

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 \$ **121,095**

SPECIAL EVENT EXPENSES \$ **150,462**

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

THRIFT SHOP COGS \$ **121,095**

SPECIAL EVENT EXPENSES \$ **150,462**

**SCHEDULE G
(Form 990 or 990-EZ)**

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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.

2018

Department of the Treasury
Internal Revenue Service

⚡ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

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 non-government grants
- f Solicitation of government grants
- g Special fundraising events

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

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

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

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		<u>CAPITAL CAMPAIG</u> (event type)	<u>FUR BALL</u> (event type)	<u>10</u> (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	343,544	110,610	317,220	771,374
	2	Less: Contributions	343,544			343,544
	3	Gross income (line 1 minus line 2)		110,610	317,220	427,830
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses		36,466	113,997	150,463
	10	Direct expense summary. Add lines 4 through 9 in column (d)				
11	Net income summary. Subtract line 10 from line 3, column (d)					277,367

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2018

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Inspection**

Department of the Treasury
Internal Revenue Service

u Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
u Attach to Form 990.
u Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

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				
10 Securities — Closely held stock				
11 Securities — Partnership, LLC, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential				
16 Real estate — Commercial				
17 Real estate — Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other u ()	X	5	141,250	PLEGED AMOUNT
26 Other u ()				
27 Other u ()				
28 Other u ()				

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

	Yes	No
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 three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
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?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
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.		

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

u Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2018**Open to Public
Inspection**

Name of the organization

HALIFAX HUMANE SOCIETY, INC

Employer identification number

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

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

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

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

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

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

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

THRIFT SHOP COGS	\$	121,095
SPECIAL EVENT EXPENSES	\$	150,462
THRIFT SHOP COGS	\$	-121,095
SPECIAL EVENT EXPENSES	\$	-150,462

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
OTHER FEES	\$ 739	\$	\$ 739	\$
TOTAL	\$ 739	\$ 0	\$ 739	\$ 0

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
TELEPHONE	\$ 10,271	\$ 8,730	\$ 1,541	\$
EDUCATION AND DEVELOPMENT	9,403			9,403
OTHER EXPENSES	7,193	7,193		
EDUCATION AND DEVELOPMENT	6,754	6,754		
INVESTMENT FEES	5,990		5,990	
VEHICLE	5,450			5,450
LICENSE & PERMITS	2,845	2,845		
LICENSES & PERMITS	1,868		1,868	
REPAIRS AND MAINTENANCE	1,811		1,811	
TELEPHONE	1,621			1,621
REPAIRS AND MAINTENANCE	416			416
SHIPPING	260			260
TOTAL	\$ 53,882	\$ 25,522	\$ 11,210	\$ 17,150

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

Description	Amount
DONATIONS	\$ 244,439
GRANTS	123,322
LEGACIES AND BEQUESTS	1,187,133
SPLIT INTEREST DISTRIBUTIONS	30,334
CAPITAL CAMPAIGN	
CASH CONTRIBUTION	202,294
PLEGGED CONTRIBUTIONS	141,250
TOTAL	\$ <u>1,928,772</u>

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

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
ESTATE OF SHIRLEY BEACH	\$ 92,368	\$
ESTATE OF GARY ISYK	825,432	580,206
ESTATE OF HENRY BELDEN	126,052	
GLENN & CONNIE RITCHEY	75,000	
SHERRY & ROY GAILEY	50,000	
DAYTONA BEACH RACING RECREATIONAL	200,000	
TOTAL	<u>\$ 1,368,852</u>	<u>\$ 580,206</u>

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

Description	Amount
BOARDING & GROOMING	\$ -23,201
LESS: DEDUCTIONS	-1,000
TOTAL	<u>\$ -24,201</u>

Schedule A, Part II, Line 12 - Current year

Description	Amount
ANIMAL CARE	\$ 1,233,808
TAXABLE INTEREST ON SAVINGS AND TEMPORARY CASH INVESTMENTS	67,746
TAXABLE DIVIDENDS AND INTEREST FROM SECURITIES	82,548
OTHER INCOME	57,102
FUNDRAISING EVENTS	295,431
CAPITAL CAMPAIGN	
FUR BALL	110,610
ISLAND PARTY	21,789
TOTAL	<u>\$ 1,869,034</u>

Form **990-T**

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

OMB No. 1545-0687

2018

Department of the Treasury
Internal Revenue Service

For calendar year 2018 or other tax year beginning _____, and ending _____
Go to www.irs.gov/Form990T for instructions and the latest information.

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

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

<p>A <input type="checkbox"/> Check box if address changed</p> <p>B Exempt under section</p> <p><input checked="" type="checkbox"/> 501(c) (C) (3)</p> <p><input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)</p> <p><input type="checkbox"/> 408A <input type="checkbox"/> 530(a)</p> <p><input type="checkbox"/> 529(a)</p>	<p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.)</p> <p>Print HALIFAX HUMANE SOCIETY, INC</p> <p>Number, street, and room or suite no. If a P.O. box, see instructions.</p> <p>2364 LPGA BLVD.</p> <p>City or town, state or province, country, and ZIP or foreign postal code</p> <p>DAYTONA BEACH FL 32124</p>	<p>D Employer identification number (Employees' trust, see instructions.)</p> <p>59-0530990</p> <p>E Unrelated business activity code (See instructions.)</p> <p>900099</p>
<p>C Book value of all assets at end of year</p> <p>11,130,027</p>	<p>F Group exemption number (See instructions.) u</p> <p>G Check organization type u <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust</p>	

H Enter the number of the organization's unrelated trades or businesses. **u** 1 Describe the only (or first) unrelated trade or business here **u** **BOARD AND GROOMING**. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete Schedule M for each additional trade or business, then complete Parts III-V.

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? **u** Yes No
If "Yes," enter the name and identifying number of the parent corporation.

J The books are in care of **u** **MIGUEL ABI-HASSAN** Telephone number **u** **386-274-4703**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales <u>116,099</u>			
b	Less returns and allowances			
	c Balance u	1c		
2	Cost of goods sold (Schedule A, line 7)	2		
3	Gross profit. Subtract line 2 from line 1c	3		116,099
4a	Capital gain net income (attach Schedule D)	4a		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c	Capital loss deduction for trusts	4c		
5	Income (loss) from partnership and S corporation (attach statement)	5		
6	Rent income (Schedule C)	6		
7	Unrelated debt-financed income (Schedule E)	7		
8	Interest, annuities, royalties, and rents from controlled organization (Schedule F)	8		
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10	Exploited exempt activity income (Schedule I)	10		
11	Advertising income (Schedule J)	11		
12	Other income (See instructions; attach schedule)	12		
13	Total. Combine lines 3 through 12	13	116,099	116,099

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)				
14	Compensation of officers, directors, and trustees (Schedule K)	14		
15	Salaries and wages	15		64,818
16	Repairs and maintenance	16		1,811
17	Bad debts	17		
18	Interest (attach schedule) (see instructions)	18		
19	Taxes and licenses	19		1,199
20	Charitable contributions (See instructions for limitation rules)	20		
21	Depreciation (attach Form 4562)	21	20,302	
22	Less depreciation claimed on Schedule A and elsewhere on return	22a		22b 20,302
23	Depletion	23		
24	Contributions to deferred compensation plans	24		403
25	Employee benefit programs	25		3,780
26	Excess exempt expenses (Schedule I)	26		
27	Excess readership costs (Schedule J)	27		
28	Other deductions (attach schedule) SEE STATEMENT 1	28		46,987
29	Total deductions. Add lines 14 through 28	29		139,300
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30		-23,201
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	31		
32	Unrelated business taxable income. Subtract line 31 from line 30	32		-23,201

Part III Total Unrelated Business Taxable income

33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	
34	Amounts paid for disallowed fringes	34	
35	Deductions for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	35	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of lines 33 and 34	36	0
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	1,000
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36, enter the smaller of zero or line 36	38	0

Part IV Tax Computation

39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	39	
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	40	
41	Proxy tax. See instructions	41	
42	Alternative minimum tax (trusts only)	42	
43	Tax on Noncompliant Facility Income. See instructions	43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	0

Part V Tax and Payments

45a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a	
b	Other credits (see instructions)	45b	
c	General business credit. Attach Form 3800 (see instructions)	45c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d	
e	Total credits. Add lines 45a through 45d	45e	
46	Subtract line 45e from line 44	46	
47	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (att. sch.)	47	
48	Total tax. Add lines 46 and 47 (see instructions)	48	0
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k) line 2	49	
50a	Payments: A 2017 overpayment credited to 2018	50a	
b	2018 estimated tax payments	50b	
c	Tax deposited with Form 8868	50c	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	50d	
e	Backup withholding (see instructions)	50e	
f	Credit for small employer health insurance premiums (attach Form 8941)	50f	
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total u	50g	
51	Total payments. Add lines 50a through 50g	51	
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached u <input type="checkbox"/>	52	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed u	53	0
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid u	54	
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax u Refunded u	55	

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

56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "YES," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "YES," enter the name of the foreign country here u	Yes	No
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "YES," see instructions for other forms the organization may have to file.		X
58	Enter the amount of tax-exempt interest received or accrued during the tax year u \$		

Sign Here

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

u _____ **u** **CHIEF EXECUTIVE OFF.**
 Signature of officer Date Title

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

Paid Preparer Use Only	Print/Type preparer's name JOHN S OLIVARI, CPA	Preparer's signature	Date 08/27/19	Check <input type="checkbox"/> if self-employed	PTIN P01290808
	Firm's name } OLIVARI & ASSOCIATES CPA'S	Firm's EIN } 59-2425904		Firm's address } 141 SAGE BRUSH TRAIL, SUITE D	
	Firm's address } ORMOND BEACH, FL 32174	Phone no. 386-672-0775			

Schedule A – Cost of Goods Sold. Enter method of inventory valuation **u**

1 Inventory at beginning of year	1		6 Inventory at end of year	6	
2 Purchases	2		7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
3 Cost of labor	3				
4a Additional sec. 263A costs (attach schedule)	4a		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		Yes
b Other costs (attach schedule)	4b				No
5 Total. Add lines 1 through 4b	5				

Schedule C – Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

(1) N/A
(2)
(3)
(4)

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	Total	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) u

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) **u**

Schedule E – Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1) N/A				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
Total dividends-received deductions included in column 8			u	u

Schedule F – Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

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

Nonexempt Controlled Organizations

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

Schedule G – Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col.4)
(1) N/A				
(2)				
(3)				
(4)				
Totals		u		

Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1) N/A						
(2)						
(3)						
(4)						
Totals		u				

Schedule J – Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) N/A						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5)) ..		u				

Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) N/A						
(2)						
(3)						
(4)						
Totals from Part I u						
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5) u						

Schedule K – Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1) N/A		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			u

Form 990-T	Schedule M Charitable Contribution and Loss Calculation Description UNRELATED BUSINESS ACTIVITY	2018
Name HALIFAX HUMANE SOCIETY, INC		Taxpayer Identification Number 59-0530990
Unincorporated Business Income Tax Code: 900099 Activity: OTHER UNRELATED BUSINESS ACTIVIT		

Worksheet 1 Activity Charitable Contribution Deduction		
1	Activity Income (Schedule M, Line 13, col C)	116,099
2	Activity Expense (does not include amount needed for Line 20)	139,300
3	Net Income (Line 1 minus Line 2); If less than zero, enter -0-	0
4	Current activity contribution limit (Multiplier used is 10 %)	
5	Current year contributions	0
6	Prior year contributions (corporations only)	
7	Total available contributions (Add lines 5 and 6)	
8	Take the lesser of Line 4 or 7; Enter here and on Line 20 (Form 990T or Sch M)	
9	Remaining contributions (subtract line 8 from line 7)	
10	Allocate any remaining amount of Line 9 to taxable fringe benefits (within percent limits); Enter amount here and on Form 990-T, Line 33 as a negative amount	
11	Remaining contributions (carried forward for corporations only, See Worksheet 3)	0

Worksheet 2 Activity Losses and Carryforward Amounts		
1	Activity losses (do not include amounts before 2018)	
2	Amount of loss used in the current year	0
3	Prior year losses carried over to next year	
4	Losses generated by current year activity	23,201
5	Total loss carried forward to 2019	23,201

Worksheet 3 Activity Charitable Contribution Carryforward					
Prior Tax Years	Prior Year			Current Year	Next Year
	Contributions	Used	Carryover	Amount Used	Carryover
5th 12/31/13					
4th 12/31/14					
3rd 12/31/15					
2nd 12/31/16					
1st 12/31/17					
Charitable Contribution Carryover To Current Year			0		
Current Year Amount			0		0
Charitable Contribution Carryover Available To Next Year					0

Federal Statements**Statement 1 - Form 990-T, Part II, Line 28 - Other Deductions**

Description	Amount
ADVERTISING	\$ 5,224
OCCUPANCY	16,554
PROFESSIONAL SERVICE	15,117
LICENSES & PERMITS	1,868
OFFICE	5,185
INSURANCE	3,039
TOTAL	\$ <u>46,987</u>

59-0530990

Federal Asset Report

FYE: 12/31/2018

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
7-year GDS Property:											
205	AUTOCLAVE EZ9 FULLY AUTO CHAM	12/28/18	9,196			X	0	7	MQ200DB	0	9,196
			<u>9,196</u>				<u>0</u>			<u>0</u>	<u>9,196</u>
Prior MACRS:											
20	AIR PURIFIER	6/01/93	2,914				2,914	5	HY 200DB	2,914	0
140	THRIFT STORE SIGN	8/05/13	620			X	310	15	HY S/L	403	21
			<u>3,534</u>				<u>3,224</u>			<u>3,317</u>	<u>21</u>
Other Depreciation:											
1	LAND	1/01/65	3,476				3,476	0	-- Land	0	0
2	CARE CENTER BUILDING	6/01/87	291,661				291,661	39	MO S/L	291,661	0
3	PUMP HOUSE	6/01/93	7,112				7,112	39	MO S/L	4,653	183
4	KENNEL	6/01/93	68,841				68,841	39	MO S/L	45,030	1,766
5	CATTERY	11/01/93	64,447				64,447	39	MO S/L	41,514	1,653
6	BUILDING IMPROVEMENTS	5/01/63	69,473				69,473	30	MO S/L	69,473	0
7	BUILDING ADDITION	4/01/01	541,970				541,970	39	MO S/L	232,771	13,897
9	BUILDING ADDITIONS	2/01/02	18,856				18,856	39	MO S/L	7,694	484
10	CENTER EQUIPMENT	6/05/97	15,186				15,186	15	MO S/L	15,186	0
11	CENTER EQUIPMENT	4/01/98	37,829				37,829	15	MO S/L	37,829	0
12	CENTER EQUIPMENT	6/02/99	10,686				10,686	10	MO S/L	10,686	0
13	CENTER EQUIPMENT	4/01/01	5,126				5,126	8	MO S/L	5,126	0
14	CENTER EQUIPMENT	6/01/02	4,161				4,161	7	MO S/L	4,161	0
15	FURNITURE	5/20/87	13,905				13,905	5	MO S/L	13,905	0
16	EQUIPMENT	1/01/88	15,621				15,621	5	MO S/L	15,621	0
18	EQUIPMENT	1/01/88	2,042				2,042	5	MO S/L	2,042	0
19	MICROSCOPE	6/01/93	1,245				1,245	5	MO S/L	1,245	0
21	REFRIG/SURGERY	6/01/93	102				102	5	MO S/L	102	0
22	LAUNDRY	6/01/93	2,949				2,949	39	MO S/L	1,938	75
23	LANDSCAPING	8/01/93	500				500	15	MO S/L	500	0
24	REFRIGERATOR	7/02/93	159				159	5	MO S/L	159	0
25	LAWN MOWER	5/01/93	753				753	5	MO S/L	753	0
27	FENCING	3/28/94	5,775				5,775	10	MO S/L	5,775	0
28	EQUIPMENT	6/01/94	150				150	5	MO S/L	150	0
29	CATTERY WIRE	1/15/94	3,310				3,310	39	MO S/L	2,120	85
30	AIR HANDLER	8/03/94	895				895	5	MO S/L	895	0
32	WINDOW TREATMENT	8/31/94	57				57	5	MO S/L	57	0
33	AIR CIRCULATOR	8/18/94	160				160	5	MO S/L	160	0
34	TOOLS	6/30/94	256				256	5	MO S/L	256	0
36	PERM FILTERS	2/23/94	583				583	10	MO S/L	583	0
37	VAPORIZER	2/15/94	1,721				1,721	10	MO S/L	1,721	0
38	3 REFRIGERATORS	5/27/94	200				200	5	MO S/L	200	0
39	OFFICE EQUIPMENT	6/30/94	710				710	5	MO S/L	710	0
40	HAND BLOWER	3/23/94	152				152	5	MO S/L	152	0
41	SOD	6/05/95	540				540	15	MO S/L	540	0
42	SHOP IMPROVEMENTS	3/28/95	317				317	15	MO S/L	317	0
43	AIR CONDITIONER	5/24/95	550				550	5	MO S/L	550	0
44	SPRINKLER SYSTEM	5/30/95	1,120				1,120	10	MO S/L	1,120	0
45	SHOP IMPROVEMENTS	6/15/95	115				115	10	MO S/L	115	0
46	ELECTRICAL UPGRADE	12/13/95	1,370				1,370	39	MO S/L	774	35
47	PUMP/GENERATOR	8/01/95	1,380				1,380	10	MO S/L	1,380	0
48	WET VACUUM	4/20/95	59				59	5	MO S/L	59	0
49	SANDER	8/10/95	105				105	7	MO S/L	105	0
51	A/C UNIT	11/21/95	428				428	7	MO S/L	428	0
53	FORCEPS	4/26/95	59				59	7	MO S/L	59	0
54	EQUIPMENT	6/26/95	250				250	7	MO S/L	250	0
55	GENERATORS	7/05/95	3,445				3,445	15	MO S/L	3,445	0
56	WASHER/DRYER	9/27/95	1,000				1,000	10	MO S/L	1,000	0
58	TELEPHONE	5/07/96	620				620	7	MO S/L	620	0
60	EQUIPMENT	7/31/96	296				296	7	MO S/L	296	0
61	CASH REGISTER	2/14/96	895				895	10	MO S/L	895	0
62	A/C UNIT	7/02/96	539				539	7	MO S/L	539	0
63	FAN	7/02/96	159				159	7	MO S/L	159	0
65	SAFE	11/08/96	500				500	20	MO S/L	500	0
66	IMPROVEMENTS	8/31/96	1,755				1,755	25	MO S/L	1,495	70
67	ELECTRIC GATE	2/12/96	1,610				1,610	10	MO S/L	1,610	0

59-0530990

Federal Asset Report

FYE: 12/31/2018

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
68	PARKING LOT	7/24/96	4,078			4,078	15 MO S/L	4,078	0
69	IMPROVEMENTS	7/01/03	7,917			7,917	39 MO S/L	2,944	203
70	EQUIPMENT	7/01/03	19,996			19,996	5 MO S/L	19,996	0
71	CARE CENTER BUILDING	12/31/03	934,831			934,831	39 MO S/L	335,580	23,970
72	IMPROVEMENTS	7/01/04	3,610			3,610	39 MO S/L	1,251	93
73	A/C UNIT	1/13/04	1,895			1,895	5 MO S/L	1,895	0
75	SECURITY CAMERAS	4/26/04	9,200			9,200	10 MO S/L	9,200	0
76	OFFICE EQUIPMENT	6/07/04	378			378	5 MO S/L	378	0
78	EQUIPMENT	12/31/04	2,809			2,809	5 MO S/L	2,809	0
79	5 TON A/C UNIT	1/10/05	3,450			3,450	5 MO S/L	3,450	0
80	OIL FIRED FURNACE	3/10/05	1,200			1,200	5 MO S/L	1,200	0
81	4 TON A/C UNIT	7/19/05	1,575			1,575	5 MO S/L	1,575	0
84	LAND CLEARING	6/06/06	3,000			3,000	0 -- Land	0	0
85	COPIER	1/03/07	600			600	5 MO S/L	600	0
86	TRAILER	8/20/07	1,155			1,155	5 MO S/L	1,155	0
87	DIXIE CHOPPER MOWER	11/09/07	4,999			4,999	5 MO S/L	4,999	0
88	8 SS PORTABLE KENNELS	8/17/07	9,007			9,007	7 MO S/L	9,007	0
90	SECURITY SYSTEM	12/03/08	1,900			1,900	5 MO S/L	1,900	0
93	GAS FURNACE	11/18/10	1,540			1,540	7 MO S/L	1,540	0
94	FENCING	4/29/10	3,867			3,867	20 MO S/L	1,482	194
95	AUTOCLAVE	2/11/10	957			957	7 MO S/L	957	0
97	DENTAL SCALER/POLISHER	8/27/10	924			924	7 MO S/L	924	0
98	ANIMAL SCALE	9/30/10	565			565	7 MO S/L	565	0
99	CELESTIAL STAR DUEL SURGERY LIG	12/21/10	2,675			2,675	7 MO S/L	2,675	0
100	DELL DESKTOP - ACCTG	1/07/10	585			585	7 MO S/L	585	0
	Mass Out of Service: 12/31/16								
101	TOSHIBA LAPTOP	1/07/10	535			535	7 MO S/L	535	0
	Mass Out of Service: 12/31/16								
104	PET CRATES	3/01/11	5,000			5,000	5 MO S/L	5,000	0
106	LAPTOP - MIGUEL	1/12/11	585			585	5 MO S/L	585	0
107	A/C UNIT	3/23/11	20,398			20,398	7 MO S/L	19,669	729
108	ELECTRICAL WIRING	4/14/11	5,698			5,698	15 MO S/L	2,564	380
109	INSULATION	5/19/11	1,250			1,250	15 MO S/L	549	83
110	PAYNE 4 TON 13 SEER	9/21/11	2,490			2,490	7 MO S/L	2,223	267
113	DESKS, CHAIRS, BOOKSHELVES	12/01/11	31,725			31,725	7 MO S/L	27,571	4,154
115	FENCE	12/01/11	1,300			1,300	15 MO S/L	527	87
116	CONSTRUCTION DOCUMENTS	12/31/11	2,200			2,200	15 MO S/L	880	147
117	IMPACT FEES	12/31/11	6,637			6,637	15 MO S/L	2,655	442
118	CONSTRUCTION DOCUMENTS	12/31/11	2,200			2,200	15 MO S/L	880	147
119	DOG KENNELS	12/31/11	15,615			15,615	15 MO S/L	6,246	1,041
120	SURGICAL TABLE	12/31/11	3,077			3,077	7 MO S/L	2,637	440
121	STERILIZER	12/31/11	2,800			2,800	5 MO S/L	2,800	0
122	ANESTHESIA MACHINE	12/31/11	2,690			2,690	5 MO S/L	2,690	0
123	SURGICAL / EXAM LIGHT	3/08/12	2,073			2,073	7 MO S/L	1,727	297
124	SCAVENGER SYSTEM	4/10/12	1,190			1,190	7 MO S/L	978	170
125	ANESTHESIA MACHINE	4/10/12	4,000			4,000	7 MO S/L	3,286	571
126	ANESTHESIA MACHINE	4/10/12	1,038			1,038	7 MO S/L	853	148
127	OMNI SERIES PET LIFT	4/23/12	1,020			1,020	7 MO S/L	826	145
128	MILENNIUM ANESTHESIA	6/26/12	2,180			2,180	7 MO S/L	1,712	312
129	ANESTHESIA	8/29/12	2,865			2,865	7 MO S/L	2,182	410
130	A/C UNIT - CAT ROOM	7/20/12	1,125			1,125	7 MO S/L	871	160
134	SINAGE	5/30/12	839			839	15 MO S/L	312	56
135	RENOVATIONS I	4/19/12	38,777			38,777	15 MO S/L	15,442	2,585
136	ADOPTION TRAILER	1/01/13	46,505			46,505	10 MO S/L	23,253	4,650
137	2006 SIERRA 2500	3/21/13	22,204			22,204	5 MO S/L	21,094	1,110
138	RENOVATIONS II	4/09/12	17,832			17,832	15 MO S/L	5,944	1,189
139	LEASEHOLD IMPROVEMENTS	7/24/13	3,100			3,100	15 MO S/L	913	206
141	2003 F-250	6/19/13	8,034			8,034	5 MO S/L	7,231	803
142	12 PARK BENCHES	8/30/13	3,245			3,245	7 MO S/L	2,009	463
143	EXAM LIGHT - LED	8/13/13	616			616	5 MO S/L	544	72
145	LEASEHOLD IMPROVEMENTS	8/15/13	1,092			1,092	15 MO S/L	322	72
146	HD-P MANUAL STERILIZER	10/03/13	2,670			2,670	5 MO S/L	2,270	400
147	MEMORIAL GARDEN FENCE	10/02/13	869			869	15 MO S/L	246	58
148	THRIFTSTORE SIGN	10/22/13	2,520			2,520	15 MO S/L	700	168
149	BOX TRUCK	10/31/13	9,000			9,000	5 MO S/L	7,500	1,500
150	LAWN EQUIPMENT	11/28/13	619			619	5 MO S/L	505	114
151	LAND	2/18/14	392,501			392,501	0 -- Land	0	0
152	CHERRY WOOD FLOORING	3/31/14	2,006			2,006	39 MO S/L	193	51
153	KONICA MINOLTA COPIER	3/31/14	869			869	5 MO S/L	652	174
154	STRAY KENNEL	8/25/15	10,179			10,179	15 MO S/L	1,583	679
155	METAL DOOR	12/21/15	438			438	15 MO S/L	58	30

59-0530990

Federal Asset Report

FYE: 12/31/2018

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
156	SECURITY CAMERA SYSTEM	2/27/15	7,957			7,957	10 MO S/L	2,255	795
157	WALK-IN COOLER	3/15/15	6,200			6,200	10 MO S/L	1,757	620
159	TIMECLOCK PLUS	6/22/15	1,021		X	510	3 MO Amort	655	171
160	KENNEL RENOVATIONS	12/15/15	25,000			25,000	39 MO S/L	1,335	641
161	DOG PARK	12/30/15	79,987			79,987	20 MO S/L	7,999	3,999
162	DOG PARK ENG	12/30/15	31,791			31,791	20 MO S/L	3,179	1,590
163	A/C INDOOR & OUTDOOR UNIT	4/01/16	9,082			9,082	7 MO S/L	2,271	1,297
164	FURNANCE	4/01/16	2,545			2,545	7 MO S/L	636	364
165	DOG PARK PLAY STRUCTURE	2/23/16	8,965			8,965	20 MO S/L	822	448
166	WEBSITE OVERHAUL/REVAMP	4/28/16	1,488			1,488	3 MO S/L	826	496
167	DOG PARK	10/31/16	326,844			326,844	20 MO S/L	19,066	16,342
168	3 ROOF EXHAUST FANS	1/28/16	2,014			2,014	7 MO S/L	551	288
169	ADOPTION KENNEL RENOVATION	10/31/16	364,555			364,555	39 MO S/L	10,905	9,348
170	METAL DOOR	1/06/16	438			438	15 MO S/L	58	30
171	ADMIN A/C UNIT	12/06/16	4,858			4,858	7 MO S/L	752	694
172	FABRICATED EXHAUST PIPE FOR TRU	2/28/17	782			782	5 MO S/L	130	157
173	DOG PEN	5/02/17	2,666			2,666	15 MO S/L	119	177
174	A/C - ADMISSION LOBBY	6/24/17	5,058			5,058	7 MO S/L	361	723
175	LIFTSTATION/PUMPS	8/25/17	22,672			22,672	40 MO S/L	189	567
176	COPIER	5/10/17	5,800			5,800	5 MO S/L	773	1,160
177	BATHING SINK	5/28/17	1,850			1,850	7 MO S/L	154	264
178	SECURITY CAMERAS SYSTEM	6/01/17	895			895	10 MO S/L	52	90
179	A/C UNIT	9/01/17	4,846			4,846	7 MO S/L	231	692
180	A/C UNIT	9/01/17	5,963			5,963	7 MO S/L	284	852
181	A/C UNIT	9/05/17	5,844			5,844	7 MO S/L	278	835
182	HYDROSURGE BATH	5/19/17	995			995	5 MO S/L	116	199
183	SECURITY CAMERA SYSTEM	6/01/17	6,390			6,390	10 MO S/L	373	639
185	BOARD/GROOMING BUILDING & IMP	10/01/17	690,341			690,341	40 MO S/L	4,315	17,258
186	FOUNTAIN, TRASH, BABY CHANGING	10/01/17	1,272			1,272	15 MO S/L	21	85
187	CAT CONDO QUADS	10/01/17	13,081			13,081	15 MO S/L	218	872
188	DOG KENNELS	10/01/17	4,360			4,360	15 MO S/L	73	290
189	82 GALLON BALDDER TANK	7/19/17	500			500	7 MO S/L	30	71
190	A/C WALL UNIT - RAINBOW ROOM	9/28/17	739			739	7 MO S/L	26	106
191	BATHING TUB	5/28/17	1,850			1,850	7 MO S/L	154	264
192	SECURITY CAMERA SYSTEM	6/01/17	8,810			8,810	10 MO S/L	514	881
193	SH DOUBLE DRYING CAGE	6/19/17	3,971			3,971	7 MO S/L	284	567
194	PS MOD KENNEL CAGE 11 UNIT	5/03/17	1,805			1,805	7 MO S/L	172	258
195	B.I. ROOF	5/04/18	12,950			12,950	40 MO S/L	0	216
196	LAUNDRY ROOM ROOF	7/26/18	7,900			7,900	40 MO S/L	0	82
197	MOTORIZED STAND UP DESK (DR. GR	2/28/18	6,250			6,250	7 MO S/L	0	744
198	DONATED FURNITURE (DESKS, CHAIR	6/30/18	10,000			10,000	7 MO S/L	0	714
199	BUILT-IN CABINET	7/30/18	2,010			2,010	10 MO S/L	0	84
201	FENCING AROUND DOG YARD	10/05/18	3,780			3,780	20 MO S/L	0	47
203	TIMECLOCK PLUS SOFTWARE	10/29/18	1,350		X	1,237	3 MO Amort	0	113
204	MUSIC SYSTEM (DOG KENNELS)	12/01/18	2,499			2,499	5 MO S/L	0	42

Total Other Depreciation

4,623,474

4,622,850

1,484,980

133,390

Total ACRS and Other Depreciation

4,623,474

4,622,850

1,484,980

133,390

Listed Property:

158	2008 MAZDA TRIBUTE	6/18/15	10,999			10,999	10 MO S/L	2,750	1,100
184	2011 FRE VAN	12/01/17	46,285			46,285	5 MO S/L	771	5,700
200	RECONDITIONED TRANSMISSION	2/28/18	3,115			3,115	5 MO S/L	0	519
202	BOX TRUCK (ROOF REPAIR)	10/11/18	1,200			1,200	5 MO S/L	0	60
			<u>61,599</u>			<u>61,599</u>		<u>3,521</u>	<u>7,379</u>

Amortization:

144	BLACKBAUD SOFTWARE	8/01/13	1,750			1,750	3 MO Amort	1,750	0
			<u>1,750</u>			<u>1,750</u>		<u>1,750</u>	<u>0</u>

Federal Asset Report**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
	Grand Totals		4,699,553			4,689,423		1,493,568	149,986
	Less: Dispositions and Transfers		0			0		0	0
	Less: Start-up/Org Expense		0			0		0	0
	Net Grand Totals		<u>4,699,553</u>			<u>4,689,423</u>		<u>1,493,568</u>	<u>149,986</u>

59-0530990

Bonus Depreciation Report

FYE: 12/31/2018

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
139	LEASEHOLD IMPROVEMENTS	7/24/13	3,100		0	0	0	3,100
140	THRIFT STORE SIGN	8/05/13	620		0	0	310	310
159	TIMECLOCK PLUS	6/22/15	1,021		0	0	511	510
203	TIMECLOCK PLUS SOFTWARE	10/29/18	1,350		0	113	0	1,237
205	AUTOCLAVE EZ9 FULLY AUTO CHAMB	12/28/18	9,196		0	9,196	0	0
Grand Total			<u>15,287</u>		<u>0</u>	<u>9,309</u>	<u>821</u>	<u>5,157</u>

Depreciation Adjustment Report

All Business Activities

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

59-0530990

Future Depreciation Report**FYE: 12/31/19**

FYE: 12/31/2018

Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
Prior MACRS:					
20	AIR PURIFIER	6/01/93	2,914	0	0
140	THRIFT STORE SIGN	8/05/13	620	20	0
205	AUTOCLAVE EZ9 FULLY AUTO CHAMBER	12/28/18	9,196	0	0
			<u>12,730</u>	<u>20</u>	<u>0</u>

Other Depreciation:

1	LAND	1/01/65	3,476	0	0
2	CARE CENTER BUILDING	6/01/87	291,661	0	0
3	PUMP HOUSE	6/01/93	7,112	182	0
4	KENNEL	6/01/93	68,841	1,765	0
5	CATTERY	11/01/93	64,447	1,652	0
6	BUILDING IMPROVEMENTS	5/01/63	69,473	0	0
7	BUILDING ADDITION	4/01/01	541,970	13,896	0
9	BUILDING ADDITIONS	2/01/02	18,856	483	0
10	CENTER EQUIPMENT	6/05/97	15,186	0	0
11	CENTER EQUIPMENT	4/01/98	37,829	0	0
12	CENTER EQUIPMENT	6/02/99	10,686	0	0
13	CENTER EQUIPMENT	4/01/01	5,126	0	0
14	CENTER EQUIPMENT	6/01/02	4,161	0	0
15	FURNITURE	5/20/87	13,905	0	0
16	EQUIPMENT	1/01/88	15,621	0	0
18	EQUIPMENT	1/01/88	2,042	0	0
19	MICROSCOPE	6/01/93	1,245	0	0
21	REFRIG/SURGERY	6/01/93	102	0	0
22	LAUNDRY	6/01/93	2,949	76	0
23	LANDSCAPING	8/01/93	500	0	0
24	REFRIGERATOR	7/02/93	159	0	0
25	LAWN MOWER	5/01/93	753	0	0
27	FENCING	3/28/94	5,775	0	0
28	EQUIPMENT	6/01/94	150	0	0
29	CATTERY WIRE	1/15/94	3,310	85	0
30	AIR HANDLER	8/03/94	895	0	0
32	WINDOW TREATMENT	8/31/94	57	0	0
33	AIR CIRCULATOR	8/18/94	160	0	0
34	TOOLS	6/30/94	256	0	0
36	PERM FILTERS	2/23/94	583	0	0
37	VAPORIZER	2/15/94	1,721	0	0
38	3 REFRIGERATORS	5/27/94	200	0	0
39	OFFICE EQUIPMENT	6/30/94	710	0	0
40	HAND BLOWER	3/23/94	152	0	0
41	SOD	6/05/95	540	0	0
42	SHOP IMPROVEMENTS	3/28/95	317	0	0
43	AIR CONDITIONER	5/24/95	550	0	0
44	SPRINKLER SYSTEM	5/30/95	1,120	0	0
45	SHOP IMPROVEMENTS	6/15/65	115	0	0
46	ELECTRICAL UPGRADE	12/13/95	1,370	35	0
47	PUMP/GENERATOR	8/01/95	1,380	0	0
48	WET VACUUM	4/20/95	59	0	0
49	SANDER	8/10/95	105	0	0
51	A/C UNIT	11/21/95	428	0	0
53	FORCEPS	4/26/95	59	0	0
54	EQUIPMENT	6/26/95	250	0	0
55	GENERATORS	7/05/95	3,445	0	0
56	WASHER/DRYER	9/27/95	1,000	0	0
58	TELEPHONE	5/07/96	620	0	0
60	EQUIPMENT	7/31/96	296	0	0
61	CASH REGISTER	2/14/96	895	0	0
62	A/C UNIT	7/02/96	539	0	0
63	FAN	7/02/96	159	0	0
65	SAFE	11/08/96	500	0	0
66	IMPROVEMENTS	8/31/96	1,755	70	0
67	ELECTRIC GATE	2/12/96	1,610	0	0
68	PARKING LOT	7/24/96	4,078	0	0
69	IMPROVEMENTS	7/01/03	7,917	203	0

59-0530990

Future Depreciation Report**FYE: 12/31/19**

FYE: 12/31/2018

Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
70	EQUIPMENT	7/01/03	19,996	0	0
71	CARE CENTER BUILDING	12/31/03	934,831	23,970	0
72	IMPROVEMENTS	7/01/04	3,610	92	0
73	A/C UNIT	1/13/04	1,895	0	0
75	SECURITY CAMERAS	4/26/04	9,200	0	0
76	OFFICE EQUIPMENT	6/07/04	378	0	0
78	EQUIPMENT	12/31/04	2,809	0	0
79	5 TON A/C UNIT	1/10/05	3,450	0	0
80	OIL FIRED FURNACE	3/10/05	1,200	0	0
81	4 TON A/C UNIT	7/19/05	1,575	0	0
84	LAND CLEARING	6/06/06	3,000	0	0
85	COPIER	1/03/07	600	0	0
86	TRAILER	8/20/07	1,155	0	0
87	DIXIE CHOPPER MOWER	11/09/07	4,999	0	0
88	8 SS PORTABLE KENNELS	8/17/07	9,007	0	0
90	SECURITY SYSTEM	12/03/08	1,900	0	0
93	GAS FURNACE	11/18/10	1,540	0	0
94	FENCING	4/29/10	3,867	193	0
95	AUTOCLAVE	2/11/10	957	0	0
97	DENTAL SCALER/POLISHER	8/27/10	924	0	0
98	ANIMAL SCALE	9/30/10	565	0	0
99	CELESTIAL STAR DUEL SURGERY LIGHT	12/21/10	2,675	0	0
100	DELL DESKTOP - ACCTG	1/07/10	585	0	0
101	TOSHIBA LAPTOP	1/07/10	535	0	0
104	PET CRATES	3/01/11	5,000	0	0
106	LAPTOP - MIGUEL	1/12/11	585	0	0
107	A/C UNIT	3/23/11	20,398	0	0
108	ELECTRICAL WIRING	4/14/11	5,698	380	0
109	INSULATION	5/19/11	1,250	83	0
110	PAYNE 4 TON 13 SEER	9/21/11	2,490	0	0
113	DESKS, CHAIRS, BOOKSHELVES	12/01/11	31,725	0	0
115	FENCE	12/01/11	1,300	87	0
116	CONSTRUCTION DOCUMENTS	12/31/11	2,200	146	0
117	IMPACT FEES	12/31/11	6,637	443	0
118	CONSTRUCTION DOCUMENTS	12/31/11	2,200	146	0
119	DOG KENNELS	12/31/11	15,615	1,041	0
120	SURGICAL TABLE	12/31/11	3,077	0	0
121	STERILIZER	12/31/11	2,800	0	0
122	ANESTHESIA MACHINE	12/31/11	2,690	0	0
123	SURGICAL / EXAM LIGHT	3/08/12	2,073	49	0
124	SCAVENGER SYSTEM	4/10/12	1,190	42	0
125	ANESTHESIA MACHINE	4/10/12	4,000	143	0
126	ANESTHESIA MACHINE	4/10/12	1,038	37	0
127	OMNI SERIES PET LIFT	4/23/12	1,020	49	0
128	MILLENNIUM ANESTHESIA	6/26/12	2,180	156	0
129	ANESTHESIA	8/29/12	2,865	273	0
130	A/C UNIT - CAT ROOM	7/20/12	1,125	94	0
134	SINAGE	5/30/12	839	56	0
135	RENOVATIONS I	4/19/12	38,777	2,585	0
136	ADOPTION TRAILER	1/01/13	46,505	4,651	0
137	2006 SIERRA 2500	3/21/13	22,204	0	0
138	RENOVATIONS II	4/09/12	17,832	1,189	0
139	LEASEHOLD IMPROVEMENTS	7/24/13	3,100	207	0
141	2003 F-250	6/19/13	8,034	0	0
142	12 PARK BENCHES	8/30/13	3,245	464	0
143	EXAM LIGHT - LED	8/13/13	616	0	0
145	LEASEHOLD IMPROVEMENTS	8/15/13	1,092	73	0
146	HD-P MANUAL STERILIZER	10/03/13	2,670	0	0
147	MEMORIAL GARDEN FENCE	10/02/13	869	58	0
148	THRIFTSTORE SIGN	10/22/13	2,520	168	0
149	BOX TRUCK	10/31/13	9,000	0	0
150	LAWN EQUIPMENT	11/28/13	619	0	0
151	LAND	2/18/14	392,501	0	0
152	CHERRY WOOD FLOORING	3/31/14	2,006	52	0
153	KONICA MINOLTA COPIER	3/31/14	869	43	0
154	STRAY KENNEL	8/25/15	10,179	679	0
155	METAL DOOR	12/21/15	438	29	0
156	SECURITY CAMERA SYSTEM	2/27/15	7,957	796	0
157	WALK-IN COOLER	3/15/15	6,200	620	0
159	TIMECLOCK PLUS	6/22/15	1,021	170	0
160	KENNEL RENOVATIONS	12/15/15	25,000	642	0

59-0530990

Future Depreciation Report**FYE: 12/31/19**

FYE: 12/31/2018

Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
161	DOG PARK	12/30/15	79,987	3,999	0
162	DOG PARK ENG	12/30/15	31,791	1,589	0
163	A/C INDOOR & OUTDOOR UNIT	4/01/16	9,082	1,297	0
164	FURNANCE	4/01/16	2,545	363	0
165	DOG PARK PLAY STRUCTURE	2/23/16	8,965	448	0
166	WEBSITE OVERHAUL/REVAMP	4/28/16	1,488	166	0
167	DOG PARK	10/31/16	326,844	16,342	0
168	3 ROOF EXHAUST FANS	1/28/16	2,014	288	0
169	ADOPTION KENNEL RENOVATION	10/31/16	364,555	9,348	0
170	METAL DOOR	1/06/16	438	29	0
171	ADMIN A/C UNIT	12/06/16	4,858	694	0
172	FABRICATED EXHAUST PIPE FOR TRUCK	2/28/17	782	156	0
173	DOG PEN	5/02/17	2,666	178	0
174	A/C - ADMISSION LOBBY	6/24/17	5,058	722	0
175	LIFTSTATION/PUMPS	8/25/17	22,672	567	0
176	COPIER	5/10/17	5,800	1,160	0
177	BATHING SINK	5/28/17	1,850	265	0
178	SECURITY CAMERAS SYSTEM	6/01/17	895	89	0
179	A/C UNIT	9/01/17	4,846	692	0
180	A/C UNIT	9/01/17	5,963	852	0
181	A/C UNIT	9/05/17	5,844	835	0
182	HYDROSURGE BATH	5/19/17	995	199	0
183	SECURITY CAMERA SYSTEM	6/01/17	6,390	639	0
185	BOARD/GROOMING BUILDING & IMPROV	10/01/17	690,341	17,259	0
186	FOUNTAIN, TRASH, BABY CHANGING STA	10/01/17	1,272	85	0
187	CAT CONDO QUADS	10/01/17	13,081	872	0
188	DOG KENNELS	10/01/17	4,360	291	0
189	82 GALLON BALDDER TANK	7/19/17	500	72	0
190	A/C WALL UNIT - RAINBOW ROOM	9/28/17	739	106	0
191	BATHING TUB	5/28/17	1,850	265	0
192	SECURITY CAMERA SYSTEM	6/01/17	8,810	881	0
193	SH DOUBLE DRYING CAGE	6/19/17	3,971	567	0
194	PS MOD KENNEL CAGE 11 UNIT	5/03/17	1,805	258	0
195	B.I. ROOF	5/04/18	12,950	324	0
196	LAUNDRY ROOM ROOF	7/26/18	7,900	198	0
197	MOTORIZED STAND UP DESK (DR. GREEN	2/28/18	6,250	893	0
198	DONATED FURNITURE (DESKS, CHAIRS, S	6/30/18	10,000	1,429	0
199	BUILT-IN CABINET	7/30/18	2,010	201	0
201	FENCING AROUND DOG YARD	10/05/18	3,780	189	0
203	TIMECLOCK PLUS SOFTWARE	10/29/18	1,350	412	0
204	MUSIC SYSTEM (DOG KENNELS)	12/01/18	2,499	499	0
Total Other Depreciation			4,623,474	124,071	0
Total ACRS and Other Depreciation			4,623,474	124,071	0

Listed Property:

158	2008 MAZDA TRIBUTE	6/18/15	10,999	1,100	0
184	2011 FRE VAN	12/01/17	46,285	3,450	0
200	RECONDITIONED TRANSMISSION	2/28/18	3,115	623	0
202	BOX TRUCK (ROOF REPAIR)	10/11/18	1,200	240	0
			61,599	5,413	0

Amortization:

144	BLACKBAUD SOFTWARE	8/01/13	1,750	0	0
			1,750	0	0

Grand Totals

4,699,553	129,504	0
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Net Operating Loss Carryover Worksheet for Pre-2018 Losses

Form **990-T**

2018

For calendar year 2018, or tax year beginning _____, ending _____

Name

HALIFAX HUMANE SOCIETY, INC

Employer Identification Number
59-0530990

Preceding Taxable Year	Prior Year			Current Year	Next Year Carryover
	Adj. To NOL Inc/(Loss) After Adj.	NOL Utilized (Income Offset)	Carryovers to Current Year	Income Offset By Prior Carryover	
20th 12/30/98					
19th 12/30/99					
18th 12/31/00					
17th 12/31/01					
16th 12/31/02					
15th 12/31/03					
14th 12/31/04					
13th 12/31/05					
12th 12/31/06					
11th 12/31/07					
10th 12/31/08					
9th 12/31/09					
8th 12/31/10					
7th 12/31/11					
6th 12/31/12					
5th 12/31/13					
4th 12/31/14					
3rd 12/31/15					
2nd 12/31/16					
1st 12/31/17	-42,984		42,984		42,984
NOL carryover available to current year			42,984		
Current year	0			-1,000	
NOL carryover available to next year					42,984

Form 990	Two Year Comparison Report	2017 & 2018
For calendar year 2018, or tax year beginning _____, ending _____		

Name

Taxpayer Identification Number

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

		2017	2018	Differences
R e v e n u e	1. Contributions, gifts, grants	1,047,069	1,928,772	881,703
	2. Membership dues and assessments			
	3. Government contributions and grants			
	4. Program service revenue	1,250,757	1,349,907	99,150
	5. Investment income	104,782	150,294	45,512
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory	29,388	189,268	159,880
	8. Net income or (loss) from fundraising events	296,773	277,367	-19,406
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory	239,348	242,339	2,991
	11. Other revenue	77,239	57,102	-20,137
	12. Total revenue. Add lines 1 through 11	3,045,356	4,195,049	1,149,693
E x p e n s e s	13. Grants and similar amounts paid			
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.	132,818	136,423	3,605
	16. Salaries, other compensation, and employee benefits	1,792,421	1,965,315	172,894
	17. Professional fundraising fees			
	18. Other professional fees	45,731	24,828	-20,903
	19. Occupancy, rent, utilities, and maintenance	192,986	187,027	-5,959
	20. Depreciation and Depletion	123,547	144,335	20,788
	21. Other expenses	590,846	630,965	40,119
	22. Total expenses. Add lines 13 through 21	2,878,349	3,088,893	210,544
	23. Excess or (Deficit). Subtract line 22 from line 12	167,007	1,106,156	939,149
O t h e r I n f o r m a t i o n	24. Total exempt revenue	3,045,356	4,195,049	1,149,693
	25. Total unrelated revenue	16,716	116,099	99,383
	26. Total excludable revenue	1,684,798	1,872,811	188,013
	27. Total assets	10,691,059	11,130,027	438,968
	28. Total liabilities	340,207	237,334	-102,873
	29. Retained earnings	10,350,852	10,892,693	541,841
	30. Number of voting members of governing body	10	10	
	31. Number of independent voting members of governing body	10	10	
	32. Number of employees	156	138	
	33. Number of volunteers	500	500	

Form 990T	Two Year Comparison Report	2017 & 2018
For calendar year 2018, or tax year beginning _____, ending _____		

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

		2017	2018	Differences
Revenue	1. Gross profit/loss on business activities	16,716	116,099	99,383
	2. Capital gains/losses			
	3. Income/loss from partnerships and S corporations			
	4. Rental income (net of expense)			
	5. Unrelated debt-financed income (net of expense)			
	6. Interest, and other income from controlled organizations (net of expense)			
	7. Investment income of specific organizations (net of expense)			
	8. Exploited exempt activity income (net of expense)			
	9. Advertising income (net of expense)			
	10. Other income			
	11. Total trade or business income. Combine lines 1 through 10	16,716	116,099	99,383
Expenses	12. Compensation of officers, directors, and trustees			
	13. Other salaries and wages	21,108	64,818	43,710
	14. Repairs and maintenance	948	1,811	863
	15. Bad debts			
	16. Interest			
	17. Taxes and licenses	1,269	1,199	-70
	18. Charitable contributions			
	19. Depreciation and Depletion	5,578	20,302	14,724
	20. Contributions to deferred compensation plans		403	403
	21. Employee benefit programs	501	3,780	3,279
	22. Other deductions	30,296	46,987	16,691
	23. Total deductions. Add lines 12 through 22	59,700	139,300	79,600
	24. Net income on Page 1; Subtract line 23 from 11	-42,984	-23,201	19,783
	25. Unrelated business taxable income from all trades	-42,984		42,984
	26. Disallowed employee fringe benefits			
	27. Net operating loss (pre-2018)			
	28. Taxable income after NOL loss			
	29. Specific deduction		1,000	1,000
	30. Unrelated business taxable income.			
Tax & Credits	31. Income tax (corporate or trust)			
	32. Proxy tax			
	33. Other taxes			
	34. Total taxes			
	35. Other credits			
	36. General business credit			
	37. Credit for prior year minimum tax			
	38. Total credits			
	39. Net tax after credits			
	40. Recapture taxes and 965 tax			
	41. Total Taxes			
Due/Refund	42. Prior year overpayment and estimated tax payments			
	43. Payment made with extension			
	44. Backup withholding and foreign withholding			
	45. Other payments			
	46. Total payments			
	47. Balance due/(Overpayment)			
	48. Overpayment applied to next year			
	49. Penalties			
	50. Total due/(Refund)			

Form 990	Tax Return History	2018
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Name HALIFAX HUMANE SOCIETY, INC	Employer Identification Number 59-0530990
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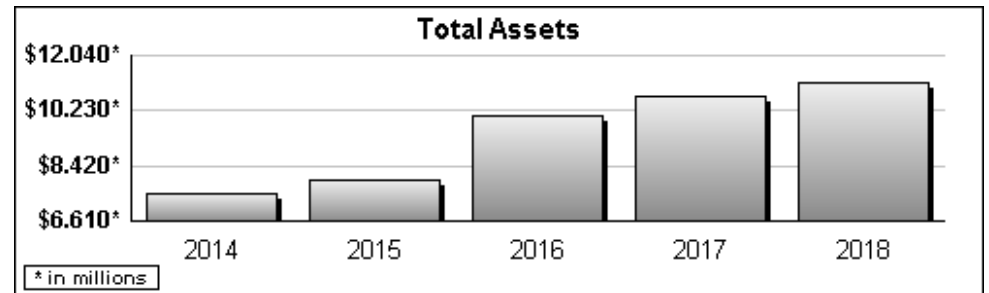
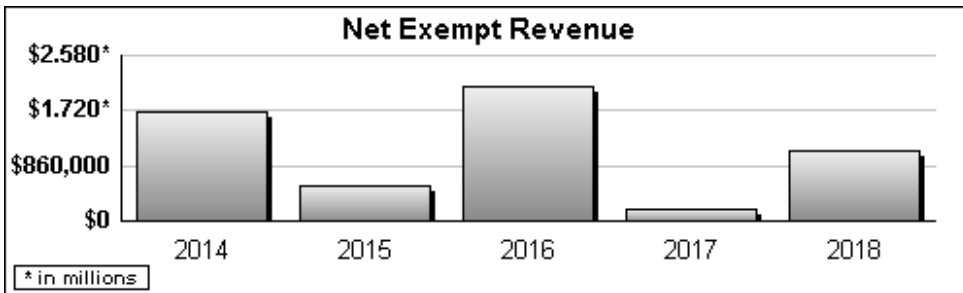
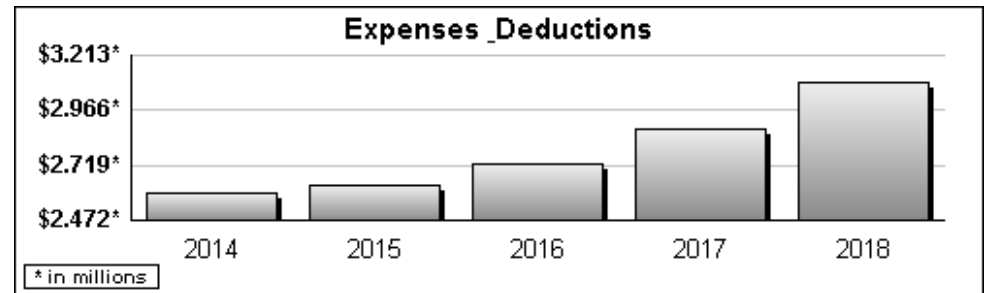
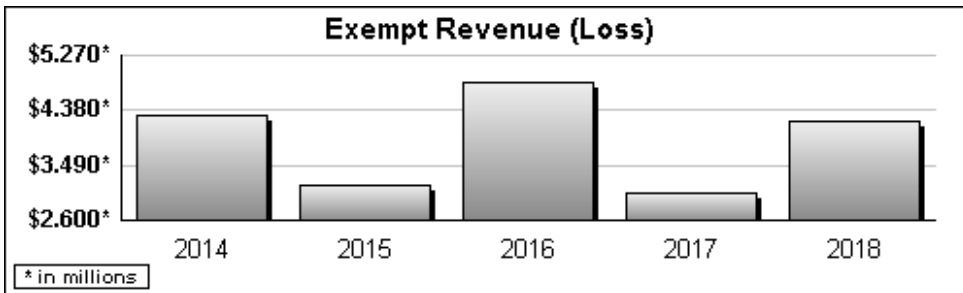
	2014	2015	2016	2017	2018	2019
Contributions, gifts, grants	2,415,736	1,296,103	3,152,582	1,047,069	1,928,772	
Membership dues						
Program service revenue	1,259,519	1,139,999	978,725	1,250,757	1,349,907	
Capital gain or loss	38,521	34,012	18,000	29,388	189,268	
Investment income	76,610	80,104	94,540	104,782	150,294	
Fundraising revenue (income/loss)	260,706	352,457	258,725	296,773	277,367	
Gaming revenue (income/loss)						
Other revenue	239,744	266,441	322,454	316,587	299,441	
Total revenue	4,290,836	3,169,116	4,825,026	3,045,356	4,195,049	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.	123,050	128,005	149,960	132,818	136,423	
Other compensation	1,455,133	1,676,060	1,653,383	1,792,421	1,965,315	
Professional fees	147,159	17,787	146,370	45,731	24,828	
Occupancy costs	146,800	162,113	157,642	192,986	187,027	
Depreciation and depletion	88,653	88,435	100,121	123,547	144,335	
Other expenses	634,830	553,468	517,766	590,846	630,965	
Total expenses	2,595,625	2,625,868	2,725,242	2,878,349	3,088,893	
Excess or (Deficit)	1,695,211	543,248	2,099,784	167,007	1,106,156	
Total exempt revenue	4,290,836	3,169,116	4,825,026	3,045,356	4,195,049	
Total unrelated revenue				16,716	116,099	
Total excludable revenue	1,614,394	1,520,556	1,413,719	1,684,798	1,872,811	
Total Assets	7,520,639	7,953,731	10,059,306	10,691,059	11,130,027	
Total Liabilities	213,627	255,962	152,660	340,207	237,334	
Net Fund Balances	7,307,012	7,697,769	9,906,646	10,350,852	10,892,693	

Form 990T	Tax Return History	2018
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Name HALIFAX HUMANE SOCIETY, INC	Employer Identification Number 59-0530990
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* Income shown net of expenses

	2014	2015	2016	2017	2018	2019
Business activity profit/loss				16,716	116,099	
Capital gains/losses						
Partner and S Corp gain/loss						
Rental income*						
Debt-financed income*						
Controlled organizations income/interest*						
Investment income, specific organizations*						
Exploited exempt activity income*						
Other income						
Total trade or business income.				16,716	116,099	
Compensation of officers, ect.						
Other salaries and wages				21,108	64,818	
Repairs and maintenance				948	1,811	
Bad debts						
Interest						
Taxes and licenses				1,269	1,199	
Charitable contributions						
Depreciation and Depletion				5,578	20,302	
Deferred compensation plans					403	
Employee benefit programs				501	3,780	



Form 990T	Tax Return History	2018
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Name HALIFAX HUMANE SOCIETY, INC	Employer Identification Number 59-0530990
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	2014	2015	2016	2017	2018	2019
Other deductions				30,296	46,987	
Net income (990T/first activity)				-42,984	-23,201	
UBTI from all trades	0	0	0	0	0	
Taxable employee fringe benefits						
Net operating loss deduction						
Specific deduction					1,000	
Income after expense and deductions						
Income tax (corporate or trust)						
Other taxes						
Total taxes						
General business credit						
Other credits						
Net tax after credits						
Estimated tax payments						
Other payments						
Balance due/Overpayment						

