

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

4,195,049

Expenses

Program services	<u>2,532,087</u>
Management and general	<u>264,839</u>
Fundraising	<u>291,967</u>

Total expenses

3,088,893

Excess / (deficit)

1,106,156

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	
Recoveries	
Other	<u>271,557</u>
Plus:	
Investment expenses	<u>5,990</u>
Other	
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	
Prior year adjustments	
Losses	
Other	<u>271,557</u>
Plus:	
Investment expenses	<u>5,990</u>
Other	
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 _____
 Other tax: ☐ Proxy ☐ AMT ☐ Facilities _____

Tax

Foreign tax credit and other credits _____
 General business credits _____
 Prior year minimum tax credit _____

Total nonrefundable credits

Other taxes _____

Total tax

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

Payments / penalty / application

Net tax due

Additions to Tax

Interest on late payments _____
 Failure to file penalty _____
 Failure to pay penalty _____

Total additions

Balance due

Refund

Next Year's Estimates

1st quarter _____
 2nd quarter _____
 3rd quarter _____
 4th quarter _____
Total _____

Miscellaneous Information

Number of Sch M Units _____
 Amended return _____
 Return / extended due date 11/15/19

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

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

Form 8879-EO

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

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879EO for the latest information.

2018

Department of the Treasury Internal Revenue Service 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 Enter five numbers, but do not enter all zeros

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)

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018
Open to Public Inspection

A For the 2018 calendar year, or tax year beginning , and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization HALIFAX HUMANE SOCIETY, INC		D Employer identification number 59-0530990
	Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 2364 LPGA BLVD.		E Telephone number 386-274-4703
	City or town, state or province, country, and ZIP or foreign postal code DAYTONA BEACH FL 32124		G Gross receipts \$ 14,364,440
	F Name and address of principal officer: MELVIN STACK 2364 LPGA BLVD. DAYTONA BEACH FL 32124		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ HALIFAXHUMANESOCIETY.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1966
			M State of legal domicile: FL

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE HALIFAX HUMANE SOCIETY EXISTS TO PROTECT ANIMALS FROM CRUEL, NEGLECTFUL AND EXPLOITATIVE TREATMENT, AND TO OFFER SPAY & NEUTER SERVICES.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	10
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	10
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	138
	6 Total number of volunteers (estimate if necessary)	6	500
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	116,099
b Net unrelated business taxable income from Form 990-T, line 38	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	1,047,069	1,928,772
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,250,757	1,349,907
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	134,170	339,562
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	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)		0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 291,967		
	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	End of Year
	21 Total liabilities (Part X, line 26)	10,691,059	11,130,027
	22 Net assets or fund balances. Subtract line 21 from line 20	340,207	237,334
		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		Date	
	MIGUEL ABI-HASSAN		CHIEF EXECUTIVE OFF.	
Paid Preparer Use Only	Print/Type preparer's name		Preparer's signature	Date
	JOHN S OLIVARI, CPA			08/27/19
	Firm's name ▶ OLIVARI & ASSOCIATES CPA'S		Check <input type="checkbox"/> if self-employed	PTIN P01290808
	Firm's address ▶ 141 SAGE BRUSH TRAIL, SUITE D ORMOND BEACH, FL 32174		Firm's EIN ▶ 59-2425904	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 **2,532,087**