

Forms 990 / 990-EZ Return Summary

For calendar year 2024, or tax year beginning _____, and ending _____

**ATHENS AREA HUMANE SOCIETY OF
CLARKE COUNTY AND SPCA, INC.**

58-1847318

Net Asset / Fund Balance at Beginning of Year		<u><u>3,846,229</u></u>
Revenue		
Contributions	<u>810,546</u>	
Program service revenue	<u>1,417,884</u>	
Investment income	<u>70,294</u>	
Capital gain / loss	<u>197,567</u>	
Fundraising / Gaming:		
Gross revenue	<u>26,854</u>	
Direct expenses	<u> </u>	
Net income	<u>26,854</u>	
Other income	<u>0</u>	
Total revenue		<u><u>2,523,145</u></u>
Expenses		
Program services	<u>2,269,557</u>	
Management and general	<u>428,377</u>	
Fundraising	<u>224,821</u>	
Total expenses		<u><u>2,922,755</u></u>
Excess / (deficit)		<u><u>-399,610</u></u>
Changes		<u><u>31,426</u></u>
Net Asset / Fund Balance at End of Year		<u><u>3,478,045</u></u>

Reconciliation of Revenue

Total revenue per financial statements	_____
Less:	
Unrealized gains	<u>30,363</u>
Donated services	_____
Recoveries	_____
Other	_____
Plus:	
Investment expenses	_____
Other	_____
Total revenue per return	<u><u>2,523,145</u></u>

Reconciliation of Expenses

Total expenses per financial statements	_____
Less:	
Donated services	_____
Prior year adjustments	_____
Losses	_____
Other	_____
Plus:	
Investment expenses	_____
Other	_____
Total expenses per return	<u><u>2,922,755</u></u>

	Beginning	Ending	Differences
Assets	<u>6,736,419</u>	<u>5,791,402</u>	
Liabilities	<u>2,890,190</u>	<u>2,313,357</u>	
Net assets	<u><u>3,846,229</u></u>	<u><u>3,478,045</u></u>	<u><u>-368,184</u></u>

Miscellaneous Information

Amended return _____
 Return / extended due date 11/15/25
 Failure to file penalty _____

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2024

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

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

Open to Public Inspection

A For the **2024** 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 ATHENS AREA HUMANE SOCIETY OF CLARKE COUNTY AND SPCA, INC.		D Employer identification number 58-1847318
	Doing business as		E Telephone number 706-452-1299
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1030 MITCHELL BRIDGE ROAD		G Gross receipts \$ 4,435,066
	City or town, state or province, country, and ZIP or foreign postal code ATHENS GA 30606		
	F Name and address of principal officer: CHERYL MCCORMICK 1030 MITCHELL BRIDGE RD ATHENS GA 30606		

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: WWW.ATHENSHUMANESOCIETY.ORG	H(c) Group exemption number
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: 1989	M State of legal domicile: GA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE ATHENS AREA HUMANE SOCIETY RESCUES AND PROTECTS COMPANION ANIMALS BY PROVIDING FOR THEIR WELLBEING, UNITING THEM WITH LOVING HOMES, AND ADVOCATING FOR A COMPASSIONATE SOCIETY.		
	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	16
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	16
	5 Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	52
	6 Total number of volunteers (estimate if necessary)	6	1009
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	805,658	810,546
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,057,348	1,417,884
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	283,066	267,861
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	33,702	26,854
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,179,774	2,523,145
	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)	1,190,214	1,569,407
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25)	224,821	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,212,962	1,353,348
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,403,176	2,922,755	
19 Revenue less expenses. Subtract line 18 from line 12	-223,402	-399,610	
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)	6,736,419	5,791,402
	22 Net assets or fund balances. Subtract line 21 from line 20	2,890,190	2,313,357
		3,846,229	3,478,045

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 CHERYL MCCORMICK	Date
	Type or print name and title CHIEF EXEC OFFICER	

Paid Preparer Use Only	Preparer's name J. CHRIS HOLLIFIELD	Preparer's signature J. CHRIS HOLLIFIELD	Date	Check <input type="checkbox"/> if self-employed	PTIN P00939610
	Firm's name RUSHTON, LLC	Firm's EIN 87-1753047			
	Firm's address P.O. BOX 2917 GAINESVILLE, GA 30503	Phone no. 770-287-7800			

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

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

THE ATHENS AREA HUMANE SOCIETY RESCUES AND PROTECTS COMPANION ANIMALS BY PROVIDING FOR THEIR WELLBEING, UNITING THEM WITH LOVING HOMES, AND ADVOCATING FOR A COMPASSIONATE SOCIETY.

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 \$ 1,155,999 including grants of \$) (Revenue \$ 1,073,314)

CLINIC PROGRAMS: AAHS'S CLINIC PROVIDES COMPASSIONATE, HIGH-QUALITY VETERINARY CARE TO DOGS AND CATS IN NEED AND PROMOTES THE HEALTH AND WELL-BEING OF ANIMALS THROUGH ACCESSIBLE SERVICES, EDUCATION, AND ADVOCACY. THE CLINIC PROVIDES LOW-COST SPAY AND NEUTER PROCEDURES; WELLNESS EXAMINATIONS; VACCINATIONS; MICROCHIPS; CANINE HEARTWORM TREATMENT, AND FLEA/TICK PREVENTION TO SHELTER PARTNER PETS AND PUBLIC CLIENTS. IN 2024, 9,009 DOGS AND CATS WERE STERILIZED, INCLUDING 1,316 FERAL (COMMUNITY) CATS THAT WERE TRAPPED, STERILIZED, AND RETURNED TO THEIR POINTS OF ORIGIN THROUGH INDIVIDUAL COLONY CAREGIVERS THROUGHOUT AAHS'S SERVICE AREA.

4b (Code:) (Expenses \$ 1,113,558 including grants of \$) (Revenue \$ 68,849)

SHELTER PROGRAMS: DOGS, CATS, PUPPIES, AND KITTENS ARE ADOPTED TO VETTED AND APPROVED ADOPTION APPLICANTS. ADOPTION FEES ARE CHARGED TO OFFSET THE COST OF STERILIZATION PROCEDURES, VETERINARY SERVICES, AND HUSBANDRY (FOOD, SHELTER, ENRICHMENT). THE ATHENS AREA HUMANE SOCIETY ENVISIONS A SOCIETY WHERE ALL DOGS AND CATS HAVE A LOVING HOME AND THE BOND BETWEEN PETS AND PEOPLE IS CELEBRATED. IN 2024, 1,547 PETS (506 DOGS AND 1,036 CATS) WERE ADOPTED INTO LOVING FOREVER HOMES, AND AND 388 PETS (107 DOGS AND 281 CATS) WERE PROVIDED WITH IN-HOME FOSTER CARE PRIOR TO ADOPTION. THE AVERAGE LENGTH-OF-STAY FOR ADOPTABLE PETS WAS 10.3 DAYS FOR IN-SHELTER ADPOTABLE PETS AND 43.4 DAYS FOR PETS IN FOSTER CARE.

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

N/A

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

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

4e Total program service expenses 2,269,557

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 22-38 detailing various organizational requirements and compliance checks.

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

Input box for Part V check

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 1a, 1b, 1c detailing backup withholding rules and reportable gaming.

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	52		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a			X
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			X
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			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15			X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			X
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17			

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

Section A. Governing Body and Management

			Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	1a	16		
b Enter the number of voting members included on line 1a, above, who are independent	1b	16		
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?	2			X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3			X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6 Did the organization have members or stockholders?	6			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?	7a			X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?	8a		X	
b Each committee with authority to act on behalf of the governing body?	8b		X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9			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?	10a		X
b 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?	10b		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	X	
13 Did the organization have a written whistleblower policy?	13	X	
14 Did the organization have a written document retention and destruction policy?	14	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?			
a The organization's CEO, Executive Director, or top management official	15a	X	
b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	15b	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?	16a		X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **GA**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records.

CHERYL MCCORMICK
ATHENS

1030 MITCHELL BRIDGE RD

GA 30606

706-769-9155

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CHRISTINA G SIMPSON LEAD VETERINARIAN	40.00 0.00					X	130,587	0	0	
(2) CHERYL MCCORMICK CHIEF EXEC OFFICER	40.00 0.00	X		X			128,483	0	0	
(3) JENNIFER VARNER VETERINARIAN	40.00 0.00					X	111,654	0	0	
(4) CAROL BITNER DIRECTOR	2.00 0.00	X					0	0	0	
(5) MUKUL CHAUDHARY DIRECTOR	2.00 0.00	X					0	0	0	
(6) MICHELLE CLENDENEN-SHAW DIRECTOR	2.00 0.00	X					0	0	0	
(7) LAURA EMERSON DIRECTOR	2.00 0.00	X					0	0	0	
(8) EDWARD D. TOLLEY, ESQ DIRECTOR	2.00 0.00	X					0	0	0	
(9) AUTUMN FIELD DIRECTOR	2.00 0.00	X					0	0	0	
(10) LAURA GREEN DIRECTOR	1.00 0.00	X					0	0	0	
(11) ELIZABETH GUEST SECRETARY	1.00 0.00	X		X			0	0	0	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) MAKALYA JONES										
(12) DIRECTOR	2.00 0.00	X					0	0	0	
(13) TRACY MATHEWS										
(13) TREASURER	1.00 0.00	X		X			0	0	0	
(14) CHRISTINA MOORE										
(14) PRESIDENT	1.00 0.00	X		X			0	0	0	
(15) ALLISON MCCARTHY										
(15) DIRECTOR	2.00 0.00	X					0	0	0	
(16) LINDSAY MCCONNELL										
(16) VICE PRESIDENT	2.00 0.00	X		X			0	0	0	
(17) JOHN ROGEBERG										
(17) DIRECTOR	1.00 0.00	X					0	0	0	
(18) DANA SKELTON										
(18) DIRECTOR	2.00 0.00	X					0	0	0	
(19) JESSICA WOFFORD										
(19) DIRECTOR	2.00 0.00	X					0	0	0	
1b Subtotal							370,724			
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							370,724			

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **3**

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c						
	d Related organizations	1d						
	e Government grants (contributions)	1e						
	f All other contributions, gifts, grants, and similar amounts not included above	1f	810,546					
	g Noncash contributions included in lines 1a-1f	1g	\$ 176,075					
	h Total. Add lines 1a-1f			810,546				
	Program Service Revenue	2a CLINIC	Business Code 812910		1,073,314	1,073,314		
b ADOPTIONS		Business Code 812910		275,721	275,721			
c PROGRAMS		Business Code 812910		68,849	68,849			
d								
e								
f All other program service revenue								
g Total. Add lines 2a-2f				1,417,884				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			70,294			70,294	
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6a Gross rents	6a	(i) Real	(ii) Personal				
			b Less: rental expenses	6b				
			c Rental inc. or (loss)	6c				
	d Net rental income or (loss)							
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other				
			b Less: cost or other basis and sales exps.	7b	1,911,921			
			c Gain or (loss)	7c	197,567			
			d Net gain or (loss)			197,567	197,567	
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a			26,854			
			b Less: direct expenses	8b				
c Net income or (loss) from fundraising events					26,854			
9a Gross income from gaming activities. See Part IV, line 19	9a							
		b Less: direct expenses	9b					
		c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	10a							
		b Less: cost of goods sold	10b					
		c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11a	Business Code						
	b							
	c							
	d All other revenue							
	e Total. Add lines 11a-11d							
12 Total revenue. See instructions				2,523,145	1,615,451	0	70,294	

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	128,482	93,792	21,842	12,848
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	1,187,917	867,179	201,946	118,792
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	149,336	109,015	25,387	14,934
10 Payroll taxes	103,672	75,681	17,624	10,367
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	40,757	33,828	4,891	2,038
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	14,080	14,080		
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	47,822	37,859	6,655	3,308
12 Advertising and promotion	9,861	8,185	1,183	493
13 Office expenses	39,673	32,928	4,761	1,984
14 Information technology				
15 Royalties				
16 Occupancy	96,369	79,986	11,565	4,818
17 Travel	12,600	10,458	1,512	630
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	158,339	131,421	19,001	7,917
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	302,784	251,363	36,282	15,139
23 Insurance	34,646	28,756	4,158	1,732
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a SUPPLIES	331,671	275,287	39,801	16,583
b FOOD	176,075	146,142	21,129	8,804
c BANK FEES	43,300	35,939	5,196	2,165
d DUES AND SUBSCRIPTIONS	32,116	26,656	3,854	1,606
e All other expenses	13,255	11,002	1,590	663
25 Total functional expenses. Add lines 1 through 24e	2,922,755	2,269,557	428,377	224,821
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	30,405	1	91,081
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	30,520	4	20,120
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	25,977	8	25,977
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 4,766,318		
	b	Less: accumulated depreciation	10b 973,102	10c	3,793,216
	11	Investments—publicly traded securities	2,648,148	11	1,853,554
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets	7,894	14	7,454
	15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 33)	6,736,419	16	5,791,402	
Liabilities	17	Accounts payable and accrued expenses	75,754	17	60,392
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties	2,766,443	23	2,208,458
	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	47,993	25	44,507
	26	Total liabilities. Add lines 17 through 25	2,890,190	26	2,313,357
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions	3,496,762	27	3,128,578
	28	Net assets with donor restrictions	349,467	28	349,467
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	3,846,229	32	3,478,045
33	Total liabilities and net assets/fund balances	6,736,419	33	5,791,402	

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	2,523,145
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,922,755
3	Revenue less expenses. Subtract line 2 from line 1	3	-399,610
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,846,229
5	Net unrealized gains (losses) on investments	5	30,363
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	1,063
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	3,478,045

Part XII Financial Statements and Reporting

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

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

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2024

Open to Public Inspection

Name of the organization: ATHENS AREA HUMANE SOCIETY OF CLARKE COUNTY AND SPCA, INC. Employer identification number: 58-1847318

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).
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).
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).
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).
8 A community trust described in section 170(b)(1)(A)(vi).
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.
10 [X] 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...
11 An organization organized and operated exclusively to test for public safety.
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...
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s)...
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s)...
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s)...
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated...
e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations
g Provide the following information about the supported organization(s).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Rows (A) through (E) and Total.

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

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

Section A. Public Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10.

12 Gross receipts from related activities, etc. (see instructions) 12
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2024; 15 Public support percentage from 2023 Schedule A; 16a 33 1/3% support test - 2024; b 33 1/3% support test - 2023; 17a 10%-facts-and-circumstances test - 2024; b 10%-facts-and-circumstances test - 2023; 18 Private foundation.

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	396,545	1,026,670	997,610	805,658	810,546	4,037,029
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	310,254	327,887	642,339	1,089,550	1,444,738	3,814,768
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	706,799	1,354,557	1,639,949	1,895,208	2,255,284	7,851,797
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.)						7,851,797

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6	706,799	1,354,557	1,639,949	1,895,208	2,255,284	7,851,797
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	189,012	405,569	-77,138	79,175	70,294	666,912
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	189,012	405,569	-77,138	79,175	70,294	666,912
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on				500		500
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.)	895,811	1,760,126	1,562,811	1,974,883	2,325,578	8,519,209

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	15	92.17 %
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	89.64 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f))	17	8 %
18 Investment income percentage from 2023 Schedule A, Part III, line 17	18	10 %

19a 33 1/3% support tests — 2024. 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 — 2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part 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 (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

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

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

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

Section D – Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2024 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, 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 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2025. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020			
b Excess from 2021			
c Excess from 2022			
d Excess from 2023			
e Excess from 2024			

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

Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization ATHENS AREA HUMANE SOCIETY OF CLARKE COUNTY AND SPCA, INC.	Employer identification number 58-1847318
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Organization type (check one):

- Filers of:** **Section:**
- Form 990 or 990-EZ 501(c)(**3**) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization

ATHENS AREA HUMANE SOCIETY OF

Employer identification number

58-1847318

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	ED GRENVICZ 1030 MITCHELL BRIDGE RD ATHENS GA 30606	\$ 40,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	TURNER FAMILY FOUNDATION 1030 MITCHELL BRIDGE RD ATHENS GA 30606	\$ 37,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	SUBARU OF AMERICA, INC 1030 MITCHELL BRIDGE RD ATHENS GA 30606	\$ 23,995	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	CATHARINE CHATHAM MURRAY ESTATE 1030 MITCHELL BRIDGE RD ATHENS GA 30606	\$ 23,367	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	AMERICAN ENDOWMENT FOUNDATION 1030 MITCHELL BRIDGE RD ATHENS GA 30606	\$ 22,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	ANDERSON, WAYNE AND KATHIE 1030 MITCHELL BRIDGE RD ATHENS GA 30606	\$ 25,248	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

ATHENS AREA HUMANE SOCIETY OF CLARKE COUNTY AND SPCA, INC.

Employer identification number

58-1847318

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

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

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

Part II Conservation Easements

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

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

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

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

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

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

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

Part IV Escrow and Custodial Arrangements

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table.
- | | 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 in Part XIII

Part V Endowment Funds

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	2,648,147	3,398,673	3,665,935	3,534,866	3,363,272
b Contributions	98,162	92,422	1,217,097		
c Net investment earnings, gains, and losses	297,840	302,362	-555,439	476,974	530,168
d Grants or scholarships					
e Other expenditures for facilities and programs	1,176,515	1,130,061	907,650	317,927	334,058
f Administrative expenses	14,080	15,249	21,270	27,978	24,516
g End of year balance	1,853,554	2,648,147	3,398,673	3,665,935	3,534,866

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment **100.00** %
 - b Permanent endowment %
 - c Term endowment %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|-----|----|
| (i) Unrelated organizations? | | X |
| (ii) Related organizations? | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		638,280		638,280
b Buildings		1,072,937	91,703	981,234
c Leasehold improvements		2,404,488	527,616	1,876,872
d Equipment		467,246	283,121	184,125
e Other		183,367	70,662	112,705
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				3,793,216

Part VII Investments – Other Securities

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

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

Part VIII Investments – Program Related

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

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

Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) COMPENSATED ABSENCES	28,817
(3) PAYROLL LIABILITIES	15,690
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	44,507

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

**SCHEDULE G
(Form 990)**

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

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

**ATHENS AREA HUMANE SOCIETY OF
CLARKE COUNTY AND SPCA, INC.**

Employer identification number

58-1847318

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

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

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

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

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

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
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>KITTEN SHOWER</u> (event type)	<u>MUTT STRUTT 202</u> (event type)	<u>NONE</u> (total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	14,297	8,778	23,075
	2	Less: Contributions			
	3	Gross income (line 1 minus line 2)	14,297	8,778	23,075
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses			
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				23,075

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Noncash Contributions

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

Attach to Form 990.

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

OMB No. 1545-0047

2024

**Open To Public
Inspection**

CLARKE COUNTY AND SPCA, INC.

Employer identification number

58-1847318

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 (PET FOOD)	X	76030	176,075	COST PER POUND
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee 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 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		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)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization	ATHENS AREA HUMANE SOCIETY OF CLARKE COUNTY AND SPCA, INC.	Employer identification number 58-1847318
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FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
OFFICERS REVIEW THE RETURN BEFORE IT IS FILED

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY
BOARD MEETS REGULARLY TO REVIEW AND IS ADDRESSED INITIALLY IN NEW BOARD
MEMBER ORIENTATION.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL
THE CEO IS REVIEWED ANNUALLY BY THE EXECUTIVE COMMITTEE ON OR AROUND THE
CEO'S WORK ANNIVERSARY. THE CEO PERFORMS A SELF-EVALUATION, WHICH IS
BENCHMARKED AGAINST THE EXECUTIVE COMMITTEE'S ASSESSMENT AND REVIEWED WITH
THE CEO. RESULTS ARE SHARED WITH THE GENERAL BOARD.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS
EMPLOYEES ARE ADMINISTERED A 90-DAY PERFORMANCE REVIEW AND SALARY/DUTIES
ARE MODIFIED AS NEEDED. ALL EMPLOYEES ARE ADMINISTERED AN ANNUAL
PERFORMANCE REVIEW, WITH BASE COMPENSATION INCREASED BASED ON MERIT AND
PERFORMANCE UP TO 5%.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
NO DOCUMENTS AVAILABLE TO THE PUBLIC.

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION	
PRIOR YEAR BOOK TO TAX AMORTIZATION	\$ 1,982
CORRECT CY NET ASSETS FOR UNDERSTATEMENT OF AMORT	\$ -919
TOTAL	\$ 1,063

58-1847318

Federal Asset Report

FYE: 12/31/2024

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
Other Depreciation:											
1	Closing Costs	11/29/21	0				0	0	HY	0	0
2	Athens Ford Van	8/23/18	0				0	0	HY	0	0
3	10 Large Poly-Metal Wall MT	9/07/21	0				0	0	HY	0	0
4	Cat Condo Quad W/Litter (8)	9/07/21	0				0	0	HY	0	0
6	Nesting Chair (14)	9/07/21	0				0	0	HY	0	0
8	Chain Link Fence	11/23/21	0				0	0	HY	0	0
9	Improvements	9/07/21	0				0	0	HY	0	0
10	Improvements	9/30/21	0				0	0	HY	0	0
11	Improvements	11/23/21	0				0	0	HY	0	0
12	Sign Letters	9/09/21	0				0	0	HY	0	0
13	Office Ext Sign	9/09/21	0				0	0	HY	0	0
14	Office Ext Sign	9/09/21	0				0	0	HY	0	0
15	Surgery Entrance Sign	9/09/21	0				0	0	HY	0	0
16	Surgery Entrance Sign	9/09/21	0				0	0	HY	0	0
17	ALU Composite Sign (2)	9/24/21	0				0	0	HY	0	0
18	Improvements	10/31/21	0				0	0	HY	0	0
19	Aluminum Pan Sign	4/11/22	0				0	0	HY	0	0
20	HVAC System #1 (Of 3)	4/21/22	0				0	0	HY	0	0
21	HVAC System #2 (of 3)	4/21/22	0				0	0	HY	0	0
22	HVAC System #3 (of 3)	4/21/22	0				0	0	HY	0	0
23	New Flooring	5/01/22	0				0	0	HY	0	0
24	Improvements - Painting	6/02/22	0				0	0	HY	0	0
25	Fencing for Bark Park	8/01/22	0				0	0	HY	0	0
26	Improvements - Remodeling	10/13/22	0				0	0	HY	0	0
27	Gas Furnace System	7/28/22	0				0	0	HY	0	0
28	Wall Wrap Sign	8/17/22	0				0	0	HY	0	0
31	DR30 System	12/28/21	0				0	0	HY	0	0
32	DI XRAY INNOVETSELECHF30	12/21/21	0				0	0	HY	0	0
33	(2) Monitor Cardell Upgrade	12/29/21	0				0	0	HY	0	0
34	Washer (2)	11/22/21	0				0	0	HY	0	0
35	Dryer (2)	11/22/21	0				0	0	HY	0	0
39	255 Light Single MT (5)	10/08/21	0				0	0	HY	0	0
40	Canis Major WE 60 W/O Scale	10/08/21	0				0	0	HY	0	0
41	Autoclave Ultracave M11 (2)	10/08/21	0				0	0	HY	0	0
42	Multiparameter Monitor TO	10/08/21	0				0	0	HY	0	0
43	VAP VIP 3000 Isoflurane FF (9)	10/08/21	0				0	0	HY	0	0
44	ANES Machine VMS PLUS (9)	10/08/21	0				0	0	HY	0	0
45	Vetpro 1000 W/LED Scaler	10/08/21	0				0	0	HY	0	0
46	Wood Laminate Cat Kennel BA	10/18/21	0				0	0	HY	0	0
51	Grooming Tub	10/15/21	0				0	0	HY	0	0
52	Surgery Table (5)	10/15/21	0				0	0	HY	0	0
54	Platform Scale (4)	10/15/21	0				0	0	HY	0	0
55	Catio	11/08/21	0				0	0	HY	0	0
56	Mitchell Bridge Property	9/07/21	0				0	0	HY	0	0
57	Mitchell Bridge Land	11/14/19	0				0	0	HY	0	0
58	Website	7/24/20	0				0	0	HY	0	0
59	Dog Kennel Expansion; chain link roof	10/03/23	0				0	0	HY	0	0
60	Dog Kennel Expansion	9/20/23	0				0	0	HY	0	0
61	Dog Kennel Turf	8/31/23	0				0	0	HY	0	0
62	2022 Ford E450	6/12/23	0				0	0	HY	0	0
63	Storage Shed	5/09/23	0				0	0	HY	0	0
64	Improvements	5/01/23	0				0	0	HY	0	0
65	Improvements	6/01/23	0				0	0	HY	0	0
66	Improvements	7/01/23	0				0	0	HY	0	0
67	Conference Table	9/07/21	0				0	0	HY	0	0
68	Monitor Mount VMS Plus	10/08/21	0				0	0	HY	0	0
69	Autoclave	1/13/14	0				0	0	HY	0	0
70	Trolley Mounted Exam Light	11/03/14	0				0	0	HY	0	0
71	Midmark Central Scavenger	9/07/21	0				0	0	HY	0	0
72	Midmark Exp Kit Central Sca	9/07/21	0				0	0	HY	0	0
73	Midmark Quickclean Ultrasound	9/07/21	0				0	0	HY	0	0
74	Spray Unit	10/15/21	0				0	0	HY	0	0
75	Central Scavenger Assembly	11/04/21	0				0	0	HY	0	0
76	Autoclave Fitting Assembly	9/07/21	0				0	0	HY	0	0
77	Vaccum Inlet Assembly	9/07/21	0				0	0	HY	0	0
78	Table Exam Pedestal	10/15/21	0				0	0	HY	0	0
79	Webcams	9/07/21	0				0	0	HY	0	0
80	Display TVs	9/07/21	0				0	0	HY	0	0

58-1847318

Federal Asset Report

FYE: 12/31/2024

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
81	Squeeze Cage Insert	3/13/24	0			0	0	HY	0	0
82	Garage Bay Mini Split System	3/14/24	0			0	0	HY	0	0
83	Kennel Run Signs	3/19/24	0			0	0	HY	0	0
84	Table Surg V Top Electric Heater	3/21/24	0			0	0	HY	0	0
85	Mini Split Install in Quarantine	8/09/24	0			0	0	HY	0	0
86	ANESTH VMS PLUS	6/06/24	0			0	0	HY	0	0
87	96IN Cage Assem Option B	6/18/24	0			0	0	HY	0	0
88	Outdoor Catio	9/13/24	0			0	0	HY	0	0
89	NAKED BULLDOG STATUE	9/29/24	0			0	0	HY	0	0
90	LARGE AREA RUGS FOR GARAGE EVE	10/01/24	0			0	0	HY	0	0
91	FOOD STORAGE SHED	10/02/24	0			0	0	HY	0	0
92	BULLDOG PAINTING & CLEARCOAT	10/03/24	0			0	0	HY	0	0
93	BOX TRUCK LIFT GATE INSTALL	10/03/24	0			0	0	HY	0	0
94	CONCRETE SLABS	10/15/24	0			0	0	HY	0	0
	Total Other Depreciation		<u>0</u>			<u>0</u>			<u>0</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>0</u>			<u>0</u>			<u>0</u>	<u>0</u>
	Grand Totals		0			0			0	0
	Less: Dispositions and Transfers		0			0			0	0
	Less: Start-up/Org Expense		<u>0</u>			<u>0</u>			<u>0</u>	<u>0</u>
	Net Grand Totals		<u>0</u>			<u>0</u>			<u>0</u>	<u>0</u>

58-1847318

GA Asset Report

FYE: 12/31/2024

Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	GA Prior	GA Current	Federal Current	Difference Fed - GA
Other Depreciation:								
1	Closing Costs	11/29/21	0	0	0	0	0	0
2	Athens Ford Van	8/23/18	0	0	0	0	0	0
3	10 Large Poly-Metal Wall MT	9/07/21	0	0	0	0	0	0
4	Cat Condo Quad W/Litter (8)	9/07/21	0	0	0	0	0	0
6	Nesting Chair (14)	9/07/21	0	0	0	0	0	0
8	Chain Link Fence	11/23/21	0	0	0	0	0	0
9	Improvements	9/07/21	0	0	0	0	0	0
10	Improvements	9/30/21	0	0	0	0	0	0
11	Improvements	11/23/21	0	0	0	0	0	0
12	Sign Letters	9/09/21	0	0	0	0	0	0
13	Office Ext Sign	9/09/21	0	0	0	0	0	0
14	Office Ext Sign	9/09/21	0	0	0	0	0	0
15	Surgery Entrance Sign	9/09/21	0	0	0	0	0	0
16	Surgery Entrance Sign	9/09/21	0	0	0	0	0	0
17	ALU Composite Sign (2)	9/24/21	0	0	0	0	0	0
18	Improvements	10/31/21	0	0	0	0	0	0
19	Aluminum Pan Sign	4/11/22	0	0	0	0	0	0
20	HVAC System #1 (Of 3)	4/21/22	0	0	0	0	0	0
21	HVAC System #2 (of 3)	4/21/22	0	0	0	0	0	0
22	HVAC System #3 (of 3)	4/21/22	0	0	0	0	0	0
23	New Flooring	5/01/22	0	0	0	0	0	0
24	Improvements - Painting	6/02/22	0	0	0	0	0	0
25	Fencing for Bark Park	8/01/22	0	0	0	0	0	0
26	Improvements - Remodeling	10/13/22	0	0	0	0	0	0
27	Gas Furnace System	7/28/22	0	0	0	0	0	0
28	Wall Wrap Sign	8/17/22	0	0	0	0	0	0
31	DR30 System	12/28/21	0	0	0	0	0	0
32	DI XRAY INNOVETSELECHF30	12/21/21	0	0	0	0	0	0
33	(2) Monitor Cardell Upgrade	12/29/21	0	0	0	0	0	0
34	Washer (2)	11/22/21	0	0	0	0	0	0
35	Dryer (2)	11/22/21	0	0	0	0	0	0
39	255 Light Single MT (5)	10/08/21	0	0	0	0	0	0
40	Canis Major WE 60 W/O Scale	10/08/21	0	0	0	0	0	0
41	Autoclave Ultracave M11 (2)	10/08/21	0	0	0	0	0	0
42	Multiparameter Monitor TO	10/08/21	0	0	0	0	0	0
43	VAP VIP 3000 Isoflurane FF (9)	10/08/21	0	0	0	0	0	0
44	ANES Machine VMS PLUS (9)	10/08/21	0	0	0	0	0	0
45	Vetpro 1000 W/LED Scaler	10/08/21	0	0	0	0	0	0
46	Wood Laminate Cat Kennel BA	10/18/21	0	0	0	0	0	0
51	Grooming Tub	10/15/21	0	0	0	0	0	0
52	Surgery Table (5)	10/15/21	0	0	0	0	0	0
54	Platform Scale (4)	10/15/21	0	0	0	0	0	0
55	Catio	11/08/21	0	0	0	0	0	0
56	Mitchell Bridge Property	9/07/21	0	0	0	0	0	0
57	Mitchell Bridge Land	11/14/19	0	0	0	0	0	0
58	Website	7/24/20	0	0	0	0	0	0
59	Dog Kennel Expansion; chain link roof	10/03/23	0	0	0	0	0	0
60	Dog Kennel Expansion	9/20/23	0	0	0	0	0	0
61	Dog Kennel Turf	8/31/23	0	0	0	0	0	0
62	2022 Ford E450	6/12/23	0	0	0	0	0	0
63	Storage Shed	5/09/23	0	0	0	0	0	0
64	Improvements	5/01/23	0	0	0	0	0	0
65	Improvements	6/01/23	0	0	0	0	0	0
66	Improvements	7/01/23	0	0	0	0	0	0
67	Conference Table	9/07/21	0	0	0	0	0	0
68	Monitor Mount VMS Plus	10/08/21	0	0	0	0	0	0
69	Autoclave	1/13/14	0	0	0	0	0	0
70	Trolley Mounted Exam Light	11/03/14	0	0	0	0	0	0
71	Midmark Central Scavenger	9/07/21	0	0	0	0	0	0
72	Midmark Exp Kit Central Sca	9/07/21	0	0	0	0	0	0
73	Midmark Quickclean Ultrasound	9/07/21	0	0	0	0	0	0
74	Spray Unit	10/15/21	0	0	0	0	0	0
75	Central Scavenger Assembly	11/04/21	0	0	0	0	0	0
76	Autoclave Fitting Assembly	9/07/21	0	0	0	0	0	0
77	Vaccum Inlet Assembly	9/07/21	0	0	0	0	0	0
78	Table Exam Pedestal	10/15/21	0	0	0	0	0	0
79	Webcams	9/07/21	0	0	0	0	0	0
80	Display TVs	9/07/21	0	0	0	0	0	0

58-1847318

AMT Asset Report

FYE: 12/31/2024

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
Other Depreciation:											
1	Closing Costs	11/29/21	0				0	0	HY	0	0
2	Athens Ford Van	8/23/18	0				0	0	HY	0	0
3	10 Large Poly-Metal Wall MT	9/07/21	0				0	0	HY	0	0
4	Cat Condo Quad W/Litter (8)	9/07/21	0				0	0	HY	0	0
6	Nesting Chair (14)	9/07/21	0				0	0	HY	0	0
8	Chain Link Fence	11/23/21	0				0	0	HY	0	0
9	Improvements	9/07/21	0				0	0	HY	0	0
10	Improvements	9/30/21	0				0	0	HY	0	0
11	Improvements	11/23/21	0				0	0	HY	0	0
12	Sign Letters	9/09/21	0				0	0	HY	0	0
13	Office Ext Sign	9/09/21	0				0	0	HY	0	0
14	Office Ext Sign	9/09/21	0				0	0	HY	0	0
15	Surgery Entrance Sign	9/09/21	0				0	0	HY	0	0
16	Surgery Entrance Sign	9/09/21	0				0	0	HY	0	0
17	ALU Composite Sign (2)	9/24/21	0				0	0	HY	0	0
18	Improvements	10/31/21	0				0	0	HY	0	0
19	Aluminum Pan Sign	4/11/22	0				0	0	HY	0	0
20	HVAC System #1 (Of 3)	4/21/22	0				0	0	HY	0	0
21	HVAC System #2 (of 3)	4/21/22	0				0	0	HY	0	0
22	HVAC System #3 (of 3)	4/21/22	0				0	0	HY	0	0
23	New Flooring	5/01/22	0				0	0	HY	0	0
24	Improvements - Painting	6/02/22	0				0	0	HY	0	0
25	Fencing for Bark Park	8/01/22	0				0	0	HY	0	0
26	Improvements - Remodeling	10/13/22	0				0	0	HY	0	0
27	Gas Furnace System	7/28/22	0				0	0	HY	0	0
28	Wall Wrap Sign	8/17/22	0				0	0	HY	0	0
31	DR30 System	12/28/21	0				0	0	HY	0	0
32	DI XRAY INNOVETSELECHF30	12/21/21	0				0	0	HY	0	0
33	(2) Monitor Cardell Upgrade	12/29/21	0				0	0	HY	0	0
34	Washer (2)	11/22/21	0				0	0	HY	0	0
35	Dryer (2)	11/22/21	0				0	0	HY	0	0
39	255 Light Single MT (5)	10/08/21	0				0	0	HY	0	0
40	Canis Major WE 60 W/O Scale	10/08/21	0				0	0	HY	0	0
41	Autoclave Ultracave M11 (2)	10/08/21	0				0	0	HY	0	0
42	Multiparameter Monitor TO	10/08/21	0				0	0	HY	0	0
43	VAP VIP 3000 Isoflurane FF (9)	10/08/21	0				0	0	HY	0	0
44	ANES Machine VMS PLUS (9)	10/08/21	0				0	0	HY	0	0
45	Vetpro 1000 W/LED Scaler	10/08/21	0				0	0	HY	0	0
46	Wood Laminate Cat Kennel BA	10/18/21	0				0	0	HY	0	0
51	Grooming Tub	10/15/21	0				0	0	HY	0	0
52	Surgery Table (5)	10/15/21	0				0	0	HY	0	0
54	Platform Scale (4)	10/15/21	0				0	0	HY	0	0
55	Catio	11/08/21	0				0	0	HY	0	0
56	Mitchell Bridge Property	9/07/21	0				0	0	HY	0	0
57	Mitchell Bridge Land	11/14/19	0				0	0	HY	0	0
58	Website	7/24/20	0				0	0	HY	0	0
59	Dog Kennel Expansion; chain link roof	10/03/23	0				0	0	HY	0	0
60	Dog Kennel Expansion	9/20/23	0				0	0	HY	0	0
61	Dog Kennel Turf	8/31/23	0				0	0	HY	0	0
62	2022 Ford E450	6/12/23	0				0	0	HY	0	0
63	Storage Shed	5/09/23	0				0	0	HY	0	0
64	Improvements	5/01/23	0				0	0	HY	0	0
65	Improvements	6/01/23	0				0	0	HY	0	0
66	Improvements	7/01/23	0				0	0	HY	0	0
67	Conference Table	9/07/21	0				0	0	HY	0	0
68	Monitor Mount VMS Plus	10/08/21	0				0	0	HY	0	0
69	Autoclave	1/13/14	0				0	0	HY	0	0
70	Trolley Mounted Exam Light	11/03/14	0				0	0	HY	0	0
71	Midmark Central Scavenger	9/07/21	0				0	0	HY	0	0
72	Midmark Exp Kit Central Sca	9/07/21	0				0	0	HY	0	0
73	Midmark Quickclean Ultrasound	9/07/21	0				0	0	HY	0	0
74	Spray Unit	10/15/21	0				0	0	HY	0	0
75	Central Scavenger Assembly	11/04/21	0				0	0	HY	0	0
76	Autoclave Fitting Assembly	9/07/21	0				0	0	HY	0	0
77	Vaccum Inlet Assembly	9/07/21	0				0	0	HY	0	0
78	Table Exam Pedestal	10/15/21	0				0	0	HY	0	0
79	Webcams	9/07/21	0				0	0	HY	0	0
80	Display TVs	9/07/21	0				0	0	HY	0	0

58-1847318

AMT Asset Report

FYE: 12/31/2024

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
81	Squeeze Cage Insert	3/13/24	0			0	0	HY	0	0
82	Garage Bay Mini Split System	3/14/24	0			0	0	HY	0	0
83	Kennel Run Signs	3/19/24	0			0	0	HY	0	0
84	Table Surg V Top Electric Heater	3/21/24	0			0	0	HY	0	0
85	Mini Split Install in Quarantine	8/09/24	0			0	0	HY	0	0
86	ANESTH VMS PLUS	6/06/24	0			0	0	HY	0	0
87	96IN Cage Assem Option B	6/18/24	0			0	0	HY	0	0
88	Outdoor Catio	9/13/24	0			0	0	HY	0	0
89	NAKED BULLDOG STATUE	9/29/24	0			0	0	HY	0	0
90	LARGE AREA RUGS FOR GARAGE EVE	10/01/24	0			0	0	HY	0	0
91	FOOD STORAGE SHED	10/02/24	0			0	0	HY	0	0
92	BULLDOG PAINTING & CLEARCOAT	10/03/24	0			0	0	HY	0	0
93	BOX TRUCK LIFT GATE INSTALL	10/03/24	0			0	0	HY	0	0
94	CONCRETE SLABS	10/15/24	0			0	0	HY	0	0
	Total Other Depreciation		<u>0</u>			<u>0</u>			<u>0</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>0</u>			<u>0</u>			<u>0</u>	<u>0</u>
	Grand Totals		0			0			0	0
	Less: Dispositions and Transfers		<u>0</u>			<u>0</u>			<u>0</u>	<u>0</u>
	Net Grand Totals		<u>0</u>			<u>0</u>			<u>0</u>	<u>0</u>

Depreciation Adjustment Report

All Business Activities

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

58-1847318

Future Depreciation Report**FYE: 12/31/25**

FYE: 12/31/2024

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<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
Other Depreciation:					
1	Closing Costs	11/29/21	0	0	0
2	Athens Ford Van	8/23/18	0	0	0
3	10 Large Poly-Metal Wall MT	9/07/21	0	0	0
4	Cat Condo Quad W/Litter (8)	9/07/21	0	0	0
6	Nesting Chair (14)	9/07/21	0	0	0
8	Chain Link Fence	11/23/21	0	0	0
9	Improvements	9/07/21	0	0	0
10	Improvements	9/30/21	0	0	0
11	Improvements	11/23/21	0	0	0
12	Sign Letters	9/09/21	0	0	0
13	Office Ext Sign	9/09/21	0	0	0
14	Office Ext Sign	9/09/21	0	0	0
15	Surgery Entrance Sign	9/09/21	0	0	0
16	Surgery Entrance Sign	9/09/21	0	0	0
17	ALU Composite Sign (2)	9/24/21	0	0	0
18	Improvements	10/31/21	0	0	0
19	Aluminum Pan Sign	4/11/22	0	0	0
20	HVAC System #1 (Of 3)	4/21/22	0	0	0
21	HVAC System #2 (of 3)	4/21/22	0	0	0
22	HVAC System #3 (of 3)	4/21/22	0	0	0
23	New Flooring	5/01/22	0	0	0
24	Improvements - Painting	6/02/22	0	0	0
25	Fencing for Bark Park	8/01/22	0	0	0
26	Improvements - Remodeling	10/13/22	0	0	0
27	Gas Furnace System	7/28/22	0	0	0
28	Wall Wrap Sign	8/17/22	0	0	0
31	DR30 System	12/28/21	0	0	0
32	DI XRAY INNOVETSELECHF30	12/21/21	0	0	0
33	(2) Monitor Cardell Upgrade	12/29/21	0	0	0
34	Washer (2)	11/22/21	0	0	0
35	Dryer (2)	11/22/21	0	0	0
39	255 Light Single MT (5)	10/08/21	0	0	0
40	Canis Major WE 60 W/O Scale	10/08/21	0	0	0
41	Autoclave Ultracave M11 (2	10/08/21	0	0	0
42	Multiparameter Monitor TO	10/08/21	0	0	0
43	VAP VIP 3000 Isoflurane FF (9)	10/08/21	0	0	0
44	ANES Machine VMS PLUS (9)	10/08/21	0	0	0
45	Vetpro 1000 W/LED Scaler	10/08/21	0	0	0
46	Wood Laminate Cat Kennel BA	10/18/21	0	0	0
51	Grooming Tub	10/15/21	0	0	0
52	Surgery Table (5)	10/15/21	0	0	0
54	Platform Scale (4)	10/15/21	0	0	0
55	Catio	11/08/21	0	0	0
56	Mitchell Bridge Property	9/07/21	0	0	0
57	Mitchell Bridge Land	11/14/19	0	0	0
58	Website	7/24/20	0	0	0
59	Dog Kennel Expansion; chain link roof	10/03/23	0	0	0
60	Dog Kennel Expansion	9/20/23	0	0	0
61	Dog Kennel Turf	8/31/23	0	0	0
62	2022 Ford E450	6/12/23	0	0	0
63	Storage Shed	5/09/23	0	0	0
64	Improvements	5/01/23	0	0	0
65	Improvements	6/01/23	0	0	0
66	Improvements	7/01/23	0	0	0
67	Conference Table	9/07/21	0	0	0
68	Monitor Mount VMS Plus	10/08/21	0	0	0
69	Autoclave	1/13/14	0	0	0
70	Trolley Mounted Exam Light	11/03/14	0	0	0
71	Midmark Central Scavenger	9/07/21	0	0	0
72	Midmark Exp Kit Central Sca	9/07/21	0	0	0
73	Midmark Quickclean Ultrasound	9/07/21	0	0	0
74	Spray Unit	10/15/21	0	0	0
75	Central Scavenger Assembly	11/04/21	0	0	0
76	Autoclose Fitting Assembly	9/07/21	0	0	0
77	Vaccum Inlet Assembly	9/07/21	0	0	0
78	Table Exam Pedestal	10/15/21	0	0	0
79	Webcams	9/07/21	0	0	0

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
80	Display TVs	9/07/21	0	0	0
81	Squeeze Cage Insert	3/13/24	0	0	0
82	Garage Bay Mini Split System	3/14/24	0	0	0
83	Kennel Run Signs	3/19/24	0	0	0
84	Table Surg V Top Electric Heater	3/21/24	0	0	0
85	Mini Split Install in Quarantine	8/09/24	0	0	0
86	ANESTH VMS PLUS	6/06/24	0	0	0
87	96IN Cage Assem Option B	6/18/24	0	0	0
88	Outdoor Catio	9/13/24	0	0	0
89	NAKED BULLDOG STATUE	9/29/24	0	0	0
90	LARGE AREA RUGS FOR GARAGE EVENT	10/01/24	0	0	0
91	FOOD STORAGE SHED	10/02/24	0	0	0
92	BULLDOG PAINTING & CLEARCOAT	10/03/24	0	0	0
93	BOX TRUCK LIFT GATE INSTALL	10/03/24	0	0	0
94	CONCRETE SLABS	10/15/24	0	0	0
	Total Other Depreciation		<u>0</u>	<u>0</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u><u>0</u></u>	<u><u>0</u></u>	<u><u>0</u></u>
	Grand Totals		<u><u>0</u></u>	<u><u>0</u></u>	<u><u>0</u></u>

Asset	Description	Date In Service	Cost	GA
Other Depreciation:				
1	Closing Costs	11/29/21	0	0
2	Athens Ford Van	8/23/18	0	0
3	10 Large Poly-Metal Wall MT	9/07/21	0	0
4	Cat Condo Quad W/Litter (8)	9/07/21	0	0
6	Nesting Chair (14)	9/07/21	0	0
8	Chain Link Fence	11/23/21	0	0
9	Improvements	9/07/21	0	0
10	Improvements	9/30/21	0	0
11	Improvements	11/23/21	0	0
12	Sign Letters	9/09/21	0	0
13	Office Ext Sign	9/09/21	0	0
14	Office Ext Sign	9/09/21	0	0
15	Surgery Entrance Sign	9/09/21	0	0
16	Surgery Entrance Sign	9/09/21	0	0
17	ALU Composite Sign (2)	9/24/21	0	0
18	Improvements	10/31/21	0	0
19	Aluminum Pan Sign	4/11/22	0	0
20	HVAC System #1 (Of 3)	4/21/22	0	0
21	HVAC System #2 (of 3)	4/21/22	0	0
22	HVAC System #3 (of 3)	4/21/22	0	0
23	New Flooring	5/01/22	0	0
24	Improvements - Painting	6/02/22	0	0
25	Fencing for Bark Park	8/01/22	0	0
26	Improvements - Remodeling	10/13/22	0	0
27	Gas Furnace System	7/28/22	0	0
28	Wall Wrap Sign	8/17/22	0	0
31	DR30 System	12/28/21	0	0
32	DI XRAY INNOVETSELECHF30	12/21/21	0	0
33	(2) Monitor Cardell Upgrade	12/29/21	0	0
34	Washer (2)	11/22/21	0	0
35	Dryer (2)	11/22/21	0	0
39	255 Light Single MT (5)	10/08/21	0	0
40	Canis Major WE 60 W/O Scale	10/08/21	0	0
41	Autoclave Ultracave M11 (2)	10/08/21	0	0
42	Multiparameter Monitor TO	10/08/21	0	0
43	VAP VIP 3000 Isoflurane FF (9)	10/08/21	0	0
44	ANES Machine VMS PLUS (9)	10/08/21	0	0
45	Vetpro 1000 W/LED Scaler	10/08/21	0	0
46	Wood Laminate Cat Kennel BA	10/18/21	0	0
51	Grooming Tub	10/15/21	0	0
52	Surgery Table (5)	10/15/21	0	0
54	Platform Scale (4)	10/15/21	0	0
55	Catio	11/08/21	0	0
56	Mitchell Bridge Property	9/07/21	0	0
57	Mitchell Bridge Land	11/14/19	0	0
58	Website	7/24/20	0	0
59	Dog Kennel Expansion; chain link roof	10/03/23	0	0
60	Dog Kennel Expansion	9/20/23	0	0
61	Dog Kennel Turf	8/31/23	0	0
62	2022 Ford E450	6/12/23	0	0
63	Storage Shed	5/09/23	0	0
64	Improvements	5/01/23	0	0
65	Improvements	6/01/23	0	0
66	Improvements	7/01/23	0	0
67	Conference Table	9/07/21	0	0
68	Monitor Mount VMS Plus	10/08/21	0	0
69	Autoclave	1/13/14	0	0
70	Trolley Mounted Exam Light	11/03/14	0	0
71	Midmark Central Scavenger	9/07/21	0	0
72	Midmark Exp Kit Central Sca	9/07/21	0	0
73	Midmark Quickclean Ultrasound	9/07/21	0	0
74	Spray Unit	10/15/21	0	0
75	Central Scavenger Assembly	11/04/21	0	0
76	Autoclose Fitting Assembly	9/07/21	0	0
77	Vaccum Inlet Assembly	9/07/21	0	0
78	Table Exam Pedestal	10/15/21	0	0
79	Webcams	9/07/21	0	0

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>GA</u>
80	Display TVs	9/07/21	0	0
81	Squeeze Cage Insert	3/13/24	0	0
82	Garage Bay Mini Split System	3/14/24	0	0
83	Kennel Run Signs	3/19/24	0	0
84	Table Surg V Top Electric Heater	3/21/24	0	0
85	Mini Split Install in Quarantine	8/09/24	0	0
86	ANESTH VMS PLUS	6/06/24	0	0
87	96IN Cage Assem Option B	6/18/24	0	0
88	Outdoor Catio	9/13/24	0	0
89	NAKED BULLDOG STATUE	9/29/24	0	0
90	LARGE AREA RUGS FOR GARAGE EVENT	10/01/24	0	0
91	FOOD STORAGE SHED	10/02/24	0	0
92	BULLDOG PAINTING & CLEARCOAT	10/03/24	0	0
93	BOX TRUCK LIFT GATE INSTALL	10/03/24	0	0
94	CONCRETE SLABS	10/15/24	0	0
	Total Other Depreciation		<u>0</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u><u>0</u></u>	<u><u>0</u></u>
	Grand Totals		<u><u>0</u></u>	<u><u>0</u></u>

Form 990	Two Year Comparison Report	2023 & 2024
For calendar year 2024, or tax year beginning _____, ending _____		

Name **ATHENS AREA HUMANE SOCIETY OF CLARKE COUNTY AND SPCA, INC.** Taxpayer Identification Number **58-1847318**

		2023	2024	Differences
Revenue	1. Contributions, gifts, grants	805,658	810,546	4,888
	2. Membership dues and assessments			
	3. Government contributions and grants			
	4. Program service revenue	1,057,348	1,417,884	360,536
	5. Investment income	79,175	70,294	-8,881
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory	203,891	197,567	-6,324
	8. Net income or (loss) from fundraising events	32,202	26,854	-5,348
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory			
	11. Other revenue	1,500		-1,500
	12. Total revenue. Add lines 1 through 11	2,179,774	2,523,145	343,371
Expenses	13. Grants and similar amounts paid			
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.	103,158	128,482	25,324
	16. Salaries, other compensation, and employee benefits	1,087,056	1,440,925	353,869
	17. Professional fundraising fees			
	18. Other professional fees	62,936	102,659	39,723
	19. Occupancy, rent, utilities, and maintenance	86,906	96,369	9,463
	20. Depreciation and Depletion	285,226	302,784	17,558
	21. Other expenses	777,894	851,536	73,642
	22. Total expenses. Add lines 13 through 21	2,403,176	2,922,755	519,579
23. Excess or (Deficit). Subtract line 22 from line 12	-223,402	-399,610	-176,208	
Other Information	24. Total exempt revenue	2,179,774	2,523,145	343,371
	25. Total unrelated revenue			
	26. Total excludable revenue	1,341,914	1,685,745	343,831
	27. Total assets	6,736,419	5,791,402	-945,017
	28. Total liabilities	2,890,190	2,313,357	-576,833
	29. Retained earnings	3,846,229	3,478,045	-368,184
	30. Number of voting members of governing body	15	16	
	31. Number of independent voting members of governing body	15	16	
	32. Number of employees	61	52	
33. Number of volunteers	250	1009		

Form 990	Tax Return History	2024
Name ATHENS AREA HUMANE SOCIETY OF CLARKE COUNTY AND SPCA, INC.		Employer Identification Number 58-1847318

	2020	2021	2022	2023	2024	2025
Contributions, gifts, grants				805,658	810,546	
Membership dues						
Program service revenue				1,057,348	1,417,884	
Capital gain or loss				203,891	197,567	
Investment income				79,175	70,294	
Fundraising revenue (income/loss)				32,202	26,854	
Gaming revenue (income/loss)						
Other revenue				1,500		
Total revenue				2,179,774	2,523,145	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.				103,158	128,482	
Other compensation				1,087,056	1,440,925	
Professional fees				62,936	102,659	
Occupancy costs				86,906	96,369	
Depreciation and depletion				285,226	302,784	
Other expenses				777,894	851,536	
Total expenses				2,403,176	2,922,755	
Excess or (Deficit)				-223,402	-399,610	
Total exempt revenue				2,179,774	2,523,145	
Total unrelated revenue						
Total excludable revenue				1,341,914	1,685,745	
Total Assets				6,736,419	5,791,402	
Total Liabilities				2,890,190	2,313,357	
Net Fund Balances				3,846,229	3,478,045	

Federal Statements

Taxable Dividends from Securities

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
	\$ 70,294			14		
TOTAL	\$ <u>70,294</u>					

Federal Statements

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
CONTRACTOR EXPENSES	\$ 18,330	\$ 13,381	\$ 3,116	\$ 1,833
PROFESSIONAL EXPENSES	29,492	24,478	3,539	1,475
TOTAL	\$ 47,822	\$ 37,859	\$ 6,655	\$ 3,308

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
MISCELLANEOUS	\$ 7,337	\$ 6,090	\$ 880	\$ 367
EQUIPMENT RENTAL	5,918	4,912	710	296
TOTAL	\$ 13,255	\$ 11,002	\$ 1,590	\$ 663

Federal Statements

Schedule A, Part III, Line 1(e)

Description	Amount
	\$ 810,546
TOTAL	\$ 810,546

Schedule A, Part III, Line 2(e)

Description	Amount
ADOPTIONS	\$ 275,721
CLINIC	1,073,314
PROGRAMS	68,849
KITTEN SHOWER	14,297
MISC EVENTS	3,779
MUTT STRUTT 2024	8,778
TOTAL	\$ 1,444,738

Schedule A, Part III, Line 10a(e)

Description	Amount
	\$ 70,294
TOTAL	\$ 70,294

Schedule A, Part III, Line 11

Description	Amount
TRANSFER SPONSORSHIPS	\$
TOTAL	\$ 0

58-1847318

Federal Statements

FYE: 12/31/2024

Accounts payable - EOY

<u>Description</u>	<u>Amount</u>
	\$ 60,391
TOTAL	\$ <u>60,391</u>

Kitten Shower**Gross receipts**

<u>Description</u>	<u>Amount</u>
SALES	\$ 5,015
RAFFLE	282
TOTAL	\$ <u>5,297</u>

58-1847318

Federal Statements

FYE: 12/31/2024

Mutt Strutt 2024

Gross receipts

<u>Description</u>	<u>Amount</u>
SALES	\$ 6,146
RAFFLE	220
TOTAL	<u>\$ 6,366</u>