

Form 990

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2024

Open to Public
InspectionDepartment of the Treasury
Internal Revenue ServiceDo not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.**A For the 2024 calendar year, or tax year beginning _____, and ending _____**

B Check if applicable:

- Address change
- Name change
- Initial return
- Final return/terminated
- Amended return
- Application pending

C Name of organization HUMANE SOCIETY OF NORTHWEST GA INC Doing business as PO BOX 3946 City or town, state or province, country, and ZIP or foreign postal code DALTON GA 30721	D Employer identification number 58-1787602 E Telephone number 706-226-5002
F Name and address of principal officer: JONATHAN SHATZ PO BOX 1261 DALTON GA 30722	
G Gross receipts \$ 349,669 H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If "No," attach a list. See instructions</i>	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527 J Website: HSNWGA.ORG K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other	
L Year of formation: 2008 M State of legal domicile: GA	

Part I Summary**1 Briefly describe the organization's mission or most significant activities:**

PROVIDE SHELTER, VET CARE AND STERILIZATION FOR ABANDONED ANIMALS AND PLACE THEM IN GOOD HOMES THROUGH ADOPTION.

2 Check this box 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)****4 Number of independent voting members of the governing body (Part VI, line 1b)****5 Total number of individuals employed in calendar year 2024 (Part V, line 2a)****6 Total number of volunteers (estimate if necessary)****7a Total unrelated business revenue from Part VIII, column (C), line 12****b Net unrelated business taxable income from Form 990-T, Part I, line 11**

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	269,026	218,596
9 Program service revenue (Part VIII, line 2g)	167,735	125,234
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,908	4,696
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	7,000	0
12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	445,669	348,526
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	99,995	111,045
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25)	7,639	
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	403,675	383,777
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	503,670	494,822
19 Revenue less expenses. Subtract line 18 from line 12	-58,001	-146,296

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	3,230,051	3,087,161
21 Total liabilities (Part X, line 26)	2,259	5,665
22 Net assets or fund balances. Subtract line 21 from line 20	3,227,792	3,081,496

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

JONATHAN SHATZ

Date

EXECUTIVE DIRECTOR

Type or print name and title

Paid Preparer Use Only	Preparer's name JOSEPH W. FARMER, CPA	Preparer's signature 
		Date <input type="checkbox"/> Check <input type="checkbox"/> if PTIN 11/06/25 self-employed P01071661
	Firm's name TALLEY, MULLINS & CO., P.C.	Firm's EIN 58-1911401
	Firm's address 403 NORTH HAMILTON ST DALTON, GA 30720	Phone no. 706-226-6377

May the IRS discuss this return with the preparer shown above? See instructions

 Yes No

For Paperwork Reduction Act Notice, see the separate Instructions.

DAA

Form 990 (2024)

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:

PROVIDE SHELTER, VET CARE AND STERILIZATION FOR ABANDONED ANIMALS AND PLACE THEM IN GOOD HOMES THROUGH ADOPTION.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 \$ 478,093 including grants of \$) (Revenue \$ 125,234)
TO PROVIDE SHELTER, VET CARE, AND STERILIZATION FOR ABANDONED ANIMALS AND PLACE THEM IN GOOD HOMES THROUGH ADOPTION. TO HELP INDIVIDUALS IN NEED WITH THE COST OF HAVING THEIR ANIMALS NEUTERED OR SPAYED.

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

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

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

(Expenses \$ 8,690 including grants of \$) (Revenue \$)

4e Total program service expenses 486,783

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 Yes No

23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 23 Yes No

24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a 24a Yes No

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Yes No

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c Yes No

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Yes No

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a Yes No

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 25b Yes No

26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 Yes No

27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 Yes No

28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).
 a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28a Yes No

b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b Yes No

c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV 28c Yes No

29 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M 29 Yes No

30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 Yes No

31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 Yes No

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 32 Yes No

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Yes No

34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 Yes No

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a Yes No

b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Yes No

36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 Yes No

37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 Yes No

38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O. 38 Yes No

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V

1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a Yes No

b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b Yes No

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c Yes No

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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	5
2b			X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
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)?		X
4b	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?		
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
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?		
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	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?		
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
9b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	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.		
13b	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		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		
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.		
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.		
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. X

Section A. Governing Body and Management

1a Enter the number of voting members of the governing body at the end of the tax year **1a 10**
 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.

1b Enter the number of voting members included on line 1a, above, who are independent **1b 10**

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.)

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 X**

12a Did the organization have a written conflict of interest policy? If "No," go to line 13 **12b X**

b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? **13 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 **14 X**

13 Did the organization have a written whistleblower policy? **15a X**

14 Did the organization have a written document retention and destruction policy? **15b 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 **16a**

b Other officers or key employees of the organization **16b**

If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.

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.

JONATHAN SHATZ
DALTON

PO BOX 1261

GA 30722

706-226-5002

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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	Highly compensated employee or trustee			
(1) PAT BELL	0.00								
BOARD MEMBER	0.00	X					0	0	0
(2) BRANDON COMBS	0.00								
BOARD MEMBER	0.00	X					0	0	0
(3) DENISE KINNAMON	0.00								
BOARD MEMBER	0.00	X					0	0	0
(4) GREG KINNAMON	0.00								
BOARD MEMBER	0.00	X					0	0	0
(5) ROBIN MCDONALD	0.00								
BOARD MEMBER	0.00	X					0	0	0
(6) PATTY MOONEY	0.00								
BOARD MEMBER	0.00	X					0	0	0
(7) BETH MORRISON	0.00								
BOARD MEMBER	0.00	X					0	0	0
(8) TIM O'BOYLE	0.00								
BOARD MEMBER	0.00	X					0	0	0
(9) ALAN PEEPLES	0.00								
BOARD MEMBER	0.00	X					0	0	0
(10) KYM STUTZMAN	0.00								
BOARD MEMBER	0.00	X					0	0	0
(11) DAN DAVIS	0.00								
PRESIDENT	0.00		X				0	0	0

Part VII

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee	Individual officer	Officer	Key employee	Highest compensated employee			
(12).....									
(13).....									
(14).....									
(15).....									
(16).....									
(17).....									
(18).....									
(19).....									
1b Subtotal									
c Total from continuation sheets to Part VII, Section A									
d Total (add lines 1b and 1c)									
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 0									

3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	Yes	No
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? If "Yes," complete Schedule J for such individual	3	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? If "Yes," complete Schedule J for such person	4	X
	5	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			
	1b Membership dues	1b			
	1c Fundraising events	1c			
	1d Related organizations	1d			
	1e Government grants (contributions)	1e			
	1f All other contributions, gifts, grants, and similar amounts not included above	1f 218,596			
	1g Noncash contributions included in lines 1a-1f	1g \$			
	h Total. Add lines 1a-1f	218,596			
Program Service Revenue		Business Code			
	2a ADOPTIONS		125,234	125,234	
	b				
	c				
	d				
	e				
	f All other program service revenue				
	g Total. Add lines 2a-2f	125,234			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		5,839	5,839	
	4 Income from investment of tax-exempt bond proceeds				
	5 Royalties				
	6a Gross rents	(i) Real			
	6a				
	b Less: rental expenses	6b			
	c Rental inc. or (loss)	6c			
	d Net rental income or (loss)				
	7a Gross amount from sales of assets other than inventory	(i) Securities			
	7a				
	b Less: cost or other basis and sales exps.	7b 1,143			
	c Gain or (loss)	7c -1,143			
	d Net gain or (loss)		-1,143	-1,143	
	8a Gross income from fundraising events (not including \$	8a			
	of contributions reported on line 1c). See Part IV, line 18				
	b Less: direct expenses	8b			
	c Net income or (loss) from fundraising events				
	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		Business Code			
	11a				
	b				
	c				
	d All other revenue				
	e Total. Add lines 11a-11d				
	12 Total revenue. See instructions	348,526	129,930	0	0

Part IX Statement of Functional Expenses*Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).*Check if Schedule O contains a response or note to any line in this Part IX **Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	102,344	102,344		
8 Pension plan accruals and contributions (Include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	8,701	8,301	400	
10 Payroll taxes				
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	8,628	8,628		
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O)				
12 Advertising and promotion	1,991	1,991		
13 Office expenses	3,006	3,006		
14 Information technology				
15 Royalties				
16 Occupancy	24,296	24,296		
17 Travel	7,535	7,535		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	87,765	87,765		
23 Insurance	10,766	10,766		
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a ANIMAL CARE & FUNDRAISING	195,837	188,198		7,639
b FACILITY EXPENSES	35,095	35,095		
c BANK CHARGES	5,828	5,828		
d BOOTH RENTAL & COSTS	2,200	2,200		
e All other expenses	830	830		
25 Total functional expenses. Add lines 1 through 24e	494,822	486,783	400	7,639
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	285,611	1	228,230
2	Savings and temporary cash investments	10,056	2	11,328
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
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		8	
9	Prepaid expenses and deferred charges		9	
10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,285,928		
b	Less: accumulated depreciation	10b 438,325	10c	2,847,603
11	Investments—publicly traded securities		11	
12	Investments—other securities. See Part IV, line 11		12	
13	Investments—program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 33)	3,230,051	16	3,087,161
Liabilities				
17	Accounts payable and accrued expenses	2,259	17	5,665
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		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
26	Total Liabilities. Add lines 17 through 25	2,259	26	5,665
Net Assets or Fund Balances				
	Organizations that follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 27, 28, 32, and 33.			
27	Net assets without donor restrictions		27	
28	Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input checked="" 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	3,227,792	31	3,081,496
32	Total net assets or fund balances	3,227,792	32	3,081,496
33	Total liabilities and net assets/fund balances	3,230,051	33	3,087,161

Part XI Reconciliation of Net AssetsCheck 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	348,526
2 Total expenses (must equal Part IX, column (A), line 25)	2	494,822
3 Revenue less expenses. Subtract line 2 from line 1	3	-146,296
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,227,792
5 Net unrealized gains (losses) on investments	5	
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	
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	3,081,496

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash Accrual 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.

 Separate basis Consolidated basis Both consolidated and separate basis

b Were the organization's financial statements audited by an independent accountant? _____

If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both.

 Separate basis Consolidated basis Both consolidated and separate basis

c 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? _____

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____

	Yes	No
2a		X
2b		X
2c		
3a		
3b		

SCHEDULE A
(Form 990)Department of the Treasury
Internal Revenue Service**Pubiic 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.

OMB No. 1545-0047

2024Open to Public
Inspection

Attach to Form 990 or Form 990-EZ.

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

Name of the organization

HUMANE SOCIETY OF NORTHWEST GA INCEmployer identification number
58-1787602**Part I** **Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

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

1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).

2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)

3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).

4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:

5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)

6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).

7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)

8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)

9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:

10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)

11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).

12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.

b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.

c **Type III functionally Integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.

d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.

e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

(I) Name of supported organization	(II) EIN	(III) Type of organization (described on lines 1-10 above (see instructions))	(IV) Is the organization listed in your governing document?		(V) Amount of monetary support (see instructions)	(VI) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Cat. No. 11285F

Schedule A (Form 990) 2024

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 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.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
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, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test — 2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 33 1/3% support test — 2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test — 2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10%-facts-and-circumstances test — 2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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.")	165,133	251,589	529,403	269,026	218,596	1,433,747
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	125,283	127,410	159,383	169,643	131,073	712,792
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	290,416	378,999	688,786	438,669	349,669	2,146,539
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.)						2,146,539

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	290,416	378,999	688,786	438,669	349,669	2,146,539
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on			5,656	6,000		11,656
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.)	290,416	378,999	694,442	444,669	349,669	2,158,195
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	15	99.46 %
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	99.46 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2023 Schedule A, Part III, line 17	18	%
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 <input checked="" type="checkbox"/>		
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 <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

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

1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.

2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).

3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.

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)? If "Yes," describe in Part VI when and how the organization made the determination.

c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.

4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.

b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.

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)? 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.

5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).

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? If "Yes," provide detail in Part VI.

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? If "Yes," complete Part I of Schedule L (Form 990).

8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).

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))? If "Yes," provide detail in Part VI.

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? If "Yes," provide detail in Part VI.

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? If "Yes," provide detail in Part VI.

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)? If "Yes," answer line 10b below.

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

Part IV Supporting Organizations (continued)

11 Has the organization accepted a gift or contribution from any of the following persons?

- A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?
- A family member of a person described on line 11a above?
- A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.

	Yes	No
11a		
11b		
11c		

Section B. Type I Supporting Organizations

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

2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

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

	Yes	No
1		

Section D. All Type III Supporting Organizations

1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?

2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s), or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).

3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.

	Yes	No
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).

- The organization satisfied the Activities Test. Complete line 2 below.
- The organization is the parent of each of its supported organizations. Complete line 3 below.
- The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).

2 Activities Test. Answer lines 2a and 2b below.

a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to each of its supported organizations, and how the organization determined that these activities constituted substantially all of its activities.

b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

	Yes	No
2a		
2b		

	Yes	No
3a		
3b		

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

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

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D – Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	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			

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

SCHEDULE D**(Form 990)**

(Rev. December 2024)

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

HUMANE SOCIETY OF NORTHWEST GA INC

Employer identification number

58-1787602**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.

	(a) Donor advised funds	(b) Funds and other accounts
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 and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).	<input type="checkbox"/> Preservation of land for public use (for example, recreation or education) <input type="checkbox"/> Preservation of a historically important land area
	<input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure
	<input type="checkbox"/> Preservation of open space
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year	
4 Number of states where property subject to conservation easement is located	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year	\$
8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

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.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.	
(I) Revenue included on Form 990, Part VIII, line 1	\$
(II) Assets included in Form 990, Part X	\$
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items.	
a Revenue included on Form 990, Part VIII, line 1	\$
b Assets included in Form 990, Part X	\$

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

DAA

Schedule D (Form 990) (Rev. 12-2024)

Schedule D (Form 990) (Rev. 12-2024) **HUMANE SOCIETY OF NORTHWEST GA INC** **58-1787602** **Page 2****Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

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

a Public exhibition
 b Scholarly research
 c Preservation for future generations

d Loan or exchange program
 e Other

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

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

Part IV Escrow and Custodial Arrangements

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

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

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

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

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

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

Part V Endowment Funds

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

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

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

a Board designated or quasi-endowment %

b Permanent endowment %

c Term endowment %

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

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

(i) Unrelated organizations?

(ii) Related organizations?

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		292,400		292,400
b Buildings	2,896,294	388,642	2,507,652	
c Leasehold improvements	35,183	21,690	13,493	
d Equipment	14,882	11,804	3,078	
e Other	47,169	16,189	30,980	
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				2,847,603

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

Schedule D (Form 990) (Rev. 12-2024) HUMANE SOCIETY OF NORTHWEST GA INC 58-1787602 Page 3

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

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

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

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

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

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

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

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

Part XIII. Supplemental Information

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

Schedule D (Form 990) (Rev. 12-2024) **HUMANE SOCIETY OF NORTHWEST GA INC** **58-1787602**

Page 5

Part XIII **Supplemental Information (continued)**

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.

OMB No. 1545-0047

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

**Open to Public
Inspection**

Name of the organization

HUMANE SOCIETY OF NORTHWEST GA INC

Employer identification number

58-1787602

**Form 990, Part III, Line 4d - All Other Accomplishments
OTHER FUNDRAISING EFFORTS TO SUPPORT VETERINARY CARE AND OTHER
SPAYING/NEUTERING SERVICES**

**Form 990, Part VI, Line 6 - Classes of Members or Stockholders
HAS MEMBERS**

**Form 990, Part VI, Line 7a - Election of Members and Their Rights
MEMBERS VOTE ON DIRECTORS**

**Form 990, Part VI, Line 11b - Organization's Process to Review Form 990
UPON REQUEST MEMBERS ARE PROVIDED A COPY OF FORM 990**

**Form 990, Part VI, Line 15a - Compensation Process for Top Official
USE COMPARABLE SALARIES WITH NATIONAL ORGANIZATIONS**

**Form 990, Part VI, Line 15b - Compensation Process for Officers
BOARD APPROVES ALL SALARIES AND OR WAGES**

**Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation
AVAILABLE UPON REQUEST AND POSTED IN OFFICE**

Form **4562**Department of the Treasury
Internal Revenue Service

Name(s) shown on return

Depreciation and Amortization
(Including Information on Listed Property)

Attach to your tax return.

Go to www.irs.gov/Form4562 for Instructions and the latest information.

OMB No. 1545-0172

2024Attachment
Sequence No. **179****HUMANE SOCIETY OF NORTHWEST GA INC**Identifying number
58-1787602

Business or activity to which this form relates

Indirect Depreciation**Part I Election To Expense Certain Property Under Section 179**

Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions)	1	1,220,000
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	3,050,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	

6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost	
7 Listed property. Enter the amount from line 29	7		
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8		
9 Tentative deduction. Enter the smaller of line 5 or line 8	9		
10 Carryover of disallowed deduction from line 13 of your 2023 Form 4562	10		
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11		
12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12		
13 Carryover of disallowed deduction to 2025. Add lines 9 and 10, less line 12	13		

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	1,276
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Don't include listed property. See instructions.)**Section A**

17 MACRS deductions for assets placed in service in tax years beginning before 2024	17	86,366
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here. <input type="checkbox"/>		

Section B—Assets Placed in Service During 2024 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property		851	7.0	HY	200DB	123
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2024 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	87,765
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

DAA

Form **4562** (2024)
There are no amounts for Page 2

Federal Asset Report

Form 990, Page 1

11/06/2025 5:00 PM

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv	Meth	Prior	Current
7-year GDS Property:											
22	Dryer	2/29/24	741		X	297	7 HY 200DB			0	487
23	Washing Machine 1 of 2	5/22/24	693		X	277	7 HY 200DB			0	456
24	Washing Machine 2 of 2	5/22/24	693		X	277	7 HY 200DB			0	456
						2,127				0	1,399
Prior MACRS:											
1	BUILDING	1/01/18	2,896,294			2,896,294	39 MM S/L	314,378		74,264	
2	FURNITURE & FIXTURES	1/01/19	6,636		X	2,418	7 HY 200DB	4,218		967	
3	EQUIPMENT	1/01/19	5,882		X	706	5 HY 200DB	5,176		706	
4	PROPERTY IMPROVEMENTS	1/01/19	23,733		X	7,845	7 HY 200DB	15,888		3,138	
5	BUILDING ADDITIONS	5/12/21	13,929			13,929	39 MM S/L	938		357	
6	FURNITURE	10/04/21	974			974	7 HY 200DB	548		122	
7	AWNINGS	4/14/21	7,500			7,500	15 HY S/L	1,250		500	
8	NEW KENNELS	3/17/21	1,284			1,284	5 HY 200DB	914		148	
9	FENCING	12/17/21	2,450			2,450	15 HY S/L	408		164	
10	Fencing	8/17/22	4,500			4,500	15 MQ150DB	602		390	
11	Brick Sign	6/24/22	6,950			6,950	15 MQ150DB	1,086		586	
14	2013 Ford Van - Donated	10/27/22	9,000			9,000	5 MQ200DB	3,870		2,052	
15	Storage Building	1/11/23	8,853			8,853	10 HY 200DB	885		1,594	
16	Washer	1/27/23	878			878	5 HY 200DB	176		140	
	Sold/Scrapped: 5/22/24										
17	Dryer	3/15/23	908			908	5 HY 200DB	182		145	
	Sold/Scrapped: 5/22/24										
18	Washer	5/17/23	1,198			1,198	5 HY 200DB	240		383	
19	Dishwasher	10/18/23	618			618	5 HY 200DB	124		198	
20	2 Washers	11/09/23	1,066			1,066	5 HY 200DB	213		341	
21	Dishwasher	11/28/23	534			534	5 HY 200DB	107		171	
						2,993,187				351,203	86,366
Other Depreciation:											
13	Land - Donated	9/01/22	292,400			292,400	0 -- Land	0		0	
	Total Other Depreciation		292,400			292,400				0	0
	Total ACRS and Other Depreciation		292,400			292,400				0	0
	Grand Totals		3,287,714			3,261,156				351,203	87,765
	Less: Dispositions and Transfers		1,786			1,786				358	285
	Less: Start-up/Org Expense		0			0				0	0
	Net Grand Totals		3,285,928			3,259,370				350,845	87,480

GA Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	GA Prior	GA Current	Federal Current	Difference Fed - GA
7-year GDS Property:								
22	Dryer	2/29/24	741	741	0	106	487	381
23	Washing Machine 1 of 2	5/22/24	693	693	0	99	456	357
24	Washing Machine 2 of 2	5/22/24	693	693	0	99	456	357
			<u>2,127</u>	<u>2,127</u>	<u>0</u>	<u>304</u>	<u>1,399</u>	<u>1,095</u>
Prior MACRS:								
1	BUILDING	1/01/18	2,896,294	2,896,294	314,378	74,264	74,264	0
2	FURNITURE & FIXTURES	1/01/19	6,636	6,636	4,218	967	967	0
3	EQUIPMENT	1/01/19	5,882	5,882	5,176	706	706	0
4	PROPERTY IMPROVEMENTS	1/01/19	23,733	23,733	17,543	2,476	3,138	662
5	BUILDING ADDITIONS	5/12/21	13,929	13,929	938	357	357	0
6	FURNITURE	10/04/21	974	974	548	122	122	0
7	AWNINGS	4/14/21	7,500	7,500	1,250	500	500	0
8	NEW KENNELS	3/17/21	1,284	1,284	914	148	148	0
9	FENCING	12/17/21	2,450	2,450	408	164	164	0
10	Fencing	8/17/22	4,500	4,500	602	390	390	0
11	Brick Sign	6/24/22	6,950	6,950	1,086	586	586	0
14	2013 Ford Van - Donated	10/27/22	9,000	9,000	3,870	2,052	2,052	0
15	Storage Building	1/11/23	8,853	8,853	885	1,594	1,594	0
16	Washer	1/27/23	878	878	176	140	140	0
	Sold/Scrapped: 5/22/24							
17	Dryer	3/15/23	908	908	182	145	145	0
	Sold/Scrapped: 5/22/24							
18	Washer	5/17/23	1,198	1,198	240	383	383	0
19	Dishwasher	10/18/23	618	618	124	198	198	0
20	2 Washers	11/09/23	1,066	1,066	213	341	341	0
21	Dishwasher	11/28/23	534	534	107	171	171	0
			<u>2,993,187</u>	<u>2,993,187</u>	<u>352,858</u>	<u>85,704</u>	<u>86,366</u>	<u>662</u>
Other Depreciation:								
13	Land - Donated	9/01/22	292,400	292,400	0	0	0	0
	Total Other Depreciation		292,400	292,400	0	0	0	0
	Total ACRS and Other Depreciation		292,400	292,400	0	0	0	0
Grand Totals								
	Less: Dispositions		3,287,714	3,287,714	352,858	86,008	87,765	1,757
	Less: Start-up/Org Expense		1,786	1,786	358	285	285	0
	Net Grand Totals		0	0	0	0	0	0
			3,285,928	3,285,928	352,500	85,723	87,480	1,757

AMT Asset Report

Form 990, Page 1

11/06/2025 5:00 PM

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv	Meth	Prior	Current
7-year GDS Property:											
22	Dryer	2/29/24	741		X	297	7 HY 200DB			0	487
23	Washing Machine 1 of 2	5/22/24	693		X	277	7 HY 200DB			0	456
24	Washing Machine 2 of 2	5/22/24	693		X	277	7 HY 200DB			0	456
			<u>2,127</u>			<u>851</u>				<u>0</u>	<u>1,399</u>
Prior MACRS:											
1	BUILDING	1/01/18	2,896,294			2,896,294	39 MM S/L	314,378		74,264	
2	FURNITURE & FIXTURES	1/01/19	6,636		X	2,418	7 HY 200DB	4,218		967	
3	EQUIPMENT	1/01/19	5,882		X	706	5 HY 200DB	5,176		706	
4	PROPERTY IMPROVEMENTS	1/01/19	23,733		X	7,845	7 HY 200DB	15,888		3,138	
5	BUILDING ADDITIONS	5/12/21	13,929			13,929	39 MM S/L	938		357	
6	FURNITURE	10/04/21	974			974	7 HY 200DB	548		122	
7	AWNINGS	4/14/21	7,500			7,500	15 HY S/L	1,250		500	
8	NEW KENNELS	3/17/21	1,284			1,284	5 HY 200DB	914		148	
9	FENCING	12/17/21	2,450			2,450	15 HY S/L	408		164	
10	Fencing	8/17/22	4,500			4,500	15 MQ150DB	602		390	
11	Brick Sign	6/24/22	6,950			6,950	15 MQ150DB	1,086		586	
14	2013 Ford Van - Donated	10/27/22	9,000			9,000	5 MQ200DB	3,870		2,052	
15	Storage Building	1/11/23	8,853			8,853	10 HY 200DB	885		1,594	
16	Washer	1/27/23	878			878	5 HY 200DB	176		140	
	Sold/Scrapped: 5/22/24										
17	Dryer	3/15/23	908			908	5 HY 200DB	182		145	
	Sold/Scrapped: 5/22/24										
18	Washer	5/17/23	1,198			1,198	5 HY 200DB	240		383	
19	Dishwasher	10/18/23	618			618	5 HY 200DB	124		198	
20	2 Washers	11/09/23	1,066			1,066	5 HY 200DB	213		341	
21	Dishwasher	11/28/23	534			534	5 HY 200DB	107		171	
			<u>2,993,187</u>			<u>2,967,905</u>			<u>351,203</u>	<u>86,366</u>	
Other Depreciation:											
13	Land - Donated	9/01/22	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		<u>2,995,314</u>			<u>2,968,756</u>			<u>351,203</u>	<u>87,765</u>	
	Less: Dispositions and Transfers		<u>1,786</u>			<u>1,786</u>			<u>358</u>	<u>285</u>	
	Net Grand Totals		<u>2,993,528</u>			<u>2,966,970</u>			<u>350,845</u>	<u>87,480</u>	

HUMSOC HUMANE SOCIETY OF NORTHWEST GA INC

58-1787602

FYE: 12/31/2024

11/06/2025 5:00 PM

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

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
2	FURNITURE & FIXTURES	1/01/19	6,636		0	0	4,218	2,418
3	EQUIPMENT	1/01/19	5,882		0	0	5,176	706
4	PROPERTY IMPROVEMENTS	1/01/19	23,733		0	0	15,888	7,845
7	AWNINGS	4/14/21	7,500		0	0	0	7,500
9	FENCING	12/17/21	2,450		0	0	0	2,450
22	Dryer	2/29/24	741		0	444	0	297
23	Washing Machine 1 of 2	5/22/24	693		0	416	0	277
24	Washing Machine 2 of 2	5/22/24	693		0	416	0	277
Grand Total			48,328		0	1,276	25,282	21,770

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>
<u>MACRS Adjustments:</u>						
Page 1	1	1	BUILDING	74,264	74,264	0
Page 1	1	2	FURNITURE & FIXTURES	967	967	0
Page 1	1	3	EQUIPMENT	706	706	0
Page 1	1	4	PROPERTY IMPROVEMENTS	3,138	3,138	0
Page 1	1	5	BUILDING ADDITIONS	357	357	0
Page 1	1	6	FURNITURE	122	122	0
Page 1	1	7	AWNINGS	500	500	0
Page 1	1	8	NEW KENNELS	148	148	0
Page 1	1	9	FENCING	164	164	0
Page 1	1	10	Fencing	390	390	0
Page 1	1	11	Brick Sign	586	586	0
Page 1	1	14	2013 Ford Van - Donated	2,052	2,052	0
Page 1	1	15	Storage Building	1,594	1,594	0
Page 1	1	16	Washer	140	140	0
Page 1	1	17	Dryer	145	145	0
Page 1	1	18	Washer	383	383	0
Page 1	1	19	Dishwasher	198	198	0
Page 1	1	20	2 Washers	341	341	0
Page 1	1	21	Dishwasher	171	171	0
Page 1	1	22	Dryer	487	487	0
Page 1	1	23	Washing Machine 1 of 2	456	456	0
Page 1	1	24	Washing Machine 2 of 2	456	456	0
				87,765	87,765	0

Asset	Description	Date In Service	Cost	Tax	AMT
Prior MACRS:					
1	BUILDING	1/01/18	2,896,294	74,264	74,264
2	FURNITURE & FIXTURES	1/01/19	6,636	967	967
3	EQUIPMENT	1/01/19	5,882	0	0
4	PROPERTY IMPROVEMENTS	1/01/19	23,733	3,138	3,138
5	BUILDING ADDITIONS	5/12/21	13,929	357	357
6	FURNITURE	10/04/21	974	86	86
7	AWNINGS	4/14/21	7,500	500	500
8	NEW KENNELS	3/17/21	1,284	148	148
9	FENCING	12/17/21	2,450	163	163
10	Fencing	8/17/22	4,500	351	351
11	Brick Sign	6/24/22	6,950	528	528
14	2013 Ford Van - Donated	10/27/22	9,000	1,231	1,231
15	Storage Building	1/11/23	8,853	1,275	1,275
18	Washer	5/17/23	1,198	230	230
19	Dishwasher	10/18/23	618	118	118
20	2 Washers	11/09/23	1,066	205	205
21	Dishwasher	11/28/23	534	102	102
22	Dryer	2/29/24	741	72	72
23	Washing Machine 1 of 2	5/22/24	693	68	68
24	Washing Machine 2 of 2	5/22/24	693	68	68
			2,993,528	83,871	83,871

Other Depreciation:

13	Land - Donated	9/01/22	292,400	0	0
	Total Other Depreciation		292,400	0	0
	Total ACRS and Other Depreciation		292,400	0	0
	Grand Totals		3,285,928	83,871	83,871

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>GA</u>
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Prior MACRS:

1	BUILDING	1/01/18	2,896,294	74,264
2	FURNITURE & FIXTURES	1/01/19	6,636	967
3	EQUIPMENT	1/01/19	5,882	0
4	PROPERTY IMPROVEMENTS	1/01/19	23,733	2,476
5	BUILDING ADDITIONS	5/12/21	13,929	357
6	FURNITURE	10/04/21	974	86
7	AWNINGS	4/14/21	7,500	500
8	NEW KENNELS	3/17/21	1,284	148
9	FENCING	12/17/21	2,450	163
10	Fencing	8/17/22	4,500	351
11	Brick Sign	6/24/22	6,950	528
14	2013 Ford Van - Donated	10/27/22	9,000	1,231
15	Storage Building	1/11/23	8,853	1,275
18	Washer	5/17/23	1,198	230
19	Dishwasher	10/18/23	618	118
20	2 Washers	11/09/23	1,066	205
21	Dishwasher	11/28/23	534	102
22	Dryer	2/29/24	741	181
23	Washing Machine 1 of 2	5/22/24	693	170
24	Washing Machine 2 of 2	5/22/24	693	170
			2,993,528	83,522

Other Depreciation:

13	Land - Donated	9/01/22	292,400	0
	Total Other Depreciation		292,400	0
	Total ACRS and Other Depreciation		292,400	0
	Grand Totals		3,285,928	83,522

Form 990

Two Year Comparison Report

2023 & 2024

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

Name

Taxpayer Identification Number

HUMANE SOCIETY OF NORTHWEST GA INC

58-1787602

		2023	2024	Differences
Revenue	1. Contributions, gifts, grants	1. 269,026	218,596	-50,430
	2. Membership dues and assessments	2.		
	3. Government contributions and grants	3.		
	4. Program service revenue	4. 167,735	125,234	-42,501
	5. Investment income	5. 1,908	5,839	3,931
	6. Proceeds from tax exempt bonds	6.		
	7. Net gain or (loss) from sale of assets other than inventory	7.	-1,143	-1,143
	8. Net income or (loss) from fundraising events	8. 7,000		-7,000
	9. Net income or (loss) from gaming	9.		
	10. Net gain or (loss) on sales of inventory	10.		
	11. Other revenue	11.		
	12. Total revenue. Add lines 1 through 11	12. 445,669	348,526	-97,143
Expenses	13. Grants and similar amounts paid	13.		
	14. Benefits paid to or for members	14.		
	15. Compensation of officers, directors, trustees, etc.	15.		
	16. Salaries, other compensation, and employee benefits	16. 99,995	111,045	11,050
	17. Professional fundraising fees	17.		
	18. Other professional fees	18. 8,179	8,628	449
	19. Occupancy, rent, utilities, and maintenance	19.	24,296	24,296
	20. Depreciation and Depiction	20. 87,651	87,765	114
	21. Other expenses	21. 307,845	263,088	-44,757
	22. Total expenses. Add lines 13 through 21	22. 503,670	494,822	-8,848
	23. Excess or (Deficit). Subtract line 22 from line 12	23. -58,001	-146,296	-88,295
	24. Total exempt revenue	24. 445,669	348,526	-97,143
Other Information	25. Total unrelated revenue	25.		
	26. Total excludable revenue	26. 176,643	129,930	-46,713
	27. Total assets	27. 3,230,051	3,087,161	-142,890
	28. Total liabilities	28. 2,259	5,665	3,406
	29. Retained earnings	29. 3,227,792	3,081,496	-146,296
	30. Number of voting members of governing body	30. 10	10	
	31. Number of independent voting members of governing body	31. 10	10	
	32. Number of employees	32. 5	5	
	33. Number of volunteers	33.		

Form 990

Tax Return History

Name	HUMANE SOCIETY OF NORTHWEST GA INC					Employer Identification Number 58-1787602
	2020	2021	2022	2023	2024	2025
Contributions, gifts, grants	165,133	251,589	529,403	269,026	218,596	
Membership dues						
Program service revenue	119,280	127,392	158,776	167,735	125,234	
Capital gain or loss					-1,143	
Investment income	83	18	607	1,908	5,839	
Fundraising revenue (income/loss)	5,920		6,656	7,000		
Gaming revenue (income/loss)						
Other revenue						
Total revenue	290,416	378,999	695,442	445,669	348,526	
Grants and similar amounts paid						
Benefits paid to or for members	20,523					
Compensation of officers, etc.	48,827	63,256	86,478	99,995	111,045	
Other compensation	4,181	4,931	7,863	8,179	8,628	
Professional fees						
Occupancy costs						
Depreciation and depletion	77,801	81,780	84,145	87,651	87,765	
Other expenses	223,225	209,103	256,010	307,845	263,088	
Total expenses	374,557	359,070	434,496	503,670	494,822	
Excess or (Deficit)	-84,141	19,929	260,946	-58,001	-146,296	
Total exempt revenue	290,416	378,999	695,442	445,669	348,526	
Total unrelated revenue						
Total excludable revenue	119,363	127,410	166,039	176,643	129,930	
Total Assets	3,019,403	3,036,147	3,293,195	3,230,051	3,087,161	
Total Liabilities	14,485	11,300	7,402	2,259	5,665	
Net Fund Balances	3,004,918	3,024,847	3,285,793	3,227,792	3,081,496	

HUMSOC HUMANE SOCIETY OF NORTHWEST GA INC
58-1787602
FYE: 12/31/2024

Federal Statements

11/6/2025 5:00 PM

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

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management & General</u>	<u>Fund Raising</u>
DUES & SUBSCRIPTIONS	\$ 472	\$ 472	\$	\$
DONATIONS ON BEHALF	200	200		
VOLUNTEER EXPENSES	158	158		
Total	\$ 830	\$ 830	\$ 0	\$ 0

HUMSOC HUMANE SOCIETY OF NORTHWEST GA INC
58-1787602
FYE: 12/31/2024

Federal Statements

11/6/2025 5:00 PM

Schedule A, Part III, Line 1(e)

Description	Amount
Other	\$ 218,596
Total	\$ 218,596

Schedule A, Part III, Line 2(e)

Description	Amount
Taxable Interest on Savings and Temporary Cash Investments	\$ 5,839
ADOPTIONS	\$ 125,234
Total	\$ 131,073

Forms 990 / 990-EZ Return Summary

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

58-1787602

HUMANE SOCIETY OF NORTHWEST GA INC

Net Asset / Fund Balance at Beginning of Year 3,227,792

Revenue

Contributions	<u>218,596</u>
Program service revenue	<u>125,234</u>
Investment income	<u>5,839</u>
Capital gain / loss	<u>-1,143</u>

Fundraising / Gaming:

Gross revenue	_____
Direct expenses	_____
Net income	_____
Other income	<u>0</u>

Total revenue

348,526

Expenses

Program services	<u>486,783</u>
Management and general	<u>400</u>
Fundraising	<u>7,639</u>

Total expenses

494,822Excess / (deficit) -146,296

Changes

Net Asset / Fund Balance at End of Year 3,081,496

Reconciliation of Revenue

Total revenue per financial statements	_____
Less:	_____
Unrealized gains	_____
Donated services	_____
Recoveries	_____
Other	_____
Plus:	_____
Investment expenses	_____
Other	_____
Total revenue per return	<u>348,526</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>494,822</u>

Balance Sheet

	Beginning	Ending	Differences
Assets	<u>3,230,051</u>	<u>3,087,161</u>	_____
Liabilities	<u>2,259</u>	<u>5,665</u>	_____
Net assets	<u>3,227,792</u>	<u>3,081,496</u>	<u>-146,296</u>

Miscellaneous Information

Amended return	_____
Return / extended due date	<u>11/17/25</u>
Failure to file penalty	_____