Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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



Ał	or th	e 2023 calendar year, or tax year beginning $\mathrm{NOV}1$, 2023 and e	ending ()	CT 31, 2024		
B c	heck if pplicab	e: C Name of organization		D Employer identifie	cation number	
	Addre	HUMANE SOCIETY OF WESTCHESTER, INC.				
	Name chang	pe Doing business as		13-17400	09	
	Initial	,	Room/suite	E Telephone number		
	Final	70 PORTMAN ROAD		914-632-		
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,299,834.	
	Amen	NEW ROCHELLE, NI 10001		H(a) Is this a group re		
	Applio tion pendi	Finame and address of principal officer:0 01110 FEDDIFIODE		for subordinates		
		1251 PALMER AVE., LARCHMONT, NY 10558		H(b) Are all subordinates in		
		empt status: X 501(c)(3) 1 501(c)() (insert no.) $4947(a)(1)$ o	or 🛄 527	If "No," attach a	list. See instructions	
	Vebsi			H(c) Group exemption		
_	- 1	f organization: 🔟 Corporation 🔄 Trust 🔄 Association 🔄 Other	L Year	of formation: 1911 N	State of legal domicile: NY	
Pa	art I	Summary				
e	1	Briefly describe the organization's mission or most significant activities: HUMAN	VE SOC	TETY OF WES	TCHESTER,	
anc		INC IS A PRIVATE NOT-FOR-PROFIT ORGANIZAT				
Activities & Governance	2	Check this box if the organization discontinued its operations or dispos	ed of more	I		
20 So	3				10	
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	4	Number of independent voting members of the governing body (Part VI, line 1b) $\ldots$		9		
ties	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)		34		
livit	6	Total number of volunteers (estimate if necessary)			20	
Ac		Total unrelated business revenue from Part VIII, column (C), line 12			0.	
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>		Current Year	
				2,765,319.	1,300,491.	
iue	8	Contributions and grants (Part VIII, line 1h)		812,349.	780,268.	
Revenue	9	Program service revenue (Part VIII, line 2g)		41,549.	141,505.	
Re	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		50,031.		
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		3,669,248.		
	12 13	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		0.	2,255,014.	
	14	nts and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.	
"	15	Salaries, other compensation, employee benefits (Part IX, column (A), line 4)		903,468.	1,004,540.	
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)	······	0.	0.	
per		Total fundraising expenses (Part IX, column (D), line 25) 83, 42	26.		•••	
Щ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		677,575.	734,375.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,581,043.	1,738,915.	
	19	Revenue less expenses. Subtract line 18 from line 12		2,088,205.	516,099.	
or es				ginning of Current Year	End of Year	
ets lanc	20	Total assets (Part X, line 16)		9,102,153.	9,770,769.	
Ass J Ba	21	Total liabilities (Part X, line 26)	······ –	34,756.	30,973.	
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from line 20	····· –	9,067,397.	9,739,796.	
Pa	art 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	Signature of officer				Date			
	JOHN FELDTMOSE, PRESIDENT							
	Type or print name and title	_						
	Print/Type preparer's name	Preparer's signature		Date	Check	PTIN		
Paid	BRIAN WIENER				if self-employed	P03038904		
Preparer		CPA'S			Firm's EIN 13-	3632313		
Use Only	Firm's address 2500 WESTCHESTER	AVENUE						
PURCHASE, NY 10577 Phone no.91						833-2200		
May the IRS discuss this return with the preparer shown above? See instructions 🛛 🗌 🚺 🗙 🗌 No								
LHA For	HA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23 Form <b>990</b> (2023)							

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	n 990 (2023) HUMANE SOCIETY OF WESTCHESTER, IN	NC.	13-174000	9 Page 2
Par	rt III Statement of Program Service Accomplishments			v
1	Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission:			X
'	HUMANE SOCIETY OF WESTCHESTER, INC IS A PRIVAT	<b>FE NOT-FO</b>	R-PROFIT	
	ORGANIZATION DEDICATED TO PROVIDING INDIVIDUAL	L LOVING (	CARE FOR LO	
	ABANDONED, INJURED, AND MISTREATED ANIMALS. WE			
	IN WESTCHESTER COUNTY AND RESCUE OVER 500 DOGS		CATS EACH	YEAR.
2	Did the organization undertake any significant program services during the year which were			es X No
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.		······ ۲	es 🕰 No
3	Did the organization cease conducting, or make significant changes in how it conducts, any	v program services	2	es X No
-	If "Yes," describe these changes on Schedule O.	,		
4	Describe the organization's program service accomplishments for each of its three largest p	-	• •	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and	nd allocations to ot	hers, the total expens	es, and
4 -	revenue, if any, for each program service reported.	) (-	. 78	0,268.
4a	(Code:) (Expenses \$ 1,552,258. including grants of \$ CARE OF LOST OR ABANDONED ANIMALS	) (Reve	enue \$ 70	0,200.
4b	(Code:) (Expenses \$ including grants of \$	) (Reve	enue \$	
	N/A			
4c	(Code:) (Expenses \$ including grants of \$	) (Reve	enue \$	
4d	Other program services (Describe on Schedule O.)			
	(Expenses \$ including grants of \$ ) (Rev	venue \$	)	
4e	Total program service expenses 1,552,258.			
			For	m <b>990</b> (2023
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 Form 990 (2023)
 HUMANE
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 OF
 WESTCHESTER
 INC.

 Part IV
 Checklist of Required Schedules
 Checklist of

			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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			37
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			<b>v</b>
•	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
10	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		x
44	or in quasi-endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,	10		- 23
11	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
u	Part VI	11a	х	
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		x
с	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		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
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		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule E. Parts Land IV.	14b		x
15	or more? <i>If</i> "Yes," <i>complete Schedule F, Parts I and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		<u> </u>
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
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		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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		X
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Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			37
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	258		- 23
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	School Ja L. David	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
20	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		x
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		x
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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	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		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			37
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>			x
22	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33		x
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		- 23
54		34		x
35a	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	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		
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		х
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		X
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	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
-			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable <b>1a</b>			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	10	x	
33300	(gambling) winnings to prize winners?	Form		(2023)
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Form 990	(2023)	HUMANE	SOCIETY	OF	WESTCHESTER,	INC.
Part V	Statements	Regarding C	Other IRS Fili	ngs	and Tax Complianc	<b>e</b> (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	34				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?		2b	Х	x	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?						
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	eO .		3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	autho	rity over, a				
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	unt)?	4a		X	
b	If "Yes," enter the name of the foreign country						
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A			_		v	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b			
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did t			6a		х	
any contributions that were not tax deductible as charitable contributions?							
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts							
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).			6b			
'	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices	provided to the payor?	7a		х	
a h	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b			
с С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w			10			
v	to file Form 8282?			7c		х	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		10			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of			7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			7f			
g	If the organization received a contribution of qualified intellectual property, did the organization file F			7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz			7h			
8							
	sponsoring organization have excess business holdings at any time during the year?						
9	Sponsoring organizations maintaining donor advised funds.						
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b			
10	Section 501(c)(7) organizations. Enter:						
а	Initiation fees and capital contributions included on Part VIII, line 12	10a					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b					
11	Section 501(c)(12) organizations. Enter:		1				
	Gross income from members or shareholders	11a					
b	Gross income from other sources. (Do not net amounts due or paid to other sources against	1					
	amounts due or received from them.)	11b					
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1	? 	12a			
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	l				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			13a			
a	Is the organization licensed to issue qualified health plans in more than one state?			108			
h	Enter the amount of reserves the organization is required to maintain by the states in which the						
5	organization is licensed to issue qualified health plans	13b					
с	Enter the amount of reserves on hand	13c					
		L	I	14a		Х	
	<b>b</b> 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 remun						
	excess parachute payment(s) during the year?			15		Х	
	If "Yes," see the instructions and file Form 4720, Schedule N.						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	nt inco	ome?	16		Х	
	If "Yes," complete Form 4720, Schedule O.						
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac						
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17			
	If "Yes," complete Form 6069.						
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Form 990 (2023)
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#### HUMANE SOCIETY OF WESTCHESTER, INC.

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

Section A. Governing Body and Management

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X

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

l t b E	Enter the number of voting members of the governing body at the end of the tax year f 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 0.	<u>1a</u>	1	0		
t b E						
b E	nody delegated broad authority to an executive committee or similar committee, explain on Schedule O	1				
	allogator broad authority to an oxocative committee of ommittee, oxplain on conoratio of					
	Enter the number of voting members included on line 1a, above, who are independent	1b		9		
2 [	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	ny other			
(	officer, director, trustee, or key employee?			2		X
3[	Did the organization delegate control over management duties customarily performed by or under the	e direct	supervision			
(	of officers, directors, trustees, or key employees to a management company or other person?			3		X
<b>4</b> [	Did the organization make any significant changes to its governing documents since the prior Form 9	90 was	s filed?	4	$\vdash$	X
	Did the organization become aware during the year of a significant diversion of the organization's ass				$\vdash$	Х
	Did the organization have members or stockholders?			6	<u> </u>	X
	Did the organization have members, stockholders, or other persons who had the power to elect or ap					
	nore members of the governing body?			7a	└──	X
	Are any governance decisions of the organization reserved to (or subject to approval by) members, st					
	persons other than the governing body?			7b		X
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	-	-			
	The governing body?				X	_
	Each committee with authority to act on behalf of the governing body?			8b	Х	<u> </u>
	s there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read					
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X
ecti	on B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)			
_					Yes	No
	Did the organization have local chapters, branches, or affiliates?			10a	<u> </u>	X
	f "Yes," did the organization have written policies and procedures governing the activities of such ch					
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	/ befor	e filing the form?	11a	X	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				v	
	Did the organization have a written conflict of interest policy? If "No," go to line 13				X	
	Nere officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye				v	
	on Schedule O how this was done				X X	
	Did the organization have a written whistleblower policy?				X	
	Did the organization have a written document retention and destruction policy?			14		
	Did the process for determining compensation of the following persons include a review and approva	i by ind	lependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			45-	x	
	The organization's CEO, Executive Director, or top management official				X	<u> </u>
	Other officers or key employees of the organization			15b		
	f "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		41			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem available antity during the year?			40-		x
	axable entity during the year? f "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat			16a		- 23
	n joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ			16h		
	exempt status with respect to such arrangements?			16b	L	
	List the states with which a copy of this Form 990 is required to be filed <u>NY</u>					
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an	N 000	T (contion 501(c))	2)c only		abla
	for public inspection. Indicate how you made these available. Check all that apply.	iu 990-		SIS ONLY	) avali	able
	Image: The section indicate now you made these available. Check all that apply.         Image: The section indicate now you made these available. Check all that apply.         Image: The section indicate now you made these available. Check all that apply.         Image: The section indicate now you made these available. Check all that apply.         Image: The section indicate now you made these available. Check all that apply.         Image: The section indicate now you made these available. Check all that apply.         Image: The section indicate now you made these available. Check all that apply.         Image: The section indicate now you made these available. Check all that apply.         Image: The section indicate now you made these available. Check all that apply.         Image: The section indicate now you made the sectindicate now you made the section indicate now you made	on Sch				
	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co		,	and fine	ncial	
	statements available to the public during the tax year.		i interest policy, a	u u nnai	nulal	
	statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's boo	ke on	t records			
	LEE ANNE VELEY – $914-632-2925$	N2 9110				
_	70 PORTMAN ROAD, NEW ROCHELLE, NY 10801					
	12-21-23			Form	n <b>990</b>	(2022)

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee)

who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A)	(B)			(D)	(E)	(F)				
Name and title	Average	(do	Position (do not check more than one box, unless person is both an officer and a director/trustee)		Reportable	Reportable	Estimated			
	hours per	box			compensation	compensation	amount of			
	week					1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/	(66)	from	from related	other
	(list any hours for	directo				-		the organization	organizations (W-2/1099-MISC/	compensation from the
	related	ee or (	stee			nsated		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	trust	al tru		yee	ompe		1099-NEC)	,	and related
	below	ndividual trustee or director	nstitutional trustee	er	Key employee	Highest compensated employee	Former			organizations
	line)	lndi	Inst	Officer	Key	High	Forr			
(1) LEE ANNE VELEY	40.00							100 100	0	•
EXECUTIVE DIRECTOR		X						106,400.	0.	0.
(2) TIFFANY RIVERA	40.00									-
SHELTER MANAGER						х		101,228.	0.	0.
(3) JOHN FELDTMOSE	15.00									-
PRESIDENT		Х		Х				0.	0.	0.
(4) DIANE WADE	5.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(5) JUDITH ELKIN	5.00									
TREASURER		Х		X				0.	0.	0.
(6) SHAWN SMITH	5.00									
BOARD MEMBER		Х						0.	0.	0.
(7) GINA ANTIARIS	5.00									
VETERINARIAN		Х						0.	0.	0.
(8) DIANNE HEIM	5.00									
BOARD MEMBER		Х						0.	0.	0.
(9) GRETCHEN JELINEK	5.00									
BOARD MEMBER		Х						0.	0.	0.
(10) TARA VARBARO	5.00									-
BOARD MEMBER		Х						0.	0.	0.
(11) LOUIS WEISS	5.00									-
SECRETARY		X		Х				0.	0.	0.
										Farma <b>000</b> (0000)

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Form 990 (2023)

	<u>990 (2023) HUMANE SC</u>	DCIETY (	DF	WE	ISI	ГСF	IES	STI	ER, INC.	13-17	40	009	P	age <b>8</b>
Par	VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees,	and	d Hig	ghe	st C	Compensated Employe	es (continued)				
	(A)	(B)			(C	)			(D)	(E)			(F)	
	Name and title	Average				ition			Reportable	Reportable		Fs	stimate	be
		hours per		not ch , unles					compensation	compensation			nount	
		week		cer an					from	from related			other	
		(list any	ctor						the	organizations		com	pensa	tion
		hours for	dire				eq		organization	(W-2/1099-MISC	2/	fr	om th	е
		related	tee ol	ustee			ensat		(W-2/1099-MISC/	1099-NEC)		org	anizat	ion
		organizations	Individual trustee or director	Institutional trustee		Key employee	omp		1099-NEC)			an	d relat	ed
		below	/id ua	tutio	er	dma	lest c loyee	ner				orga	anizati	ons
		line)	Indi	Insti	Officer	Key	Highest compensated employee	Former						
			1											
			1											
											-+			
											-+			
					_						$\rightarrow$			
											$\rightarrow$			
											_			
1b	Subtotal								207,628.		0.			0.
С	Total from continuation sheets to Part VI	I, Section A							0.		0.			0.
d	Total (add lines 1b and 1c)								207,628.		0.			0.
2	Total number of individuals (including but n	ot limited to th	ose	liste	d ab	oove	e) wh	no re	eceived more than \$100	,000 of reportable	,			
	compensation from the organization													2
													Yes	No
3	Did the organization list any former officer,	director, trust	ee, ł	key e	mpl	loye	e, or	hig	hest compensated emp	oloyee on				
	line 1a? If "Yes," complete Schedule J for s	uch individual				-		-		-		3		Х
4	For any individual listed on line 1a, is the su													
	and related organizations greater than \$150									0	- 1	4		Х
5	Did any person listed on line 1a receive or a									dual for services				
-	rendered to the organization? If "Yes," com					-			-		- 1	5		Х
Sec	ion B. Independent Contractors	piete concau		0. 00		00.0								
1	Complete this table for your five highest co	mpensated in	dene	nde	nt c	ontr	acto	ors t	that received more than	\$100.000 of comr	nens	ation f	from	
•	the organization. Report compensation for										/01100	ation		
	(A)	the calendar y	car	criui	ig n	VILII			(B)			(0	וי	
	رم) Name and business	address	N	ONE	2				Description of s	ervices	C	eamo	<b>n</b> satio	n
			110	/111										
								$\rightarrow$						
								$\dashv$						
2	Total number of independent contractors (i	ncluding but n	ot li	mited	d to	thos	se lis	stec	d above) who received n	nore than				
	\$100,000 of compensation from the organi	zation				0	)							
												_		

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Pa	rt \	VIII	Statement of Re	venue						
			Check if Schedule O o	contains a re	esponse	e or note to any lir				
							<b>(A)</b> Total revenue	(B) Related or exempt	<b>(C)</b> Unrelated	(D) Revenue excluded
							Total revenue		business revenue	from tax under
										sections 512 - 514
nts	1	а	Federated campaigns		1a					
Gra		b		·····	1b					
År,		С	Fundraising events		1c					
ilar İlar		d	Related organizations		1d					
Sim's		е	Government grants (contr	· •	1e					
er (S		f	All other contributions, gifts,							
ĕŧ			similar amounts not included			,300,491.				
Contributions, Gifts, Grants and Other Similar Amounts		g	Noncash contributions included in	-	1g \$	116,466.	1 200 401			
<u>a</u> C		h	Total. Add lines 1a-1f				1,300,491.			
			MUNITATENT THA			Business Code	C20 005	C20 005		
ice	2		MUNICIPAL INC			541900	639,995.			
ue v		b	OPERATING INC	OME		541900	140,273.	140,273.		
ven S		С								
Be		d								
Program Service Revenue		e								
-		f	All other program service				780,268.			
	3	g	Total. Add lines 2a-2f				700,200.			
	3		Investment income (incluc other similar amounts)	•		-	141,505.			141,505.
	4		Income from investment of			nroceeds	111,5050			111,3030
	5		Royalties			•				
	ľ				Real	(ii) Personal				
	6	а	Gross rents	6a						
	ľ	b	Less: rental expenses	6b						
			Rental income or (loss)	6c						
			Net rental income or (loss)	)						
	7		Gross amount from sales of		curities	(ii) Other				
			assets other than inventory	7a						
		b	Less: cost or other basis							
anı			and sales expenses	7b						
Revenue		с	Gain or (loss)	7c						
			Net gain or (loss)							
her	8	а	Gross income from fundraising	ng events (no	t					
Oth			including \$		of					
			contributions reported on	-						
			Part IV, line 18							
			Less: direct expenses			,				
			Net income or (loss) from				32,750.			32,750.
	9	а	Gross income from gamin							
			Part IV, line 19							
			Less: direct expenses			-				
			Net income or (loss) from		vities .					
	10	а	Gross sales of inventory, I							
			and allowances							
			Less: cost of goods sold							
		C	Net income or (loss) from	Sales Of INV	entory .	Business Code				
Snc	11	2								
nec	''	a b								
ella *vei		c								
Miscellaneous Revenue			All other revenue							
Σ			Total. Add lines 11a-11d							
	12		Total revenue. See instructio				2,255,014.	780,268.	0.	174,255.
33200								<u> </u>	•	Form <b>990</b> (2023)

HUMANE SOCIETY OF WESTCHESTER, INC.

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Form 990 (2023)

13220131 800994 NRHUMANE

2023.05040 HUMANE SOCIETY OF WESTCHEST NRHUMAN1

13-1740009

Page **9** 

Part IX Statement of Functional Expenses

HUMANE SOCIETY OF WESTCHESTER, INC.

	Check if Schedule O contains a response	se or note to any line in	this Part IX		X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> 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	207,744.	178,660.	15,269.	13,815
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	669,677.	586,129.	43,863.	39,685
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	45,462.	45,462.		
10	Payroll taxes	81,657.	70,224.	6,002.	5,431
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
с	•	13,791.		13,791.	
d					
е					
f	Investment management fees	1,880.		940.	940
g					
-	column (A), amount, list line 11g expenses on Sch 0.)	14,709.	8,836.	5,873.	
12	Advertising and promotion				
13	Office expenses	35,920.	32,215.	2,470.	1,235
14	Information technology				
15	Royalties				
16	Occupancy	116,466.	108,383.	8,083.	
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	148,197.	148,197.		
23	Insurance	40,990.	35,807.	5,183.	
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 0.)				
а		108,516.	108,516.		
b	SPAY & NEUTER EXPENSES	53,783.	53,783.		
c	MAINTENANCE & UTILITY E	52,920.	52,920.		
d	ANIMAL CARE PROGRAM	40,443.	40,443.		
e		106,760.	82,683.	1,757.	22,320
25	Total functional expenses. Add lines 1 through 24e	1,738,915.	1,552,258.	103,231.	83,426
26	Joint costs. Complete this line only if the organization	_,,.	_,,		,
-0	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

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13220131 800994 NRHUMANE

10 2023.05040 HUMANE SOCIETY OF WESTCHEST NRHUMAN1

Form **990** (2023)

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		Check if Schedule O contains a response or not	te to any	/ line in this Part X			
					(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			1,922,395.	1	646,336.
	2	Savings and temporary cash investments			1,889,170.	2	1,139,336.
	3	Pledges and grants receivable, net			115,114.	3	0.
	4	Accounts receivable, net			6,338.	4	33,735.
	5	Loans and other receivables from any current of	r former	officer, director,			
		trustee, key employee, creator or founder, subs	tantial c	ontributor, or 35%			
		controlled entity or family member of any of the	se perso	ons		5	
	6	Loans and other receivables from other disquali	fied per	sons (as defined			
		under section 4958(f)(1)), and persons describe				6	
ets	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			10 01 0	8	
٩	9	Prepaid expenses and deferred charges	10,016.	9	9,224.		
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		4,579,479.	4 050 000		
		Less: accumulated depreciation	10b	520,927.	4,059,829.	10c	4,058,552.
	11	Investments - publicly traded securities	1,099,291.	11	3,883,586.		
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets	······ -		14		
	15 16	Other assets. See Part IV, line 11			9,102,153.	15 16	9,770,769.
	17	Total assets. Add lines 1 through 15 (must equ Accounts payable and accrued expenses			10,381.	17	7,640.
	18	Grants payable	10,0010	18	7,0100		
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete		21			
Ś	22	Loans and other payables to any current or form					
litie		trustee, key employee, creator or founder, subs					
Liabilities		controlled entity or family member of any of the				22	
	23	Secured mortgages and notes payable to unrela		F		23	
	24	Unsecured notes and loans payable to unrelate		F		24	
	25	Other liabilities (including federal income tax, pa	yables t	o related third			
		parties, and other liabilities not included on lines	s 17-24).	Complete Part X			
		of Schedule D			24,375.		23,333.
	26	Total liabilities. Add lines 17 through 25			34,756.	26	30,973.
s		Organizations that follow FASB ASC 958, che	eck here				
nce		and complete lines 27, 28, 32, and 33.			0 000 200		
alaı	27	Net assets without donor restrictions			8,972,397.	27	9,664,796.
ЧB	28	Net assets with donor restrictions			95,000.	28	75,000.
'n		Organizations that do not follow FASB ASC 9	58, che	ck here			
orF		and complete lines 29 through 33.					
ets	29	Capital stock or trust principal, or current funds				29	
\ss(	30	Paid-in or capital surplus, or land, building, or ed				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in			9,067,397.	31	9,739,796.
Ź	32	Total net assets or fund balances			9,102,153.	32	9,770,769.
	33	Total liabilities and net assets/fund balances			9,104,103.	33	9,110,109.

Form **990** (2023)

#### Form 990 (2023) Part X Balance Sheet

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Form	HUMANE SOCIETY OF WESTCHESTER, INC.	13-1	740009	Pag	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,25	5,0	14.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,738	3,9	15.
3	Revenue less expenses. Subtract line 2 from line 1	3			99.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	9,06	7,3	97.
5	Net unrealized gains (losses) on investments	5	150	5,3	04.
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			-4.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	9,739	9,7	96.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedul				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d 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?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	te basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sc	hedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				37
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			000	L

Form **990** (2023)

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### Public

(Form 99	0)		ete if the organi	zation is a se	ction 501(c)(3) o	JDIIC SUPPORT organization or a section		2023	
Department o Internal Rever		Go to	4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.						
Name of t	he organizati	on					Employer	identification number	
		3-1740009							
Part I	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, cor	nvention of churche	es, or associatior	n of churches	described in <b>sec</b>	tion 170(b)(1)(A)(i).			
2	A school des	cribed in <b>section 1</b>	70(b)(1)(A)(ii). (A	ttach Schedu	le E (Form 990).)				
3 🛄	A hospital or	a cooperative hosp	oital service orga	nization descr	ibed in <b>section 1</b>	170(b)(1)(A)(iii).			
4	A medical res	earch organization	operated in con	junction with	a hospital descrit	ped in <b>section 170(b)(1)(A</b>	<b>)(iii).</b> Enter	the hospital's name,	
	city, and state	e:							
5	An organizati	on operated for the	benefit of a coll	ege or univers	ity owned or ope	erated by a governmental	unit describ	ed in	
	section 170	b)(1)(A)(iv). (Comp	lete Part II.)						
6	A federal, sta	te, or local governn	nent or governm	ental unit des	cribed in <b>section</b>	170(b)(1)(A)(v).			
7 X	An organizati	on that normally red	ceives a substan	itial part of its	support from a g	overnmental unit or from	the general	public described in	
	section 170(	<b>b)(1)(A)(vi).</b> (Comple	ete Part II.)						
8	A community	trust described in	section 170(b)(1	I <b>)(A)(vi).</b> (Com	plete Part II.)				
9	0	•				ated in conjunction with a	•	•	
	-	or a non-land-grant	college of agricu	Ilture (see inst	ructions). Enter tl	he name, city, and state c	of the colleg	e or	
	university:								
10	•	•	. ,			m contributions, members	•	•	
		•				no more than 33 1/3% of		•	
				less section 5	11 tax) from busi	inesses acquired by the o	rganization	after June 30, 1975.	
		509(a)(2). (Complet							
	0	0	•	-		e section 509(a)(4).			
12 📖	•	•	•		· ·	m the functions of, or to c		• •	
						on 509(a)(2). See section		neck the box on	
•	7	•			•	omplete lines 12e, 12f, an	°.	aivina	
a ∟			• •	•		upported organization(s),			
		• • • • •				ty of the directors or trust	ees of the s	upporting	
h [	٦ Ŭ	n. You must comp	-			h ite aupported organizati	on(o) by bo	vina	
b 🗆			•			h its supported organizati rsons that control or man		•	
		•			•	ISONS MALCONTO OF MAN	aye me sup	porteu	
	organizatio	n(s). <b>You must con</b>	inpiète Part IV, S	ections A an	u U.				

С	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

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.

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

OMB No. 1545-0047

### Schedule A (Form 990) 2023

HUMANE SOCIETY OF WESTCHESTER, INC.

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.)

Se	ction A. Public Support							
Cal	endar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	1369970.	1429707.	2311902.	2880433.	1293700.	9285712.	
2	Tax revenues levied for the organ-							
	ization'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	1369970.	1429707.	2311902.	2880433.	1293700.	9285712.	
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.						9285712.	
Se	ction B. Total Support							
Cal	endar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total 9285712.	
7	Amounts from line 4	1369970.	1429707.	2311902.	2880433.	1293700.	9285712.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources $\dots$				41,549.	141,505.	183,054.	
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.)				50,031.	32,750.	82,781.	
11	Total support. Add lines 7 through 10						9551547.	
12	Gross receipts from related activities		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			12		
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third, ⁻	fourth, or fifth tax	year as a section 5	501(c)(3)		
organization, check this box and <b>stop here</b>								
	ction C. Computation of Publ		-				07 00	
	Public support percentage for 2023 (					14	97.22 %	
	Public support percentage from 2022					15	99.10 %	
16a	<b>33 1/3% support test - 2023.</b> If the o	•						
	stop here. The organization qualifies							
ł	<b>33 1/3% support test - 2022.</b> If the o	-						
	and <b>stop here.</b> The organization qual							
17a	10% -facts-and-circumstances tes							
	and if the organization meets the fact			-		-		
_	meets the facts-and-circumstances te	-		• • • •				
ł	0 10% -facts-and-circumstances tes	-					10% or	
	more, and if the organization meets the							
40	organization meets the facts-and-circ							
18	Private foundation. If the organization	on ala not check a	box on line 13, 16a	a, 100, 17a, 0r 17k	D, CHECK THIS DOX a		s (Form 990) 2023	

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Schedule A (Form 990) 2023	HUMANE	SOCIETY	OF	WESTCHESTER,	INC.	
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······································	Part III Suppor	t Schedule for Organizations Described in Section 50	9(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

oet	Cion A. I ubile Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
•	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
Ŭ	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
1 a	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						
с	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)			1			
	First 5 years. If the Form 990 is for th	he organization's fi	irst. second third	fourth, or fifth tax	vear as a section	501(c)(3) orga	nization.
••	check this box and <b>stop here</b>	no organization o n				001(0)(0) orga	
Sec	tion C. Computation of Public	lic Support Pe	rcentage				
	Public support percentage for 2023 (			column (f))		15	%
	Public support percentage from 2022					16	%
_	tion D. Computation of Inve	-				1.01	,,
-	Investment income percentage for 20		-		)	17	%
	Investment income percentage from					18	%
	33 1/3% support tests - 2023. If the						
.50	more than 33 1/3%, check this box a						
h	<b>33 1/3% support tests - 2022.</b> If the	-					
J	line 18 is not more than 33 1/3%, cho	•					
20	Private foundation. If the organization						
		on all not oneon a	557 011 1110 14, 18				ule A (Form 990) 2023
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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes No

#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

- 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.)

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| 10b | | Schedule A (Form 990) 2023

#### Schedule A (Form 990) 2023 HUMANE SOCIETY OF WESTCHESTER, INC. 13-1740009 Page 5 Part IV Supporting Organizations (continued)

rt IV Supportin	g Organizations _(continued)			
			Yes	No
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?b A family member of a person described on line 11a above?
- c 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.

#### Section B. Type I Supporting Organizations

11 a

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.

#### Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? 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).	1		

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

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
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.	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 yea(see instructions).
- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*
- c The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).

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- 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 those 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.*

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3b | | | Schedule A (Form 990) 2023

2a

2b

3a

Yes No

11a

11b

11c

1

2

Yes

No

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hedule A (	Form 990	) 2023
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# Schedule A (Form 990) 2023 HUMANE SOCIETY OF WESTCHESTER INC. 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 m	ust complete	e Sections A through E.		
Sect	ion 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			
Sect	ion 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):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
с	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other factors				
	(explain in detail in <b>Part VI</b> ):				
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			
Sect	ion C - Distributable Amount			Current Year	
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions).	6			
7	Check here if the current year is the organization's first as a non-function	nally integrat	ted Type III supporting org	anization (see	

instructions).

Schedule A (Form 990) 2023

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#### HUMANE SOCIETY OF WESTCHESTER, INC.

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations _{(contini}	ued)	
Secti	on D - Distributions		·		Current Year
1	Amounts paid to supported organizations to accomplish exe		1		
2	Amounts paid to perform activity that directly furthers exempt				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	าร	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in <b>Part VI</b> )		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	e			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2023	ns	(iii) Distributable Amount for 2023
			FTC-2025		
_1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
a	From 2018				
b	From 2019				
c	From 2020				
d	From 2021				
e	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)	yover from 2018 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2019				
b	Excess from 2020				
с	Excess from 2021				
d	Excess from 2022				
е	Excess from 2023				

Schedule A (Form 990) 2023

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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 A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

#### NET EVENTS

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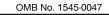
Sc	hedule B	
<i>(</i> <b>–</b>		

(Form 990)

#### Department of the Treasury Internal Revenue Service

## Schedule of Contributors

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



## 2023

number

Name of the organization	on	Employer identification
	HUMANE SOCIETY OF WESTCHESTER, INC.	13-1740009
Organization type (ch	eck one):	
Filers of:	Section:	
Form 990 or 990-EZ	$\fbox$ 501(c)( 3 ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
, ,	tion is covered by the <b>General Rule</b> or a <b>Special Rule.</b>	
Note: Only a section 5	01(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	ule. See Instructions.

#### General Rule

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

#### Special Rules

- X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
  - $\perp$  For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ______\$_

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

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

Name of organization

Employer identification number

(d)

Type of contribution

(d) Type of contribution

X

13-1740009

Person Payroll

Noncash

HUMANE SOCIETY OF WESTCHESTER, INC. Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** 1 ERIC PAGAN/RYE SUBARU 1151 BOSTON POST ROAD 34,584. \$ (Complete Part II for RYE, NY 10580 noncash contributions.) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** 

2	KAZUKO HOJO		Person X
	2333 PALMER AVENUE	\$218,041.	Payroll Noncash
	NEW ROCHELLE, NY 10801		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	LUCY H. SCHUBERT		Person X Payroll
	3 ARLINGTON COURT	\$117,191.	Noncash
	BROOKFIELD, CT 06804		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	GWENDOLEN APPLEYARD TRUST 787 SEVENTH AVENUE	\$ 95,000.	Person X Payroll Noncash
	NEW YORK, NY 10019	\$ <u>95,000.</u>	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	NORMAN ALEXANDER FAMILY FOUNDATION		Person X
	420 LEXINGTON AVENUE	\$ 75,000.	Payroll Noncash
	NEW YORK, NY 10001		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	ESTATE OF CHRISTINE W. HERMANN		Person X Payroll
	70 PORTMAN ROAD	\$ 67,940.	Noncash
	NEW ROCHELLE, NY 10801		(Complete Part II for noncash contributions.)
323452 12-2	6-23 22		Schedule B (Form 990) (2023)

13220131 800994 NRHUMANE

2023.05040 HUMANE SOCIETY OF WESTCHEST NRHUMAN1

Name of organization

Employer identification number

HUMANE SOCIETY OF WESTCHESTER, INC.

13 - 1740009

Part I	Contributors (see instructions). Use duplicate copies of Part I	if additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	KEVIN AND JAMIE MONAHAN 70 PORTMAN ROAD NEW ROCHELLE, NY 10801	\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
323452 12-2		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

23

2023.05040 HUMANE SOCIETY OF WESTCHEST NRHUMAN1

13220131 800994 NRHUMANE

Schedule E	(Form	990)	(2023)
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Name of organization

Employer identification number

HUMANE SOCIETY OF WESTCHESTER, INC.

#### 13-1740009

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. Part II (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ 323453 12-26-23 Schedule B (Form 990) (2023)

13220131 800994 NRHUMANE

24 2023.05040 HUMANE SOCIETY OF WESTCHEST NRHUMAN1

Schedule	B (Form 990) (2023)			Page 4				
Name of c	organization			Employer identification number				
HUMAN	E SOCIETY OF WESTCHESTE	R. INC.		13-1740009				
Part III	Exclusively religious, charitable, etc., contribut	ions to organizations described in	section 501(c)(7), (8), or (10)					
	from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, or	haritable, etc., contributions of \$1,000 or	ntry. For organizations r less for the year. (Enter this info	. once.) \$				
(a) No.	Use duplicate copies of Part III if additional	space is needed.						
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	(d) Description of how gift is held				
		(e) Transfer of g	ift					
	Transferee's name, address, a	nd $7IP \pm 4$	Relationship of tr	ansferor to transferee				
			Relationship of transferor to transferee					
(a) No. from	(b) Purpose of gift (c) Use of g		(d) Des	scription of how gift is held				
Part I			(4) 200					
		(e) Transfer of d						
	(e) Transfer of gift							
-	Transferee's name, address, a	nd ZIP + 4	Relationship of tr	ansferor to transferee				
(a) No.								
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held				
	(e) Transfer of gift							
	Transferee's name, address, a	nd ZIP + 4	Relationship of tr	ansferor to transferee				
			· · ·					
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held				
Part I								
		e) Transfer of g	l					
	Transferee's name, address, a	nd ZIP + 4	Relationship of tr	ansferor to transferee				
202454 10 0	[							
323454 12-2	20-23	25		Schedule B (Form 990) (2023)				

13220131 800994 NRHUMANE 2023.05040 HUMANE SOCIETY OF WESTCHEST NRHUMAN1

**SCHEDULE D** 

Department of the Treasury Internal Revenue Service

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(Form	990)
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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.



Name of the organization

HUMANE SOCIETY OF WESTCHESTER, INC. Employer identification number 13-1740009

1		(a) Donor ad	/ised funds	(b) Funds and other accounts
	Total number at end of year			
	Aggregate value of contributions to (during year)			
	Aggregate value of grants from (during year)			
	Aggregate value at end of year			
	Did the organization inform all donors and donor advisors in		s held in donor advised	funds
	are the organization's property, subject to the organization's	-		
	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor of	•	•	•
	impermissible private benefit?	,	, , ,	ř –
Par				
1	Purpose(s) of conservation easements held by the organizati	ion (check all that ap	oly).	
	Preservation of land for public use (for example, recrea	ation or education)	Preservation of a h	istorically important land area
	Protection of natural habitat		Preservation of a c	ertified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation cor	tribution in the form of a	a conservation easement on the la
	day of the tax year.			Held at the End of the Tax
а	Total number of conservation easements			2a
	Total acreage restricted by conservation easements			
	Number of conservation easements on a certified historic str			
	Number of conservation easements included on line 2c acqu			
	on a historic structure listed in the National Register			2d
	Number of conservation easements modified, transferred, re			
			or terminated by the or	ganization during the tax
	year			
	Number of states where property subject to conservation ea	-		
	Does the organization have a written policy regarding the per	•		
	violations, and enforcement of the conservation easements in			
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violation	s, and enforcing conserv	ation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and	d enforcing conservatior	n easements during the year
8	Does each conservation easement reported on line 2d above	e satisfy the requirem	ents of section 170(h)(4	)(B)(i)
	and section 170(h)(4)(B)(ii)?	, ,	( )( )	
	In Part XIII, describe how the organization reports conservati			
0	balance sheet, and include, if applicable, the text of the footr		•	
	organization's accounting for conservation easements.	loto to the organizati		
	organization's accounting for conservation easements.		Two a come o com Other	
Par	t III Organizations Maintaining Collections of	f Art. Historical	Treasures. or Uthe	er Similar Assets.
Par	t III Organizations Maintaining Collections o Complete if the organization answered "Yes" on Form		Treasures, or Othe	er Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	Complete if the organization answered "Yes" on Form If the organization elected, as permitted under FASB ASC 95	990, Part IV, line 8. 58, not to report in its	revenue statement and	balance sheet works
1a	Complete if the organization answered "Yes" on Form If the organization elected, as permitted under FASB ASC 95 of art, historical treasures, or other similar assets held for put	n 990, Part IV, line 8. 58, not to report in its blic exhibition, educa	revenue statement and tion, or research in furth	balance sheet works
1a	Complete if the organization answered "Yes" on Form If the organization elected, as permitted under FASB ASC 95 of art, historical treasures, or other similar assets held for put service, provide in Part XIII the text of the footnote to its finan	990, Part IV, line 8. 8, not to report in its blic exhibition, educa ncial statements that	revenue statement and tion, or research in furth describes these items.	balance sheet works erance of public
1a b	Complete if the organization answered "Yes" on Form If the organization elected, as permitted under FASB ASC 95 of art, historical treasures, or other similar assets held for put service, provide in Part XIII the text of the footnote to its finan If the organization elected, as permitted under FASB ASC 95	990, Part IV, line 8. 58, not to report in its blic exhibition, educa ncial statements that 58, to report in its rev	revenue statement and tion, or research in furth describes these items. enue statement and bala	balance sheet works erance of public ance sheet works of
1a b	Complete if the organization answered "Yes" on Form If the organization elected, as permitted under FASB ASC 95 of art, historical treasures, or other similar assets held for put service, provide in Part XIII the text of the footnote to its finar If the organization elected, as permitted under FASB ASC 95 art, historical treasures, or other similar assets held for public	990, Part IV, line 8. 58, not to report in its blic exhibition, educa ncial statements that 58, to report in its rev	revenue statement and tion, or research in furth describes these items. enue statement and bala	balance sheet works erance of public ance sheet works of
1a b	Complete if the organization answered "Yes" on Form If the organization elected, as permitted under FASB ASC 95 of art, historical treasures, or other similar assets held for put service, provide in Part XIII the text of the footnote to its finar If the organization elected, as permitted under FASB ASC 95 art, historical treasures, or other similar assets held for public provide the following amounts relating to these items.	990, Part IV, line 8. 58, not to report in its blic exhibition, educa ncial statements that 58, to report in its rev c exhibition, educatio	revenue statement and tion, or research in furth describes these items. enue statement and bala n, or research in furthera	balance sheet works erance of public ance sheet works of ance of public service,
1a b	Complete if the organization answered "Yes" on Form If the organization elected, as permitted under FASB ASC 95 of art, historical treasures, or other similar assets held for put service, provide in Part XIII the text of the footnote to its finan If the organization elected, as permitted under FASB ASC 95 art, historical treasures, or other similar assets held for public provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1	990, Part IV, line 8. 58, not to report in its blic exhibition, educa ncial statements that 58, to report in its rev c exhibition, educatio	revenue statement and tion, or research in furth describes these items. enue statement and bala n, or research in furthera	balance sheet works erance of public ance sheet works of ance of public service, \$
1a b	Complete if the organization answered "Yes" on Form If the organization elected, as permitted under FASB ASC 95 of art, historical treasures, or other similar assets held for put service, provide in Part XIII the text of the footnote to its finan If the organization elected, as permitted under FASB ASC 95 art, historical treasures, or other similar assets held for public 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	990, Part IV, line 8. 58, not to report in its blic exhibition, educa ncial statements that 58, to report in its rev c exhibition, educatio	revenue statement and tion, or research in furth describes these items. enue statement and bala n, or research in furthera	balance sheet works erance of public ance sheet works of ance of public service, 
1a b	Complete if the organization answered "Yes" on Form If the organization elected, as permitted under FASB ASC 95 of art, historical treasures, or other similar assets held for put service, provide in Part XIII the text of the footnote to its finan If the organization elected, as permitted under FASB ASC 95 art, historical treasures, or other similar assets held for public 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 If the organization received or held works of art, historical tre	990, Part IV, line 8. 58, not to report in its blic exhibition, educa ncial statements that 58, to report in its rev c exhibition, educatio	revenue statement and tion, or research in furth describes these items. enue statement and bala n, or research in furthera ar assets for financial ga	balance sheet works erance of public ance sheet works of ance of public service, 
1a b	Complete if the organization answered "Yes" on Form If the organization elected, as permitted under FASB ASC 95 of art, historical treasures, or other similar assets held for put service, provide in Part XIII the text of the footnote to its finar If the organization elected, as permitted under FASB ASC 95 art, historical treasures, or other similar assets held for public 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 If the organization received or held works of art, historical tre the following amounts required to be reported under FASB A	990, Part IV, line 8. 58, not to report in its blic exhibition, educa ncial statements that 58, to report in its rev c exhibition, educatio asures, or other simil ASC 958 relating to th	revenue statement and tion, or research in furth describes these items. enue statement and bala n, or research in furthera ar assets for financial ga ese items:	balance sheet works erance of public ance sheet works of ance of public service, 
1a b 2 a	Complete if the organization answered "Yes" on Form If the organization elected, as permitted under FASB ASC 95 of art, historical treasures, or other similar assets held for put service, provide in Part XIII the text of the footnote to its finan If the organization elected, as permitted under FASB ASC 95 art, historical treasures, or other similar assets held for public 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 If the organization received or held works of art, historical tre the following amounts required to be reported under FASB A Revenue included on Form 990, Part VIII, line 1	990, Part IV, line 8. 58, not to report in its blic exhibition, educa ncial statements that 58, to report in its rev c exhibition, educatio asures, or other simil SC 958 relating to th	revenue statement and tion, or research in furth describes these items. enue statement and bala n, or research in furthera ar assets for financial ga ese items:	balance sheet works erance of public ance sheet works of ance of public service, 
1a b 2 a	Complete if the organization answered "Yes" on Form If the organization elected, as permitted under FASB ASC 95 of art, historical treasures, or other similar assets held for put service, provide in Part XIII the text of the footnote to its finar If the organization elected, as permitted under FASB ASC 95 art, historical treasures, or other similar assets held for public 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 If the organization received or held works of art, historical tre the following amounts required to be reported under FASB A	990, Part IV, line 8. 58, not to report in its blic exhibition, educa ncial statements that 58, to report in its rev c exhibition, educatio asures, or other simil SC 958 relating to th	revenue statement and tion, or research in furth describes these items. enue statement and bala n, or research in furthera ar assets for financial ga ese items:	balance sheet works erance of public ance sheet works of ance of public service, 

	dule D (Form 990) 2023 HUMANE t III Organizations Maintaining C	SOCIETY OF			-					Page 2
3	Using the organization's acquisition, accessi									
-	collection items (check all that apply).		,				- gi in e ai i			
а	Public exhibition	c	I 🗆 La	oan or excl	hange progr	am				
b	Scholarly research	e			515					
с	Preservation for future generations									
4	Provide a description of the organization's c	ollections and explai	in how the	ey further th	ne organizat	ion's exe	empt purp	ose in Par	t XIII.	
5	During the year, did the organization solicit of									
	to be sold to raise funds rather than to be m	aintained as part of	the organi	ization's co	ollection?				Yes	🗌 No
Pa	t IV Escrow and Custodial Arran								ine 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.								
1a	Is the organization an agent, trustee, custod	ian, or other interme	diary for c	contributior	ns or other a	issets no	t included	I	_	
	on Form 990, Part X?							L	Yes	No No
b	If "Yes," explain the arrangement in Part XIII									
									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year									
f	Ending balance						<b>1</b> f		-	
	Did the organization include an amount on F						lity?	L	Yes	No
	If "Yes," explain the arrangement in Part XIII.							<u></u>		
Pa	<b>t V Endowment Funds</b> Complete if	÷			m 990, Part (c) Two yea			voare back	(a) Four	voare back
		(a) Current year	( <b>D</b> ) Pri	or year	(C) TWU yea	IS DACK	<b>(a)</b> Three y	Hears Dack	(e) roui	years Dack
	Beginning of year balance									
b	Contributions									
с	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
	Administrative expenses									
g 2	End of year balance Provide the estimated percentage of the cur	ront year and balance		column (a	)) hold as:					
2 a	Board designated or quasi-endowment	rent year end baland	%	, column (a	()) Heiu as.					
b	Permanent endowment	%								
c		<u></u> %								
Ŭ	The percentages on lines 2a, 2b, and 2c sho									
3a	Are there endowment funds not in the posse		ation that	are held a	nd administe	ered for t	he			
	organization by:								Г	Yes No
	(i) Unrelated organizations?								3a(i)	
	(ii) Related organizations?									
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requi	red on Sc	hedule R?					3b	
4	Describe in Part XIII the intended uses of the									
Pa	t VI Land, Buildings, and Equipm									
	Complete if the organization answere	d "Yes" on Form 990	0, Part IV,	line 11a. S	See Form 99	0, Part X	, line 10.			
	Description of property	(a) Cost or c basis (investr		<b>(b)</b> Cost basis (			ccumulate preciation		(d) Book	value
1a	Land									
	Buildings			4,14	6,597.		327,7	01.	3,818	3,896.
	Leasehold improvements									
d	Equipment								_	
-	Other				2,882.		193,2			9,656.
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, line 10	c, column	<i>(B))</i>				4,058	3,552.

Schedule D (Form 990) 2023

332052 09-28-23

Schedule	D (Form 990) 2023	HUMANE	SOCIETY	YOF	WESTCH	ESTER,	INC.	13-1740009 Page <b>3</b>
Part VI								
	Complete if the org							
	ription of security or cate			<b>(b)</b> Boo	k value	(c) Met	hod of valuation	: Cost or end-of-year market value
	cial derivatives							
	ly held equity interests	s						
(3) Other								
(A)								
(B)								
(C)								
(D)								
(E)								
(F)								
(G)								
(H)	(b) must squal Form 00	0 Dart V line 10 oo	L (D))					
	. (b) must equal Form 990 II Investments -							
	Complete if the org	-		orm 990	Part IV line	11c See Fo	rm 990 Part X I	ine 13
	(a) Description of			(b) Boo				: Cost or end-of-year market value
(1)	(4) 2000			()		(0)		
(1)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
	(b) must equal Form 990	0. Part X. line 13. co	L (B))					
Part IX			(- //					
	Complete if the org	ganization answer	ed "Yes" on F	orm 990	, Part IV, line	11d. See Fo	rm 990, Part X, I	line 15.
		-	(a) Desc	ription				(b) Book value
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
	lumn (b) must equal F		ne 15, col. (B),	)				
Part X	Other Liabilitie	es						
	Complete if the org			orm 990	, Part IV, line	11e or 11f. S	See Form 990, P	
1.	<b>(a)</b> D	escription of liabil	ty					(b) Book value
	ederal income taxes							
(2) C	ONTRACT LIA	BILILA						23,333.
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
	lumn (b) must equal F							23,333.
	•					-		statements that reports the
organ	ization's liability for un	certain tax positic	ns under FAS	B ASC 7	40. Check he	ere if the tex	t of the footnote	has been provided in Part XIII X

Schedule D (Form 990) 2023

13-1740009 Page 3

332053 09-28-23

_	edule D (Form 990) 2023 HUMANE SOCIETY OF WESTCHES				1740009 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statem	ents Wit	th Revenue per R	etur	n
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.			
1	Total revenue, gains, and other support per audited financial statements			1	2,409,437.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	. 2a	156,302.		
b	Donated services and use of facilities	. 2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines <b>2a</b> through <b>2d</b>			2e	156,302.
3	Subtract line <b>2e</b> from line <b>1</b>			3	2,253,135.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a	1,880.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines <b>4a</b> and <b>4b</b>			4c	1,880.
_5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	2,255,015.
Pa	rt XII Reconciliation of Expenses per Audited Financial Staten		ith Expenses per	Retu	ırn
Pa	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.			
<b>Pa</b>		a.		Retu	ırn 1,737,035.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	a. 			
1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	a. 			
1 2	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	a. <b>2a</b>			
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	a. <b>2a</b> <b>2b</b>			
1 2 a b	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	a. 2a 2b 2c			1,737,035.
1 2 b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b>	2a 2b 2c 2d		1 2e	1,737,035.
1 2 b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d		1	1,737,035.
1 2 b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b>	2a 2b 2c 2d		1 2e	1,737,035.
1 2 3 4 4 a	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	a. 2a 2b 2c 2d 2d		1 2e	1,737,035.
1 2 3 4 4 a	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1:	a. 2a 2b 2c 2d 2d		1 2e	1,737,035. 0. 1,737,035.
1 2 d c d e 3 4 a b	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines <b>4a</b> and <b>4b</b>	2a 2b 2c 2d 2d 4a 4b	1,880.	1 2e 3 4c	1,737,035. 0. 1,737,035. 1,880.
1 2 d e 3 4 b c 5	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 2d 4a 4b	1,880.	1 2e 3	1,737,035. 0. 1,737,035.

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

PART X, LINE 2:

THE ORGANIZATION IS A NOT-FOR-PROFIT ORGANIZATION EXEMPT FROM FEDERAL

INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND HAS

BEEN DESIGNATED AS AN ORGANIZATION WHICH IS NOT A PRIVATE FOUNDATION.

INCOME TAX POSITIONS AS REQUIRED BY ACCOUNTING PRINCIPLES GENERALLY

ACCEPTED IN THE UNITED STATES OF AMERICA, WITH NO CUMULATIVE EFFECT

ADJUSTMENT REQUIRED. INCOME TAX BENEFITS ARE RECOGNIZED FOR INCOME TAX

POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN, ONLY WHEN IT IS

DETERMINED THAT THE INCOME TAX POSITION WILL MORE-LIKELY-THAN-NOT BE

### SUSTAINED UPON EXAMINATION BY TAXING AUTHORITIES. ACCORDINGLY, THE

13220131 800994 NRHUMANE

Schedule D (Form 990) 2 Part XIII   Supplem	2023 HUMANE nental Information (cor	SOCIETY OF	WESTCHESTE	R, INC.	13-1740009 _{Pa}
·	HAS NOT RECOR		ERVES, OR R	ELATED ACC	RUALS FOR
INTEREST AND	PENALTIES FOR	UNCERTAIN	INCOME TAX	POSITIONS	AT OCTOBER 31,
2023.					
PART XI, LIN	E 4B - OTHER A	DJUSTMENTS:			
ROUNDING					
PART XII, LI	NE 4B - OTHER	ADJUSTMENTS			
ROUNDING					
332055 09-28-23			20		Schedule D (Form 990)
20131 800994	1 NRHUMANE	2023.05040	30 HUMANE SOC	IETY OF WI	STCHEST NRHUMA

SCHEDULE G Supplemental Information Regarding Fundraising or Gaming Activities OMB No. 1545		OMB No. 1545-0047					
(Form 990)		e organization answered "Yes" on				or 19, or if the	2023
Depertment of the Treesury	C	organization entered more than \$15 Attach to Form 990 o					Open to Public
Department of the Treasury Internal Revenue Service	Go t	o www.irs.gov/Form990 for instruc					Inspection
Name of the organization			amp	P	TNO		r identification number
Part I Fundrais		SOCIETY OF WESTCHE Complete if the organization answe					740009
	complete this par		reu r	85 0	11 F0111 990, Fait IV, 1		50-EZ mers are not
a Aail solicitat b Internet and c Phone solici d In-person so	tions email solicitations tations llicitations		ion of ion of fundra	non-g gover aising	overnment grants nment grants events		
, , ,		Part VII) or entity in connection with pr			•		Yes No
<b>b</b> If "Yes," list the 10 compensated at le		viduals or entities (fundraisers) pursu	ant to	agree	ements under which t	the fundraiser is	s to be
(i) Name and addres or entity (fund	s of individual	(ii) Activity	(iii) fundr have c or con contribu	trol of	(iv) Gross receipts from activity	(v) Amount p to (or retained fundraiser listed in col.	by) to (or retained by)
			Yes	No			
		on is registered or licensed to solicit c			or has been notifica	t it is exempt fr	
or licensing.					s of flas been notified		

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

Schedule G (Form 990) 2023

LHA 332081 09-13-23

HUMANE SOCIETY OF WESTCHESTER,

13-1740009 Page 2

Part II	
---------	--

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

INC.

		of fullarability over to official and gr		EZ, III CO I UITO OD. EIOU	evente with groot receip	10 groator than \$0,000.
			(a) Event #1 GALA	<b>(b)</b> Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
e			(event type)	(event type)	(total number)	coi. (cj)
Revenue	1	Gross receipts	77,570.			77,570.
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	77,570.			77,570.
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
lirect E	7	Food and beverages				
	8	Entertainment				
		Other direct expenses				44,820.
		Direct expense summary. Add lines 4 through				44,820.
	11	Net income summary. Subtract line 10 from li				32,750.
Pa	ΠI	II Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	1990, Part IV, line 19, or	reported more than	
				(b) Pull tabs/instant	() 01	(d) Total gaming (add
Revenue			<b>(a)</b> Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Seve						
_	1	Gross revenue				
	2	Cash prizes				
ses	2	Cash prizes				
xper	3	Noncash prizes				
Direct Expenses		Rent/facility costs				
	5	Other direct expenses				
	<u> </u>		Yes %	Yes %	Yes %	
	6	Volunteer labor	□ No	□ No	□ No	
	7	Direct expense summary. Add lines 2 through	1 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)	<u></u>	<u></u>	
		er the state(s) in which the organization condu				
		he organization licensed to conduct gaming a No," explain:		states?		Yes No
		re any of the organization's gaming licenses re			year?	Yes No
a	IT "	Yes," explain:				
					0-1	
33208	s2 09	-13-23			Sche	dule G (Form 990) 2023

Schedule G (Form	n 990) 2023	HUMANE	SOCIETY	OF V	ESTCHESTER,	INC.	13-17	40009	Page 3
11 Does the org	anization conduct ga	aming activities	with nonmemb	ers?				Yes	No
12 Is the organiz	zation a grantor, ben	eficiary or truste	ee of a trust, or	a membe	er of a partnership or o	ther entity formed	-	Yes	
	percentage of gamin								
								I3a	%
								I3b	%
					n's gaming/special eve				
Name									
Address									
15a Does the org	anization have a con	tract with a thir	d party from wl	hom the c	organization receives g	aming revenue?		Yes	🗌 No
<b>b</b> If "Yes," ente	er the amount of gam	ing revenue rec	eived by the o	rganizatic	n \$	and the an	nount		
	venue retained by the								
<b>c</b> If "Yes," ente	er name and address	of the third par	ty:						
Name									
Address									
16 Gaming man	ager information:								
Name									
Gaming man	ager compensation	\$							
Garning man	ager compensation	Ψ							
Description of	of services provided								
	or/officer	Employee	, Г	Indor	pendent contractor				
	oronicei		; L		Sendent Contractor				
17 Mandatory d									
					ons from the gaming p		Г	Vee	
	ate gaming license?				ed to other exempt or		^L	Yes	└── No
	s own exempt activit	•		aistribut	ea to other exempt or	ganizations of speri	. In the		
		<u> </u>		ations req	uired by Part I, line 2b	, columns (iii) and (v	); and Part	III, lines 9	, 9b, 10b,
15b,	15c, 16, and 17b, as	applicable. Als	o provide any a	additiona	l information. See instr	uctions.			
332083 09-13-23					33		Schedule	G (Form	990) 2023
					JJ				

nedule G (Form 990) art IV Supplemental In	HUMANE SOCIETY O	F WESTCHESTER, INC.	13-1740009 _{Pag}
	ormation (continued)		
			Schedule G (Form

13220131 800994 NRHUMANE

2023.05040 HUMANE SO CIETY OF WESTCHEST UMAN1 NF

#### **SCHEDULE M** (Form 990)

## **Noncash Contributions**

OMB No. 1545-0047

**Open to Public** 

. Inspection

123

Department of the Treasury Internal Revenue Service

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

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

Name of the organization

#### UTMANE COCTERV OF WECHCUECHED TNC

Employer	identification	number
1	2 17/00/	0 0

r

ΖU

	HUMANE SUCLE	LI OL	MEDICUEDI	ER, INC.	13	-1/400	109	
Pa	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method o noncash cont	(d) f determinir ribution am	-	S
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (RENT )	Х	1	109,966.				
26	Other ( LANDSCAPING )	Х	1	6,500.	FMV			
27	Other (							
28	Other ( )							
29	Number of Forms 8283 received by the organiz	zation during	g the tax year for o	contributions				
	for which the organization completed Form 828	33, Part V, D	Donee Acknowledg	jement 29				
							Yes	No
30a	During the year, did the organization receive by	/ contributio	on any property rej	ported in Part I, lines 1 throu	gh 28, that it			
	must hold for at least 3 years from the date of t	the initial co	ontribution, and wh	ich isn't required to be used	for			
	exempt purposes for the entire holding period?	>				30a		Х
b								
31	Does the organization have a gift acceptance p	olicy that re	equires the review	of any nonstandard contribu	itions?	31		Х
32a	Does the organization hire or use third parties of	or related or	rganizations to soli	cit, process, or sell noncash				
	contributions?					32a		Х
b	If "Yes," describe in Part II.							

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

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

Schedule M (Form 990) 2023

LHA 332141 09-11-23

<u>Schedu</u> le M	(Form 990) 2023	HUMANE	SOCIETY	OF	WEST	CHESTER	, INC.		13-17400	)09 F	Page 2
Part II	Supplemental is reporting in Part this part for any a	I Information	<b>DN.</b> Provide the i the number of c	inform	nation real	uired by Part I	, lines 30b, 32b	o, and 33, a or a combi	and whether the	organization	า
32142 09-11-2	23								Schedule I	VI (Form 990	) 202
						36					
20131	800994 NR	HUMANE	202	3.0	5040	HUMANE	SOCIETY	OF W	ESTCHEST	NRHUM	AN1

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ Go to www.irs.gov/Form990 for the latest information.

INC.



13 - 1740009

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

HUMANE SOCIETY OF WESTCHESTER,

INDIVIDUAL LOVING CARE FOR LOST, ABANDONED, INJURED, AND MISTREATED

ANIMALS. WE SERVICE 20 COMMUNITIES IN WESTCHESTER COUNTY AND RESCUE

OVER 500 DOGS AND 900 CATS EACH YEAR.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

HUMANE SOCIETY OF WESTCHESTER, INC IS A PRIVATE NOT FOR PROFIT

ORGANIZATION DEDICATED TO PROVIDING INDIVIDUAL LOVING CARE FOR LOST,

ABANDONED, INJURED, AND MISTREATED ANIMALS. WE SERVICE 20 COMMUNITIES

IN WESTCHESTER COUNTY AND RESCUE OVER 500 DOGS AND 900 CATS.

FORM 990, PART VI, SECTION B, LINE 11B:

THE RETURNS ARE REVIEWED BY THE PRESIDENT, TREASURER AND FINANCE MANAGER

AND THEN PRESENTED TO SELECT BOARD MEMBERS FOR FINAL REVIEW.

FORM 990, PART VI, SECTION B, LINE 12C:

THE BOARD CONTINUALLY REVIEWS ANY CONFLICT OF INTEREST.

FORM 990, PART VI, SECTION B, LINE 15:

ANY COMPENSATION TO THE CEO, EXECUTIVE DIRECTOR OR TOP MANAGEMENT IS

REVIEWED AND APPROVED BY THE BOARD.

FORM 990, PART VI, SECTION C, LINE 19:

HSW MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND

FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. I HA 332211 11-14-23

Schedule O (Form 990) 2023

13220131 800994 NRHUMANE

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Name of the organization HUMANE SOCIETY OF WESTCHESTER, INC.	Employer identification num 13-1740009
FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPE	·
HELP HEAL FUND:	
PROGRAM SERVICE EXPENSES	32,15
MANAGEMENT AND GENERAL EXPENSES	
FUNDRAISING EXPENSES	
TOTAL EXPENSES	32,15
FUND-RAISING EXPENSES:	
PROGRAM SERVICE EXPENSES	
MANAGEMENT AND GENERAL EXPENSES	
FUNDRAISING EXPENSES	20,56
TOTAL EXPENSES	20,56
ANIMAL SUPPLIES:	
PROGRAM SERVICE EXPENSES	17,15
MANAGEMENT AND GENERAL EXPENSES	
FUNDRAISING EXPENSES	
TOTAL EXPENSES	17,15
SURGICAL EXPENSES:	
PROGRAM SERVICE EXPENSES	15,85
MANAGEMENT AND GENERAL EXPENSES	
FUNDRAISING EXPENSES	
TOTAL EXPENSES	15,85
FOOD FOR SHELTER:	
PROGRAM SERVICE EXPENSES	12,47
MANAGEMENT AND GENERAL EXPENSES	

Name of the organization HUMANE SOCIETY OF WESTCHESTER, INC.	Employer identification num 13-1740009
FUNDRAISING EXPENSES	
TOTAL EXPENSES	12,47
BANK CHARGES:	
PROGRAM SERVICE EXPENSES	5,04
MANAGEMENT AND GENERAL EXPENSES	1,75
FUNDRAISING EXPENSES	1,75
TOTAL EXPENSES	8,56
TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL	A 106,76

#### 2023 DEPRECIATION AND AMORTIZATION REPORT

#### FORM 990 PAGE 10

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• · ·	90 PAGE 10							990							
Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	PROGRAM SERVICES														
1	(D)VEHICLE - VAN	01/31/12	SL	5.00		16	21,103.				21,103.	21,103.		0.	21,103.
2	PRIOR ASSETS	01/01/04	SL	10.00		16	22,576.				22,576.	22,576.		0.	22,576.
3	IMPROVEMENTS	11/01/11	SL	5.00		16	1,577.				1,577.	1,577.		0.	1,577.
4	KITCHEN IMPROVEMENTS	07/09/13	SL	5.00		16	3,700.				3,700.	3,700.		0.	3,700.
5	TELEPHONE SYSTEN	07/11/13	SL	5.00		16	9,334.				9,334.	9,334.		0.	9,334.
6	FLOOR IMPROVEMENTS	10/02/14	SL	5.00		16	39,769.				39,769.	39,769.		0.	39,769
7	GENERAC GENERATOR	12/11/14	SL	10.00		16	54,740.				54,740.	48,810.		5,474.	54,284.
8	BUILDING EXPANSION	10/31/19	SL	39.00	ММ	16	79,964.				79,964.	8,201.		2,050.	10,251
9	BUILDING EXPANSION	10/03/21	SL	39.00	ММ	16	3,916,511.				3,916,511.	209,213.		100,423.	309,636
10	TURF AND GRAVEL	01/02/22	SL	5.00		16	9,741.				9,741.	3,572.		1,948.	5,520.
11	RETAINING WALL	01/02/22	SL	39.00	ММ	16	57,473.				57,473.	2,702.		1,474.	4,176.
12	WALL PANEL SYSTEM	04/08/22	SL	39.00	ММ	16	13,286.				13,286.	540.		341.	881.
13	DONOR WALL	07/01/22	SL	39.00	ММ	16	9,080.				9,080.	311.		233.	544.
14	GAZEBO	10/21/22	SL	7.00		16	9,999.				9,999.	1,428.		1,428.	2,856
15	GARAGE HEATER	04/08/22	SL	7.00		16	2,720.				2,720.	616.		389.	1,005.
16	OFFICE FURNITURE	11/01/21	SL	7.00		16	20,470.				20,470.	5,848.		2,924.	8,772.
17	SECURITY CAMERAS	11/01/21	SL	7.00		16	24,318.				24,318.	6,948.		3,474.	10,422.

328111 04-01-23

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

#### 2023 DEPRECIATION AND AMORTIZATION REPORT

#### FORM 990 PAGE 10

#### 990

	90 PAGE 10					_		990	_	_	_			-	
Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
18	ANIMAL ROOM IMPROVEMENTS	04/08/23	SL	39.00	MM	16	9,716.				9,716.	145.		249.	394.
19	ANIMAL ROOM IMPROVEMENTS	03/03/23	SL	39.00	ММ	16	7,072.				7,072.	121.		181.	302.
20	KENNELS	04/24/23	SL	7.00		16	100,016.				100,016.	7,144.		14,288.	21,432.
21	ANIMAL ROOM IMPROVEMENTS	08/23/23	SL	39.00	MM	16	22,932.				22,932.	98.		588.	686.
22	FLOORING	08/25/23	SL	39.00	ΜМ	16	17,563.				17,563.	75.		450.	525.
23	RENOVATION OF DOG PENS	06/07/24	SL	7.00		16	40,834.				40,834.			2,431.	2,431.
24	RENOVATION OF DOG PENS	09/20/24	SL	7.00		16	43,870.				43,870.			522.	522.
25	WATER HEATER	12/01/23	SL	39.00		16	13,000.				13,000.			306.	306.
26	VEHICLE - VAN	12/05/23	SL	5.00		16	49,218.				49,218.	3.		9,023.	9,026.
27	(D)VEHICLE - VAN	01/01/04	SL	10.00		16	35,992.				35,992.	35,992.		٥.	35,992.
	* 990 PAGE 10 TOTAL PROGRAM SERVICES						4,636,574.				4,636,574.	429,826.		148,196.	578,022.
	* GRAND TOTAL 990 PAGE 10 DEPR						4,636,574.				4,636,574.	429,826.		148,196.	578,022.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						4,489,652.			0.	4,489,652.	429,823.			565,737.
	ACQUISITIONS						146,922.			0.	146,922.	3.			12,285.
	DISPOSITIONS/RETIRED						57,095.			0.	57,095.	57,095.			57,095.
	ENDING BALANCE						4,579,479.			0.	4,579,479.	372,731.			520,927.

328111 04-01-23

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

#### 2023 DEPRECIATION AND AMORTIZATION REPORT

#### FORM 990 PAGE 10

onth J	90 PAGE 10		_			_	-	990	_			_		_	
Asset No.	Description	Date Acquired	Method	Life	V o r >	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	ENDING ACCUM DEPR LESS DISPOSITIONS											520,927.			
	ENDING BOOK VALUE											4,058,552.			

328111 04-01-23

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone