

**Acknowledgement and General Information for
Entities That File Returns Electronically**

2024

Name(s) as shown on return

FLAGLER HUMANE SOCIETY INC

Tax ID Number

**** - ***7034**

Entity address

1 SHELTER DRIVE

PALM COAST, FL 32137

Thank you for participating in IRS e-file.

1. 2024 **8868-01** income tax return for **Federal** was filed electronically.
The electronic filing services were provided by **Certified Financial & Tax**.
2. **8868-01** income tax return was accepted on **02-16-2026** using a Personal Identification Number (PIN) as an electronic signature. The entity entered a PIN or authorized the Electronic Return Originator (ERO) to enter or generate a PIN signature.
The submission ID assigned to this return is **5010352026047a03a4mu**.

**PLEASE DO NOT SEND A PAPER COPY OF ENTITY'S RETURN TO THE
IRS. IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RETURN.**

Return of Organization Exempt From Income Tax

2024

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

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

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Header section A-M containing organization details: FLAGLER HUMANE SOCIETY INC, EIN 59-2247034, principal officer AMY CAROTENUTO, website WWW.FLAGLERHUMANESOCIETY.ORG, and tax-exempt status 501(c)(3).

Part I Summary

Summary table with 22 rows. Rows 1-7a describe mission and governance. Rows 8-12 show revenue (Total: 3,611,939). Rows 13-19 show expenses (Total: 3,425,286). Rows 20-22 show net assets (Total: 2,231,328).

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature block for AMY CAROTENUTO, Executive Director, dated 06-02-2026.

Preparer information for Stephen Barnier, CPA, Certified Financial & Tax, dated 06-02-2026, PTIN P00646386.

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: WE TRANSFORM THE LIVES OF ANIMALS WITH COMPASSIONATE CARE AND SERVICES, OUTSTANDING EDUCATIONAL PROGRAMS, AND ADVOCACY FOR ALL ANIMALS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 3,309,828 including grants of \$) (Revenue \$ 3,611,939) AN ANIMAL IN NEED IS NEVER TURNED AWAY AT FHS. FHS VETERINARIANS AND VETERINARY TECHNICIANS PROVIDE ESSENTIAL LIFETIME MEDICAL SERVICES FOR ANIMALS IN THE KENNEL AND ANIMALS IN THE COMMUNITY. SERVICES INCLUDE LOW-COST ANIMAL WELLNESS CLINICS, LOW-COST VACCINATION CLINICS, WELLNESS AND SICK ANIMAL OFFICE VISITS BY APPOINTMENT, PET DENTAL SERVICES, HEARTWORM AND FLEA PREVENTION TREATMENTS, MEDICAL PROCEDURES AND TESTING. ENSURING THAT ALL ANIMALS ARE SPAYED OR NEUTERED IS A PRIMARY GOAL OF THE FHS AS THIS IS THE MOST EFFECTIVE METHOD TO REDUCE PET OVERPOPULATION AND SHELTER INTAKE. LOW-COST SPAY AND NEUTER SERVICES INCLUDE MULTIPLE PROGRAMS FOR LOW-INCOME PET OWNERS, AND GROUP PRICING FOR ANIMAL RESCUE ORGANIZATIONS AND COMMUNITY CAT CAREGIVERS. IN 2024 FHS VETERINARY STAFF PERFORMED 2,564 SURGERIES AND 12,145 EXAMS.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$) FHS PROVIDES ANIMAL CONTROL SERVICES THROUGHOUT FLAGLER COUNTY. ANIMAL CONTROL SERVICES EMPHASIZE ANIMAL HEALTH AND WELFARE, COMMUNITY SAFETY AND EDUCATION. EMERGENCY CALL-OUT SERVICES FOR INJURED OR SICK ANIMALS INCLUDING WILDLIFE ARE RESPONDED TO 24 HOURS A DAY SEVEN DAYS A WEEK BY FHS OFFICERS. OFFICERS WORK WITH LOCAL COMMUNITIES TO SUPPORT FELINE POPULATION CONTROL THROUGH THE TRAP-NEUTER-RETURN PROGRAM. ANIMAL CONTROL OFFICERS EDUCATE THE PUBLIC AND PROVIDE TRAPPING AND TRANSPORTATION OF ANIMALS, WHILE SHELTER MEDICAL STAFF CONDUCT NEUTERING AND PROVIDE MEDICAL OVERSIGHT. IN 2024 ANIMAL CONTROL OFFICERS HANDLED 513 CASES INCLUDING INVESTIGATING DOG BITES, RESCUING KITTENS TRAPPED IN A DRAINPIPE AND CONFISCATING ANIMALS SUSPECTED OF BEING ABUSED.

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$) FLAGLER HUMANE SOCIETY (FHS) IS AN OPEN ADMISSION SHELTER WITH THE GOAL OF PLACING ALL ANIMALS RECEIVED INTO A SAFE AND LOVING HOME. OUR TOP PRIORITY IS TO RETURN ANIMALS TO THEIR OWNERS USING NEIGHBORHOOD SEARCHES AND SOCIAL MEDIA. ANIMALS COMING INTO THE SHELTER ARE SPAY/NEUTERED, VACCINATED, MICRO-CHIPPED, HEARTWORM TESTED, FELV/FIV TESTED FOR CATS, AND A WELLNESS EXAM IS PERFORMED. PET ADOPTIONS OCCUR EVERY DAY AT THE SHELTER AND AT OFFSITE EVENTS AND PROMOTIONS WITH COMMUNITY PARTNERS. OUR STAFF CLEANS AND DISINFECTS THE ENTIRE SHELTER EVERY DAY, WE OVERSEE PLAY GROUPS AND VOLUNTEERS TAKE DOGS ON OFFSITE PLAY DATES. FHS RECEIVED 2976 ANIMALS INTO THE SHELTER IN 2024, ADOPTED 2175 ANIMALS TO NEW HOMES AND RELEASED 44 WILD ANIMALS BACK INTO NATURE.

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 3,309,828

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	80		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
b	If "Yes," enter the name of the foreign country _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a			X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15			X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			X
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17			

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

Section A. Governing Body and Management

Table with 5 columns: Question ID, Question Text, Yes, No. Rows include 1a, 1b, 2, 3, 4, 5, 6, 7a, 7b, 8, 8a, 8b, 9.

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

Table with 5 columns: Question ID, Question Text, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed Florida
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [X] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records. AMY CAROTENUTO (386)445-4997, 1 SHELTER DRIVE, PALM COAST, FL 32137

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) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) AMY CAROTENUTO EXECUTIVE DIRECTOR	40.00			X			90,000	0	0	
(2) JOHN REYNOLDS DIRECTOR	2.00	X					0	0	0	
(3) VINCENT LYONS DIRECTOR	2.00	X					0	0	0	
(4) LUCIA EICH DIRECTOR	2.00	X					0	0	0	
(5) JENN GEISS DIRECTOR	2.00	X					0	0	0	
(6) LINDA LESTER PRESIDENT	2.00			X			0	0	0	
(7) REBECCA REYNOLDS TREASURER	2.00			X			0	0	0	
(8) JULIANNA BENEDICK VP	2.00			X			0	0	0	
(9) LAURIE HAAG SECRETARY	2.00			X			0	0	0	
(10)										
(11)										
(12)										
(13)										
(14)										

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) -----										
(16) -----										
(17) -----										
(18) -----										
(19) -----										
(20) -----										
(21) -----										
(22) -----										
(23) -----										
(24) -----										
(25) -----										
1b Subtotal							90,000			
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							90,000	0	0	

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

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions) . .	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	925,077				
	g Noncash contributions included in lines 1a-1f	1g	\$ 81,877				
	h Total. Add lines 1a-1f		925,077				
Program Service Revenue			Business Code				
	2a ANIMAL CONTROL SERVICES	900099	446,965	446,965			
	b ANIMAL SERVICES FEES	900099	812,797	812,797			
	c						
	d						
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f		1,259,762					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		29,236	29,236			
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b					
	c Gain or (loss)	7c					
d Net gain or (loss)							
8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a		83,547				
		b Less: direct expenses	8b	23,634			
		c Net income or (loss) from fundraising events		59,913		59,913	
9a Gross income from gaming activities. See Part IV, line 19	9a						
		b Less: direct expenses	9b				
		c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances	10a		1,125,373				
		b Less: cost of goods sold	10b	479,768			
		c Net income or (loss) from sales of inventory		645,605	645,605		
Miscellaneous Revenue			Business Code				
	11a FDA STUDY	900099	19,425	19,425			
	b VIRTUE RX DISTRIBUTOR	900099	638,086	638,086			
	c INSURANCE REFUND	900099	34,835	34,835			
	d All other revenue						
e Total. Add lines 11a-11d		692,346					
12 Total revenue. See instructions		3,611,939	2,626,949	0	59,913		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Table with 5 columns: (A) Total expenses, (B) Program service expenses, (C) Management and general expenses, (D) Fundraising expenses. Rows include categories like Grants, Salaries, Payroll taxes, and Total functional expenses.

Part X Balance Sheet

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

		(A)		(B)		
		Beginning of year		End of year		
Assets	1	Cash - non-interest-bearing	124,816	1	283,589	
	2	Savings and temporary cash investments		2		
	3	Pledges and grants receivable, net		3		
	4	Accounts receivable, net	43,397	4	27,781	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6		
	7	Notes and loans receivable, net		7		
	8	Inventories for sale or use	24,674	8	24,674	
	9	Prepaid expenses and deferred charges	35,637	9	34,782	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	2,060,370		
	b	Less: accumulated depreciation	10b	1,013,230	10c	1,047,140
	11	Investments - publicly traded securities	936,357	11	932,023	
	12	Investments - other securities. See Part IV, line 11		12		
	13	Investments - program-related. See Part IV, line 11		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11		15	157,843	
16	Total assets. Add lines 1 through 15 (must equal line 33)	2,125,826	16	2,507,832		
Liabilities	17	Accounts payable and accrued expenses	73,916	17	83,268	
	18	Grants payable		18		
	19	Deferred revenue	8,850	19	6,066	
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22		
	23	Secured mortgages and notes payable to unrelated third parties	28,844	23	16,311	
	24	Unsecured notes and loans payable to unrelated third parties		24		
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	13,312	25	170,859	
	26	Total liabilities. Add lines 17 through 25	124,922	26	276,504	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.					
	27	Net assets without donor restrictions	2,000,904	27	2,231,328	
	28	Net assets with donor restrictions		28		
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.					
	29	Capital stock or trust principal, or current funds		29		
	30	Paid-in or capital surplus, or land, building, or equipment fund		30		
	31	Retained earnings, endowment, accumulated income, or other funds		31		
	32	Total net assets or fund balances	2,000,904	32	2,231,328	
33	Total liabilities and net assets/fund balances	2,125,826	33	2,507,832		

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,611,939
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,425,286
3	Revenue less expenses. Subtract line 2 from line 1	3	186,653
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,000,904
5	Net unrealized gains (losses) on investments	5	43,771
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	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	2,231,328

Part XII Financial Statements and Reporting

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

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

**SCHEDULE A
(Form 990)**

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2024

**Open to Public
Inspection**

Name of the organization FLAGLER HUMANE SOCIETY INC	Employer identification number 59-2247034
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Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

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

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

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

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

Section A. Public Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f); 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities, whether or not the business is regularly carried on; 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, Line number, Percentage. Rows include: 14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)); 15 Public support percentage from 2023 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization; b 33 1/3% support test - 2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization; 17a 10%-facts-and-circumstances test - 2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization; b 10%-facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization; 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	645,439	543,709	549,150	439,274	925,077	3,102,649
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	1,533,273	1,689,103	2,080,187	2,266,305	2,686,862	10,255,730
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	2,178,712	2,232,812	2,629,337	2,705,579	3,611,939	13,358,379
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b	0	0	0	0	0	0
8 Public support. (Subtract line 7c from line 6.)						13,358,379

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6	2,178,712	2,232,812	2,629,337	2,705,579	3,611,939	13,358,379
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	2,178,712	2,232,812	2,629,337	2,705,579	3,611,939	13,358,379
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	15	100.00 %
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	100.00 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f))	17	0 %
18 Investment income percentage from 2023 Schedule A, Part III, line 17	18	0 %

- 19a 33 1/3% support tests - 2024.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- b 33 1/3% support tests - 2023.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 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

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove 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.</i>	1	
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>	2	

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	2a	
b Did the activities described 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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>	2b	
3 Parent of Supported Organizations. 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? <i>If "Yes" or "No," provide details in Part VI.</i>	3a	
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	3b	

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

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

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

SCHEDULE D (Form 990) (Rev. December 2024)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization: FLAGLER HUMANE SOCIETY INC; Employer identification number: 59-2247034

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor advisement.

Part II Conservation Easements

Form for Part II Conservation Easements. Includes questions about purpose of easements, number of easements, acreage, monitoring, and expenses. Includes a table for 'Held at the End of the Tax Year' with rows 2a, 2b, 2c, and 2d.

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

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting requirements and amounts for art and historical treasures.

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

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

Part IV Escrow and Custodial Arrangements

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

- 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table.
- | | Amount |
|---|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds

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

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

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

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		2,060,370	1,013,230	1,047,140
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				1,047,140

Part VII Investments - Other Securities

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

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

Part VIII Investments - Program Related

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

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

Part IX Other Assets

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

(a) Description	(b) Book value
(1) R IGHT TO USE ASSETS	157,843
(2) _____	
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	157,843

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) S ALES TAX DUE	5,173	
(3) C REDIT CARD PAYABLE	7,843	
(4) R IGHT OF USE LIABILITY	157,843	
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	170,859	

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		GOLF OUTING (event type)	CASINO NIGHT (event type)	NONE (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	24,479	15,047		39,526
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	24,479	15,047		39,526
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	10,848	3,121		13,969
	10 Direct expense summary. Add lines 4 through 9 in column (d)				13,969
11 Net income summary. Subtract line 10 from line 3, column (d)				25,557	

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

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

- 9** Enter the state(s) in which the organization conducts gaming activities: _____
- a** Is the organization licensed to conduct gaming activities in each of these states? Yes No
- b** If "No," explain: _____
- _____
- 10a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
- b** If "Yes," explain: _____
- _____

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2024

**Open to Public
Inspection**

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization FLAGLER HUMANE SOCIETY INC	Employer identification number 59-2247034
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Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential	X	1	81,877	NET CASH PROCEEDS
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 ()				
26 Other ()				
27 Other ()				
28 Other ()				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported on Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

FLAGLER HUMANE SOCIETY INC

Employer identification number

59-2247034

01. Officer, directors, etc. family relationship (Part VI, line 2)

HUSBAND AND WIFE SERVE AS 2 OF OUR BOARD MEMBERS

02. Form 990 governing body review (Part VI, line 11)

990 REVIEWED AND APPROVED BY BOARD N/A

03. Conflict of interest policy compliance (Part VI, line 12c)

ANNUAL REVIEW OF CONFLICT OF INTEREST POLICY

04. CEO, executive director, top management comp (Part VI, line 15a)

ANNUAL REVIEW CONDUCTED BY BOARD TO SET COMPENSATION

05. Other officer or key employee compensation (Part VI, line 15b)

ANNUAL REVIEW CONDUCTED BY BOARD TO SET COMPENSATION

06. Governing documents, etc, available to public (Part VI, line 19)

BYLAWS, CONFLICT OF INTEREST POLICY AND FORM 990 ARE AVAILABLE ON FLAGLER HUMANE SOCIETY
PUBLIC WEBSITE. ALL OTHER DOCUMENTS AVAILABLE UPON REQUEST.

Depreciation and Amortization (Including Information on Listed Property) Attach to your tax return.

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

Table with 3 columns: Name(s) shown on return (FLAGLER HUMANE SOCIETY INC), Business or activity to which this form relates (FORM 990 - 1), and Identifying number (59-2247034).

Part I Election To Expense Certain Property Under Section 179

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

Table with 5 columns for lines 1-13. Line 1: Maximum amount; Line 2: Total cost; Line 3: Threshold cost; Line 4: Reduction in limitation; Line 5: Dollar limitation; Line 6-7: Description of property, Cost, Elected cost; Line 8: Total elected cost; Line 9: Tentative deduction; Line 10: Carryover of disallowed deduction; Line 11: Business income limitation; Line 12: Section 179 expense deduction; Line 13: Carryover of disallowed deduction to 2025.

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

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

Table with 3 columns for lines 14-16. Line 14: Special depreciation allowance; Line 15: Property subject to section 168(f)(1) election; Line 16: Other depreciation (including ACRS) with value 58,620.

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

Section A

Table with 3 columns for lines 17-18. Line 17: MACRS deductions for assets placed in service in tax years beginning before 2024; Line 18: If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here.

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

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Rows include 3-year, 5-year, 7-year, 10-year, 15-year, 20-year, 25-year, Residential rental, and Nonresidential real property.

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

Table with 7 columns: (a) Class life, (b) Recovery period, (c) Convention, (d) Method, (e) Depreciation deduction. Rows include 12-year, 30-year, and 40-year class lives.

Part IV Summary (See instructions.)

Table with 3 columns for lines 21-23. Line 21: Listed property; Line 22: Total with value 66,364; Line 23: For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs.

For Paperwork Reduction Act Notice, see separate instructions.

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

Table with 9 columns (a-i) and rows 24a-29. 24a: Do you have evidence to support the business/investment use claimed? 24b: If "Yes," is the evidence written? 25: Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. 26: Property used more than 50% in a qualified business use. 27: Property used 50% or less in a qualified business use. 28: Add amounts in column (h), lines 25 through 27. 29: Add amounts in column (i), line 26.

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table with 6 columns (a-f) and rows 30-36. 30-33: Total business/commuting/other personal miles driven during the year. 34-36: Availability for personal use during off-duty hours, primarily by a more than 5% owner, and another vehicle available for personal use.

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. See instructions.

Table with 2 columns (Yes/No) and rows 37-41. 37-41: Questions about written policies, personal use, number of vehicles, and qualified automobile demonstration use.

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

Table with 6 columns (a-f) and rows 42-44. 42: Amortization of costs that begins during your 2024 tax year. 43: Amortization of costs that began before your 2024 tax year. 44: Total. Add amounts in column (f).

**Application for Extension of Time To File an Exempt Organization
Return or Excise Taxes Related to Employee Benefit Plans**

Department of the Treasury
Internal Revenue Service

**File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Part I - Identification

File by the due date for filing your return. See instructions.	Name of exempt organization, employer, or other filer, see instructions. FLAGLER HUMANE SOCIETY INC	Taxpayer identification number (TIN) 59-2247034
	Number, street, and room or suite no. If a P.O. box, see instructions. 1 SHELTER DRIVE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. PALM COAST, FL 32137	

Enter the Return Code for the return that this application is for (file a separate application for each return)

0	1
---	---

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08	Form 990-T (governmental entities)	15

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
Plan Number _____
Plan Year Ending (MM/DD/YYYY) _____

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of **AMY CAROTENUTO, 1 SHELTER DRIVE PALM COAST, FL 32137**
Telephone No. **386-445-4997** Fax No. _____

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) _____ .

If this is for the whole group, check this box

If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for

1 I request an automatic 6-month extension of time until 08-17, 2026, to file the **exempt organization return** for the organization named above. The extension is for the organization's return for:
 calendar year 20 ____ or
 tax year beginning 10-01, 20 24, and ending 09-30, 20 25.

2 If the tax year entered in line 1 is for less than 12 months, check reason:
 Initial return Final return Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$

IRS E-file Signature Authorization for a Tax Exempt Entity

For calendar year 2024, or fiscal year beginning **10-01**, 2024, and ending **09-30**, 2025

2024

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.

Name of filer

EIN or SSN

FLAGLER HUMANE SOCIETY INC

59-2247034

Name and title of officer or person subject to tax

AMY CAROTENUTO, EXECUTIVE DIRECTOR

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here <input type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b _____
2a Form 990-EZ check here <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here. <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5).	4b _____
5a Form 8868 check here <input checked="" type="checkbox"/>	b Balance due (Form 8868, line 3c).	5b <u>0</u>
6a Form 990-T check here <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1).	7b _____
8a Form 5227 check here <input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b _____
9a Form 5330 check here <input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19).	9b _____
10a Form 8038-CP check here <input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2024 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize Certified Financial & Tax to enter my PIN 65165 as my signature
ERO firm name **Enter five numbers, but do not enter all zeros**

on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax _____

Date **06-02-2026**

Part III Certification and Authentication

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

501035 43633

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2024 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature Stephen Barnier, CPA

Date 06-02-2026

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

IRS E-file Signature Authorization for a Tax Exempt Entity

For calendar year 2024, or fiscal year beginning **10-01**, 2024, and ending **09-30**, 2025

2024

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.

Name of filer

EIN or SSN

FLAGLER HUMANE SOCIETY INC

59-2247034

Name and title of officer or person subject to tax

AMY CAROTENUTO, EXECUTIVE DIRECTOR

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b <u>3,611,939</u>
2a Form 990-EZ check here <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here. <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5).	4b _____
5a Form 8868 check here <input type="checkbox"/>	b Balance due (Form 8868, line 3c).	5b _____
6a Form 990-T check here <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1).	7b _____
8a Form 5227 check here <input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b _____
9a Form 5330 check here <input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19).	9b _____
10a Form 8038-CP check here <input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2024 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize Certified Financial & Tax to enter my PIN 65165 as my signature
ERO firm name **Enter five numbers, but do not enter all zeros**

on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date 06-02-2026

Part III Certification and Authentication

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

501035 43633

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2024 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature Stephen Barnier, CPA

Date 06-02-2026

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

Federal Supporting Statements

2024 PG01

Name(s) as shown on return

Tax ID Number

FLAGLER HUMANE SOCIETY INC

59-2247034

FORM 4562 - LINE 19B

Statement #567

BASIS	RP	CV	METHOD	DEDUCTION
590	5	HY	SL	59
30,334	5	HY	SL	<u>3,033</u>
TOTAL				<u><u>3,092</u></u>

Federal Supporting Statements

2024 PG01

Name(s) as shown on return

Tax ID Number

FLAGLER HUMANE SOCIETY INC

59-2247034

FORM 4562 - LINE 19C

Statement #568

BASIS	RP	CV	METHOD	DEDUCTION
7,187	7	HY	SL	513
1,664	7	HY	SL	119
6,641	7	HY	SL	<u>474</u>
TOTAL				<u><u>1,106</u></u>

Federal Supporting Statements

2024 PG01

Name(s) as shown on return

Tax ID Number

FLAGLER HUMANE SOCIETY INC

59-2247034

FORM 4562 - LINE 19E

Statement #569

BASIS	RP	CV	METHOD	DEDUCTION
11,500	15	HY	SL	383
3,300	15	HY	SL	110
4,548	15	HY	SL	152
76,875	15	HY	SL	2,563
6,150	15	HY	SL	205
3,975	15	HY	SL	<u>133</u>
TOTAL				<u><u>3,546</u></u>

990

Overflow Statement

2024

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Name(s) as shown on return

FEIN

FLAGLER HUMANE SOCIETY INC

59-2247034

PUBLIC SUPPORT

<u>Description</u>	<u>Amount</u>
PUBLIC SUPPORT	\$ 573,784
GRANTS AND BEQUESTS	269,416
Total:	\$ 843,200

990

Overflow Statement

2024

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Name(s) as shown on return

FEIN

FLAGLER HUMANE SOCIETY INC

59-2247034

INVESTMENT INCOME

<u>Description</u>	<u>Amount</u>
INTEREST INCOME	\$ 2,956
DIVIDEND INCOME	26,280
Total:	\$ 29,236

990

Overflow Statement

2024

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Name(s) as shown on return

FEIN

FLAGLER HUMANE SOCIETY INC

59-2247034

OCCUPANCY

<u>Description</u>	<u>Amount</u>
1 SHELTER DRIVE	\$ 97,063
THRIFT STORE RENT	108,512
Total:	\$ 205,575

990

Overflow Statement

2024

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Name(s) as shown on return

FLAGLER HUMANE SOCIETY INC

FEIN

59-2247034

OTHER EXPENSES

Description	Amount
MEMBERSHIP DUES	\$ 2,131
ANIMAL CONTROL DIRECT EXPENSE	367
CASUAL LABOR	474
ADMIN EXPENSES	211,430
SALES TAX	19
FACILITIES MAINTENANCE	68,091
VEHICLE EXPENSE	16,100
BANK FEES	175
BAD DEBT	3,510
PAYROLL PREP FEES	15,083
OTHER MISC EXPENSES	2,245
Total:	\$ 319,625

* Item is included in UBIA
for Section 199A calculations.
See "UBIA" in lower right corner.

Depreciation Detail Listing

Program Services
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Name(s) as shown on return

Social security number/EIN

FLAGLER HUMANE SOCIETY INC

59-2247034

No.	Description	Date	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis	Life	Method	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current
1	HVAC BLOWER	08-22-2023	2,251		100.00			2,251	15	SL MQ	6.667	1,955	150	2,105	
2	FENCE	07-17-2023	4,476		100.00			4,476	15	SL MQ	6.667	522	298	820	
3	KENNEL GATES	07-07-2023	13,368		100.00			13,368	15	SL MQ	6.667	1,559	891	2,450	
4	SOD	09-11-2023	1,274		100.00			1,274	15	SL MQ	6.667	149	85	234	
5	ELECTRICAL	12-30-2022	2,075		100.00			2,075	15	SL MQ	6.667	242	138	380	
6	KENNEL AC	03-30-2023	467		100.00			467	15	SL MQ	6.667	54	31	85	
7	FOAM & FIRE SPRINKLER	01-06-2023	22,350		100.00			22,350	39	SL MM	2.564	979	573	1,552	
8	ROOF	03-06-2023	78,445		100.00			78,445	39	SL MM	2.564	3,101	2,011	5,112	
9	BUILDING	01-01-2004	1,365,312		100.00			1,365,312	39	SL MM	2.564	723,428	35,008	758,436	
10	LAND	10-01-1999	101,210	101,210	100.00			0	0		0				
11	CLINICAL EQUIPMENT	09-30-2005	20,000		100.00			20,000	5		0	20,000		20,000	
12	SCALE	09-28-2010	907		100.00			907	5		0	907		907	
13	DENTAL MACHINE	11-09-2010	1,398		100.00			1,398	5		0	1,398		1,398	
14	ELECTRO SURGICAL UNIT	03-01-2011	823		100.00			823	5		0	823		823	
15	VAPORIZOR	07-29-2011	1,235		100.00			1,235	5		0	1,235		1,235	
16	BINOCULAR MICROSCOPE	07-29-2011	1,095		100.00			1,095	5		0	1,095		1,095	
17	ANESTHESIA MACHINE	07-29-2011	2,640		100.00			2,640	5		0	2,640		2,640	
18	HANDHELD PULS OXIMETE	07-29-2011	795		100.00			795	5		0	795		795	
19	CANNINE GERMAN SPAY P	08-02-2011	2,155		100.00			2,155	5		0	2,155		2,155	
20	OFFICE EQUIPMENT	09-30-2005	16,000		100.00			16,000	5		0	16,000		16,000	
21	AUDIO LINK PA SYSTEM	10-25-2010	908		100.00			908	5		0	908		908	
22	TRAILER	12-20-2006	5,000		100.00			5,000	5		0	5,000		5,000	
23	2004 CHEVY SILVERADO	06-30-2004	19,545		100.00			19,545	5		0	19,545		19,545	
24	2006 CHEVY SILVERADO	03-27-2006	13,840		100.00			13,840	5		0	13,840		13,840	
25	PHONE LEASE CAPITALIZ	05-01-2012	4,802		100.00			4,802	7		0	4,802		4,802	
26	AC COMPRESSOR	12-10-2013	2,136		100.00			2,136	7		0	2,136		2,136	
27	NEW SIGN	07-29-2014	3,470		100.00			3,470	5		0	3,470		3,470	
28	AC COMPRESSOR	10-30-2013	3,777		100.00			3,777	7		0	3,777		3,777	
29	SHRINK WRAP MACHINE	05-30-2014	386		100.00			386	5		0	386		386	
30	DONATED VEHICLE	12-14-2013	4,508		100.00			4,508	5		0	4,508		4,508	

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Depreciation Detail Listing

Program Services
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Name(s) as shown on return

Social security number/EIN

FLAGLER HUMANE SOCIETY INC

59-2247034

No.	Description	Date	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis	Life	Method	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current
31	USED TRAILER	04-10-2015	2,500		100.00			2,500	5		0	2,500		2,500	
32	POS SYSTEM	06-15-2015	5,898		100.00			5,898	7		0	5,898		5,898	
33	AIR HANDLER	06-17-2015	4,620		100.00			4,620	5		0	4,620		4,620	
34	AC UNIT	06-29-2015	3,080		100.00			3,080	5		0	3,080		3,080	
35	KENNEL AC UNITS	09-09-2015	7,229		100.00			7,229	5		0	7,229		7,229	
36	CONDENSER	12-15-2016	15,879		100.00			15,879	10	SL HY	10	12,439	1,588	14,027	
37	WASHING MACHINE	10-24-2017	5,325		100.00			5,325	7	SL HY	14.286	5,262	63	5,325	
38	ULTRASOUND MACHINE	01-18-2018	22,800		100.00			22,800	7	SL HY	14.286	21,714	1,086	22,800	
39	MISTING FAN	07-02-2018	247		100.00			247	7	SL HY	14.286	221	26	247	
40	HVAC SYSTEM	07-09-2019	22,100		100.00			22,100	7	SL MQ	14.286	16,575	3,157	19,732	
41	WASHERS & DRYERS	03-13-2023	9,000		100.00			9,000	7	SL MQ	14.286	2,036	1,286	3,322	
42	2023 LAPTOPS	07-27-2023	1,261		100.00			1,261	5	SL MQ	20	294	252	546	
43	LIVESTOCK PEN	04-30-2023	4,150		100.00			4,150	15	SL MQ	6.667	395	277	672	
44	TRUCK	03-01-2018	16,600		100.00			16,600	5		0	16,600		16,600	
45	2016 CHEVY EQUINOX	08-24-2023	17,915		100.00			17,915	5	SL MQ	20	3,882	3,583	7,465	
46	LOAN COSTS	09-25-2012	3,046		100.00			3,046	15	AMT-197	6.6667	2,453	203	2,656	
47	CONFERENCE ROOM CHAIR	11-03-2023	1,300		100.00			1,300	7	SL HY	14.286	93	186	279	
48	2 WASHERS 1 DRYER	02-07-2024	34,399		100.00			34,399	7	SL HY	14.286	2,457	4,914	7,371	
49	KEYPAD AND ELECTRIC S	03-21-2024	1,200		100.00			1,200	7	SL HY	14.286	86	171	257	
50	HVAC UNIT	08-08-2024	7,100		100.00			7,100	7	SL HY	14.286	507	1,014	1,521	
51	AWNINGS	03-13-2024	1,895		100.00			1,895	7	SL HY	14.286	135	271	406	
52	WALKWAY	06-19-2024	9,361		100.00			9,361	15	SL HY	6.667	312	624	936	
53	WALLS	06-24-2024	1,400		100.00			1,400	15	SL HY	6.667	47	93	140	
54	SEPTIC	08-09-2024	10,810		100.00			10,810	15	SL HY	6.667	360	721	1,081	
55	FENCE	09-25-2024	1,845		100.00			1,845	15	SL HY	6.667	62	123	185	
56	SURGERY LIGHT	11-22-2024	7,187		100.00			7,187	7	SL HY	7.143		513	513	
57	INSTALLATION	01-15-2025	1,664		100.00			1,664	7	SL HY	7.143		119	119	
58	ULTRASOUND MACHINE	03-12-2025	6,641		100.00			6,641	7	SL HY	7.143		474	474	
59	KENNEL GATES	06-04-2025	11,500		100.00			11,500	15	SL HY	3.333		383	383	
60	DRIVEWAY PAVING	05-07-2025	3,300		100.00			3,300	15	SL HY	3.333		110	110	

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Depreciation Detail Listing

Program Services
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FLAGLER HUMANE SOCIETY INC

59-2247034

No.	Description	Date	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis	Life	Method	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current
61	DOG PLAY YARD	07-30-2025	4,548		100.00			4,548	15	SL HY	3.333		152	152	
62	KENNEL AC	06-05-2025	76,875		100.00			76,875	15	SL HY	3.333		2,563	2,563	
63	THRIFT STORE AC	08-25-2025	6,150		100.00			6,150	15	SL HY	3.333		205	205	
64	AC UNIT	09-26-2025	3,975		100.00			3,975	15	SL HY	3.333		133	133	
65	HP LAPTOP	11-29-2024	590		100.00			590	5	SL HY	10		59	59	
66	2023 DODGE PROMASTER	07-14-2025	30,334		100.00			30,334	5	SL HY	10		3,033	3,033	
Totals			2,060,372					1,959,162				946,666	66,567	1,013,233	

Land Amount
Net Depreciable Cost

2,060,372

CY 179 and CY Bonus
TOTAL CY Depr including 179/bonus

66,567

ST ADJ:

Next Year's Depreciation Worksheet

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Name(s) as shown on return

Tax ID Number

FLAGLER HUMANE SOCIETY INC

59-2247034

Form	Multi-Form	Description	Date	Basis	Method	Life	Deduction
PRG	1	HVAC BLOWER	08-22-2023	2,251	SL MQ	15	146
PRG	1	FENCE	07-17-2023	4,476	SL MQ	15	298
PRG	1	KENNEL GATES	07-07-2023	13,368	SL MQ	15	891
PRG	1	SOD	09-11-2023	1,274	SL MQ	15	85
PRG	1	ELECTRICAL	12-30-2022	2,075	SL MQ	15	138
PRG	1	KENNEL AC	03-30-2023	467	SL MQ	15	31
PRG	1	FOAM & FIRE SPRINKLERS	01-06-2023	22,350	SL MM	39	573
PRG	1	ROOF	03-06-2023	78,445	SL MM	39	2,011
PRG	1	BUILDING	01-01-2004	1,365,312	SL MM	39	35,008
PRG	1	LAND	10-01-1999			0	
PRG	1	CLINICAL EQUIPMENT	09-30-2005	20,000		5	
PRG	1	SCALE	09-28-2010	907		5	
PRG	1	DENTAL MACHINE	11-09-2010	1,398		5	
PRG	1	ELECTRO SURGICAL UNIT	03-01-2011	823		5	
PRG	1	VAPORIZOR	07-29-2011	1,235		5	
PRG	1	BINOCULAR MICROSCOPE LED	07-29-2011	1,095		5	
PRG	1	ANESTHESIA MACHINE	07-29-2011	2,640		5	
PRG	1	HANDHELD PULS OXIMETER	07-29-2011	795		5	
PRG	1	CANNINE GERMAN SPAY PACK	08-02-2011	2,155		5	
PRG	1	OFFICE EQUIPMENT	09-30-2005	16,000		5	
PRG	1	AUDIO LINK PA SYSTEM	10-25-2010	908		5	
PRG	1	TRAILER	12-20-2006	5,000		5	
PRG	1	2004 CHEVY SILVERADO	06-30-2004	19,545		5	
PRG	1	2006 CHEVY SILVERADO	03-27-2006	13,840		5	
PRG	1	PHONE LEASE CAPITALIZATI	05-01-2012	4,802		7	
PRG	1	AC COMPRESSOR	12-10-2013	2,136		7	
PRG	1	NEW SIGN	07-29-2014	3,470		5	
PRG	1	AC COMPRESSOR	10-30-2013	3,777		7	
PRG	1	SHRINK WRAP MACHINE	05-30-2014	386		5	
PRG	1	DONATED VEHICLE	12-14-2013	4,508		5	
PRG	1	USED TRAILER	04-10-2015	2,500		5	
PRG	1	POS SYSTEM	06-15-2015	5,898		7	
PRG	1	AIR HANDLER	06-17-2015	4,620		5	
PRG	1	AC UNIT	06-29-2015	3,080		5	
PRG	1	KENNEL AC UNITS	09-09-2015	7,229		5	
PRG	1	CONDENSER	12-15-2016	15,879	SL HY	10	1,588
PRG	1	WASHING MACHINE	10-24-2017	5,325	SL HY	7	
PRG	1	ULTRASOUND MACHINE	01-18-2018	22,800	SL HY	7	
PRG	1	MISTING FAN	07-02-2018	247	SL HY	7	
PRG	1	HVAC SYSTEM	07-09-2019	22,100	SL MQ	7	2,368
PRG	1	WASHERS & DRYERS	03-13-2023	9,000	SL MQ	7	1,286
PRG	1	2023 LAPTOPS	07-27-2023	1,261	SL MQ	5	252
PRG	1	LIVESTOCK PEN	04-30-2023	4,150	SL MQ	15	277
PRG	1	TRUCK	03-01-2018	16,600		5	
PRG	1	2016 CHEVY EQUINOX	08-24-2023	17,915	SL MQ	5	3,583
PRG	1	LOAN COSTS	09-25-2012	3,046	197	15	203
PRG	1	CONFERENCE ROOM CHAIRS	11-03-2023	1,300	SL HY	7	186
PRG	1	2 WASHERS 1 DRYER	02-07-2024	34,399	SL HY	7	4,914
PRG	1	KEYPAD AND ELECTRIC STRI	03-21-2024	1,200	SL HY	7	171
PRG	1	HVAC UNIT	08-08-2024	7,100	SL HY	7	1,014
PRG	1	AWNINGS	03-13-2024	1,895	SL HY	7	271
PRG	1	WALKWAY	06-19-2024	9,361	SL HY	15	624

Next Year's Depreciation Worksheet

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Name(s) as shown on return

Tax ID Number

FLAGLER HUMANE SOCIETY INC

59-2247034

Form	Multi-Form	Description	Date	Basis	Method	Life	Deduction
PRG	1	WALLS	06-24-2024	1,400	SL HY	15	93
PRG	1	SEPTIC	08-09-2024	10,810	SL HY	15	721
PRG	1	FENCE	09-25-2024	1,845	SL HY	15	123
PRG	1	SURGERY LIGHT	11-22-2024	7,187	SL HY	7	1,027
PRG	1	INSTALLATION	01-15-2025	1,664	SL HY	7	238
PRG	1	ULTRASOUND MACHINE	03-12-2025	6,641	SL HY	7	949
PRG	1	KENNEL GATES	06-04-2025	11,500	SL HY	15	767
PRG	1	DRIVEWAY PAVING	05-07-2025	3,300	SL HY	15	220
PRG	1	DOG PLAY YARD	07-30-2025	4,548	SL HY	15	303
PRG	1	KENNEL AC	06-05-2025	76,875	SL HY	15	5,125
PRG	1	THRIFT STORE AC	08-25-2025	6,150	SL HY	15	410
PRG	1	AC UNIT	09-26-2025	3,975	SL HY	15	265
PRG	1	HP LAPTOP	11-29-2024	590	SL HY	5	118
PRG	1	2023 DODGE PROMASTER	07-14-2025	30,334	SL HY	5	6,067
		TOTAL					72,344