Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2023

Open to Public Inspection

A For the 2023 calendar year, or tax year beginning , 2023, and ending , 20

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization: **HUMANE SOCIETY/SPCA OF SUMTER COUNTY INC**
Doing business as: **YOUR HUMANE SOCIETY SPCA**
Number and street (or P.O. box if mail is not delivered to street address): **PO BOX 67**
Room/suite:
City or town, state or province, country, and ZIP or foreign postal code: **LAKE PANASOFFKEE, FL 33538**

D Employer identification number: **59-2999283**

E Telephone number: **(352)793-9117**

G Gross receipts: $ **939,490**

F Name and address of principal officer: **DOUG DURKEE**
SAME AS C ABOVE

H(a) Is this a group return for subordinates? ☐ Yes ☒ No
H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions
H(c) Group exemption number

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: **WWW.HSSPCA.ORG**

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: **1982**

M State of legal domicile: **FL**

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: **YOUR HUMANE SOCIETY SPCA SUPPORTS THE HEALTH AND WELL-BEING OF ANIMALS IN SUMTER COUNTY FL AND EDUCATES AND ASSISTS THE PEOPLE WHO CARE FOR THEM.**

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	5
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	5
5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	24
6	Total number of volunteers (estimate if necessary)	6	150
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	877,964	802,286
9	Program service revenue (Part VIII, line 2g)	97,045	116,231
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,165	14,981
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	980,174	933,498

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	393,915	427,678
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) **0**		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	511,719	475,303
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	905,634	902,981
19	Revenue less expenses. Subtract line 18 from line 12	74,540	30,517

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	984,724	1,021,769
21	Total liabilities (Part X, line 26)	26,438	32,966
22	Net assets or fund balances. Subtract line 21 from line 20	958,286	988,803

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

DOUG DURKEE
Signature of officer — Date

DOUG DURKEE, VICE CHAIRMAN
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Martina C Woerner CPA	Martina C Woerner CPA	07-02-2024		XXXXXXXXX

Firm's name: **Rosen Weissman Gerardo Coberly CPAs** — Firm's EIN:
Firm's address: **3709 W Jetton Ave Suite 203, Tampa FL 33629** — Phone no. **813-288-0434**

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

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2023)

EEA

Client Copy