PUBLIC DISCLOSURE COPY

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Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

AF	or the	e 2023 calendar year, or tax year beginning and	enaing				
<b>3</b> C	heck if oplicabl	C Name of organization		D Employer identifie	cation number		
	Addre						
	Name chang	e Doing business as		91-15268	03		
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number			
	Final return	PO BOX 2293		(425) 48	8-4444		
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	3,119,139.		
	Amen			H(a) Is this a group re			
$\equiv$	Applic			for subordinates			
	⊥tion pendir	SAME AS C ABOVE		H(b) Are all subordinates in	—		
	· 0 V 0 V	empt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) o	or 527	1	list. See instructions		
	Vebsi		01 321	1 ′			
		organization: X Corporation Trust Association Other	I Voor	H(c) Group exemption	1 State of legal domicile: WA		
	rt I	Summary	L Year	or formation. 1990 N	1 State of legal doffliche, WA		
		Briefly describe the organization's mission or most significant activities: TO G	TVE UO	MET.ECC ANTM	\T.Q 7\		
၉		SECOND CHANCE THROUGH RESCUE, SHELTER AND			<u>лр у</u>		
au							
er		Check this box if the organization discontinued its operations or dispos		1 _			
امِ				3	19 19		
8		Number of independent voting members of the governing body (Part VI, line 1b)					
es		Total number of individuals employed in calendar year 2023 (Part V, line 2a)			37		
ξ		Total number of volunteers (estimate if necessary)			687		
Activities & Governance				7a	0.		
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	·····		0.		
				Prior Year	Current Year		
<u>a</u>		Contributions and grants (Part VIII, line 1h)		2,129,638.	2,339,926.		
Revenue		Program service revenue (Part VIII, line 2g)		153,213.	181,517.		
ě		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		27,134.	14,082.		
-	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-135,325.	15,056.		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,174,660.	2,550,581.		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.		
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
တ္က		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,568,315.	1,751,653.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
흸	b	Total fundraising expenses (Part IX, column (D), line 25) 392,88	85.				
ώ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		788,176.	917,719.		
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,356,491.	2,669,372.		
	19	Revenue less expenses. Subtract line 18 from line 12		-181,831.	-118,791.		
Net Assets or Fund Balances			Ве	ginning of Current Year	End of Year		
sets	20	Total assets (Part X, line 16)		3,703,481.	3,625,376.		
ESS BES	21	Total liabilities (Part X, line 26)		1,796,732.	1,713,261.		
		Net assets or fund balances. Subtract line 21 from line 20		1,906,749.	1,912,115.		
	rt II	Signature Block					
		lties of perjury, I declare that I have examined this return, including accompanying schedules			knowledge and belief, it is		
rue,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich preparer	has any knowledge.			
Sigr	1	Signature of officer		Date			
Here	е	NANETTE MCCANN, EXECUTIVE DIRECTOR					
		Type or print name and title					
		Print/Type preparer's name Preparer's signature		Date Check C	PTIN		
Paid		ERIC L. KIMPTON ERIC L. KIMPTON		self-employ			
rep	arer	Firm's name GREENWOOD OHLUND, PS		Firm's EIN 9	1-0873571		
Jse	Only	Firm's address 4241 21ST AVE W SUITE 400					
_		SEATTLE, WA 98199		Phone no. ( 2	06) 782-1767		
Иaу	the II	RS discuss this return with the preparer shown above? See instructions			X Yes No		

Part III	Sta	atement •	of Progran	n Service /	Accomplishments

Гаі	otatement of Frogram betwee Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	TRANSFORMS THE LIVES OF CATS AND DOGS IN NEED THROUGH COMPASSIONATE
	MEDICAL CARE, POSITIVE BEHAVIOR TRAININGS, AND SUCCESSFUL ADOPTIONS,
	WHILE BUILDING A MORE HUMANE COMMUNITY.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code: ) (Expenses \$ 1,478,753. including grants of \$ ) (Revenue \$ 192,419.
	HOMEWARD PET ADOPTION PROGRAM FOUND HOMES FOR 1,500 DOGS, PUPPIES, CATS
	AND KITTENS IN 2023 WITH APPROXIMATELY 75% OF THE ANIMALS COMING FROM
	AREA SHELTERS - HOMEWARD PET IS HELPING TO REDUCE THE EUTHANASIA RATES
	OF THESE ORGANIZATIONS. THE MAJORITY OF THESE ANIMALS WERE STRAYS OR
	ABANDONED AND COME TO HOMEWARD PET WITH NO HISTORY. THE STAFF AND
	VOLUNTEERS HELP TO LEARN MORE ABOUT EACH OF THEM DURING THEIR DAILY
	CARE, WHICH IS HELPFUL WHEN CREATING THEIR PROFILES AND IN FINDING THE
	BEST MATCH FOR THEIR FOREVER HOMES. THE REMAINING 25% COME FROM OWNER
	SURRENDERS - FAMILIES WHO DETERMINE THEY CAN NO LONGER CARE FOR THEIR
	PETS. THESE PETS COME WITH A FULL HISTORY MAKING THE MATCH TO A NEW
	FOREVER HOME MUCH EASIER. ALL OF THE DOGS AND CATS THAT COME TO
	HOMEWARD PET RECEIVE A COMPLETE MEDICAL EXAM, ARE SPAYED OR NEUTERED,
4b	(Code:) (Expenses \$ 175 , 506 • including grants of \$ 0 •) (Revenue \$ 0
	BEHAVIOR PROGRAM: OUR BEHAVIOR AND ENRICHMENT PROGRAMS ARE OVERSEEN BY
	OUR BEHAVIOR PROGRAM MANAGER, A CERTIFIED PROFESSIONAL DOG TRAINER AND
	BEHAVIOR CONSULTANT. WHILE AT HOMEWARD PET, EACH DOG AND CAT IS
	ASSESSED AS AN INDIVIDUAL AND PROVIDED THE BEHAVIORAL SUPPORT NEEDED TO
	ENSURE THEIR STAY AT THE SHELTER IS AS ENRICHING AND STRESS-FREE AS
	POSSIBLE. EACH PET IS PROVIDED DAILY EXERCISE, SOCIALIZATION,
	ENRICHMENT, AND BEHAVIOR MODIFICATION AS NEEDED. FREE INTRODUCTORY
	TRAINING CLASS WITH GOODPUP (PLUS AN EXCLUSIVE LIFETIME
	DISCOUNT) ARE INCLUDED WITH EVERY DOG AND PUPPY ADOPTION. IN 2023 OUR
	BEHAVIOR TEAM SUPPORTED OVER 400 FAMILIES WITH PET BEHAVIOR ISSUES.
4c	(Code:) (Expenses \$ 59,868 • including grants of \$ 0 • ) (Revenue \$ 4,154 •
	HOMEWARD PET'S PUBLIC LOW COST SPAY & NEUTER PROGRAM WAS CREATED TO
	HELP WITH THE PET OVERPOPULATION WITHIN OUR COMMUNITY AND SUPPORTS THE
	PETS OF REDUCED INCOME FAMILIES. THOUGH OUR CLINIC SPACE LIMITS THE
	NUMBER OF DOGS AND CATS WE CAN HELP EACH MONTH THE HOMEWARD PET PUBLIC
	SPAY & NEUTER PROGRAM ALTERED 372 FAMILY PETS IN 2023.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 132,908 • including grants of \$ 0 • ) (Revenue \$ 0 • )
4e	Total program service expenses 1,847,035.
	- 000

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# Form 990 (2023) HOMEWARD PET ADOPTION CENTER Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		37	
	If "Yes," complete Schedule A	1	X	_
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			,,
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			l
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			l
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			l
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			l
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			,,,
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in		v	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			, v
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		v	
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	40.		<sub>~</sub>
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
O	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	14b		x
15	or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		25
13	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		<del> </del>
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	_ <del>.,</del> _		<u> </u>
	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u></u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x

Form 990 (2023) HOMEWARD PET ADOPTION CENTER
Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			۱
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			₩.
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
_	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	200		X
<b>L</b>	"Yes," complete Schedule L, Part IV	28a 28b		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	200		
C	•	28c		x
29	"Yes," complete Schedule L, Part IV  Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive more than \$25,000 in norcash contributions: If Yes, complete schedule in	25		
00	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		
-	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	L	Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
_	Note: All Form 990 filers are required to complete Schedule O	38	X	
Par				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	 T	$\Box$
	1 1		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	-		
b				
С			77	
	(gambling) winnings to prize winners?	1c	X	Щ_

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023) HOMEWARD PET ADOPTION CENTER

Statements Regarding Other IRS Filings and Tax Compliance (continued) Form 990 (2023) **Part V** Sta

				Yes	No
<b>2</b> a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	27			
	filed for the calendar year ending with or within the year covered by this return	2a 37		37	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ıs?	2b	X	37
3a			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		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a		_		₹.
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a		Х
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 Ad	·			v
5a		O	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction for the line for a first line for a prohibited tax shelter transaction for the line for a first line for a prohibited tax shelter transaction for the line for the lin		5b		
_	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a			6-		х
<b>L</b>	any contributions that were not tax deductible as charitable contributions?		6a		
D	If "Yes," did the organization include with every solicitation an express statement that such contribution were not tax deductible?	•	6b		
7	Organizations that may receive deductible contributions under section 170(c).		db		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a	х	
a b		provided to the payor:	7b	X	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		75		
·	to file Form 8282?	•	7c		Х
ч	If "Yes," indicate the number of Forms 8282 filed during the year	7d	70		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or	•	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		X
g g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained				
	sponsoring organization have excess business holdings at any time during the year?	-,	8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the arranging against in making making and to the distributions and a continue 40000		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
а	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			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		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.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
_	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.				
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			
	Enter the amount of reserves on hand	13c	44-		v
			14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul is the explanation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner		15		х
	excess parachute payment(s) during the year?		15		
16	If "Yes," see the instructions and file Form 4720, Schedule N.	income?	16		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment If "Yes," complete Form 4720, Schedule O.	IIIOOIII6!	16		-22
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any act	ivities			
••	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Ves " complete Form 6060		- ' '		

Form 990 (2023) HOMEWARD PET ADOPTION CENTER 91-1526803 Page
Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response Page 6 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
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 19			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
-	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
h	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
3	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	(This Section B requests information about policies not required by the internal nevenue code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	103	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		
-	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
_	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent	17		
.0	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	.55		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NONE			
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)	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.	•		
	X Own website 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	financ	cial	
=	statements available to the public during the tax year.	11		
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	NANETTE MCCANN - 425-488-4444			
	13132 NE 177TH PLACE , WOODINVILLE, WA 98072			

# 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.

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

- 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.

(A)	(B)			((	<del></del>			(D)	(E)	(F)
Name and title	Average	(do		Pos		<b>)</b> than (	one	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	son i	s both	n an	compensation	compensation	amount of
	week		cer an	la a a	recto	r/trus	tee)	from	from related	other
	(list any	irecto						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	truste	al trus		yee	mper		1099-NEC)	1000 (420)	and related
	below	Individual trustee or director	Institutional trustee	la e	Key employee	Highest compensated employee	er	<u> </u>		organizations
	line)	Indiv	Instit	Officer	Key 6	High	Former			
(1) NANETTE MCCANN	40.00									
EXECUTIVE DIRECTOR				Х				116,002.	0.	3,998.
(2) LAURIE ANDERSON, CPA	1.00									
PRESIDENT		Х		Х				0.	0.	0.
(3) KIMBERLY SCOTT	1.00									
PAST PRESIDENT		Х		Х				0.	0.	0.
(4) GRACE CHU, CPA	1.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(5) VICTORIA MABUS	3.00									
TREASURER		Х		Х				0.	0.	0.
(6) SHANNON KILPATRICK, JD	1.00									
SECRETARY		Х		Х				0.	0.	0.
(7) BRIE ANDRESEN	1.00									
DIRECTOR		Х						0.	0.	0.
(8) LISA APPLEGATE	1.00									
DIRECTOR		Х						0.	0.	0.
(9) DIANNE BELL	1.00									
DIRECTOR		Х						0.	0.	0.
(10) MARIKA BELL	1.00									
DIRECTOR		Х						0.	0.	0.
(11) PETER BERGLER	3.00									
DIRECTOR		Х						0.	0.	0.
(12) CHRIS CAZARES	1.00								_	_
DIRECTOR		Х						0.	0.	0.
(13) KELLI CURTIS	1.00								_	_
DIRECTOR		Х						0.	0.	0.
(14) SHELI HADARI	1.00								_	_
DIRECTOR		Х						0.	0.	0.
(15) TRACEY HARBINSON, DVM	1.00									_
DIRECTOR		Х						0.	0.	0.
(16) GLEN HOAGLAND	1.00							_		_
DIRECTOR	1 00	Х						0.	0.	0.
(17) MALAVIKA JAGANNATHAN	1.00	<u></u>								_
DIRECTOR		X						0.	0.	<u> </u>

332007 12-21-23 Form **990** (2023)

(A)			,			11001		ompensated Employee		$\neg$		<b>/</b> E\	
` '	(B) Average			( <b>C</b> ) Posit	•			(D)	(E)		_	(F)	-1
Name and title	hours per		not ch	neck m	ore t			Reportable compensation	Reportable compensation	,		stimate nount (	
	week			s pers d a dire				from	from related	- 1	aı	other	OI .
	(list any	tor						the	organizations		con	npensa	tion
	hours for	Individual trustee or director				D.		organization	(W-2/1099-MIS			rom the	
	related	ee or	stee		ľ	nsate		(W-2/1099-MISC/	1099-NEC)			janizati	
	organizations	trust	Institutional trustee		)yee	Highest compensated employee		1099-NEC)			an	d relate	ed
	below	vidual	tution	je l	Key employee	nest c loyee	ner				org	anizatio	ons
	line)	lndi	Inst	Officer	X ey	High	윤						
(18) AMIR REZAI, CPA	1.00												
DIRECTOR		Х						0.		0.			0.
(19) ROBERT RICCIARDELLI	1.00												
DIRECTOR		Х						0.		0.			0.
(20) SAMANTHA ROBERTSON	3.00												
DIRECTOR		Х						0.		0.			0.
					一								
		1											
-					寸					$\neg$			
					$\dashv$					$\dashv$			
		1											
				_	-					-+			
		1											
					$\dashv$					-			
		-											
								116 000		$\overline{}$		2 0/	2.0
1b Subtotal								116,002.		0.		3,99	
c Total from continuation sheets to Pa	art VII, Section A							0.		0.			0.
d Total (add lines 1b and 1c)								116,002.		0.		3,99	98.
2 Total number of individuals (including	but not limited to th	ose	liste	d abo	ove)	who	re	ceived more than \$100,0	000 of reportable				_
compensation from the organization													1
										,		Yes	No
3 Did the organization list any former of	fficer, director, trust	ee, k	ey e	mplo	yee	, or l	nigl	hest compensated empl	oyee on				
line 1a? If "Yes," complete Schedule J													
n 100, complete concade c	for such individual										3		<u> </u>
4 For any individual listed on line 1a, is t	he sum of reportab	le co	mpe	nsati	ion a	and (	oth	er compensation from th	e organization		3		
4 For any individual listed on line 1a, is t	he sum of reportab	le co	mpe	nsati	ion a	and (	oth	er compensation from th	e organization		3		X
•	the sum of reportable \$150,000? If "Yes,	le co " co	mpe mple	nsati ete So	ion a	and o	oth J fo	er compensation from thor such individual	e organization				
<ul> <li>4 For any individual listed on line 1a, is tand related organizations greater than</li> <li>5 Did any person listed on line 1a receiv</li> </ul>	the sum of reportable \$150,000? If "Yes, the or accrue comper	le co " co nsatio	mpe <i>mple</i> on fr	nsati ete So om a	ion a chea iny i	and d dule unrel	oth <i>J fo</i> ate	er compensation from the compensation from the compensation or such individual	e organization				
4 For any individual listed on line 1a, is t and related organizations greater than	the sum of reportable \$150,000? If "Yes, the or accrue comper	le co " co nsatio	mpe <i>mple</i> on fr	nsati ete So om a	ion a chea iny i	and d dule unrel	oth <i>J fo</i> ate	er compensation from the compensation from the compensation or such individual	e organization		4		Х
<ul> <li>4 For any individual listed on line 1a, is the and related organizations greater than</li> <li>5 Did any person listed on line 1a received rendered to the organization? If "Yes."</li> </ul>	the sum of reportable \$150,000? If "Yes, the or accrue compered complete Schedule 15 the sum of the	le co " <i>co</i> nsatio	mple mple on fr	nsati ete So om a ech pe	ion a ched iny u erso	and dule unrel	oth J fo ate	er compensation from the compensation from the compensation or individual	e organization ual for services		5	om	Х
<ul> <li>For any individual listed on line 1a, is to and related organizations greater than</li> <li>Did any person listed on line 1a receiv rendered to the organization? <i>If</i> "Yes.</li> <li>Section B. Independent Contractors</li> </ul>	the sum of reportable \$150,000? If "Yes, e or accrue compere" complete Schedule est compensated inc	le co " co nsatio e <i>J fo</i> deper	mple on fr or su	nsati ete So om a ech po nt cor	ion a ched iny u erso ntrad	and odule unrel on	J for ate	er compensation from the compensation from the compensation or individual at received more than \$	e organization ual for services	  ensat	5	om	Х
<ul> <li>For any individual listed on line 1a, is to and related organizations greater than</li> <li>Did any person listed on line 1a received rendered to the organization? If "Yes.</li> <li>Section B. Independent Contractors</li> <li>Complete this table for your five higher</li> </ul>	the sum of reportable \$150,000? If "Yes, the or accrue compered complete Schedule set compensated incomplete calendary.	le co " co nsatio e <i>J fo</i> deper	mple on fr or su	nsati ete So om a ech po nt cor	ion a ched iny u erso ntrad	and odule unrel on	J for ate	er compensation from the compensation from the compensation or individual at received more than \$	e organization ual for services	  ensat	4 5 tion fr		Х
<ul> <li>For any individual listed on line 1a, is the and related organizations greater than 5 Did any person listed on line 1a received rendered to the organization? If "Yes.</li> <li>Section B. Independent Contractors</li> <li>Complete this table for your five higher the organization. Report compensation</li> </ul>	the sum of reportable \$150,000? If "Yes, the or accrue compered complete Schedule st compensated incomplete calendar years."	le co " consation e J for dependence	mple on fr or su	nsati ete So om a ch po nt cor g wit	ion a ched iny u erso ntrad	and odule unrel on	J for ate	er compensation from the compensation from the compensation or such individual	e organization ual for services 100,000 of comp		4 5 tion fr	om C)	X
<ul> <li>For any individual listed on line 1a, is the and related organizations greater than 5 Did any person listed on line 1a received rendered to the organization? If "Yes.</li> <li>Section B. Independent Contractors</li> <li>Complete this table for your five higher the organization. Report compensation (A)</li> </ul>	the sum of reportable \$150,000? If "Yes, the or accrue compered complete Schedule st compensated incomplete calendar years."	le co " consation e J for dependence	mpe mple on fr or su nder	nsati ete So om a ch po nt cor g wit	ion a ched iny u erso ntrad	and odule unrel on	J for ate	er compensation from the cr such individual	e organization ual for services 100,000 of comp		4 5 tion fr	C)	X
<ul> <li>For any individual listed on line 1a, is the and related organizations greater than 5 Did any person listed on line 1a received rendered to the organization? If "Yes.</li> <li>Section B. Independent Contractors</li> <li>Complete this table for your five higher the organization. Report compensation (A)</li> </ul>	the sum of reportable \$150,000? If "Yes, the or accrue compered complete Schedule st compensated incomplete calendar years."	le co " consation e J for dependence	mpe mple on fr or su nder	nsati ete So om a ch po nt cor g wit	ion a ched iny u erso ntrad	and odule unrel on	J for ate	er compensation from the cr such individual	e organization ual for services 100,000 of comp		4 5 tion fr	C)	X
<ul> <li>For any individual listed on line 1a, is the and related organizations greater than</li> <li>Did any person listed on line 1a received rendered to the organization? If "Yes.</li> <li>Section B. Independent Contractors</li> <li>Complete this table for your five higher the organization. Report compensation (A</li> </ul>	the sum of reportable \$150,000? If "Yes, the or accrue compered complete Schedule st compensated incomplete calendar years."	le co " consation e J for dependence	mpe mple on fr or su nder	nsati ete So om a ch po nt cor g wit	ion a ched iny u erso ntrad	and odule unrel on	J for ate	er compensation from the cr such individual	e organization ual for services 100,000 of comp		4 5 tion fr	C)	X
<ul> <li>For any individual listed on line 1a, is the and related organizations greater than</li> <li>Did any person listed on line 1a received rendered to the organization? If "Yes.</li> <li>Section B. Independent Contractors</li> <li>Complete this table for your five higher the organization. Report compensation (A</li> </ul>	the sum of reportable \$150,000? If "Yes, the or accrue compered complete Schedule st compensated incomplete calendar years."	le co " consation e J for dependence	mpe mple on fr or su nder	nsati ete So om a ch po nt cor g wit	ion a ched iny u erso ntrad	and odule unrel on	J for ate	er compensation from the cr such individual	e organization ual for services 100,000 of comp		4 5 tion fr	C)	X
<ul> <li>For any individual listed on line 1a, is the and related organizations greater than</li> <li>Did any person listed on line 1a received rendered to the organization? If "Yes.</li> <li>Section B. Independent Contractors</li> <li>Complete this table for your five higher the organization. Report compensation (A</li> </ul>	the sum of reportable \$150,000? If "Yes, the or accrue compered complete Schedule st compensated incomplete calendar years."	le co " consation e J for dependence	mpe mple on fr or su nder	nsati ete So om a ch po nt cor g wit	ion a ched iny u erso ntrad	and odule unrel on	J for ate	er compensation from the cr such individual	e organization ual for services 100,000 of comp		4 5 tion fr	C)	X
<ul> <li>For any individual listed on line 1a, is the and related organizations greater than</li> <li>Did any person listed on line 1a received rendered to the organization? If "Yes.</li> <li>Section B. Independent Contractors</li> <li>Complete this table for your five higher the organization. Report compensation (A</li> </ul>	the sum of reportable \$150,000? If "Yes, the or accrue compered complete Schedule st compensated incomplete calendar years."	le co " consation e J for dependence	mpe mple on fr or su nder	nsati ete So om a ch po nt cor g wit	ion a chec iny u erso ntrac	and odule unrel on	J for ate	er compensation from the cr such individual	e organization ual for services 100,000 of comp		4 5 tion fr	C)	X
<ul> <li>For any individual listed on line 1a, is the and related organizations greater than</li> <li>Did any person listed on line 1a received rendered to the organization? If "Yes.</li> <li>Section B. Independent Contractors</li> <li>Complete this table for your five higher the organization. Report compensation (A</li> </ul>	the sum of reportable \$150,000? If "Yes, the or accrue compered complete Schedule st compensated incomplete calendar years."	le co " consation e J for dependence	mpe mple on fr or su nder	nsati ete So om a ch po nt cor g wit	ion a chec iny u erso ntrac	and odule unrel on	J for ate	er compensation from the cr such individual	e organization ual for services 100,000 of comp		4 5 tion fr	C)	X
<ul> <li>For any individual listed on line 1a, is the and related organizations greater than</li> <li>Did any person listed on line 1a received rendered to the organization? If "Yes.</li> <li>Section B. Independent Contractors</li> <li>Complete this table for your five higher the organization. Report compensation (A</li> </ul>	the sum of reportable \$150,000? If "Yes, the or accrue compered complete Schedule st compensated incomplete calendar years."	le co " consation e J for dependence	mpe mple on fr or su nder	nsati ete So om a ch po nt cor g wit	ion a chec iny u erso ntrac	and odule unrel on	J for ate	er compensation from the cr such individual	e organization ual for services 100,000 of comp		4 5 tion fr	C)	X
<ul> <li>For any individual listed on line 1a, is the and related organizations greater than 5 Did any person listed on line 1a received rendered to the organization? If "Yes.</li> <li>Section B. Independent Contractors</li> <li>Complete this table for your five higher the organization. Report compensation (A)</li> </ul>	the sum of reportable \$150,000? If "Yes, the or accrue compered complete Schedule st compensated incomplete calendar years."	le co " consation e J for dependence	mpe mple on fr or su nder	nsati ete So om a ch po nt cor g wit	ion a chec iny u erso ntrac	and odule unrel on	J for ate	er compensation from the properties of such individual	e organization ual for services 100,000 of comp		4 5 tion fr	C)	X
<ul> <li>For any individual listed on line 1a, is the and related organizations greater than</li> <li>Did any person listed on line 1a received rendered to the organization? If "Yes.</li> <li>Section B. Independent Contractors</li> <li>Complete this table for your five higher the organization. Report compensation (A</li> </ul>	the sum of reportable \$150,000? If "Yes, the or accrue compered complete Schedule st compensated incomplete calendar years."	le co " consation e J for dependence	mpe mple on fr or su nder	nsati ete So om a ch po nt cor g wit	ion a chec iny u erso ntrac	and odule unrel on	J for ate	er compensation from the properties of such individual	e organization ual for services 100,000 of comp		4 5 tion fr	C)	X
<ul> <li>For any individual listed on line 1a, is the and related organizations greater than 5 Did any person listed on line 1a received rendered to the organization? If "Yes.</li> <li>Section B. Independent Contractors</li> <li>Complete this table for your five higher the organization. Report compensation (A</li> </ul>	the sum of reportable \$150,000? If "Yes, the or accrue comperer complete Schedule ast compensated incomplete to the calendar years address address."	le co	mpe mple on fr or su nder endin	nsati	ntracth or	and dule unrel	oth other	er compensation from the property such individual	e organization  ual for services  100,000 of complar.  ervices		4 5 tion fr	C)	X

91-1526803

		Check if Schedule O contains a response or not	e to any lin	e in this Part VIII			
		Check if Correduce of Correlating a response of flot	C to arry iii i	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded
					function revenue	business revenue	from tax under
							sections 512 - 514
nts tts	1 a	Federated campaigns1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues <b>1b</b>					
ğ,	С	Fundraising events 1c 292	468.				
if i	d	Related organizations 1d					
nig.	е	Government grants (contributions) 1e					
Sig	f	All other contributions, gifts, grants, and					
uti je	•		,458.				
ë₽			,014.				
ont	9	<del></del>		220 026			
O g	h	Total. Add lines 1a-1f		2,339,926.			
			ness Code	4	1 11		
e	2 a		0099	177,363.	177,363.		
ξ	b	LOW COST SPAY & NEUTER 90	0099	4,154.	4,154.		
Se	С						
E S	d						
ge	_						
Program Service Revenue	_	All other program contine revenue					
_		All other program service revenue		181,517.			
$\rightarrow$		Total. Add lines 2a-2f		101,317.			
	3	Investment income (including dividends, interest, an		25 701			25 701
		other similar amounts)		35,781.			35,781.
	4	Income from investment of tax-exempt bond proceed	ds				
	5	Royalties					
		(i) Real (ii) I	Personal				
	6 a	Gross rents 6a					
		Less: rental expenses 6b					
		Rental income or (loss) 6c					
		, , , , , , , , , , , , , , , , , , , ,					
		Net rental income or (loss)	i\ O+box				
	7 a	4.4.7.4.7.4	i) Other				
		assets other than inventory 7a 447,171.					
	b	Less: cost or other basis					
ne		and sales expenses 76 468,870.					
Revenue	С	Gain or (loss) 7c - 21, 699.					
Зе,		Net gain or (loss)		-21,699.			-21,699.
ē		Gross income from fundraising events (not					-
G.	-	including \$ 292,468 of					
١		contributions reported on line 1c). See					
			,814.				
			,814.	0			
		Net income or (loss) from fundraising events		0.			
	9 a	Gross income from gaming activities. See					
		Part IV, line 199a					
	b	Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
		Gross sales of inventory, less returns					
		, , , , , , , , , , , , , , , , , , ,	,930.				
	L		,874.				
		•	.,0/4•	15 056	15 056		
	С	Net income or (loss) from sales of inventory	······	15,056.	15,056.		
ဟ		Busin	ness Code				
o o	11 a						
ane	b						
Miscellaneous Revenue	С						
isc B	d	All other revenue					
Σ	e	Total. Add lines 11a-11d					
	12	Total revenue See instructions		2.550.581.	196 573.	0.	14 082

91-1526803

# 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).

secti	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon		-	ipiete columni (A).	
	not include amounts reported on lines 6b,		(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
3	•	120,000.	38,667.	42,666.	38,667.
_	trustees, and key employees	120,000.	30,007.	42,000	30,007.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	1 204 000	1 000 500	110 000	020 500
7	Other salaries and wages	1,384,908.	1,033,508.	118,808.	232,592.
8	Pension plan accruals and contributions (include	2.5.5.5			
	section 401(k) and 403(b) employer contributions)	26,636.		26,636.	
9	Other employee benefits	76,900.	56,305.	7,924.	12,671.
10	Payroll taxes	143,209.	104,855.	14,756.	23,598.
11	Fees for services (nonemployees):				
а	Management	11,359.	1,796.	9,563.	
b	Legal	300.		300.	
С	Accounting	61,506.		61,506.	
	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	9,999.		9,999.	
	Other. (If line 11g amount exceeds 10% of line 25,	7,555		7,000	
9	column (A), amount, list line 11g expenses on Sch 0.)	5,982.		4,340.	1.642.
12	Advertising and promotion	12,670.	8,120.	2,900.	1,642. 1,650.
		103,367.	22,557.	55,171.	25,639.
13	Office expenses	36,263.	16,390.	12,153.	7,720.
14	Information technology	30,203.	10,390.	12,133.	1,120•
15	Royalties	309,711.	247 005	20 062	20 062
16	Occupancy		247,985.	30,863.	30,863.
17	Travel	21,186.	3,625.	16,354.	1,207.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	44 040		+	40 400
19	Conferences, conventions, and meetings	11,013.	532.	75.	10,406.
20	Interest				
21	Payments to affiliates	_			
22	Depreciation, depletion, and amortization	46,463.	37,171.	4,646.	4,646.
23	Insurance	22,866.	12,649.	8,685.	1,532.
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)				
а	ANIMAL CARE	262,020.	262,002.	18.	0.
b	MISCELLANEOUS	3,014.	873.	2,089.	52.
c		,		<i>'</i>	
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	2,669,372.	1,847,035.	429,452.	392,885.
26	Joint costs. Complete this line only if the organization	, : : : , • : = •	, : = : , ; ; ; ;	== , === -	,
_5	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	II TO II OWING SOF 30-2 (MSO 300-120)				Form <b>990</b> (2022)

Form 990 (2023)

Part X | Balance Sheet

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or no	ote to any l	ine in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	429,753.	1	266,506.		
	2	Savings and temporary cash investments			457,654.	2	115,023.
	3	Pledges and grants receivable, net			10,344.	3	6,940.
	4	Accounts receivable, net			6,452.	4	7,500.
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub					
		controlled entity or family member of any of the				5	
	6	Loans and other receivables from other disqua	lified perso				
		under section 4958(f)(1)), and persons describe	ed in sectio	on 4958(c)(3)(B)		6	
S	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			48,289.	8	47,244. 27,254.
As	9				31,634.	9	27,254.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	616,937.			
	b	Less: accumulated depreciation	10b	424,549.	138,927.	10c	192,388.
	11	Investments - publicly traded securities			959,870.	11	1,509,452.
	12	Investments - other securities. See Part IV, line			12		
	13	Investments - program-related. See Part IV, line	e 11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			1,620,558.	15	1,453,069.
	16	Total assets. Add lines 1 through 15 (must eq	ual line 33)		3,703,481.	16	3,625,376.
	17	Accounts payable and accrued expenses			144,349.	17	156,765.
	18	Grants payable				18	1 222
	19	Deferred revenue				19	1,000.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
es	22	Loans and other payables to any current or for					
Liabilities		trustee, key employee, creator or founder, sub					
ja b		controlled entity or family member of any of the	-			22	
_	23	Secured mortgages and notes payable to unre				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, p					
		parties, and other liabilities not included on line	-		1 650 202		1 555 406
		of Schedule D			1,652,383. 1,796,732.	25	1,555,496. 1,713,261.
	26	Total liabilities. Add lines 17 through 25		X	1,790,732.	26	1,713,201.
ģ		Organizations that follow FASB ASC 958, ch	leck nere				
nce	0.7	and complete lines 27, 28, 32, and 33.			1,594,570.	07	1,675,521.
<u>a</u>	27				312,179.	27 28	236,594.
В В	28	Organizations that do not follow FASB ASC		k boro	312,170	20	230,374.
Ë		and complete lines 29 through 33.	956, Chec	k nere			
Þ	20		•			29	
əts	29	Capital stock or trust principal, or current fund Paid-in or capital surplus, or land, building, or each capital surplus, or land, building, building, building, or land, building, b				30	
1556	30 31	Retained earnings, endowment, accumulated in				31	
Net Assets or Fund Balances	32				1,906,749.	32	1,912,115.
Ž	33				3,703,481.	33	3,625,376.
	აა	rotal liabilities and het assets/fund balances			3,703,401.	აა	3,023,370.

Pa	rt XI │ Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,55		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,66		
3	Revenue less expenses. Subtract line 2 from line 1	3	-11	8,7	91.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,90	6,7	49.
5	Net unrealized gains (losses) on investments	5	12	4,1	57.
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	1,91	2,1	15.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	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:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.			
За	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?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>			
			Form	990	(2023)

#### **SCHEDULE A**

(Form 990)

<u>Total</u>

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.

**ZUZ**J

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

		HOME	MYKD LEI VI	DOBLION CENT	ir.		)	1-1320003
Pa	ırt I	Reason for Public (	Charity Status.	All organizations must c	omplete th	nis part.) S	ee instructions.	
The	organ	nization is not a private found	ation because it is: (F	or lines 1 through 12, cl	neck only	one box.)		
1		A church, convention of ch	urches, or associatio	n of churches described	in <b>sectio</b>	n 170(b)(1	)(A)(i).	
2		A school described in sect	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Form	າ 990).)			
3		A hospital or a cooperative				(b)(1)(A)(ii	i).	
4		A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	, <b>n 170(b)(1)(A)(iii).</b> Enter	the hospital's name,
		city, and state:	·				X X X X Y	,
5		An organization operated for	or the benefit of a col	lege or university owned	or operat	ed by a go	vernmental unit describe	ed in
_		section 170(b)(1)(A)(iv). (0		,		, 5		
6		A federal, state, or local go	· · · · · · · · · · · · · · · · · · ·	ental unit described in	section 17	70/h)/1)/Δ)/	(v)	
	X	An organization that norma	•				• •	aublic described in
′	21	•	•	iliai part of its support if	on a gove	en in icina i	unit or norm the general p	Jublic described in
_		section 170(b)(1)(A)(vi). (C	-	4VAV-1\ (Olate Davi				
8	Н	A community trust describe			•			
9	Ш	An agricultural research org				-	-	-
		or university or a non-land-o	grant college of agric	ulture (see instructions).	Enter the i	name, city,	, and state of the college	or
		university:						
10		An organization that norma	lly receives (1) more	than 33 1/3% of its supp	ort from c	ontribution	is, membership fees, and	d gross receipts from
		activities related to its exen	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its support f	rom gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	m busines	ses acquir	red by the organization a	after June 30, 1975.
		See section 509(a)(2). (Co	mplete Part III.)					
11		An organization organized a	and operated exclusi	vely to test for public sat	ety. See	section 50	9(a)(4).	
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	he functior	ns of, or to carry out the	purposes of one or
		more publicly supported or	ganizations describe	d in <b>section 509(a)(1)</b> o	r <b>section</b> :	509(a)(2).	See <b>section 509(a)(3).</b> (	Check the box on
		lines 12a through 12d that	-					
а		Type I. A supporting orga	* *					aivina
		the supported organization	· · · · · · · · · · · · · · · · · · ·		•	_		
		organization. You must o			majority c		1010 01 11401000 01 1110 00	apporting
b		Type II. A supporting org	· · · · · · · · · · · · · · · ·		ion with it	e cupporto	d organization(s), by bay	ina
U	,		•					-
		control or management o			arrie perso	iis iiiai coi	ittoi or manage the supp	Jortea
		organization(s). You mus	-				and formation all a last annual a	at 201-
С	: L		-				• •	ed With,
	. —	its supported organization						
d	I							* *
		that is not functionally int		• •	•			/eness
		requirement (see instructi	•					
е		Check this box if the orga	anization received a v	vritten determination from	m the IRS	that it is a	Type I, Type II, Type III	
		functionally integrated, or	Type III non-function	nally integrated supporting	ng organiz	ation.		
f		er the number of supported o	•					
g		vide the following information			(i) In the area	aiastiaa listad		
	(	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	nization listed ng document?	(v) Amount of monetary	(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)

332021 12-21-23

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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1732073.	2069654.	2438271.	2129638.	2339926.	10709562.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1732073.	2069654.	2438271.	2129638.	2339926.	10709562.
	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)						1189493.
6	Public support. Subtract line 5 from line 4.						9520069.
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	1732073.	2069654.	2438271.	2129638.		10709562.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	20,913.	59,836.	22,229.	27,353.	35,781.	166,112.
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.)			1,105.	683.		1,788.
11	<b>Total support.</b> Add lines 7 through 10						10877462.
	Gross receipts from related activities,	etc. (see instruction	ns)			12	914,449.
13	First 5 years. If the Form 990 is for th	ne organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3)	
	organization, check this box and stop						
Sec	tion C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2023 (I	ine 6, column (f), di	vided by line 11, c	olumn (f))		14	87.52 %
15	Public support percentage from 2022	Schedule A, Part I	I, line 14			15	94.48 %
16a	33 1/3% support test - 2023. If the d	organization did no	t check the box or	n line 13, and line 1	4 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies	as a publicly suppo	orted organization				X
b	33 1/3% support test - 2022. If the o	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual						
17a	a 10% -facts-and-circumstances test - 2023. 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 fact	s-and-circumstance	es test, check this	box and stop her	<b>e.</b> Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	~		*			
b	10% -facts-and-circumstances test	- 2022. If the orga	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circum	stances test, chec	ck this box and st	<b>op here.</b> Explain ir	Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	lifies as a publicly	supported organiz	ation	
18	Private foundation. If the organization	n did not check a b	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar	nd see instructions	:L

## 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.)

Se	ction A. Public Support		,				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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						
(	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support		1	T	_		
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	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.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	-			•		
0-	check this box and stop here						
	ction C. Computation of Publi			. (5)		T T	
	Public support percentage for 2023 (I	, (,,		(//		15	%
	Public support percentage from 2022 ction D. Computation of Inves					16	%
				10 l (f)		47	
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from					18	%
198	33 1/3% support tests - 2023. If the						
	more than 33 1/3%, check this box ar						
k	33 1/3% support tests - 2022. If the						
00	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	in ala not check a	box on line 14, 19a	a, or 190, check th	iis box and see ins	Tructions	

#### Part IV Supporting Organizations

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

## Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a		
Ole		
3b		
3c		
4a		
4b		
4c		
5a		
<b>5</b> 1-		
5b 5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b	- 000	0000
le A (Forr	n 990)	2023

Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
		son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c be	elow, the governing body of a supported organization?	11a		
b	A fami	ily member of a person described on line 11a above?	11b		
		6 controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		in Part VI.	11c		
Sect	ion E	3. Type I Supporting Organizations			
				Yes	No
1	Did th	e governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		ors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
		ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
		orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did th	e organization operate for the benefit of any supported organization other than the supported			
	organi	ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part V	// how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		vised, or controlled the supporting organization.	2		
Sect	ion C	C. Type II Supporting Organizations			
				Yes	No
1	Were a	a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trus	stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or mai	nagement of the supporting organization was vested in the same persons that controlled or managed			
	the su	pported organization(s).	1		
Sect	ion D	D. All Type III Supporting Organizations			
				Yes	No
1	Did th	e organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organi	ization'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			
	organi	ization'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			
	organi	ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	,	ganization maintained a close and continuous working relationship with the supported organization(s).	2		
	•	ason of the relationship described on line 2, above, did the organization's supported organizations have a			
	-	cant voice in the organization's investment policies and in directing the use of the organization's			
		ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
C 1	suppo	orted organizations played in this regard.	3		
Sect	ion E	E. Type III Functionally Integrated Supporting Organizations			
		k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see institution of the control	struction		·
		ties Test. Answer lines 2a and 2b below.		Yes	No
		ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
		upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		supported organizations and explain how these activities directly furthered their exempt purposes,			
		he organization was responsive to those supported organizations, and how the organization determined	0-		
		nese activities constituted substantially all of its activities.	2a		
		e activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
		r more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		11 the reasons for the organization's position that its supported organization(s) would have engaged in	OL.		
		activities but for the organization's involvement.	2b		
		t of Supported Organizations. Answer lines 3a and 3b below.			
		e organization have the power to regularly appoint or elect a majority of the officers, directors, or	0-		
		es of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI.</b>	3a		
Ŋ	טוט נוז	e organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	ov. 20, 1970 ( <i>explain in</i>	Part VI). See instructions
	All other Type III non-functionally integrated supporting organizations mu		•	T
Sect	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
_5_	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
_7_	Other expenses (see instructions)	7		
_8_	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	on 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		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6_	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
_8_	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
_3_	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrated	d Type III supporting orga	anization (see

Schedule A (Form 990) 2023

instructions).

**c** From 2020 **d** From 2021 e From 2022

line 7:

and 4c. 8 Breakdown of line 7: a Excess from 2019 **b** Excess from 2020 c Excess from 2021 d Excess from 2022 e Excess from 2023

f Total of lines 3a through 3e

Part VI. See instructions.

**g** Applied to underdistributions of prior years h Applied to 2023 distributable amount

a Applied to underdistributions of prior years **b** Applied to 2023 distributable amount

**c** Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2023, if

than zero, explain in Part VI. See instructions. 6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in

7 Excess distributions carryover to 2024. Add lines 3j

any. Subtract lines 3g and 4a from line 2. For result greater

4 Distributions for 2023 from Section D,

i Carryover from 2018 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.

Scho	edule A (Form 990) 2023 HOMEWARD PET	ADOPTION CENTER	2	9	1-1526803 Page 7
	rt V Type III Non-Functionally Integrated 509				1 1310003 Tage 7
Sect	ion D - Distributions	. , , , , , , , ,	(OOTHERT)		Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exempt				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations		3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pri	ovide 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				
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2023	ıs	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
h	From 2010				

Schedule A (Form 990) 2023

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
SCHEDU	JLE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:
OTHER	INCOME
REBATI	<b>I</b> S

Schedule A (Form 990) 2023

# Schedule B

(Form 990)

Attach to Form 990, 990-EZ, or 990-PF. Department of the Treasury Internal Revenue Service

OMB No. 1545-0047

Schedule B (Form 990) (2023)

Name of the organization

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

**Schedule of Contributors** 

Employer identification number

H	OMEWARD PET ADOPTION CENTER	91-1526803					
Organization type (check	one):						
Filers of:	Section:						
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization						
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation						
	527 political organization						
Form 990-PF	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation						
• •	is covered by the <b>General Rule</b> or a <b>Special Rule</b> . c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special F	Rule. See instructions.					
General Rule							
·	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions total ay one contributor. Complete Parts I and II. See instructions for determining a contributor						
Special Rules							
sections 509(a)(1 contributor, durin	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.						
contributor, durin	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.						
year, contributior is checked, enter purpose. Don't co	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year						
answer "No" on Part IV, lir	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B ne 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-Fing requirements of Schedule B (Form 990).	* **					

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

Name of organization Employer identification number

# HOMEWARD PET ADOPTION CENTER

91-1526803

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		- \$ 701,564.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 116,115.	Person X Payroll
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	Total contributions  \$ 100,790.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- - \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- \$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

# HOMEWARD PET ADOPTION CENTER

91-1526803

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Page 4 Schedule B (Form 990) (2023) Name of organization **Employer identification number** HOMEWARD PET ADOPTION CENTER 91-1526803 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I

(e) Transfer of gift

Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

# **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

HOMEWARD PET ADOPTION CENTER

**Employer identification number** 91-1526803

Pai	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, lin.		Similar Funds	or Accou	nts. Complete if the
	organization answered Tes Sitt Offi 550,1 art iv, iiii	(a) Donor advi	sed funds	<b>(b)</b> Fur	nds and other accounts
1	Total number at end of year			. ,	
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in v		held in donor advis	sed funds	
	are the organization's property, subject to the organization's	-			Yes No
6	Did the organization inform all grantees, donors, and donor a				
	for charitable purposes and not for the benefit of the donor or				
	impermissible private benefit?				
Pai	t II Conservation Easements. Complete if the org	ganization answered "\	es" on Form 990,	Part IV, line 7	
1	Purpose(s) of conservation easements held by the organization	on (check all that apply	<b>′</b> )		
	Preservation of land for public use (for example, recreated	tion or education)	Preservation o	f a historically	important land area
	Protection of natural habitat	L	Preservation o	f a certified hi	storic structure
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contr	ibution in the form	of a conserva	1
	day of the tax year.				Held at the End of the Tax Year
а	Total number of conservation easements			<u>2a</u>	
b	-				
С	Number of conservation easements on a certified historic stru			2c	
d	Number of conservation easements included on line 2c acqui				
	on a historic structure listed in the National Register				
3	Number of conservation easements modified, transferred, rele	eased, extinguished, c	r terminated by the	e organization	during the tax
_	year				
4	Number of states where property subject to conservation eas		aktion bandling of		
5	Does the organization have a written policy regarding the per				□ v □ v.
6	violations, and enforcement of the conservation easements it		and onforcing con		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	mandling of violations,	and emorcing con	servation easi	ernents during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and	enforcina conserva	ntion easemen	its during the year
•	Thouse of expenses mounted in mornioring, inspecting, mand	aming or violations, and	ornoroning conserve	tion cascinor	its during the your
8	Does each conservation easement reported on line 2d above	satisfy the requiremen	nts of section 170(h	n)(4)(B)(i)	
_	and section 170(h)(4)(B)(ii)?				Yes No
9	In Part XIII, describe how the organization reports conservation				
	balance sheet, and include, if applicable, the text of the footn				
	organization's accounting for conservation easements.	· ·			
Pai	t III Organizations Maintaining Collections of	f Art, Historical Ti	easures, or O	ther Simila	r Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.			
1a	If the organization elected, as permitted under FASB ASC 956	8, not to report in its re	evenue statement a	and balance s	heet works
	of art, historical treasures, or other similar assets held for pub	olic exhibition, education	on, or research in f	urtherance of	public
	service, provide in Part XIII the text of the footnote to its finan	ncial statements that d	escribes these iten	ns.	
b	If the organization elected, as permitted under FASB ASC 956	8, to report in its rever	ue statement and	balance shee	t works of
	art, historical treasures, or other similar assets held for public	exhibition, education,	or research in furt	herance of pu	blic service,
	provide the following amounts relating to these items.				
	(i) Revenue included on Form 990, Part VIII, line 1				\$
					\$
2	If the organization received or held works of art, historical treat				
	the following amounts required to be reported under FASB A				
а	Revenue included on Form 990, Part VIII, line 1				\$
b	Assets included in Form 990, Part X				\$

Par	t III Organizations Maintaining Co	ollections of Ar	t, Histo	orical Tre	asures, o	r Othe	r Simi	lar Asset	s (continu	ıed)	_
3	Using the organization's acquisition, accessio	n, and other record	s, check	any of the f	following that	make si	ignificar	nt use of its			
	collection items (check all that apply).										
а	Public exhibition	d	ı 🗌	Loan or exc	hange progra	am					
b	Scholarly research	е		Other							
С	Preservation for future generations										
4	Provide a description of the organization's col	lections and explain	n how th	ey further th	ne organizatio	n's exer	npt pur	pose in Part	XIII.		
5	During the year, did the organization solicit or	receive donations of	of art, his	storical treas	sures, or othe	r similar	assets				
	to be sold to raise funds rather than to be mai								Yes		No
Par	t IV Escrow and Custodial Arrang	ements Comple	te if the	organizatior	n answered "\	Yes" on	Form 99	90, Part IV, I	ine 9, or		
	reported an amount on Form 990, Part	X, line 21.									
1a	Is the organization an agent, trustee, custodia	n, or other intermed	diary for	contribution	s or other as	sets not	include	ed	_		
	on Form 990, Part X?							L	Yes	N	No
b	If "Yes," explain the arrangement in Part XIII a						_				
									Amount		
С	Beginning balance						. 10	;			
d	Additions during the year						. 10	t l			
е	Distributions during the year						. 16	)			
f	Ending balance							<u> </u>	_		
	Did the organization include an amount on Fo						ity?	L	Yes	<u></u>	No
	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds Complete if t								T		
		(a) Current year	(b) P	rior year	(c) Two year	rs back	<b>(d)</b> Thre	ee years back	(e) Four	/ears bac	<u>:k</u>
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curre	ent year end balance	e (line 1g	g, column (a)	)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Term endowment	6									
	The percentages on lines 2a, 2b, and 2c shou	ld equal 100%.									
3a	Are there endowment funds not in the posses	sion of the organiza	ation tha	t are held ar	nd administer	ed for th	ie				
	organization by:									res N	lo_
	(i) Unrelated organizations?								3a(i)		
									3a(ii)		
b	If "Yes" on line 3a(ii), are the related organizat								3b		
4	Describe in Part XIII the intended uses of the		wment f	unds.							
Par	t VI Land, Buildings, and Equipme					5	40				
	Complete if the organization answered	I			T						
	Description of property	(a) Cost or o		` '	or other		ccumul		(d) Book	value	
		basis (investr	nent)	basis	(other)	de	preciati	on			
	Land										
	Buildings			0.0	4 256		200	601	1 2	725	_
	Leasehold improvements				4,356.		280 <u>,</u>			,735	
	Equipment			32	2,581.		143,	948•	T / 8	<u>,653</u>	•
	Other								100	,388	_
Lotal	. Add lines 1a through 1e. (Column (d) must ed	uual Form 990 Part	Y line 1	Oc column	(R))			1	<b>19</b> 4	, , , , , ,	

Schedule D	(⊦orm	990)	2023	HOME	WAKD	PEI	ADOPIJ	LOM C	·CMII	אנ			$\mathbf{J}\mathbf{I} - \mathbf{I}$
Part VII	Inve	estm	ents -	Other Sec	curities	;							
	_				1.00						 	 	

Part VII	Investments - Other Securities	- Faura 000 Bart IV line	adds Con Farm 000 Part V line 40	
(a) Descri	Complete if the organization answered "Yes" option of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-vear market value
	ial derivatives	(b) Dook value	(c) meaned or randament election on a	or your marrier raids
. ,	/ held equity interests			
(3) Other	, riela equity interests			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (	(b) must equal Form 990, Part X, line 12, col. (B))			
Part VII	I Investments - Program Related.			
	Complete if the organization answered "Yes" o	n Form 990, Part IV, line	e 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. (Col.	(b) must equal Form 990, Part X, line 13, col. (B))			
Part IX	Other Assets			
	Complete if the organization answered "Yes" o	n Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15.	
		Description		(b) Book value
	EPOSIT - RENT			37,000.
(2) R	IGHT OF USE ASSET - OPERA	TING LEASE		1,416,069.
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				4 450 060
Total. (Colu	umn (b) must equal Form 990, Part X, line 15, col.	(B))		1,453,069.
Part X	Other Liabilities			
	Complete if the organization answered "Yes" o	n Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 25.	4175
<u>1.                                    </u>	(a) Description of liability			(b) Book value
	deral income taxes	DEDIMENS		
	IGHT OF USE LIABILITY - O	PERATING		1 555 406
	EASE			1,555,496.
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				1 555 406
Total. (Coli	umn (b) must equal Form 990. Part X. line 25. col.	(B))		1,555,496.

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

Sched <b>Par</b>	dule D (Form 990) 2023 HOMEWARD PET ADOPTION C		Davanua nor Do		L526803 Page
Pai	Complete if the organization answered "Yes" on Form 990, Part IV, lin		nevenue per ne	turri	
1	Total revenue, gains, and other support per audited financial statements	10 124.		1	2,666,827.
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				, , .
	Net unrealized gains (losses) on investments	2a	124,157.		
	Donated services and use of facilities		214.		
	Recoveries of prior year grants				
	Other (Describe in Part XIII.)		1,874.		
	Add lines 2a through 2d	•		2e	126,245.
	Subtract line <b>2e</b> from line <b>1</b>			3	2,540,582.
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	9,999.		
	Other (Describe in Part XIII.)		-		
С	Add lines 4a and 4b	·		4c	9,999.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	)		5	2,550,581
Par	t XII Reconciliation of Expenses per Audited Financial Sta	tements With	Expenses per F	Returr	1
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	ne 12a.			
1	Total expenses and losses per audited financial statements			1	2,661,461.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	214.		
	Prior year adjustments				
	Other losses				
d	Other (Describe in Part XIII.)	2d	1,874.		
	Add lines 2a through 2d	·		2e	2,088.
3	Subtract line 2e from line 1			3	2,659,373.
	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	9,999.		
b	Other (Describe in Part XIII.)	4b			
	Add lines 4a and 4b			4c	9,999.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18	3.)		5	2,669,372
Par	t XIII Supplemental Information	•			
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide ar			; Part X	K, line 2; Part XI,
PAR	T XI, LINE 2D - OTHER ADJUSTMENTS:				
cos	T OF GOODS SOLD TO PART VIII, LINE 10B	:			1,874.
PAR	T XII, LINE 2D - OTHER ADJUSTMENTS:				
300	UM OF COORS SOLD MO DARM WILL LINE 10D	_			1 074

Schedule D (Form 990) 2023

# SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization Employer identification number HOMEWARD PET ADOPTION CENTER 91-1526803 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations е Solicitation of non-government grants b Internet and email solicitations f Solicitation of government grants Phone solicitations Special fundraising events С g d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

		of fundraising event contributions and gro	oss income on Form 990	-EZ, IINES I AND 6D. LIST E	events with gross receipt	s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			FUR BALL		NONE	(add col. (a) through
			2023	HPAC 5K RUN		col. <b>(c)</b> )
Φ			(event type)	(event type)	(total number)	551. ( <b>6</b> )/
Revenue						
3eV	1	Gross receipts	355,136.	35,146.		390,282.
ш			000 212	2 455		000 460
	2	Less: Contributions	289,313.	3,155.		292,468.
	_	Out of the same (the same time of	65 022	21 001		07 01/
	3	Gross income (line 1 minus line 2)	65,823.	31,991.		97,814.
	1	Cash prizes				
	7	Od311 p11203				
es	5	Noncash prizes				
	•					
ens	6	Rent/facility costs	11,876.	600.		12,476.
Direct Expenses						
	7	Food and beverages	31,757.	503.		32,260.
Ö						
	8	Entertainment	20,503.			38,927.
		Other direct expenses	1,687.	12,464.		14,151.
		Direct expense summary. Add lines 4 through				97,814.
Da	11 rt I	Net income summary. Subtract line 10 from li		. 000 Dest IV line 10 and		0.
1 6		<b>Gaming.</b> Complete if the organization a \$15,000 on Form 990-EZ, line 6a.	answered res on Form	1990, Part IV, line 19, or r	eported more than	
		ψ13,300 3111 3111 330 £2, line da.		(b) Pull tabs/instant		(d) Total gaming (add
nue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue						
æ	1	Gross revenue				
S	2	Cash prizes				
nse						
Direct Expenses	3	Noncash prizes				
H H						
j.	4	Rent/facility costs				
_	_	OH E				
	5	Other direct expenses				
	6	Volunteer labor	Yes %	Yes%	Yes %	
	0	Volunteer labor	∟ No	L No	No	
	7	Direct expense summary. Add lines 2 through	5 in column (d)			
	•	Direct expense summary. And lines 2 timeagn	10 III 00Idiiii (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
			, , ,			
9	En	ter the state(s) in which the organization condu	cts gaming activities:			
а	ls t	the organization licensed to conduct gaming ac	tivities in each of these s	states?		Yes No
b	If "	No," explain:				
	_					
	_					
10a	We	ere any of the organization's gaming licenses re	voked, suspended, or te	rminated during the tax y	ear?	Yes No
	lf "	Yes," explain:				

Sch	nedule G (Form 990) 2023 HOMEWARD PET ADOPTION CENTER 91-1	526	803	Page 3
	Does the organization conduct gaming activities with nonmembers?		Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	No
	Indicate the percentage of gaming activity conducted in:	1	ı	
	a The organization's facility	13a		<u>%</u>
	h An outside facility	13b		<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
k	b If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount			
	of gaming revenue retained by the third party \$			
C	c If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
<b></b>	Manufalance d'al-l'hadrana			
	Mandatory distributions:			
č	a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		Yes	☐ No
r	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
•	organization's own exempt activities during the tax year \$			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part	t III, lin	es 9, 9	b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			

332083 09-13-23 Schedule G (Form 990) 2023

Schedule G	(Form 990)	HOMEWARD PE	T ADOPTION	CENTER	91-1526803	Page 4
Part IV	(Form 990) Supplemental Infor	mation (continued)				

### SCHEDULE M (Form 990)

# **Noncash Contributions**

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

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

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

Inspection

Name of the organization **Employer identification number** HOMEWARD PET ADOPTION CENTER 91-1526803 **Types of Property** Part I (a) (b) (c) (d) Check if Number of Noncash contribution Method of determining contributions or amounts reported on applicable noncash contribution amounts items contributed Form 990, Part VIII, line 1g Art - Works of art Art - Historical treasures 2 Art - Fractional interests 3 Books and publications 4 Clothing and household goods 5 Cars and other vehicles ..... 6 Boats and planes 7 Intellectual property 8 Securities - Publicly traded ..... Securities - Closely held stock ..... 10 Securities - Partnership, LLC, or 11 trust interests Securities - Miscellaneous 12 13 Qualified conservation contribution -Historic structures Qualified conservation contribution - Other 14 Real estate - Residential 15 Real estate - Commercial 16 Real estate - Other 17 18 Collectibles Food inventory 19 Drugs and medical supplies ..... 20 21 Taxidermy Historical artifacts 22 Scientific specimens 23 24 Archeological artifacts 592 113,626.FMV (ANIMAL SUPPLIES) Х 25 Other ( AUCTION DONATIO ) 200 35,388.FMV X 26 Other 27 Other Other 28 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement \_\_\_\_\_29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for Х exempt purposes for the entire holding period? 30a **b** If "Yes," describe the arrangement in Part II. Х Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash X contributions? If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

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

Schedule M (Form 990) 2023

describe in Part II.

# SCHEDULE O (Form 990)

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 the latest information.

2023
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

HOMEWARD PET ADOPTION CENTER

Employer identification number 91-1526803

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

IF NEEDED, VACCINATED AND MICROCHIPPED - ALL PRIOR TO ADOPTION.

ADDITIONALLY, ANY ANIMALS THAT PRESENT HEALTH CONCERNS (SPECIAL NEEDS)

OR BEHAVIOR CHALLENGES ARE PROVIDED THE ADDITIONAL CARE NEEDED TO HELP

THEM OVERCOME THESE CHALLENGES - ENSURING THE DOGS AND CATS ARE IN THE

BEST SHAPE POSSIBLE FOR THEIR NEW FAMILIES.

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

HOMEWARD PET VOLUNTEER PROGRAM IS THE BACKBONE OF THE ORGANIZATION WITH

450 INDIVIDUALS DONATING THEIR TIME EACH WEEK IN THE SHELTER - HELPING

TO CARE FOR THE ANIMALS WITH CLEANING, CUDDLING PUPPIES AND KITTENS,

WALKING DOGS, ASSISTING IN THE CLINIC, GREETING OUR VISITORS AT

RECEPTION, KEEPING THE FACILITY IN TIP TOP SHAPE, OFFSITE EVENTS,

MARKETING, PHOTOGRAPHY AND SO MUCH MORE. THESE AMAZING PEOPLE GAVE MORE

THAN 58,000 HOURS OF THEIR TIME IN 2023 TO THE HOMELESS ANIMALS IN OUR

CARE.

FOSTER PROGRAM: IN RESPONSE TO THE COVID-19 PANDEMIC, HOMEWARD PET

ADOPTION CENTER UTILIZED FOSTER VOLUNTEERS TO HOUSE ANIMALS WHILE THE

SHELTER WAS CLOSED IN 2020. IN 2023, THIS PROGRAM CONTINUED AND GREW AS

THE SHELTER TRIED TO LIMIT PUBLIC EXPOSURE AND STILL FIND HOMES FOR ALL

THE ANIMALS IN OUR CARE. WITH RESTRICTIONS EASING, ADOPTION

APPOINTMENTS WERE MADE ONLINE AND ARRANGEMENTS MADE WITH THE FOSTER

FAMILIES TO MEET AND GREET POTENTIAL ADOPTERS.

<u>Schedule O (Form 990) 2023</u> Page **2** 

Name of the organization HOMEWARD PET ADOPTION CENTER

Employer identification number 91-1526803

KEEP THEIR BELOVED PET IN THEIR HOME BY DISTRIBUTING PET FOOD AND

SUPPLIES TO FAMILIES IN NEED IN OUR COMMUNITY THROUGH LOCAL FOOD BANKS

AND OUTREACH PROGRAMS. LAST YEAR, THE HOMEWARD PET FOOD BANK FED NEARLY

2000 ANIMALS IN THE SHELTER AND DISTRIBUTED OVER 142,000 LBS. OF PET

FOOD TO AREA FOOD BANKS, COMMUNITY ORGANIZATIONS AND PARTNER RESCUES.

EXPENSES \$ 132,908. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

THE FULL 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR AND THE BOARD OF DIRECTORS PRIOR TO SUBMISSION.

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

EACH YEAR, THE BOARD OF DIRECTORS COMPLETES A CONFLICT OF INTEREST DOCUMENT
THAT INCLUDES A SECTION TO DESCRIBE ANY POSSIBLE CONFLICT WHICH IS THEN
REVIEWED AND DISCUSSED DURING THE BOARD MEETING. TO-DATE, NO CONFLICTS HAVE
BEEN IDENTIFIED.

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

AN ANNUAL REVIEW OF THE EXECUTIVE DIRECTOR IS PROVIDED BY THE BOARD OF

DIRECTORS. THE EXECUTIVE DIRECTOR PROVIDES A DETAILED REPORT OF GOALS AND

OBJECTIVES TO BE COMPLETED FOR THE YEAR AND PROVIDES STATUS UPDATES PRIOR

TO EACH BOARD MEETING ON THE PROGRESS. A YEAR-END REVIEW IS COMPLETED OF

THE OUTCOME AND SUCCESS OF THE OBJECTIVES. SALARY INCREASES ARE BASED ON

REVENUE STATUS AND AT MINIMUM, A COST OF LIVING INCREASE IS PROVIDED.

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

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIALS ARE MADE AVAILABLE UPON REQUEST.