Two Year Comparison Schedule 2018 to 2017			
Description	2018	2017	Difference
Revenue			
Contributions and grants	2,171,561.	1,509,323.	662,238.
Program service revenue	264,951.	307,612.	-42,661.
Investment income	174,970.	1,428.	173,542.
Other revenue	-58,899.	-32,016.	-26,883.
Total revenue	2,552,583.	1,786,347.	766,236.
Expenses			
Grants and similar amounts paid			
Benefits paid to or for members	1 104 400	1 000 000	65.500
Salaries, other compensation, employee benefits	1,104,433.	1,036,925.	67,508.
Professional fundraising fees Other expanses	777,917.	662,306.	115,611.
Other expenses	111,911.	002,300.	113,011.
Total expenses	1,882,350.	1,699,231.	183,119.
Net Assets or Fund Balances			
Total assets	1,597,025.	953,376.	643,649.
Total liabilities	93,833.	120,417.	-26,584.
Net assets	1,503,192.	832,959.	670,233.



HOMEWARD PET ADOPTION CENTER LAURIE ANDERSON PO BOX 2293 WOODINVILLE, WA 98072

DEAR LAURIE,

ENCLOSED ARE THE FOLLOWING INCOME TAX RETURNS PREPARED ON BEHALF OF HOMEWARD PET ADOPTION CENTER FOR THE YEAR ENDED DECEMBER 31, 2018.

- 2018 990 RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX
- 2018 8879-EO IRS E-FILE SIGNATURE AUTHORIZATION FORM
- 2018 SCHEDULE A PUBLIC CHARITY STATUS AND PUBLIC SUPPORT
- 2018 SCHEDULE B SCHEDULE OF CONTRIBUTORS
- 2018 SCHEDULE D SUPPLEMENTAL FINANCIAL STATEMENTS
- 2018 SCHEDULE G SUPPLEMENTAL INFO. REGARDING FUNDRAISING/GAMING
- 2018 SCHEDULE M NONCASH CONTRIBUTIONS
- 2018 SCHEDULE O SUPPLEMENTAL INFORMATION TO FORM 990 OR 990EZ

THE ORIGINAL OF EACH OF THE ABOVE MENTIONED RETURNS SHOULD BE DATED AND SIGNED IN ACCORDANCE WITH THE FOLLOWING INSTRUCTIONS INCLUDED WITH THE COPY OF THE RETURN. THIS COPY IS FOR YOUR USE AND SHOULD BE RETAINED FOR YOUR FILES.

THESE RETURN(S) WERE PREPARED FROM INFORMATION PROVIDED BY YOU OR YOUR REPRESENTATIVE. THE PREPARATION OF TAX RETURNS DOES NOT INCLUDE THE INDEPENDENT VERIFICATION OF INFORMATION USED. THEREFORE, WE RECOMMEND YOU REVIEW THE RETURN(S) BEFORE SIGNING TO ENSURE THERE ARE NO OMISSIONS OR MISSTATEMENTS. IF YOU NOTE ANYTHING WHICH MAY REQUIRE A CHANGE TO THE RETURN(S), PLEASE CONTACT US BEFORE FILING THEM.

WE APPRECIATE THIS OPPORTUNITY TO SERVE YOU. PLEASE CONTACT US IF YOU HAVE ANY QUESTIONS OR IF WE MAY BE OF FURTHER ASSISTANCE.

SINCERELY,

SUSAN B QUEARY
BADER MARTIN, P.S.
CERTIFIED PUBLIC ACCOUNTANTS

# HOMEWARD PET ADOPTION CENTER INSTRUCTIONS FOR FILING FORM 8879-E0

IRS E-FILE SIGNATURE AUTHORIZATION FOR FORM 990 FOR THE YEAR ENDED DECEMBER 31, 2018

THE ORIGINAL IRS E-FILE SIGNATURE AUTHORIZATION FORM SHOULD BE SIGNED (USE FULL NAME) AND DATED BY AN AUTHORIZED OFFICER OF THE ORGANIZATION.

RETURN YOUR SIGNED IRS E-FILE SIGNATURE AUTHORIZATION FORM 8879-EO TO:

BADER MARTIN, P.S. 1000 2ND AVE 34TH FLOOR SEATTLE WA 98104-1022

OR FAX TO: 206-682-1874 ATTN: E-FILE

OR EMAIL TO: 8879@BADERMARTIN.COM

THERE IS NO TAX DUE WITH THE FILING OF THIS RETURN.

DO NOT SEPARATELY FILE FORM 990 WITH THE INTERNAL REVENUE SERVICE. DOING SO WILL DELAY THE PROCESSING OF YOUR RETURN. WE MUST RECEIVE YOUR SIGNED FORM BEFORE WE CAN ELECTRONICALLY TRANSMIT YOUR RETURN, WHICH IS DUE ON OR BEFORE NOVEMBER 15, 2019. WE WOULD APPRECIATE YOU RETURNING THIS FORM AS SOON AS POSSIBLE AS THIS WILL EXPEDITE THE PROCESSING OF YOUR RETURN. THE INTERNAL REVENUE SERVICE WILL NOTIFY US WHEN YOUR RETURN IS ACCEPTED. YOUR RETURN IS NOT CONSIDERED FILED UNTIL THE INTERNAL REVENUE SERVICE CONFIRMS THEIR ACCEPTANCE, WHICH MAY OCCUR AFTER THE DUE DATE OF YOUR RETURN.

### Form 8879-EO

### IRS e-file Signature Authorization for an Exempt Organization

_		
	2018, and ending	, 20

OMB No. 1545-1878

Department of the Treasury Internal Revenue Service

▶ Do not send to the IRS. Keep for your records. ▶ Go to www.irs.gov/Form8879EO for the latest information.

Name of exempt organization

Employer identification number

91-1526803

Name and title of officer

LAURIE ANDERSON, TREASURER
----------------------------

HOMEWARD PET ADOPTION CENTER

#### Type of Return and Return Information (Whole Dollars Only) Part I

For calendar year 2018, or fiscal year beginning

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a	Form 990 check here ► X b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	2,552,583.
2a	Form 990-EZ check here ►	<b>b</b> Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here ▶	<b>b</b> Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here ▶	b Tax based on investment income (Form 990-PF, Part VI, line 5).	4b	
5a	Form 8868 check here ►	b Balance Due (Form 8868, line 3c)	5b	

#### Part II **Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's	PIN:	check	one	box	only

X	I authorize	BADER	MARTIN,	P.S. Ofirm name	to enter my	1 11 4	9 Enter	2	2		as my signature
							do no			,	

on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature Date  $\triangleright 11/15/2019$ 

#### Part III Certification and Authentication

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

9 4 8 3 9 1 1

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

Date  $\triangleright 11/15/2019$ ERO's signature ▶

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

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2018)

## **Return of Organization Exempt From Income Tax**

Open to Public Inspection

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.

A F	or the	e 2018	calendar year, or tax year beginning	, 2018	3, and ending				, 20	
_			C Name of organization			D	Employer iden	tification	number	
В 0	heck if a		HOMEWARD PET ADOPTION	CENTER			91-1526	803		
	Addre		Doing business as							
	Name	change	Number and street (or P.O. box if mail is	not delivered to street address)	Room/suite	Е	Telephone nun	nber		
	Initial	l return	PO BOX 2293			(	425) 488	3-444	4	
	Final termin	return/ nated	City or town, state or province, country, a	and ZIP or foreign postal code						
	Amen return	nded	WOODINVILLE, WA 98072			G	Gross receipts	\$	2,741	,148.
		cation	F Name and address of principal officer:	LAURIE ANDERSON		H(	(a) Is this a grou subordinates?		r Yes	X No
		5	PO BOX 2293, WOODINVII	LLE, WA 98072		H(	(b) Are all subordin		d? Yes	No
ı	Tax-ex	empt sta	atus: X 501(c)(3) 501(c) (	) <b>(</b> insert no.) 4947(a)(1)	) or 527		If "No," atta	ch a list. (s	see instructions)	
J	Websi	ite: 🕨	WWW.HOMEWARDPET.ORG			Н(	(c) Group exemp	tion numbe	er 🕨	
K	Form (	of organ	nization: X Corporation Trust	Association Other	L Year of	formation	: 1990 <b>M</b> s	state of le	egal domicile:	WA
Pa	art I	Su	mmary	•	•		<u>'</u>			
	1	Briefly	/ describe the organization's mission or	r most significant activities: TO GI	VE HOMELE	ESS AN	IIMALS A	SECO	ND CHAN	CE
ě			OUGH OUR RESCUE, SHELTER							
and										
/ern	2	Check	this box if the organization d	iscontinued its operations or dispos	sed of more than	n 25% of	its net assets			
Governance	3	Numb	er of voting members of the governing	•			1	3		12.
	4		er of independent voting members of t					4		12.
Activities &	5		number of individuals employed in cale					5		38.
ŧΞ			number of volunteers (estimate if necess					6		880.
Ac			unrelated business revenue from Part V					7a		0.
	l .		nrelated business taxable income from				T	7b		
				,			Prior Year		Current Yo	ear
•	8	Contri	Contributions and grants (Part VIII, line 1h)					3.	2,171	,561.
Revenue	9		Program service revenue (Part VIII, line 2g)				307,612.		264	,951.
eve	10		ment income (Part VIII, column (A), line				1,42			,970.
ď	11		revenue (Part VIII, column (A), lines 5,				-32,01			,899.
	12		revenue - add lines 8 through 11 (must				L,786,34	_	2,552	
	13		s and similar amounts paid (Part IX, colu					0.		0.
	14		its paid to or for members (Part IX, colu					0.		0.
s	15				s (Part IX, column (A), lines 5-10)			5.	1,104	,433.
Expenses	16 a		ssional fundraising fees (Part IX, column					0.		0.
kpe			fundraising expenses (Part IX, column (I							
Ш	l .		expenses (Part IX, column (A), lines 11	· · · · · · · · · · · · · · · · · · ·			662,30	5.	777	,917.
	l .		expenses. Add lines 13-17 (must equal			1	L,699,23			
	19		nue less expenses. Subtract line 18 from				87,11	б.		,233.
o s			•			Beginnin	g of Current Y	_	End of Yea	
land	20	Total a	assets (Part X, line 16)		[		953,37	5.	1,597	,025.
Net Assets or Fund Balances	21		liabilities (Part X, line 26)				120,41	7.	93	,833.
Net I	22		ssets or fund balances. Subtract line 21				832,95	9.	1,503	,192.
	rt II		gnature Block		'					
Und	der per	nalties c	of perjury, I declare that I have examined the	is return, including accompanying sched	dules and statem	ents, and	to the best of	my know	vledge and be	elief, it is
true	e, corre	ect, and	complete. Declaration of preparer (other than	officer) is based on all information of wh	nich preparer has	any know	/ledge.			
							11/15	/2019	9	
Sig			Signature of officer				Date			
He	re		LAURIE ANDERSON	TREASU	JRER					
			Type or print name and title							
_	_	Print/	Type preparer's name	Preparer's signature	Date		Check	if PTIN		
Paid		SUSA	AN B QUEARY		11/15/	2019	self-employe		20009902	:5
	parer		sname ▶BADER MARTIN, P.S	•			rm's EIN ▶ 9			
Use	Only		saddress >1000 2ND AVE 34TH FLOOR						1-1900	
May	y the	IRS d	iscuss this return with the preparer	shown above? (see instructions	s)				X Yes	No
			Reduction Act Notice, see the separat					_	Form <b>990</b>	

### Form **8868**

(Rev. January 2019)

Department of the Treasury Internal Revenue Service

# Application for Automatic Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-1709

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

	Torrit, visit www.ns.gov/c me providers/c me		, 				
	6-Month Extension of Time. Only subm		• • •				
All corporat	ions required to file an income tax return other	er than For	m 990-T (including 112	0-C filers), partnerships,	, RE	MICs, a	and trusts
nust use F	orm 7004 to request an extension of time to	file income	tax returns.				
				Enter filer's identifyir	ng nu	mber, se	e instructions
<b>-</b>	Name of exempt organization or other filer, see in	nstructions.		Employer identification nu	umbe	r (EIN)	or
Гуре or							
orint	HOMEWARD PET ADOPTION CENTER			91-152680	3		
ile by the	Number, street, and room or suite no. If a P.O. bo	ox, see instru	ctions.	Social security number (S	SN)		
lue date for iling your	PO BOX 2293			, , ,	,		
eturn. See	City, town or post office, state, and ZIP code. Fo	r a foreign ad	Idress, see instructions.				
nstructions.	WOODINVILLE, WA 98072	ŭ	•				
	<u> </u>						0 1
enter the R	eturn Code for the return that this application	n is for (file	a separate application to	or each return)	• •		. [0]1
\nnliaatian		Return	Application				Return
Application							
s For	F 000 F7	Code	Is For				Code
	or Form 990-EZ	01	Form 990-T (corporat	ion)			07
orm 990-E		02	Form 1041-A				08
	(individual)	03	Form 4720 (other tha	n individual)			09
Form 990-P		04	Form 5227				10
	(sec. 401(a) or 408(a) trust)	05	Form 6069				11
orm 990-7	(trust other than above)	06	Form 8870				12
	MARIE WOLFANGER	2					
<ul><li>The bool</li></ul>	ks are in the care of $\blacktriangleright$ 13132 NE 177TH	PLACE W	OODINVILLE WA 98	072			
	ne No. ▶ 425 488-4444		Fax No.				
If the org	panization does not have an office or place of	business ir	n the United States, chec	ck this box			▶ 🔲
If this is	for a Group Return, enter the organization's fo	our digit Gro	oup Exemption Number (	(GEN)		. If th	nis is
or the who	le group, check this box ▶	If it is for pa	art of the group, check t	his box		and att	tach
	ne names and EINs of all members the extens						
	est an automatic 6-month extension of time u		11/15 , 201	L9 , to file the exempt	t org	anizati	ion return
	e organization named above. The extension is			·			
	· · · g · · · · · · · · · · · · · · · ·		g				
<b>▶</b> X	calendar year 20 <u>18</u> or						
	tax year beginning	20	and ending		20		
	tax year beginning	, 20	, and chaing			—·	
2 If the	tax year entered in line 1 is for less than 12 n	nonthe char	ok roason: Initial r	eturn Final retur	n		
	-	nonins, che	ck reason milian	etuiii Fiilai retuii	11		
	Change in accounting period application is for Forms 990-BL, 990-PF, 9	000 T 4720	O or 6060 onter the	tontativo tax loca any			
		990-1, 4720	o, or occa, enter the	teritative tax, less arry			0
	fundable credits. See instructions.	1700 -	- 6060	structular anadita and	3a	*	0.
	application is for Forms 990-PF, 990-T		=			_	0
	ated tax payments made. Include any prior year				3b	\$	0.
	ce due. Subtract line 3b from line 3a. Include		ient with this form, if re	quirea, by using EF1PS		1.	_
-	ronic Federal Tax Payment System). See instru				3с		0.
Caution: If yo	ou are going to make an electronic funds withdrawa	al (direct deb	oit) with this Form 8868, se	ee Form 8453-EO and Forn	n 88	79-EO f	or payment
nstructions.							
or Privacy	Act and Paperwork Reduction Act Notice, see inst	ructions.			Forr	n <b>8868</b>	(Rev. 1-2019)

Page 2 Form 990 (2018)

P	Statement of Program Service Accomplishments
_	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	HOMEWARD PET ADOPTION CENTER IS ONE OF THE LEADING NONPROFIT, NO-KILL
	ANIMAL SHELTERS SERVING THE GREATER SEATTLE AREA. OUR MISSION IS TO
	GIVE HOMELESS ANIMALS A SECOND CHANCE THROUGH RESCUE, SHELTER AND
_	ADOPTION.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ? Yes X No
•	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	services?
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.
	(Code: ) (Expenses \$ 1,034,433. including grants of \$ ) (Revenue \$ 229,367. )
	ATTACHMENT 1
	MINCHAUT I
4h	(Code: ) (Expenses \$ 316,394. including grants of \$ ) (Revenue \$ 35,584. )
710	HOMEWARD PET 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, IN 2018
	THE HOMEWARD PET PUBLIC SPAY & NEUTER PROGRAM ALTERED 209 FAMILY
	PETS, ADMINISTERED 124 VACCINATIONS AND 69 MICROCHIPS.
	PEIS, ADMINISTERED 124 VACCINATIONS AND 09 MICROCHIPS.
40	(Code: ) (Expenses \$ 4 699 including grants of \$ ) (Revenue \$ )
40	
	HOMEWARD PET VOLUNTEER PROGRAM IS THE BACKBONE OF THE ORGANIZATION
	WITH 880 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 96,803 HOURS OF THEIR TIME IN 2018
	TO THE HOMELESS ANIMALS IN OUR CARE.
_	
4d	Other program services (Describe in Schedule O.)
_	(Expenses \$ including grants of \$ ) (Revenue \$ )
40	Total program service expenses \( \) 1 355 526

**4e** Total program service expenses ► 1,355,526.

JSA
8E1020 1.000

Form **990** (2018)

Form 990 (2018) Page **3** 

Part IV **Checklist of Required Schedules** Yes No 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," Х 1 Х Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 Χ Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) Χ Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III, 5 Χ Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If Χ "Yes," complete Schedule D, Part I. 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II . . . . . . . . . Χ Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," Χ complete Schedule D, Part III 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 Χ 9 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V. . . . . . . Х 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a Χ b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more Χ c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII........... Χ d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets Χ Χ e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses Χ the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X b Was the organization included in consolidated, independent audited financial statements for the tax year? If Χ "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b Χ 13 14a Did the organization maintain an office, employees, or agents outside of the United States?.......... b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV . . . . . . . . . Χ 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV Χ 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 Χ Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)........... Χ Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II Χ 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? Χ Χ b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or Χ domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

Form 990 (2018) Page **4** 

Part	V Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24 a	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		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	204		
	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, 6, or 22 for receivables from or payables to any	235		- 21
20	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	20		
27				
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	27		Х
20	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	21		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):	00-		37
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV			X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation 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 Schedule N, Part II	32		X
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		X
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		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			1
	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 in Schedule O for Part VI, lines 11b and			
	19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	Х	<u> </u>
Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
_			Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a   8			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?		Х	
			~~~	

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Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return. 2a 38			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
74	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
h	If "Yes," enter the name of the foreign country:			
D	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
E 0		5a		Х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5b		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	30		
ьа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization	60		Х
	solicit any contributions that were not tax deductible as charitable contributions?	6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	C.L.		
_	gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	_	3.7	
	and services provided to the payor?	7a	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	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			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> · · · · ·	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
. •	excess parachute payment(s) during the year?	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
. •	If "Yes," complete Form 4720, Schedule O.			

91-1526803 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Sect	ion 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 1a 12	)		
	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 in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 12	2		
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, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:		37	
а	The governing body?	8a	X	
	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			v
Socti	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O ion B. Policies (This Section B requests information about policies not required by the Internal Revenue	9 Codo	. 1	Х
Secu	on B. Policies (This Section B requests information about policies not required by the internal Nevenue	Code	·/ Yes	No
40.	Did the consideration have been been been been as a full transfer of	10a		X
	Did the organization have local chapters, branches, or affiliates?	IVa		21
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10b		
110	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	11a	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? • Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
b 12a		12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
b	rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
·	describe in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► WA.		_	
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T	(Sec	tion 5	01(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  Own website  Another's website  X  Upon request  Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	policy	, and
0.0	financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and record LAURIE ANDERSON 13132 NE 177TH PLACE WOODINVILLE, WA 98072 425-488-4444	s 🟲		

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

	,							· · · · · · · · · · · · · · · · · · ·	, ,	
(A) Name and Title	(B) Average hours per week (list any) hours for related organizations below dotted line)  (C) Position (do not check more than one box, unless person is both an officer and a director/trustee)  Officer  Officer  Officer  Officer  Officer  Officer  Officer  or director  Institutional trustee  (V		(D)  Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related					
	line)	ustee	trustee		Эе	npensated				organizations
(1)VIVIAN WEST	2.00									
MEMBER	0.	Х						0.	0.	0.
(2)MIKE ZIOCK	2.00									
PRESIDENT	0.	Х		Х				0.	0.	0.
(3)ANGELA WEIBEL	2.00									
VICE PRESIDENT	0.	Х		Х				0.	0.	0.
(4)LYNN CHENEY	2.00									
SECRETARY	0.	Х		Х				0.	0.	0 .
(5)CODY TOUCHETTE	2.00									
MEMBER	0.	Х						0.	0.	0 .
(6)NATHAN LUCE	2.00									
MEMBER	0.	Х						0.	0.	0 .
(7)DOUG CUSTER	2.00									
TREASURER	0.	Х		Х				0.	0.	0
(8)CHARLENE BELL	2.00									
MEMBER	0.	X						0.	0.	0
(9)DENNIS GRIFFITH	2.00									
MEMBER	0.	Х						0.	0.	0
(10)MARIA BAKER	2.00									
MEMBER	0.	Х						0.	0.	0
(11)MARIKA BELL	2.00									
MEMBER	0.	X						0.	0.	0
(12)RACHEL TODD	2.00									
MEMBER	0.	X						0.	0.	0
(13)MARIE WOLFANGER (6/18 TO 12/18	40.00									
INTERIM EXECUTIVE DIRECTOR	0.			X				37,639.	0.	0
(14)GARY RUBIN (1/18 TO 6/18)	40.00									
EXECUTIVE DIRECTOR	0.			Х				63,607.	0.	933

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Part VII Section A. Officers, Directors, Tru	ıstees, Ke	y En	nplo	ye	es,	and F	lig	hest Compensat	ed Employees (	contin		Page <b>č</b>
(A) Name and title	(B) Average hours per week (list any hours for	Average Position hours per leek (list any hours for Position (do not check more the box, unless person is lofficer and a director/					an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations		(F) Estimated amount of other ompensat	of
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	a	from the rganization and relate rganizatio	on ed
15) NANETTE MCCANN (AS OF 12/18)	40.00											_
EXECUTIVE DIRECTOR	0.			X				5,192.	0.			0.
1b Sub-total							<b>&gt;</b>	101,246.	0.		9	933
c Total from continuation sheets to Part VII, S	ection A							5,192. 106,438.	0.			0. 933.
d Total (add lines 1b and 1c)							o re				-	233
reportable compensation from the organization		0 .										
											Yes	No
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schede										3		Х
<b>4</b> For any individual listed on line 1a, is the organization and related organizations graindividual.	eater than	\$15	50,0	00?	l If	"Yes	5,"			4		X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Yo	accrue co	mpen	satio	on f	from	n any	un			5		X
Section B. Independent Contractors	,											
Complete this table for your five highest com- compensation from the organization. Report of year.											х	
(A)								(B)		(0	C)	

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

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

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#### Part VIII Statement of Revenue

· a		Check if Schedule O contains a respor	nse or note to any	/ line in this Part VII			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ıts ıts	1a	Federated campaigns 1a					
3rar Iour	b	Membership dues					
ts, (	С	Fundraising events 1c	445,715.				
ia g	d	Related organizations 1d					
ns, Sim	е	Government grants (contributions) 1e					
utio	f	All other contributions, gifts, grants,					
를		and similar amounts not included above . 1f	1,725,846.				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines 1a-1f: \$	225,516.				
	h	Total. Add lines 1a-1f		2,171,561.			
eun			Business Code				
Re	2a	SPAY/NEUTER	900099	35,584.	35,584.		
8	b	ADOPTION FEES	900099	229,367.	229,367.		
eΖ	C						
υS	d						
grai	e	All of					
Program Service Revenue	f g	All other program service revenue Total. Add lines 2a-2f		264,951.			
	3	Investment income (including divider		204,931.			
	"	and other similar amounts)		3,234.			3,234.
	4	Income from investment of tax-exempt bond		0.			3,231.
	5	Royalties	•	0.			
		(i) Real	(ii) Personal				
	6a	Gross rents					
	b	Less: rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)	▶	0.			
	7a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory	177,566.				
	b	Less: cost or other basis					
		and sales expenses	5,830.				
	С	Gain or (loss)	171,736.				
	d	Net gain or (loss)	▶	171,736.			171,736.
<u>e</u>	8a	Gross income from fundraising					
œn.		events (not including \$445,715.					
Rev		of contributions reported on line 1c).					
Other Revenue		See Part IV, line 18 a	109,685.				
₹	b	Less: direct expenses b	`				
	С	Net income or (loss) from fundraising events		-73,050.			-73,050.
	9a	Gross income from gaming activities.					
		See Part IV, line 19 a					
	b	Less: direct expenses b					
	С	Net income or (loss) from gaming activities.		10,850.			10,850.
	10a	Gross sales of inventory, less returns and allowances a	0.				
	b c	Less: cost of goods sold b  Net income or (loss) from sales of inventory	▶	0.			
		Miscellaneous Revenue	Business Code				
	11a	MISCELLANEOUS REVENUE		3,301.	3,301.		
	b						
	С						
	d	All other revenue					
	е	Total. Add lines 11a-11d		3,301.			
	12	Total revenue. See instructions		2,552,583.	268,252.		112,770.

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#### 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).

Do not include amounts reported on lines 6b, 7b,		(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	0.			
2 Grants and other assistance to domestic				
individuals. See Part IV, line 22	0.			
3 Grants and other assistance to foreign				
organizations, foreign governments, and foreign				
individuals. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors,	107 271	26 507	25 422	25 422
trustees, and key employees	107,371.	36,507.	35,432.	35,432.
6 Compensation not included above, to disqualified				
persons (as defined under section 4958(f)(1)) and	0.			
persons described in section 4958(c)(3)(B)	826,508.	604,816.	50,145.	171,547.
7 Other salaries and wages	020,300.	004,010.	30,143.	1/1,54/.
8 Pension plan accruals and contributions (include	0.			
section 401(k) and 403(b) employer contributions)	82,305.	65,463.	10,265.	6,577.
9 Other employee benefits	88,249.	62,153.	5,883.	20,213.
10 Payroll taxes	00,247.	02,133.	3,003.	20,213.
11 Fees for services (non-employees):	0.			
a Management	0.			
b Legal	48,525.		48,525.	
c Accounting	0.		10,323.	
d Lobbying  e Professional fundraising services. See Part IV, line 17.	0.			
f Investment management fees	0.			
9 Other. (If line 11g amount exceeds 10% of line 25, column	7,050.	7,050.		
(A) amount, list line 11g expenses on Schedule O.)  12 Advertising and promotion	10,601.	8,481.		2,120.
13 Office expenses	89,873.	29,636.	1,179.	59,058.
14 Information technology	36,281.	7,608.	22,613.	6,060.
15 Royalties	0.			
16 Occupancy	204,633.	163,705.	20,464.	20,464.
17 Travel	6,872.	6,872.		
18 Payments of travel or entertainment expenses				
for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	0.			
20 Interest	0.			
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	14,674.	11,740.	1,467.	1,467.
23 Insurance	4,760.	3,332.	1,428.	
24 Other expenses. Itemize expenses not covered				
above (List miscellaneous expenses in line 24e. If				
line 24e amount exceeds 10% of line 25, column				
(A) amount, list line 24e expenses on Schedule O.)				
aANIMAL CARE	316,394.	316,394.		
bVOLUNTEER EXPENSE	4,699.	4,699.		
cHPAC STORE EXPENSE	5,521.	5,521.		
dMISCELLANEOUS EXPENSE	28,034.	21,549.	1,496.	4,989.
e All other expenses			40	
25 Total functional expenses. Add lines 1 through 24e	1,882,350.	1,355,526.	198,897.	327,927.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs				
from a combined educational campaign and fundraising solicitation. Check here				
following SOP 98-2 (ASC 958-720)	0.			
-/	٠٠ <u> </u>			

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#### Part X **Balance Sheet**

		Check if Schedule O contains a response o	r note	e to any line in this Pa	art X		X
				,	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-hearing			349,277.	1	354,119.
	2	Cash - non-interest-bearing Savings and temporary cash investments			386,712.	2	229,345.
	3	Pledges and grants receivable, net			0.	3	0.
	4	Accounts receivable, net			48,578.	4	64,653.
	5	Loans and other receivables from current and f	r officers directors	10,370.		017033.	
	"	trustees, key employees, and highest co					
					0.	5	0.
	6	Complete Part II of Schedule L Loans and other receivables from other disqualified personal support of the complex of the comp	ons (as	defined under section	<u> </u>		0.1
		4958(f)(1)), persons described in section 4958(c)(3)(B),	, and c	contributing employers			
		and sponsoring organizations of section 501(c)(9) volu organizations (see instructions). Complete Part II of Sche			0.	6	0.
Assets	7	Notes and loans receivable, net			0.	7	0.
SS	8	Inventories for sale or use			42,912.	8	52,809.
٩	9	Inventories for sale or use Prepaid expenses and deferred charges		ATCH 2	82,326.	9	62,630.
	-	Land, buildings, and equipment: cost or	Ī - I		·		
		other basis. Complete Part VI of Schedule D	10a	425,614.			
	b	Less: accumulated depreciation			42,261.	10c	36,603.
	11	Investments - publicly traded securities			1,310.	11	796,866.
	12	Investments - other securities. See Part IV, line 11			0.	12	0.
	13	Investments - program-related. See Part IV, line 11			0.	13	0.
	14	Intangible assets	0.	14	0.		
	15	Other assets. See Part IV, line 11			0.	15	0.
	16	Total assets. Add lines 1 through 15 (must equal			953,376.	16	1,597,025.
	17	Accounts payable and accrued expenses			57,839.	17	62,722.
	18	Grants payable			0.	18	0.
	19	Deferred revenue	24,837.	19	16,018.		
	20	Tax-exempt bond liabilities	0.	20	0.		
	21		ow or custodial account liability. Complete Part IV of Schedule D				
es	22	Loans and other payables to current and for					
Liabilities		trustees, key employees, highest compen-					
jab		disqualified persons. Complete Part II of Schedule			0.		0.
_	23	Secured mortgages and notes payable to unrelate	ed thire	d parties	0.	23	0.
	24	Unsecured notes and loans payable to unrelated to			37,741.	24	15,093.
	25	Other liabilities (including federal income tax, I		l l			
		parties, and other liabilities not included on lines		' '	0		0
	00	of Schedule D			0. 120,417.	25	93,833.
_	26	Total liabilities. Add lines 17 through 25			120,417.	26	93,033.
es		Organizations that follow SFAS 117 (ASC 958), complete lines 27 through 29, and lines 33 and		k nere 🕨 🔼 and			
Fund Balances	27	Unrestricted net assets			638,259.	27	1,326,802.
3ali	28	Temporarily restricted net assets			194,700.	28	176,390.
<u> </u>	29	Permanently restricted net assets			0.	29	0.
or Fur		Organizations that do not follow SFAS 117 (ASC 958) complete lines 30 through 34.	, chec	k here ▶  and			
	30				30		
Assets	31	Paid-in or capital surplus, or land, building, or equ	nt fund		31		
	32	Retained earnings, endowment, accumulated inco			32		
Net	33	Total net assets or fund balances	-,		832,959.	33	1,503,192.
_	34	Total liabilities and net assets/fund balances			953,376.	34	1,597,025.
					•		<u> </u>

Form **990** (2018)

Page **12** Form 990 (2018)

	70 (2010)			,	gc • =
Part					$\overline{}$
	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	2,5	52,5	83.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,8	82,3	350.
3	Revenue less expenses. Subtract line 2 from line 1	3	6	70,2	233.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	8	32,9	959.
5	Net unrealized gains (losses) on investments	5			0.
6	Donated services and use of facilities				
7	Investment expenses	7			0.
8	Prior period adjustments				
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	1,5	03,1	92.
Part					
	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," e	explain in			
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were con				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
h	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were aud				
	separate basis, consolidated basis, or both:	nou on u			
	X Separate basis Consolidated basis Both consolidated and separate basis				
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for	oversight			
·	of the audit, review, or compilation of its financial statements and selection of an independent ac	_	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year,				
	Schedule O.	JAPIGIII III			
3 2	As a result of a federal award, was the organization required to undergo an audit or audits as se	at forth in			
эa	the Single Audit Act and OMB Circular A-133?	i iOitii III	3a		Х
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?	dergo the			
b	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such at		3b		

#### SCHEDULE A (Form 990 or 990-EZ)

## **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number 91–1526803

HON	MEWARD PET ADOPTION CEI	NTER				91-15268	03					
Pai	rt I Reason for Public Cha	rity Status (All o	rganizations must o	omplete	e this pa	art.) See instructions						
The	organization is not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	eck only	one box.)						
1	A church, convention of chu	urches, or associa	tion of churches desc	ribed in <b>s</b>	ection 1	70(b)(1)(A)(i).						
2	A school described in secti	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90 or 990	)-EZ).)						
3	A hospital or a cooperative	hospital service o	rganization described	in <b>sectio</b>	n 170(b)	(1)(A)(iii).						
4	A medical research organiz	ation operated in	conjunction with a hos	spital des	scribed ir	n section 170(b)(1)(A)	(iii). Enter the					
	hospital's name, city, and st	ate:										
5	An organization operated t	for the benefit of	a college or universit	y owned	d or ope	rated by a governme	ntal unit described in					
	section 170(b)(1)(A)(iv). (C	complete Part II.)										
6	A federal, state, or local go	•			•	, , , , , , ,						
7	X An organization that norma	•	•	pport fro	om a go	vernmental unit or fro	om the general public					
	described in section 170(b)											
8	A community trust describe											
9	An agricultural research org	=			-	=						
	or university or a non-land-	grant college of ag	griculture (see instruct	ions). Ei	nter the r	name, city, and state of	f the college or					
	university:											
10	An organization that norma receipts from activities rela support from gross investmacquired by the organizatio	nent income and un n after June 30, 19	nrelated business tax 975. See <b>section 509</b>	able incc ( <b>a)(2).</b> (C	me (less Complete	s section 511 tax) from Part III.)	nip fees, and gross n 331/3 %of its businesses					
11	An organization organized	•	•	-								
12	An organization organized	•	•			•						
	of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3).											
		Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.										
а	Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving											
	the supported organization				ajority of	the directors or truste	es of the					
	supporting organization.	•	•				(a) hh					
b	Type II. A supporting org	•					( ). 3					
	control or management o		=	me sam	e person	is that control of man	age the supported					
_				tod in a	annoctio	n with and functional	ly intograted with					
С	its supported organization						iy integrated with,					
d	Type III non-functionally		· ·				ted organization(s)					
u	that is not functionally inte			•		• •	• , ,					
	requirement (see instruct	-	-	-		<u>-</u>	an attorniveness					
е		•	•				I. Type III					
	functionally integrated, or						, ,,					
f	Enter the number of supported											
g	Provide the following information	on about the suppo	orted organization(s).									
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of					
			(described on lines 1-10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)					
				Yes	No		,					
(A)												
(B)												
(C)												
(D)												
(E)												
Tota	al											

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

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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)	<b>(a)</b> 2014	<b>(b)</b> 2015	(c) 2016	<b>(d)</b> 2017	(e) 2018	(f) Total			
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,082,593.	1,198,075.	1,337,059.	1,509,323.	2,134,785.	7,261,835.			
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.			
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.			
4	Total. Add lines 1 through 3	1,082,593.	1,198,075.	1,337,059.	1,509,323.	2,134,785.	7,261,835.			
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount									
	shown on line 11, column (f)						454,342.			
6	Public support. Subtract line 5 from line 4						6,807,493.			
	tion B. Total Support	(-) 0044	(1-) 0045	(-) 0040	(-1) 0047	(-) 0040	(6) T-4-1			
	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total			
7 8	Amounts from line 4.  Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,082,593.	1,198,075. 1,522.	1,337,059.	1,509,323.	2,134,785. 3,234.	7,261,835. 9,388.			
9	Net income from unrelated business activities, whether or not the business is regularly carried on			18,250.	22,450.	10,850.	51,550.			
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) ATCH 1			94.	667.	3,301.	4,062.			
11	Total support. Add lines 7 through 10						7,326,835.			
12	Gross receipts from related activities, etc. (s	see instructions) .				12				
13	<b>First five years.</b> If the Form 990 is forganization, check this box and <b>stop here</b> .									
Sec	tion C. Computation of Public Sup					T				
14	Public support percentage for 2018 (lin	. ,	•			14	92.91%			
15	Public support percentage from 2017					15	92.05 <b>%</b>			
16a	331/3% support test - 2018. If the org						.			
	box and <b>stop here.</b> The organization qu	-		-						
b	331/3% support test - 2017. If the org									
	this box and <b>stop here.</b> The organization	-		_						
17a	10%-facts-and-circumstances test - 2	_								
	10% or more, and if the organization					-	•			
	Part VI how the organization meets the			<del>-</del>	-					
L	organization									
b	10%-facts-and-circumstances test - 2	_								
	15 is 10% or more, and if the organization						-			
40	Explain in Part VI how the organization supported organization.									
18	Private foundation. If the organization									
	instructions									

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 Page **3** 

#### 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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	<b>(e)</b> 2018	(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 performed, 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 business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3						
. u	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
_	or 1% of the amount on line 13 for the year						
8 8	Add lines 7a and 7b						
0	line 6.)						
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
_		(4) 20	(2) 20:0	(0) 20 10	(4) 20 11	(0, 20.0	(1) 1010.
9 10 a	Amounts from line 6.  Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is form	-					
	organization, check this box and stop here						▶ 🔃
	tion C. Computation of Public Supp			(0)		T T	
15	Public support percentage for 2018 (line 8,					. 15	%
16	Public support percentage from 2017 Sche					16	%
	tion D. Computation of Investmen					T . T	
17	Investment income percentage for 2018 (lin						%
18	Investment income percentage from 2017						%
19 a	331/3% support tests - 2018. If the org	-					
	17 is not more than 331/3%, check this			•	• •	• • •	<u> </u>
b	331/3% support tests - 2017. If the orga						
	line 18 is not more than 331/3 %, check			-			. —
20	<b>Private foundation.</b> If the organization	did not check	a box on line	14. 19a. or 19b	o, check this be	ox and see insti	ructions

JSA 8E1221 1.000 Schedule A (Form 990 or 990-EZ) 2018 Page 4

#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

- 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) 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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 in 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 in 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.**
- 10 a 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 10b below.
  - 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
ng <i>by</i>			
,	1		
us ed			
	2		
er	3a		
nd he			
	3b		
B)	3с		
If	4a		
gn on			
	4b		
on ed (B)			
	4c		
s," IN on;			
on			
als r	5a		
dy	5b		
	5с		
to ed or			
	6		
or			
	7		
7?	8		
re ed			
	9a		
ch	9b		
fit	9c		
on ed			
to	10a		
	10b		

Schedule A (Form 990 or 990-EZ) 2018 Page 5

				- 3
Part l	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	44-		
h	below, the governing body of a supported organization? A family member of a person described in (a) above?	11a 11b		
	A 35% controlled entity of a person described in (a) above? If "Yes" to a, b, or c, provide detail in <b>Part VI.</b>	11c		
	on B. Type I Supporting Organizations	110		
	7 2 3 3 3 3 3 3 3		Yes	No
4	Did the directors, trustoco, or membership of one or more supported organizations have the newer to			
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part</b>			
	<b>VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.			
Soction	on C. Type II Supporting Organizations	2		
Secur	on C. Type ii Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		103	110
'	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations			
1	Did the experiencian provide to each of its supported experiencians by the last day of the fifth month of the		Yes	No
ı	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior			
	tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of			
	the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	_		
·	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Section	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructi	ons).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	Yes	
2	Activities Test. Answer (a) and (b) below.		162	NO
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
J	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If</i> "Yes," <i>describe in Part VI the role played by the organization in this regard.</i>	3b		
	or its supported organizations: if Tes, describe in Fait VI the Fole played by the organization in this regard.	<u>3D</u>		

Page 6 Schedule A (Form 990 or 990-EZ) 2018

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ			
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization.	_		•
Section A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
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		
· · · · · · · · · · · · · · · · · · ·	1d		
d Total (add lines 1a, 1b, and 1c)	Iu		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):	2		
2 Acquisition indebtedness applicable to non-exempt-use assets 3 Subtract line 2 from line 1d.	3		
	3		
4 Cash deemed held for exempt use. Enter 1-1/2% 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 .035. 7 Recoveries of prior-year distributions	6		
8 Minimum Asset Amount (add line 7 to line 6)	7		
Section C - Distributable Amount	8		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 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-functionall	y integra	ted Type III supporting	g organization (see
instructions).			'

Schedule A (Form 990 or 990-EZ) 2018

Page 7 Schedule A (Form 990 or 990-EZ) 2018 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Secti	on D - Distributions		Current Year	
1	Amounts paid to supported organizations to accomplish ex			
2	Amounts paid to perform activity that directly furthers exen			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organia	zations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
<u>а</u>	Excess from 2014			
b	Excess from 2015			
<u> </u>	Excess from 2016			
d	Excess from 2017			
6	EXCESS FROM 2018			

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 Page **8** 

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.)

			•	<u> </u>	<u> </u>	
				-	ATTACHMENT 1	
SCHEDULE A, PART II - OTHER INCOME						
DESCRIPTION	2014	2015	2016	2017	2018	TOTAL
MISCELLANEOUS INCOME			94.	667.	175,798.	176,559.
TOTALS			94_	667	175.798	176 559

#### Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

#### **Schedule of Contributors**

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2018

Employer identification number

HOMEWARD PET ADOPTIO	N CENTER	91-1526803			
Organization type (check one)	):	71 1320003			
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 privat	e foundation			
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private for	undation			
501(c)(3) taxable private foundation					
Check if your organization is o	covered by the General Rule or a Special Rule.				
<b>Note:</b> Only a section 501(c)(7) instructions.	), (8), or (10) organization can check boxes for both the General Rule an	nd a Special Rule. See			
General Rule					
or more (in money o	For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special Rules					
regulations under se 13, 16a, or 16b, and	described in section 501(c)(3) filing Form 990 or 990-EZ that met the ections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form d that received from any one contributor, during the year, total contributed the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line	990 or 990-EZ), Part II, line utions of the greater of <b>(1)</b>			
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.					
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions <i>exclusively</i> 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 <i>exclusively</i> religious, charitable, etc., purpose. Don't complete any of the parts unless the <b>General Rule</b> applies to this organization because it received <i>nonexclusively</i> religious, charitable, etc., contributions totaling \$5,000 or more during the year					
<del>-</del>	isn't covered by the General Rule and/or the Special Rules doesn't file at answer "No" on Part IV, line 2, of its Form 990; or check the box on				

Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization HOMEWARD PET ADOPTION CENTER

Employer identification number 91-1526803

Part I	Contributors (see instructions).	Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MICROSOFT MATCHING GIFTS PROGRAM	Total Solici Bations	[]
	PO BOX 7405	\$156,639.	Person X Payroll Noncash
	PRINCETON, NJ 08543		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2_	ANNE SNOW  5342 E BLAISDELL RD  PORT ORCHARD, WA 98366	\$\$61,538.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3_	BARBARA MCGILLIVRAY  17828 11TH AVE NE  ARLINGTON, WA 98223	\$ 75,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	BENEVITY  32 W. 25TH AVENUE, #203  SAN MATEO, CA 94403	\$\$56,748.	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 HOMEWARD PET ADOPTION CENTER

Employer identification number 91-1526803

Part II Noncash Property (see instructions). Use duplicate copies of Part II if 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
		\$	

Name of or	rganization HOMEWARD PET ADOPTION	CENTER	Employer identification number
			91-1526803
Part III		the year from any one contributions completing Part III, enter the e year. (Enter this information one	tor. Complete columns (a) through (e) and total of exclusively religious, charitable, etc.
(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, a	nd ZIP + 4 R	elationship of transferor to transferee
(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, a	nd ZIP + 4 R	elationship of transferor to transferee
(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, a	nd ZIP + 4 R	elationship of transferor to transferee
(-) N-			
(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, a	nd ZIP + 4 R	elationship of transferor to transferee

## SCHEDULE D (Form 990)

# Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990,

► 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
2018
Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

Employer identification number

Italii	e of the organization	Employer identification number
HON	MEWARD PET ADOPTION CENTER	91-1526803
Pa	organizations Maintaining Donor Advised Funds or Other Similar Funds or A	ccounts.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
	·	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in	
	funds are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant fund	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any	
	conferring impermissible private benefit?	Yes No
Pa	art II Conservation Easements.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (e.g., recreation or education) Preservation of	a historically important land area
	Protection of natural habitat Preservation of	a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the	ne form of a conservation
	easement on the last day of the tax year.	Held at the End of the Tax Year
а		2a
b		26
C		2c
_	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	
d		2d
•		<del></del>
3	Number of conservation easements modified, transferred, released, extinguished, or terminate	ed by the organization during the
	tax year >	
4	Number of states where property subject to conservation easement is located >	
5	Does the organization have a written policy regarding the periodic monitoring, inspection	-
_	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conse	rvation easements during the year
	<u> </u>	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing con-	servation easements during the year
	<b>▶</b> \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section	` ' ' ' ' ' '
	and section 170(h)(4)(B)(ii)?	Yes No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and e	·
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial	statements that describes the
	organization's accounting for conservation easements.	
Pa	organizations Maintaining Collections of Art, Historical Treasures, or Other S	Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenues of art, historical treasures, or other similar assets held for public exhibition, education	venue statement and balance sheet
	works of art, historical treasures, or other similar assets held for public exhibition, educa public service, provide, in Part XIII, the text of the footnote to its financial statements that descri	tion, or research in furtherance of
<b>L</b>		
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its reveworks of art, historical treasures, or other similar assets held for public exhibition, educa	
	public service, provide the following amounts relating to these items:	aon, or research in futurerance of
	(i) Revenue included on Form 990, Part VIII, line 1	▶ \$
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar ass	
_	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	50.5 for illiancial gain, provide the
2	Revenue included on Form 990, Part VIII, line 1	<b>&gt;</b> ¢
a b	Assets included in Form 990, Part X	

Schedule D (Form 990) 2018 Page **2** 

Pa	rt III Organizations Maintaini	ng Collections of	Art, Histo	rical Tre	asures, c	or Other	Similar Assets (		rage <b>=</b>
3	Using the organization's acquisition	on, accession, and	other recor	ds, check	any of tl	he follow	ving that are a sign	nificant use	of its
	collection items (check all that app	ly):		_					
а	Public exhibition		d	Loan	or exchang	ge progra	ms		
b	Scholarly research		e	Other					
С	Preservation for future gene	rations							
4	Provide a description of the organ	nization's collection	s and expla	ain how t	hey furthe	er the or	ganization's exemp	t purpose ir	Part
	XIII.								
5									
	assets to be sold to raise funds rath		ained as pa	rt of the o	organizatio	n's collec	ction?	Yes	No
Pa	rt IV Escrow and Custodial A				N ( IV / IV .				
	Complete if the organiza 990, Part X, line 21.	ation answered "Y	es" on For	m 990, F	art IV, IIn	e 9, or r	eported an amou	nt on Form	
4-	Is the organization an agent, truste	a austadian ar ath	a # inta #ma a d	liam / fam a			r accete not		
ıa								Yes	No
h	included on Form 990, Part X?  If "Yes," explain the arrangement i	n Part VIII and com	plata the fol	lowing tok	 			res	NO
b	ii res, explain the arrangement	II Fait Aili ailu coili	piete trie ioi	lowing tax	ле. Г		Amount		
С	Beginning balance				10		Alliouni	•	
d	Additions during the year								
e	Distributions during the year								
f	Ending balance								
	Did the organization include an am						account liability?	Yes	No
	If "Yes," explain the arrangement i								
	rt V Endowment Funds.			•					
	Complete if the organiza	ation answered "Y	es" on For	m 990, F	Part IV, Iin	e 10.			
		(a) Current year	(b) Prio	r year	(c) Two ye	ars back	(d) Three years back	(e) Four years	s back
1a	Beginning of year balance								
b	Contributions								
C	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 current year	end balance	e (line 1g,	column (a	)) held as	:		
а	Board designated or quasi-endown	nent ▶	_%						
b	Permanent endowment	%							
С	Temporarily restricted endowment	·							
	The percentages on lines 2a, 2b, a								
3a	Are there endowment funds not in	the possession of t	he organiza	tion that	are held a	nd admir	nistered for the		T 81 .
	organization by:							Yes	No
	(i) unrelated organizations							3a(i)	-
	(ii) related organizations							3a(ii)	<del>                                     </del>
_	If "Yes" on line 3a(ii), are the related	•						3b	
4 Pa	Describe in Part XIII the intended until Land, Buildings, and Equ								
Га	Complete if the organize	ation answered "Y	es" on For	m 990, I	Part IV, Iir	ne 11a. S	See Form 990, Pa	art X, line 10	0.
	Description of property		r other basis stment)		or other basis ther)		cumulated (c	d) Book value	
1a	Land	,	omioni,	(0		цері	COLUMN		
b	Buildings								
C	Leasehold improvements			2	273,815	. 2	68,068.	5.	747.
d	Equipment				51,799		20,943.		856.
	Other					T		/	
	I. Add lines 1a through 1e. (Column		m 990, Part	X, columi	n (B), line	10c.)		36,	603.

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018 Page **3** 

Part VII	Investments - Other Securities.		
	Complete if the organization answered	! "Yes" on Form 990	, Part IV, line 11b. See Form 990, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financia	al derivatives		
	held equity interests		
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
	n (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII	Investments - Program Related.		D . W. W
		Tyes" on Form 990	, Part IV, line 11c. See Form 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation:
			Cost or end-of-year market value
_(1)			
_(2)			
_(3)			
(4)			
(5)			
(6)			
(8)			
(9)	(1) 15 000 B 17 1 (D) 5 10 1 B		
	n (b) must equal Form 990, Part X, col. (B) line 13.)		
Part IX	Other Assets.	1 "Voo" on Form 000	, Part IV, line 11d. See Form 990, Part X, line 15.
(4)	(a) De	scription	(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
<u>(7)</u>			
(8) (9)			
	ımn (b) must equal Form 990, Part X, col. (B) ı	line 15 )	<b>b</b>
Part X	Other Liabilities.	<i>mo 10.)</i>	
raitx		d "Yes" on Form 990	, Part IV, line 11e or 11f. See Form 990, Part X,
	line 25.		, , a,
1.	(a) Description of liability	(b) Book valu	e
	al income taxes	(b) Book value	
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	nn (b) must equal Form 990, Part X, col. (B) line 25.)	<b>•</b>	
2 Linhility fo	and a second sec		

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

X

Schedule D (Form 990) 2018 Page **4** 

Part 2	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	<u> </u>
1	Total revenue, gains, and other support per audited financial statements	1	2,577,900.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments 2a		
b	Donated services and use of facilities		
	Recoveries of prior year grants		
	Other (Describe in Part XIII.)	20	25,317.
	Add lines 2a through 2d	2e 3	2,552,583.
3 4	Subtract line <b>2e</b> from line <b>1</b>	,	2,332,303.
	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
	Other (Describe in Part XIII.)		
	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,552,583.
Part 1	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ırn.	
1	Total expenses and losses per audited financial statements	1	1,907,667.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
	Other losses	-	
	Citier (Describe iii i dit Aiii.)	2e	25,317.
е 3	Add lines 2a through 2d	3	1,882,350.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
	Add lines 4a and 4b	4c	1 000 350
5 Dard	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,882,350.
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part IV, lines 1b and 2b and	art V, I	ine 4; Part X, line
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information of the complete this part to provide any additional information.		
FORM	990, SCH D, PART X, LINE 2		
THE (	DRGANIZATION EVALUATES ITS UNCERTAIN TAX POSITIONS AND A LOSS		
CONT	INGENCY IS RECOGNIZED WHEN IT IS MORE LIKELY THAN NOT THAT A		
LIAB	ILITY HAS BEEN INCURRED BY THE ORGANIZATION AS OF THE DATE OF THE		
FINA	NCIAL STATEMENTS AND THE AMOUNT CAN BE REASONABLY ESTIMATED.		

JSA 8E1271 1.000

Schedule D (Form 990) 2018

Part XIII Supplemental Information (continued)

#### **SCHEDULE G** (Form 990 or 990-EZ)

Department of the Treasury

#### **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 instructions.

OMB No. 1545-0047 Open to Public Inspection

Internal Revenue Service Na HC P

Name	of the organization					Employer identification	on number
HOM	EWARD PET ADOPTION CENTER					91-1526803	
Par	<b>Fundraising Activities.</b> Co Form 990-EZ filers are no	,			"Yes" on Form	990, Part IV, line	17.
1	Indicate whether the organization ra	aised funds through	any of the	following	activities. Check a	all that apply.	
а	Mail solicitations	е			non-government g		
b		f			government grant	S	
С		g	ı	cial fundra	ising events		
d							
	Did the organization have a written or key employees listed in Form 99 of If "Yes," list the 10 highest paid in	0, Part VII) or entity dividuals or entities	y in connec	tion with p	rofessional fundra	ising services?	Yes No fundraiser is to be
	compensated at least \$5,000 by the	e organization.					
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity			(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
3							
4							
5							
6							
7							
8							
9							
10							
Tota	l			•			
3	List all states in which the organiz registration or licensing.	ation is registered	or licensed	d to solicit	contributions or	has been notified	it is exempt from

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

Schedule G (Form 990 or 990-EZ) 2018

Schedule G (Form 990 or 990-EZ) 2018 Page **2** 

Pa	rt I	Fundraising Events. Complete more than \$15,000 of fundrate events with gross receipts greaters.	aising event contribut					
			(a) Event #1 FURBALL AUCTION	(b) Event #2 WINE WALK	(c) Other events	(d) Total events (add col. (a) through		
Revenue			(event type)	(event type)	(total number)	col. <b>(c)</b> )		
	1	Gross receipts	536,613.	29,637.		566,250		
		Less: Contributions	435,678.	20,887.		456,565		
	3	Gross income (line 1 minus line 2)	100,935.	8,750.		109,685		
Direct Expenses	4	Cash prizes						
	5	Noncash prizes	75,521.			75,521		
	6	Rent/facility costs	8,788.			8,788		
	7	Food and beverages	36,958.	400.		37,358		
Direc	8	Entertainment	7,000.			7,000		
	9	Other direct expenses	47,863.	6,205.		54,068		
	10	Direct expense summary. Add lin Net income summary. Subtract li	es 4 through 9 in colu	mn (d)		182,735 -73,050		
Pa	rt	Gaming. Complete if the org \$15,000 on Form 990-EZ, lin	anization answered "					
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))		
-Re	1	Gross revenue						
ses	2	Cash prizes						
Expenses	3	Noncash prizes						
Direct	4	Rent/facility costs						
<u> </u>	5	Other direct expenses						
	6	Volunteer labor	Yes % No	Yes% No	Yes% No			
	7	7 Direct expense summary. Add lines 2 through 5 in column (d)						
	8	Net gaming income summary. Su	ubtract line 7 from line	1, column (d)	<b>&gt;</b>			
9 8	ì	Enter the state(s) in which the orgals the organization licensed to con If "No," explain:	duct gaming activities	in each of these state	es?	Yes No		
		·						
10a		Were any of the organization's gamino	g licenses revoked, sus		ring the tax year?	Yes No		

#### HOMEWARD PET ADOPTION CENTER

Sched	ule G (Form 990 or 990-EZ) 2018 Page <b>3</b>
11	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?
13	Indicate the percentage of gaming activity conducted in:
а	The organization's facility
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	Name ▶
	Address ▶
15 a	Does the organization have a contract with a third party from whom the organization receives gaming
15 4	revenue?
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the
-	amount of gaming revenue retained by the third party > \$
С	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
17	Mandatory distributions:
ı,	Is the organization required under state law to make charitable distributions from the gaming proceeds to
а	retain the state gaming license?
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations
D	or spent in the organization's own exempt activities during the tax year > \$
Par	<u> </u>
	(000 11011 0010110).

Schedule G (Form 990 or 990-EZ) 2018

## SCHEDULE M (Form 990)

**Noncash Contributions** 

► 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.

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2018

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Department of the Treasury Internal Revenue Service

Name of the organization

HOMEWARD PET ADOPTION CENTER

Employer identification number

91-1526803

Par	Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of noncash contri			
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household							
Ū	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC,							
• •	or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation							
10	contribution - Historic							
	structures							
14	Qualified conservation							
	contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ▶ ( PET SUPPLIES )	Х	1,072.	165,831.	RETAIL VAI	LUE		
26	Other (AUCTION ITEMS)	Х	197.	59,685.	RETAIL VAI			
27	Other ►()			·				
28	Other ►()							
	Number of Forms 8283 received	by the ora	anization during the tax v	ear for contributions for				
	which the organization completed F	-			29			
	e u.e e.ga <u>-</u> aue eep.e.ea .	····· 0200,	,	,		١	es	No
30a	During the year, did the organizat	ion receive	by contribution any prope	rty reported in Part I, line	s 1 through			
	28, that it must hold for at least the				- 1			
	to be used for exempt purposes for	•				30a		Х
b	If "Yes," describe the arrangement i		31					
31	Does the organization have a		tance policy that require	es the review of anv	nonstandard			
	contributions?					31		Х
32a	Does the organization hire or use							
	contributions?	-		-		32a		Х
b	If "Yes," describe in Part II.							
33	If the organization didn't report an	amount in o	column (c) for a type of pro	perty for which column (a)	) is checked.			
-	describe in Part II.		( ) 21 1	. ,	,			

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

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Schedule M (Form 990) 2018

Schedule M (Form 990) (2018) Page **2** 

Part II Supplem

**Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Schedule M (Form 990) (2018)

#### SCHEDULE O (Form 990 or 990-EZ)

#### 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 990-EZ.

OMB No. 1545-0047

2018

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Department of the Treasury Internal Revenue Service

Name of the organization

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

HOMEWARD PET ADOPTION CENTER

91-1526803

**Employer identification number** 

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
DOCUMENTS ARE AVAILABLE UPON REQUEST.

ATTACHMENT 1

FORM 990, PART III - PROGRAM SERVICE, LINE 4A

THE HOMEWARD PET ADOPTION PROGRAM FOUND HOMES FOR 1,754 DOGS,
PUPPIES, CATS AND KITTENS IN 2018. WITH APPROXIMATELY 75% OF THE

Schedule O (Form 990 or 990-EZ) 2018 Page 2

Name of the organization

HOMEWARD PET ADOPTION CENTER

Employer identification number

91-1526803

ATTACHMENT 1 (CONT'D)

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, IF NEEDED, VACCINATED AND MICROCHIPPED - ALL PRIOR TO ADOPTION. ADDITIONALLY, ANY THAT PRESENT WITH 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.

ATTACHMENT 2

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

DESCRIPTION ENDING
BOOK VALUE

PREPAID EXPENSES - DONATION 9,791.

PREPAID EXPENSES - OTHER 15,839.

DEPOSIT - RENT 37,000.

Schedule O (Form 990 or 990-EZ) 2018 Page **2** 

Name of the organization
HOMEWARD PET ADOPTION CENTER
91-1526803
ATTACHMENT 2 (CONT'D)

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

ENDING
BOOK VALUE

TOTALS

62,630.