Form **990**

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

A	For ti	he 2020	calendar year, or tax year beginning	, 2020	, and ending			, 20
D			C Name of organization			D Empl	oyer ident	ification number
В	Check if	applicable	HOMEWARD PET ADOPTION	CENTER		91	-15268	803
	Add cha	ress nge	Doing business as					
	Nan	ne change	Number and street (or P.O. box if mail is	not delivered to street address)	Room/suite	E Telep	hone numl	ber
	Initi	al return	PO BOX 2293			(425) 488	- 4444
		al return/ minated	City or town, state or province, country,	and ZIP or foreign postal code				
		ended	WOODINVILLE, WA 98072			G Gross	receipts \$	2,280,486.
	App	lication	F Name and address of principal officer:	NANETTE MCCANN		H(a) Is I	his a group	
_	pen pen	ding	PO BOX 2293, WOODINVI	LLE, WA 98072			oordinales? all subordina	\vdash
ī	Tax-e	exempt st) 4 (insert no.) 4947(a)(1)	or 527			ch a list. See instructions
J	Webs	site:	WWW.HOMEWARDPET.ORG	(table to the first to the fir	01 027	C455/2018		on number
ĸ	Form	of organ	nization: X Corporation Trust	Association Other	I Year of			ate of legal domicile: WA
	art I		ımmary	7.000 dated	L Tour of	IOIMIBLION: 23	3 10 OC	ate of regar doffficile.
	1		y describe the organization's mission o	r most significant activities. TO GT	VE HOMELE	ESS ANIMA	I.S. A.	SECOND CHANCE
a	∥ `		OUGH OUR RESCUE, SHELTER			111(1111	11	DECOMP OMNIOE
anc			oven con nacca, emana	THE THEFT TOUT THOUGHT				
ELU,	2	Chook	this box if the organization d	incontinued its apprehies discus-		- 250/ -1:1		
Activities & Governance	3		er of voting members of the governing					13.
≪ 5	4	Numb	er of independent voting members of I	the governing body (Part VI line 1b)	SER! A # 1883	# 1052A # #A		4 13.
es	5	Total	ner of independent voting members of	the governing body (Part VI, line 1b)	2221 1 1 1071		• • • • •	5 33.
vit	6	Total	number of individuals employed in cale	endar year 2020 (Part V, line 2a)		* *****	•/3•24• A	
Act	_	Total	number of volunteers (estimate if neces	sary)	9561 S #1565U5	# #8##8# # #A	570 C.10	
1			unrelated business revenue from Part V					
_	K) Net ur	nrelated business taxable income from	Form 990-1, Part I, line 11	• • • • • •			'b
		0 1 -	Section 1 (Deciding Control		-	Prior		Current Year
ne	8	Contri	ibutions and grants (Part VIII, line 1h).				32,073	
Revenue	9	Progra	am service revenue (Part VIII, line 2g)				4,741	
Re	10		ment income (Part VIII, column (A), line				38,483	
	11		revenue (Part VIII, column (A), lines 5,				17,822	
_	12		revenue - add lines 8 through 11 (musl			1,9	77,475	
	13		s and similar amounts paid (Part IX, col					0.
	14		its paid to or for members (Part IX, colu					0.
es	15		es, other compensation, employee bene			1,15	1,048	
Expenses	16 a	l Profes	ssional fundraising fees (Part IX, column	(A), line 11e)	******		0	0.
χ	b		fundraising expenses (Part IX, column (
_	17		expenses (Part IX, column (A), lines 11				72,832	
	18		expenses. Add lines 13-17 (must equal				23,880	
. 10	19	Reven	ue less expenses. Subtract line 18 fron	n line 12	5 S S S S S S S S S S S S S S S S S S S		3,595	190,944.
Sol	20 21 22					Beginning of C		
sset	20	Total a	assets (Part X, line 16)		L		27,873	
t A	21	Total I	iabilities (Part X, line 26)				7,968	
žŽ	22	Net as	sets or fund balances, Subtract line 21	from line 20	4 4 4 4 4 5	1,59	9,905	1,831,064.
	rt II		jnature Block					
Und	der pe	nalties o	f perjury, I declare that I have examined the complete. Declaration of preparer (other than	s return, including accompanying schedu	ules and stateme	ents, and to the	best of n	ny knowledge and belief, it is
truc	, соп	ect, and	complete. Declaration of preparer (other than	officer) is based on an implimation of will	ch preparer has	any knowledge.		
c:	_	-						
Sig Hei		S	ignature of officer			Da	ate	
пеі	е	1	NANETTE MCCANN	EXECUT	IVE DIREC	CTOR		
		100	ype or print name and title					
D-:-		Print/	Type preparer's name	Preparer's signature	Date	Che	ck if	PTIN
Paid Pror		STEV	MEN B BISHOP	STEVEN B BISHOP	11/12/		-employed	
	oarer Only	Firm's	name ▶BADER MARTIN, P.S	₩.	-17	Firm's El	N ▶ 91	-1501421
J36	Orny		address >1000 2ND AVE 34TH FLOOR	SEATTLE, WA 98104-1022		Phone n		6-621-1900
May	the		scuss this return with the preparer					X Yes No
			Reduction Act Notice, see the separat			5114	A 50A	Form 990 (2020)

Form **8868**

(Rev. January 2020)

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. 1545-0047

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.

filing of this	form, visit www.irs.gov/e-file-providers/e-file-f	or-charities	-and-non-profits.				
Automatic	6-Month Extension of Time. Only subm	it original	(no copies needed).				
All corporat	ions required to file an income tax return othe orm 7004 to request an extension of time to f	r than For	m 990-T (including 1120-C filers), partnershi	ips, RE	MICs, a	and trusts	
Tuno or	Name of exempt organization or other filer, see in	structions.	Taxpayer identification	numbe	r (TIN)		
Type or print	HOMEWARD PET ADOPTION CENTER		91-1526	803			
File by the due date for filing your	date for your PO BOX 2293						
return. See instructions.	Gee City, town or post office, state, and ZIP code. For a foreign address, see instructions.						
Enter the R	eturn Code for the return that this application	is for (file	a separate application for each return)			0 1	
Application	1	Return	Application Is For			Return	
Is For	Farm 000 F7	Code 01		_		07	
	or Form 990-EZ	02	Form 990-T (corporation) Form 1041-A			08	
Form 990-E						09	
Form 4720 (individual) 03 Form 4720 (other than individual) Form 990-PF 04 Form 5227					10		
Form 990-PF 04 Form 5227 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069						11	
Form 990-T (trust other than above) 06 Form 8870						12	
If the orgIf this isfor the who	ne No. ► 425 488-4444 ganization does not have an office or place of for a Group Return, enter the organization's folle group, check this box ►	business in ur digit Gro f it is for pa	oup Exemption Number (GEN)			his is	
	est an automatic 6-month extension of time u		11/15 , 20 21 , to file the exe	mpt or	anizal	tion return	
for the	calendar year 20 20 or tax year beginning tax year entered in line 1 is for less than 12 m	for the or	ganization's return for:, and ending	, 20			
	Change in accounting period						
	application is for Forms 990-BL, 990-PF, 9	90-1, 4/2	u, or buby, enter the tentative tax, less a	- 11		0	
	fundable credits. See instructions.	4720 6	er 6060 anter any refundable credite s	3a	\$	0 •	
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b \$						0.	
	ated tax payments made, include any prior years due. Subtract line 3b from line 3a. Include				-	-	
	tronic Federal Tax Payment System). See instru		Total Title and form, in required, by doing El-	30	S	0.	
3.30-31-01-01-01	ou are going to make an electronic funds withdrawa		oit) with this Form 8868, see Form 8453-EO and				
instructions.		,					
	Act and Paperwork Reduction Act Notice, see inst	ructions.		For	m 886 8	8 (Rev. 1-2020)	

JSA 0E1020 1.000

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,"			
	complete Schedule A	1	Χ	
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2	Χ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			l
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			.,
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	l	v	
	complete Schedule D, Part VI	11a	X	-
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			X
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Λ
a	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	444		X
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	Λ.
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e	21	
r	the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
42-		- 11	- 21	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	12a	Х	
h	Schedule D, Parts XI and XII	120	- 21	
D	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	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	14b		X
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	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
-	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 27 if "Yes," complete Schedule I, Parts I and III. 21 Did the organization awaver "Yes" to Part IVI, 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. 22 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 innes 240 through 24d and complete Schedule J. No. 'go to line 25a. 23 b) bit the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception". 24 b) Did the organization attains an excross account other than a refunding escrow at any time during the year? 24 c) Did the organization attains an excross account other than a refunding escrow at any time during the year? 24 d) Did the organization attains an excross account other than a refunding escrow at any time during the year? 25 a 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 in a prior year, and that the transaction the transaction they are received to the organization prior forms 990 or 990-EZ? If "res," complete Schedule L, Part II. 25 b) Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction they are any of the organizations prior forms 990 or 990-EZ? If "res," complete Schedule L, Part II. 26 b) Is the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, we will be organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employe	Par	t V Checklist of Required Schedules (continued)			
Part IX. column (A), line 2º If "yes," complete Schedule I. Parts I and III 23 20 bid 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. 24 21 bid 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. 1** "No." go to line 25a. 24b 22 bid the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b 23 bid the organization aniatinal an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 30 bid the organization aniation access on a count other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 30 bid the organization are that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I. 34d 25a Section Soft(c)(3), Soft(c)(4), and 501(c)(2)9 organizations benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organizations' prior Forms 90 or 90-E2? If "Yes," complete Schedule L, Part II		D110		Yes	No
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. 24 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," answerimes 24b through 24d and complete Schedule K. If "No." go to line 25a. 25 Did the organization maintain an escrow account other than a refunding escrow at any time during the year to delease any tax-exempt bones?. 24 Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	22				V
organization's current and former officers, directors, trusteess, key employees, and highest compensated employees? If "Pes," complete Schedule J. 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Pes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a. b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization aniatian an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization are as an "on behalf of" issuer for bonds outstanding at any time during the year? 25d Did the organization are that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I, Part I. b is the organization averate that It engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organizations's prior Forms 990 or 990-EZ? If "Yes," complete Schedule I. Part II. 25d Did the organization are forted, and the transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule I. Part II. 25d Did the organization report any amount on Part X. line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule I, Part II. 26 Did the organization and party to a business transaction with one of the following parties (see Schedule L. Part IV. 27 Publishes organization in priorividual described in line 28a? If "Yes," complete Schedule II. Part IV. 28 Yes, "complete Schedule I. Part IV. 28 Yes,	22		22		Х
employees? If "Yes," complete Schedule J. 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 240 through 24d and complete Schedule K. If "No," go to line 25a. b Did the organization west any proceeds of itax-exempt bonds beyond a temporary period exception?	23				
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a					17
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through 24d and complete Schedule K. If "No." go to line 25a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization at as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I. b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 If "Yes," complete Schedule L, Part II. 25b Did the organization report any amount on Part X. line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% confrolled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II. 27 Did the organization party to a business transaction with one of the following parties (see Schedule L, Part III. 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV. 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV. 29 A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV. 29 A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV. 29 Did the organization individual described in line 28a? If "Yes," complete Schedule R, Part IV. 30 Did the organization orthinutions? If "Yes," complete Schedule R, Part IV. 31 Did the organization orthinutions of art, his	24 a				
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?					
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?. d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?. 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I. b Is the organization aware that It engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 If "Yes," complete Schedule L, Part I. 25b Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III. 27c Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III. 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV). b A family member of any individual described in line 28a' If "Yes," complete Schedule L, Part IV. c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV. 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule N, Part II. 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contribut			_		Х
to defease any tax-exempt bonds?. 24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?. 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I, Part I. 25a Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction have necess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 If "Yes," complete Schedule L, Part II. 25b Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III. 25c 27 Did 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): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV. 25c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV. 25c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule N, Part II. 25c Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "yes," complete Schedule N, Part II. 31c Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule N, Part II. 31c Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, IIII. 2. 32c Did the orga			24b		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	С				
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year, "I" "Yes," complete Schedule L, Part I. b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I. Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III. The part IV instructions, for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV. A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV. Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule N, Part II. Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part II. 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, III, or IV, and Part V, line 1. Section 501(C)(3) organizations poil section 512(b)(13)? If "Yes," complete Schedule R, Part V, Ine 2. The organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for feder					
transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I			24d		
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 if "Yes," complete Schedule L, Part I	25 a				
year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 1			25a		X
16 "Yes," complete Schedule L, Part I. 27 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II. 28 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part II is a controlled entity to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV instructions of a stantal instruction i	b				
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or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II			25b		X
controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26				
Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III					
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member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27				
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a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
"Yes," complete Schedule L, Part IV b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV 28c 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV. c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV. 28c 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II. 32 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 Vas 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 Was the organization have a controlled entity within the meaning of section 512(b)(13)? 35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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 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. 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI. 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Sc	а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV		"Yes," complete Schedule L, Part IV	28a		X
"Yes," complete Schedule L, Part IV 28c 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	b		28b		Х
Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		"Yes," complete Schedule L, Part IV	28c		Х
Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
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Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II. 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. 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. Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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. 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. Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI. Note: All Form 990 filers are required to complete Schedule O.		conservation contributions? If "Yes," complete Schedule M	30		Х
complete Schedule N, Part II	31		31		X
complete Schedule N, Part II	32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes."			
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			32		Х
sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
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			33		Х
or IV, and Part V, line 1	34				
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?			34		Х
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	-		X
controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			Jou		
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			35h		
related organization? If "Yes," complete Schedule R, Part V, line 2	36		330		
Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O. 38			36		X
and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O. 38	37		30		
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19? Note: All Form 990 filers are required to complete Schedule O. 38 X	38		3,		
			38	x	
The second of the second second second in the second secon	Part		30	21	
Check if Schedule O contains a response or note to any line in this Part V					
Yes		Shook is contodule a contained a reappointe of note to any fine in this fact v		Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 2	1 2	Enter the number reported in Box 3 of Form 1096. Enter -0, if not applicable		.00	.40
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0 .					
c Did the organization comply with backup withholding rules for reportable payments to vendors and					
			1.	x	
JSA - 000	JSA .				/2020
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Page 5

Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
	X 7.		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 33			
Ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Χ	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Χ	
C	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			37
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
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:			
	Initiation fees and capital contributions included on Part VIII, line 12			
þ	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	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? If "Yes " enter the amount of tax-exempt interest received or accrued during the year	120		
	The design of the amount of the exempt interest received of decided daining the year 1111			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a		
а	Is the organization licensed to issue qualified health plans in more than one state?	100		
	Note: 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			
_				
	Enter the amount of reserves on hand	14a		X
		14b		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
15	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N			
10		16		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.			

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"

	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule C	See ii	nstruc	tions.
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sect	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 1	3		
	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	1		
	committee, explain on Schedule O.	3		
b	Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		ì	
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct	:		
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			X
	one or more members of the governing body?	7a	-	Δ
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:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached a			
3	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue		. 1	1
0000	in B. Totales (This decition b requests information about policies not required by the internal Neverta	Code	Yes	No
		40.	100	X
	Did the organization have local chapters, branches, or affiliates?	10a	_	^
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b				
	rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,			
·		12c	X	
4.0	describe in Schedule O how this was done		X	-
13	Did the organization have a written whistleblower policy?	13	X	_
14	Did the organization have a written document retention and destruction policy?	14	Λ.	_
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	X	
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		,	
104	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			
C4	organization's exempt status with respect to such arrangements?	16b		<u> </u>
Secti	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 on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict	of into	rest r	olicy
	and financial statements available to the public during the tax year.	or nite	. cor h	, oney
20	· · · ·	rdo 🏲		
20	State the name, address, and telephone number of the person who possesses the organization's books and reconverse MCCANN 13132 NE 177TH PLACE WOODINVILLE, WA 98072 425-488-4444	us 🟲		
				_

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Part VII **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. See instructions for the order in which to list the persons above.

				(0	C)								
(A)	(B)			Pos	ition			(D)	(E)	(F)			
Name and title	Average	(do r	not c	heck	more	e lhan c	ne	Reportable	Reportable	Estimated amount			
	hours					is both		compensation	compensation				
	per week (list any	-	_		_	or/trust	-	from the organization	from related organizations	from the			
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations			
(1) NANETTE MCCANN	40.00												
EXECUTIVE DIRECTOR	0.			Х				100,004.	0.	5,031			
(2) KIMBER CONNORS	1.00												
MEMBER	0.	Х						0.	0.	0			
(3) KIMBERLY SCOTT	3.00												
VICE PRESIDENT	0.	Х		X				0.	0.	0			
(4) LAURIE ANDERSON	2.00												
TREASURER	0.	Х		X				0.	0.	0			
(5) LISA APPLEGATE	2.00												
MEMBER	0.	Х						0.	0:	0			
(6) LISETTE DRULINER-KIM	1.00												
MEMBER	0.	X						0.	0.	. 0			
(7) RICK MCDONALD	1.00												
MEMBER	0.	Х						0.	0.	. 0			
(8) DOUG CUSTER	1.00												
MEMBER	0.	Х						0.	0.	. 0			
(9) VIVIAN WEST	1.00			İ									
MEMBER	0.	X						0.	0.	. 0			
(10) CODY TOUCHETTE	1.00												
MEMBER	0.	X		L				0,	0.	. 0			
(11) DENNIS GRIFFITH	1.00												
MEMBER	0.	Х						0.	0.	. 0			
(12) MARIKA BELL	3.00												
PRESIDENT	0.	Х		X			1_	0.	0.	. 0			
(13) RACHEL TODD	2.00												
SECRETARY	0.	Х	_	X			<u> </u>	0.	0 .	. 0			
(14) JACKIE ROSS	1.00												
MEMBER	0.	X						0.	0.,	. 0			

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Part VII Section A. Officers, Directors, Tru	stees, Ke	y Em	plo	ye	es,	and F	ligi	hest Compensat	ed Emplo	yees (c	continued)
(A) Name and title	Average hours per week (list any hours for related organizations	box,	unles r and	Pos heck	rson lirect	than o is both or/trust emplo	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reports compensat relate organiza (W-2/1099	ion from ed itions	(F) Estimated amount of other compensation from the organization
	below dotted line)	Individual trustee or director	Institutional trustee	37	Key employee	Highest compensated employee	er	(**-271033-101130)			and related organizations
1b Sub-total c Total from continuation sheets to Part VII, Se d Total (add lines 1b and 1c)	ection A .				• •		* * *	100,004.	2	0.	5,031. 0. 5,031.
Total number of individuals (including but not I reportable compensation from the organization	imited to th						re		\$100,000		, , , ,
3 Did the organization list any former office employee on line 1a? If "Yes," complete Schedu	er, directo ule J for suc	r, or chind	tru i <i>vidu</i>	iste	e,	key e	mp	loyee, or highest	compens	ated	Yes No
4 For any individual listed on line 1a, is the sorganization and related organizations greindividual	ater than	\$15	0,0	00?		"Yes	," (complete Schedu	le J for	such	4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Ye	accrue cor s," comple t	npen: e Sch	satio edu	on f le J	for	any such	unr pers	elated organization	on or indiv	idual • • •	5 X
Section B. Independent Contractors											
1 Complete this table for your five highest comp compensation from the organization. Report co year.	oensated ir ompensatio	ndepe on for	the	cal	lend	ractor	rs th ar e	hat received more nding with or with	than \$100 in the orga	0,000 o anizatio	f n's tax
(A) Name and business addr	ress							(B) Description of se	rvices	С	(C) compensation
ATTACHMENT 2											
2 Total number of independent contractors (in	cludina bu	t not	lim	itec	d to	thos	e li	sted above) who	received		THE FAIR DAY
more than \$100,000 in compensation from the	organizat	on 🕨				1				10.5	

Part VIII	Statement of Revenue
	Statelliell of Keveline

		Check if Schedule O contains a response or note to any				
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
z z	1a	Federated campaigns 1a				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b				
ي ۾	c	Fundraising events 1c 216,337				
ffs,	d	Related organizations 1d				
ਲੁ≅	e	Government grants (contributions) 1e				
ns,	f	All other contributions, gifts, grants,				
흕	, i	and similar amounts not included above . 1f 1,853,317				
흎		Noncash contributions included in				
洁	g	lines 1a-1f 1g \$ 116,193.				
a C	h	Total. Add lines 1a-1f	2,069,654			
		Business Code				
e	2a	ADOPTION FEES 900099	137,758.	137,758.		
۵ٍ		-				
Se	b					
am	۲ C					
28	ı u					
Program Service Revenue	f	All other program service revenue				
	g	Total. Add lines 2a-2f	137,758.			
	3	Investment income (including dividends, interest, and				
	_	other similar amounts)	59,836			59,836,
	4	Income from investment of tax-exempt bond proceeds . >	0.			
	5	Royalties	0,,			
		(i) Real (ii) Personal				
	6a	Gross rents 6a				
	b	Less: rental expenses 6b				
	С	Rental income or (loss) 6c				
	d	Net rental income or (loss) ▶	О.			
	7a	Gross amount from (i) Securities (ii) Other				
		sales of assets				
		other than inventory 7a				
<u>e</u>	ь	Less: cost or other basis				
her Revenue		and sales expenses 7b				
é	c	Gain or (loss) 7c				
F.	d	Net gain or (loss)	0.			
	8a	Gross income from fundraising				
ŏ		events (not including \$216,337,				
		of contributions reported on line				
		1c). See Part IV, line 18				
	ь	Less: direct expenses 8b 38,793.				
	C	Net income or (loss) from fundraising events ▶	-38,793.			-38,793
	9a	Gross income from gaming				
		activities. See Part IV, line 19 9a 0.				
	b	Less: direct expenses 9b 0.				
	c	Net income or (loss) from gaming activities	0,			-
	10a	Gross sales of inventory, less				
		returns and allowances				
	b	Less: cost of goods sold				
_	C	Net income or (loss) from sales of inventory	0,			
SI		Business Code				
Miscellaneous Revenue	11a	MISCELLANEOUS REVENUE	13,238.	13,238.		
llar æn	b	:				
Rev	С					+
Mis	d	All other revenue	12.00			-
-	42	Total. Add lines 11a-11d	13,238,	150 000		225 042
	12	Total revenue. See instructions	2,241,693.	150,996.		21,043

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must Check if Schedule O contains a respo				
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) 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, trustees, and key employees	105,035.		105,035.	
6 Compensation not included above to disqualified				
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	993,766.	730,593.	55,187.	207,986.
8 Pension plan accruals and contributions (include				
section 401(k) and 403(b) employer contributions)	0.			
9 Other employee benefits	117,027.	93,586.	15,174.	8,267
10 Payroll taxes	101,288.	71,338.	6,749.	23,201
11 Fees for services (nonemployees):				
a Management	0.			
b Legal	0.			
c Accounting	0.			
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17.	0.		6 560	
f Investment management fees	6,562.		6,562.	
g Other, (If line 11g amount exceeds 10% of line 25, column	1/1 750	07 422	44 220	
(A) amount, list line 11g expenses on Schedule O.)	141,752.	97,432.	44,320.	6,670
12 Advertising and promotion	67,197.	16,492.	18,306.	32,399
13 Office expenses	33,322.	6,856.	20,938.	5,528
14 Information technology	0.	0,030	20,730.	3,320
15 Royalties	169,881.	135,905.	16,988.	16,988
16 Occupancy	5,120.	5,120.	10,700:	10/300
17 Travel	0,120	0/120		
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	19,944.	15,956.	1,994.	1,994.
23 Insurance	2,393.	1,675.	718.	
24 Other expenses, Itemize expenses not covered				
above (List miscellaneous expenses on line 24e. If				
line 24e amount exceeds 10% of line 25, column				
(A) amount, list line 24e expenses on Schedule O.)				
aANIMAL CARE	197,179.	197,179.		
b VOLUNTEER EXPENSE	4,804.	4,804.		
cHPAC STORE EXPENSE	1,389.	1,389.		
dMISCELLANEOUS EXPENSE	77,420.	37,295	2,872.	37,253
e All other expenses	2 050 340	1 415 600	204 242	242 222
Total functional expenses. Add lines 1 through 24e	2,050,749.	1,415,620.	294,843.	340,286.
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 if				
following SOP 98-2 (ASC 958-720)	0.			

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	380,914.	1	516,830.
2	Savings and temporary cash investments	229,587.	2	229,715.
3	Pledges and grants receivable, net	0.	3	0.
4	Accounts receivable, net	50,708.	4	101,268.
5	Loans and other receivables from any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons	0.	5	0.
6	Loans and other receivables from other disqualified persons (as defined			
	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	0.	6	0.
2 7	Notes and loans receivable, net	0.	7	0.
8	Inventories for sale or use	53,238.	8	46,774
g	Prepaid expenses and deferred charges ATCH . 3	73,213.	9	90,498.
10 a	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a 452, 690 .			
b	Less: accumulated depreciation 10b 412,825.	59,763.	10c	39,865.
11	Investments - publicly traded securities	880,450.	11	995,422.
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 line 33)	1,727,873.	16	2,020,372.
17	Accounts payable and accrued expenses	113,060.	17	168,997.
18	Grants payable	0.	18	0.
19	Deferred revenue.	0.	19	0.
20	Tax-exempt bond liabilities.	0.	20	0.
21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
l	Loans and other payables to any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons	0 .	22	0.
23	Secured mortgages and notes payable to unrelated third parties	0.	23	0.
24	Unsecured notes and loans payable to unrelated third parties	0.	24	0.
25	Other liabilities (including federal income tax, payables to related third			
-	parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D	14,908.	25	20,311.
26	Total liabilities. Add lines 17 through 25.	127,968.	26	189,308.
	Organizations that follow FASB ASC 958, check here ► X		20	
בַּ	and complete lines 27, 28, 32, and 33.			
27	Net assets without donor restrictions	1,468,176	27	1,695,631.
28	Net assets with donor restrictions	131,729.	28	135,433.
27 28 29 30 31 32	Organizations that do not follow FASB ASC 958, check here ▶ □ and complete lines 29 through 33.			
29	Capital stock or trust principal, or current funds		29	
30	Paid-in or capital surplus, or land, building, or equipment fund.		30	
31	Retained earnings, endowment, accumulated income, or other funds.		31	
32 32	Total net assets or fund balances	1,599,905.	32	1,831,064.
33	Total liabilities and net assets/fund balances	1,727,873.	33	2,020,372.
_ 33	lotal liabilities and net assets/fund balances	1, 121,813.	33	-

Form **990** (2020)

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits...

Form 990 (2020)

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 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

HOI	1EW	ARD PET ADOPTION CEN	ITER				91-132680	13
Pa	rt I	Reason for Public Cha	rity Status. (All o	organizations must o	omplet	e this pa	art.) See instructions	
The	orga	anization is not a private four	ndation because it	is: (For lines 1 throug	h 12, ch	eck only	one box.)	
1		A church, convention of chu	rches, or associat	ion of churches descr	bed in s e	ection 1	70(b)(1)(A)(i).	
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)						
3		A hospital or a cooperative	hospital service or	ganization described i	n sectio	n 170(b)	(1)(A)(iii).	
4		A medical research organiz	ation operated in o	conjunction with a hos	pital des	scribed in	section 170(b)(1)(A)	iii). Enter the
	-	hospital's name, city, and st	ate:					
5		An organization operated f	or the benefit of a	a college or university	owned	or ope	rated by a governme	ntal unit described in
		section 170(b)(1)(A)(iv). (C						
6		A federal, state, or local go	vernment or gover	nmental unit described	in secti	ion 170(l	b)(1)(A)(v).	
7	X	An organization that norma						m the general public
		described in section 170(b)						
8		A community trust describe		· ·	Part II.)			
9	П	An agricultural research org	•			perated	in conjunction with a	land-grant college
		or university or a non-land-						
		university:	,	(,		, ,,	J
10		An organization that normal receipts from activities rela support from gross investm acquired by the organizatio	ted to its exempt for ent income and ur	unctions, subject to co prelated business tax	ertain ex able inco	ceptions me (less	; and (2) no more than s section 511 tax) from	331/3 % of its
11		An organization organized a						
12	П	An organization organized a						arry out the purposes
-	_	of one or more publicly su		-				
		Check the box in lines 12a t	-					
а		Type I. A supporting orga	-					
_		the supported organization		,	_			
		supporting organization.				, . , .		
b		Type II. A supporting org	•			with its	supported organization	on(s), by having
_		control or management of						
		organization(s). You must						
С		Type III functionally integ			ted in co	onnectio	n with, and functional	ly integrated with.
·		its supported organization						,,
d		Type III non-functionally						ted organization(s)
u	_	that is not functionally inte	-					
		requirement (see instructi	-					
е		Check this box if the orga	,	•				I. Type III
	_	functionally integrated, or						
f	En	ter the number of supported						
g	Pr	ovide the following information	on about the suppo	orted organization(s).				
	(i) N	lame of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the	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)
				abova (acc manachono))	Yes	No	mon donone,	Wieti delicito)
/A\								
(A)								
(B)								
(C)								
(D)			=					
(E)								
Tot	al							

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

Schedule A (Form 990 or 990-EZ) 2020

Page 2

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

Sec	tion A. Public Support							
Cale	endar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,337,059.	1,509,323	2,134,785	1,707,294.	2,069,654.	8,758,1154	
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	1,337,059	1,509,323	2,134,785	1,707,294	2,069,654.	8,758,1154	
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)						442,607	
6	Public support. Subtract line 5 from line 4						8,315,508.	
	tion B. Total Support						529	
	endar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total	
7 8	Amounts from line 4	1,337,059. 1,810.	1,509,323	2;134;785; 3,234;	1,707,294; 38,483;	2,069,654	8,758,115;	
9	Net income from unrelated business activities, whether or not the business is regularly carried on	18,250.	22,450	10,850	10,800		62,350.	
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.	38∉	-38,793-	-34,693	
11	Total support. Add lines 7 through 10						8,890,697	
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	137,758.	
13	First 5 years. If the Form 990 is for organization, check this box and stop here.			third, fourth,	or fifth tax yea	r as a section	501(c)(3) ▶	
_	tion C. Computation of Public Supp						02 52	
14	Public support percentage for 2020 (lin						93.53%	
15	Public support percentage from 2019						92.95%	
16a	331/3% support test - 2020. If the org							
	box and stop here. The organization qu			_				
D	331/3% support test - 2019. If the org							
170	this box and stop here. The organization							
17 a	10%-facts-and-circumstances test - 2	_						
b	10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization							
18	in Part VI how the organization meets organization	n did not check	a box on line	13, 16a, 16b,	17a, or 17b,	check this box	▶ □	
	instructions					abadula A (Farm 00		

Page 3

Dart III	Support Schedule for	Organizations	Described in S	action 509(a)(2)
	Support Schedule for	Oldanizations	Deachbed III o	CCHOII JUJIANE

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		- 1				
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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	1	l l				
	organization's benefit and either paid to	1					
	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						
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year_						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
_	line 6.)						
	tion B. Total Support	4 > 2042	#1.0047	4-20040	14) 2010	(-) 2020	(f) Total
Caler	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
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						
C	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 5 years. If the Form 990 is for	the organizati	on's first, secon	d, third, fourth,	or fifth tax ye	ear as a section	501(c)(3)
	organization, check this box and stop here.						▶
Sec	tion C. Computation of Public Supp						
15	Public support percentage for 2020 (line 8,	column (f), divid	led by line 13, colu	mn (f))	SARA W KOMSWIJA A	15	%_
16	Public support percentage from 2019 Sche	dule A, Part III, li	ne 15		*******	16	%
Sec	tion D. Computation of Investment	Income Per	centage				
17	Investment income percentage for 2020 (lin	ne 10c, column	(f), divided by line	13, column (f)).	*** * ***** *	17	%
18	Investment income percentage from 2019 S						%
19 a	331/3% support tests - 2020. If the or	ganization did r	not check the bo	ox on line 14, a	nd line 15 is m	ore than 331/3 %	and line
	17 is not more than 331/3 %, check this	box and stop	here. The orga	nization qualifies	as a publicly s	upported organiza	ation . 🕨 💹
b	331/3% support tests - 2019. If the orga						
	line 18 is not more than 331/3 %, check						
20	Private foundation. If the organization of	lid not check	a box on line 1	4, 19a, or 19b,	check this box	and see instru	ctions

Schedule A (Form 990 or 990-EZ) 2020

JSA 0E1221 1.000 6676KO K378 11/12/2021 7:18:26 PM V 20-7.6F

27902.01/SBB

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 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.

 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 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 line 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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91-1526803 HOMEWARD PET ADOPTION CENTER Page 5 Schedule A (Form 990 or 990-EZ) 2020 Supporting Organizations (continued) Part IV Yes No Has the organization accepted a gift or contribution from any of the following persons? 11 a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11a 11c below, the governing body of a supported organization? 11b b A family member of a person described in line 11a above? c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide 11c detail in Part VI. Section B. Type I Supporting Organizations Yes No Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 1 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organizations Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). 1 Section D. All Type III Supporting Organizations Yes No 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 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). 2 By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. 3 Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete line 2 below. а The organization is the parent of each of its supported organizations. Complete line 3 below. b The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions). C Yes No Activities Test. Answer lines 2a and 2b below. 2 a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes. how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. 2a Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 2b Parent of Supported Organizations. Answer lines 3a and 3b below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI. 3a

Schedule A (Form 990 or 990-EZ) 2020

Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

	art 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 organic			
Se	ction A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (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		
	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		
	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 Yea (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):	1e		
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Se	ction C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
	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 (see instructions).	ly integra	ted Type III supporting	organization

Schedule A (Form 990 or 990-EZ) 2020

	ile A (Form 990 or 990-EZ) 2020		Action Victorial		rage
Part		Supporting Organizat	ions (continued)	_	0
	ion D - Distributions			_	Current Year
1	Amounts paid to supported organizations to accomplish ex			1	
2	Amounts paid to perform activity that directly furthers exen				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organia	zations	3	
4	Amounts paid to acquire exempt-use assets	CONTRACT		4	
5	Qualified set-aside amounts (prlor IRS approval required - p.	rovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	r		10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	ıs	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
С	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from				
	Section D, line 7:				
а	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
С	Remainder, Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h			T	
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2016				
	Excess from 2017				
	72145-A12 679				

Schedule A (Form 990 or 990-EZ) 2020

c Excess from 2018....

d Excess from 2019.... e Excess from 2020....

Schedule A (Form 990 or 990-EZ) 2020

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART II -	OTHER INCOME				ATTACHMENT 1	
DESCRIPTION	2016	2017	2018	2019	2020	TOTAL
MISCELLANEOUS INCOME	94 🚎	667 ₋	3,301	38.	-38,793 _*	-34,693 ₍₅₎
TOTALS	94.	667.	3,301.	38.	-38,793,	-34,693.

Schedule B

(Form 990, 990-EZ, or 990-PF)
Department of the Treasur

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

2020

Employer identification number

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

Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 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) (2020)

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		\$125,982.	Person Payroll Noncash (Complete Part II for noncash contributions,)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
2		\$\$	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		\$ \$1,427.	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		\$ 50,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		- \$	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.)				

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization HOMEWARD PET ADOPTION CENTER

Employer identification number 91-1526803

Daw III	Managah Dranarty	(coo instructions)	Use duplicate copies	of Dort II if additional	enaco is poodod
i ace i n si i n	Noncash Property	(See msuucions).	USE duplicate copies	JI Fart II II audilionai	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
<u></u> :		\$	
(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 organization HOMEWARD PET ADOPTION CENTER

Employer identification number 91-1526803

Part III	(10) that total more than \$1,000 for the following line entry. For organizat contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of \$1,000 or less for the Use duplicate copies of \$1,000 or less for the Use dupl	the year from any ions completing Par e year. (Enter this ir	one contributor. (t III, enter the total formation once. S	Complete columns (a) through (e) and 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
	Transferee's name, address, a	(e) Transi nd ZIP + 4		nship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	Transferee's name, address, ar	(e) Transt	-	nship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
	Transferee's name, address, ar	(e) Transf		nship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	Transferee's name, address, an	(e) Transf nd ZIP + 4	-	nship of transferor to transferee
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SCHEDULE D (Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service Employer identification number Name of the organization HOMEWARD PET ADOPTION CENTER 91-1526803 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) . . 3 Aggregate value at end of year...... Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Part I Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7: Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of a historically important land area Preservation of land for public use (for example, recreation or education) Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation Held at the End of the Tax Year easement on the last day of the tax year. 2a 2b b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a 2d historic structure listed in the National Register........... Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and 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. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

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

Schedule D (Form 990) 2020

following amounts required to be reported under FASB ASC 958 relating to these items:

Schedule D (Form 990) 2020

Pa	rt III Organizations Maintaini	ng Collect	ions of	Art, Histo	rical Tre	asures	, or Other	r Similar As	sets (c	ontinu		age Z
3	Using the organization's acquisition											of its
	collection items (check all that app					,		3	3			
а	Public exhibition	• /		d	Loan	or excha	nge progra	am				
b	Scholarly research			e								
С	Preservation for future gene	rations			***							
4	Provide a description of the organ		lections	and expla	ain how t	hey furt	her the o	rganization's	exempt	purpo	se in	Part
	XIII.			•		-						
5	During the year, did the organization	n solicit or i	receive d	lonations o	f art, hist	orical tre	easures, or	other similar				
	assets to be sold to raise funds rath									Yes		No
Pa	rt IV Escrow and Custodial A Complete if the organiza 990, Part X, line 21.			s" on For	m 990, F	Part IV,	line 9, or	reported an	amoun	t on F	orm	
1 a	Is the organization an agent, trus										-	
	included on Form 990, Part X?								🗀	Yes		No
b	If "Yes," explain the arrangement i	n Part XIII a	nd comp	lete the fol	llowing tak	ole:						
									Amount			
¢	Beginning balance											
d	Additions during the year					energy.	1d					
е	Distributions during the year					27123032	1e					
f	Ending balance						1f					
2a	Did the organization include an am								-	Yes	-	No
	If "Yes," explain the arrangement i	n Part XIII. (Check he	ere if the ex	xplanation	has bee	n provided	on Part XIII		9 2 16 16	///	<u></u>
Pa	rt V Endowment Funds.				1225							
	Complete if the organiza	tion answe	ered "Ye									
		(a) Curren	t year	(b) Prio	r year	(c) Two	years back	(d) Three yea	rs back	(e) Fou	r years	back
1a	Beginning of year balance											
b	Contributions											
С	Net investment earnings, gains,											
	and losses											
d	Grants or scholarships											
е	Other expenditures for facilities											
	and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage	of the curre	nt year e	end balance	e (line 1g,	column	(a)) held as	S:				
а	Board designated or quasi-endown	nent 🕨		%			,					
b	Permanent endowment	%										
C	Term endowment ▶	%										
	The percentages on lines 2a, 2b, a											
3 a	Are there endowment funds not in	the possess	sion of th	ie organiza	ition that	are held	and admi	inistered for th	ne			
	organization by:										Yes	No
	(i) Unrelated organizations							erana a arana a		3a(i)		
	(ii) Related organizations									3a(ii)		
b	If "Yes" on line 3a(ii), are the relate	-					*::*::: * *::::	6(* (* 16(*)36(*)		3b		
4	Describe in Part XIII the intended L	ses of the	organizat	tion's endo	wment fur	nds.						
Pa	rt VI Land, Buildings, and Equ Complete if the organize	lipment.	ared "Ve	e" on For	m 990 I	VI tre	lina 11a	See Form 9	On Par	+ Y lie	o 10	
	Description of property		a) Cost or		(b) Cost of			cumulated		Book va		_
			(invest	ment)	(0	ther)		reciation				
	Land											
b	Buildings				_	01 11		7.70				10.6
С	Leasehold improvements.					81,12		272,702.				124.
d	Equipment				1	71,56	4.	140,123.			31,4	41.
	Other			200 5	14 .	de t	10.				20 -	
1 ota	I. Add lines 1a through 1e. (Column	(a) must eq	ual Form	1990, Part	X, columi	1 (B), line	9 10c.)	▶			39,8	65.

Schedule D (Form 990) 2020

Page 3 Schedule D (Form 990) 2020

HOMEWARD PET ADOPTION CENTER

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	(b) Book value	(c) Method of valuation	on:
	(including name of security)		Cost or end-of-year marke	t value
. ,	al derivatives			
. ,	held equity interests			
10/0101				
(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.			
Part VIII	Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11c. See Form 990,	Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colum	n (b) must equal Form 990, Part X, col. (B) line 13.) . 🕨			
Part IX	Other Assets.			
	Complete if the organization answered	"Yes" on Form 990), Part IV, line 11d. See Form 990,	
	(a) Des	scription		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	umn (b) must equal Form 990, Part X, col. (B) li	ne 15.)		
Part X	Other Liabilities. Complete if the organization answered	"Yes" on Form 990), Part IV, line 11e or 11f. See Form	m 990, Part X,
1.	line 25.	tion of liability		(b) Book value
	ral income taxes	non or natincy		(S) DOOK VAILE
	RRED RENT			20,311.
(3)				,
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col. (B) line 25.)	o mana o arestono o		20,311
	or uncertain tax positions. In Part XIII, provide the			
	's liability for uncertain tax positions under FASB			

USA 0E1270 1.000 6676KO K378 11/12/2021 7:18:26 PM V 20-7.6F

Schedule D (Form 990) 2020

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.	1.	, 490 1
2 a b c	Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains (losses) on investments	1	2,281,908.
	Add lines 2a through 2d	2e	40,215.
3 4 a b	Subtract line 2e from line 1	3 4c	2,241,693.
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,241,693.
Part 2		irn.	
2 a b c d e	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2e 3	2,050,749.
b c 5 Part > Provide 2; Part	Investment expenses not included on Form 990, Part VIII, line 7b	4c 5 Part V, I	2,050,749. line 4; Part X, line
	DRGANIZATION EVALUATES ITS UNCERTAIN TAX POSITIONS AND A LOSS		
	INGENCY IS RECOGNIZED WHEN IT IS MORE LIKELY THAN NOT THAT A		
	LITY HAS BEEN INCURRED BY THE ORGANIZATION AS OF THE DATE OF THE		
FINAN	NCIAL STATEMENTS AND THE AMOUNT CAN BE REASONABLY ESTIMATED.		
-			

Part XIII Supplemental Information (continued)

SCHEDULE G (Form 990 or 990-EZ)

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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Attach to Form 990 or Form 990-EZ.

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

HOMEWARD PET ADOPTION CENTER	3				91-1526803	
Part I Fundraising Activities. Co				Yes" on Form 99	90, Part IV, line 1	7.
Form 990-EZ filers are not				nativities Charles	all that apply	<u>`</u>
1 Indicate whether the organization a Mail solicitations		I I				
a Mail solicitations b Internet and email solicitation	e s f			non-government g government grant		
c Phone solicitations	g g			ising events	5	
d In-person solicitations	9	оре	ciai iuiiuia	ising events		
2a Did the organization have a writter	or oral agreement v	with any in	dividual (in	ocluding officers o	lirectors trustees	
or key employees listed in Form 9 b If "Yes," list the 10 highest paid in compensated at least \$5,000 by the	90, Part VII) or entity ndividuals or entities	in connec	ction with p	rofessional fundra	ising services?	Yes No fundraiser is to be
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody	ndraiser have or control of outions?	(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		Joseph Company	
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
1						
3 List all states in which the organi registration or licensing.	zation is registered of	or licensed	d to solicit	contributions or	has been notified	it is exempt from

Page 2

oss receipts ss: Contributions oss income (line 1 minus e 2) ssh prizes oncash prizes ont/facility costs od and beverages stertainment ther direct expenses rect expense summary. Add linet income summary. Subtract linet income summary.	38,793. 10 10 10 10 10 10 10 10 10 10 10 10 10 1	12,349.	(total number)	col. (c)) 216,337 216,337 38,793
ss: Contributions oss income (line 1 minus e 2) osh prizes oncash prizes ont/facility costs od and beverages otertainment her direct expenses rect expense summary. Add linet income summary. Subtract lin Gaming. Complete if the org	38,793. 10 10 10 10 10 10 10 10 10 10 10 10 10 1	12,349.		216,337 38,793
oss income (line 1 minus e 2)	38,793. nes 4 through 9 in coluine 10 from line 3, colu	mn (d)		38,793
ent/facility costs od and beverages etertainment her direct expenses rect expense summary. Add linet income summary. Subtract linet income summary. Subtract linet income summary.	38,793. nes 4 through 9 in coluine 10 from line 3, colu	mn (d)		
ent/facility costs od and beverages tertainment her direct expenses rect expense summary. Add linet income summary. Subtract linet income for the org	38,793. nes 4 through 9 in coluine 10 from line 3, colu	mn (d)		
od and beverages	38,793. nes 4 through 9 in coluine 10 from line 3, colu	mn (d)		
tertainment her direct expenses rect expense summary. Add linet income summary. Subtract linet income summary.	38,793. nes 4 through 9 in coluine 10 from line 3, colu	mn (d)		
her direct expenses rect expense summary. Add linet income summary. Subtract lined Gaming. Complete if the org	nes 4 through 9 in coluine 10 from line 3, colu	mn (d)		
rect expense summary. Add linet income summary. Subtract lined Gaming. Complete if the org	nes 4 through 9 in colu ine 10 from line 3, colu	mn (d)		38.793
et income summary. Subtract li Gaming. Complete if the org	ine 10 from line 3, colu	mn (d)		38.79
Gaming. Complete if the org	ne to from line 3, con	ımn (u)		-38,79
* 15 HILL ON FORM GUILE / HA	janization answered	Yes" on Form 990, F	Part IV, line 19, or	
ψ 13,000 OH 1 OHH 330-EZ, IIII	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
		olitgo/progressive biligo		con (a) through con (c)
oss revenue				
oncash prizes				
	Yes %		Yes%	
		200 2 000 0		
			* * * * * * * * * * * * * * * * * * * *	
he organization licensed to con	nduct gaming activities	in each of these state		Yes No
	her direct expenses Iunteer labor rect expense summary. Add liret gaming income summary. Ser the state(s) in which the organization licensed to corno," explain:	her direct expenses. Junteer labor Tect expense summary. Add lines 2 through 5 in column at gaming income summary. Subtract line 7 from lines are the state(s) in which the organization conducts game organization licensed to conduct gaming activities No," explain:	her direct expenses. Yes	her direct expenses. Yes

Sched	ule G (Form 990 or 990-EZ) 2020 Page 3							
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							
	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							
	revenue? Yes No							
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the							
	amount of gaming revenue retained by the third party ▶ \$,							
C	If "Yes," enter name and address of the third party:							
	Name ▶							
	Address ►							
16	Gaming manager information:							
	Name ▶							
	Gaming manager compensation ▶ \$							
	Description of services provided ▶							
	Director/officer Employee Independent contractor							
17	Mandatory distributions:							
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to							
	retain the state gaming license?							
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations							
	or spent in the organization's own exempt activities during the tax year ▶ \$							
Part	Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).							

Schedule G (Form 990 or 990-EZ) 2020

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

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.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
HOMEWARD PET ADOPTION CENTER

Employer identification number 91-1526803

Part	Types of Property			<u></u>	
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household				
	goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded				
10	Securities - Closely held stock				
11	Securities - Partnership, LLC,				
	or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation				
	contribution - Historic				
	structures				
14	Qualified conservation				
	contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles			2	
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (PET SUPPLIES)	X	418.	91,556.	RETAIL VALUE
26	Other \(\)(\)AUCTION ITEMS)	X	204.	25,141.	RETAIL VALUE
27	Other ►()				
28	Other ►(
29	Number of Forms 8283 received	by the org	anization during the tax y	ear for contributions for	
	which the organization completed				29
		·	,		Yes No
30a	During the year, did the organization	tion receive	by contribution any prope	erty reported in Part I, line	s 1 through
	28, that it must hold for at least t				
	to be used for exempt purposes for				
b	If "Yes," describe the arrangement				
31	Does the organization have a		tance policy that require	es the review of any	nonstandard
	contributions?				1 1 37
32a	Does the organization hire or us				
	contributions?		_		
b	If "Yes," describe in Part II.	eni s miseria	a arang a a arang a arang a d	sea s nemi a majar a .	
	If the organization didn't report an	amount in	column (c) for a type of pro	perty for which column (a	i) is checked,
	describe in Part II.		(-))	. ,	

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

Schedule M (Form 990) 2020

Part II Sup

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 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.

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

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

HOMEWARD PET ADOPTION CENTER

Employer identification number 91-1526803

OMB No. 1545-0047

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

HOMEWARD PET ADOPTION PROGRAM FOUND HOMES FOR 1,017 DOGS, PUPPIES, CATS AND KITTENS IN 2020. WITH APPROXIMATELY 75% OF THE ANIMALS

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

Schedule O (Form 990 or 990-EZ) (2020)

Name of the organization
HOMEWARD PET ADOPTION CENTER

Employer identification number 91-1526803

ATTACHMENT 1 (CONT'D)

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 ANIMALS THAT PRESENT HEALTH CONCERNS (SPECIAL NEEDS) OR BEHAVIOR CHALLENGES ARE PROVIDED THE ADDITIONAL CARE NEEDED TO HELP THEM OVERCOME THESE CHALLENGES - ENSURING THE DOGS AND CATS ARE IN THE BEST SHAPE POSSIBLE FOR THEIR NEW FAMILIES.

ATTACHMENT 2

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS

DESCRIPTION OF SERVICES

COMPENSATION

COGANREAL PROPERTY, LLC 3055 112TH AVE NE, STE 125 BELLEVUE, WA 98004 REAL ESTATE

155,193.

Page 2 Schedule O (Form 990 or 990-EZ) 2020

Employer identification number Name of the organization 91-1526803 HOMEWARD PET ADOPTION CENTER

ATTACHMENT 3

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

DESCRIPTION	ENDING BOOK VALUE
PREPAID EXPENSES - OTHER	29,974.
DEPOSIT - RENT	37,000.
PREPAID RENT	23,524.
TOTALS	90,498.

IRS e-file Signature Authorization Form 8879-EO OMB No. 1545-0047 for an Exempt Organization For calendar year 2020, or fiscal year beginning _ , 2020, and ending ▶ Do not send to the IRS. Keep for your records. Department of the Treasury ► Go to www.irs.gov/Form8879EO for the latest information. Internal Revenue Service Name of exempt organization or person subject to tax Taxpayer identification number HOMEWARD PET ADOPTION CENTER 91-1526803 Name and title of officer or person subject to tax NANETTE MCCANN, EXECUTIVE DIRECTOR Part I Type of Return and Return Information (Whole Dollars Only) 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, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, 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 2a Form 990-EZ check here ▶ 3a Form 1120-POL check here b Total tax (Form 1120-POL, line 22)..... Form 990-PF check here ▶ b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b 5a Form 8868 check here ▶ 6a Form 990-T check here ▶ b Total tax (Form 4720, Part III, line 1) 7b 7a Form 4720 check here ▶ Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of perjury, I declare that X I am an officer of the above organization or I I am a person subject to tax with respect to (name of organization) and that I have examined a copy of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only X lauthorize BADER MARTIN, P.S. to enter my PIN as my signature Enter five numbers, but do not enter all zeros on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 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 will enter my PIN on the return's disclosure consent screen. Signature of officer or person subject to tax 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. 8 9 1 Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

84. BJ

Date ▶ 11/12/2021

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 (2020)

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