Form <b>990</b>
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Department of the Treasury Internal Revenue Service

## \*\* PUBLIC DISCLOSURE COPY \*\* 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.



Α	For th	e 2022 calendar year, or tax year beginning and	ending			
В	Check if applicab	e: C Name of organization		D Employer identifi	cation number	
	Addre	e HOMEWARD PET ADOPTION CENTER				
	Name Chang		91-1526803			
	Initial returr	Number and street (or P.O. box if mail is not delivered to street address)	E Telephone numbe	r		
	Final return	PO BOX 2293		425-488-4444		
	termin ated	, , , , , , , , , , , , , , , , , , ,		<b>G</b> Gross receipts \$	2,399,778.	
	Amer	WOODINVILLE, WA 30072		H(a) Is this a group re		
	Appli tion pendi	F Name and address of principal officer: Naver The McCanin		for subordinates	9? Yes X No	
		SAME AS C ABOVE		H(b) Are all subordinates ir		
<u> </u>	Tax-ex	empt status: 🗴 501(c)(3) 🚺 501(c) ( ) (insert no.) 🛄 4947(a)(1) c	or 527	1 '	list. See instructions	
	Websi			H(c) Group exemptio		
		rorganization: X Corporation Trust Association Other	<b>L</b> Year	of formation: 1990	State of legal domicile: WA	
P	art I	Summary				
¢	1	Briefly describe the organization's mission or most significant activities:		S ANIMALS A		
anc		SECOND CHANCE THROUGH OUR RESCUE, SHELTER AND ADOPTION PROGRA				
Governance	2	Check this box if the organization discontinued its operations or dispos			1	
Ň	3				17	
		Number of independent voting members of the governing body (Part VI, line 1b)		17		
Activities &	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)			35	
ivit	6	Total number of volunteers (estimate if necessary)		818		
Act	7a	Total unrelated business revenue from Part VIII, column (C), line 12			0.	
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0. Current Year	
				Prior Year		
en	8	Contributions and grants (Part VIII, line 1h)		2,438,271.	2,129,638. 153,213.	
/en	9	Program service revenue (Part VIII, line 2g)		157,014.	-	
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	27,708.	27,134		
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	,	-135,325.		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,621,863.	2,174,660.	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.	
	14	Benefits paid to or for members (Part IX, column (A), line 4)		1,368,277.	1,568,315.	
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,300,277.	1,508,515.	
ens	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	· ·	
Expenses				760,396.	788,176.	
	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,128,673.	2,356,491.	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		493,190.		
	19	Revenue less expenses. Subtract line 18 from line 12		ginning of Current Year	End of Year	
Net Assets or		Tatel assats (Dart V. line 10)		2,479,544.	3,703,481.	
Sse	면 20	Total assets (Part X, line 16)		143,211.	1,796,732.	
let A	21	Total liabilities (Part X, line 26)		2,336,333.	1,796,732.	
	<u>∃ 22</u> art II	Net assets or fund balances. Subtract line 21 from line 20		2,00,000.	1,900,749.	
			and stateme	unto and to the heat of m	knowledge and helief it is	
UIIC	rei heu	Ities of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	nits, and to the pest of my	/ Knowledge and beller, It is	

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of offi	cer		Date				
Here								
	Type or print name and title							
	Print/Type prepa	arer's name	Preparer's signature	Date	Check	] PTIN		
Paid	BRIAN YACKE	R	BRIAN YACKER	11/15/23	if self-employed	P00401346		
Preparer	Firm's name	BAKER TILLY US, LLP			Firm's EIN 3	9-0859910		
Use Only	Jse Only Firm's address 18500 VON KARMAN AVE, 10TH FLOOR							
	IRVINE, CA 92612 Phone no.94							
May the IF	RS discuss this	return with the preparer shown abo	ve? See instructions			X Yes	No	
						00		

232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Pai	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	X
1	Briefly describe the organization's mission:		
	TRANSFORMS THE LIVES OF CATS AND DOGS IN NEED THROUGH COMPASSIONATE		
	MEDICAL CARE, POSITIVE BEHAVIOR TRAININGS, AND SUCCESSFUL ADOPTIONS,		
	WHILE BUILDING A MORE HUMANE COMMUNITY.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?		es 🛛 No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?		es 🗵 No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as me	asured by expense	es.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,		
	revenue if any far apple program convice reported		,
4a	(Code: ) (Expenses \$ 743,533. including grants of \$ ) (Revenue:		153,213.
ти	HOMEWARD PET ADOPTION PROGRAM FOUND HOMES FOR 1,130 DOGS, PUPPIES, CATS		,
	AND KITTENS IN 2022 WITH APPROXIMATELY 75% OF THE ANIMALS COMING FROM		
	AREA SHELTERS - HOMEWARD PET IS HELPING TO REDUCE THE EUTHANASIA RATES		
	OF THESE ORGANIZATIONS. THE MAJORITY OF THESE ANIMALS WERE STRAYS OR		
	ABANDONED AND COME TO HOMEWARD PET WITH NO HISTORY. THE STAFF AND		
	VOLUNTEERS HELP TO LEARN MORE ABOUT EACH OF THEM DURING THEIR DAILY		
	CARE, WHICH IS HELPFUL WHEN CREATING THEIR PROFILES AND IN FINDING THE		
	BEST MATCH FOR THEIR FOREVER HOMES. THE REMAINING 25% COME FROM OWNER		
	SURRENDERS - FAMILIES WHO DETERMINE THEY CAN NO LONGER CARE FOR THEIR		
	PETS. THESE PETS COME WITH A FULL HISTORY MAKING THE MATCH TO A NEW		
	FOREVER HOME MUCH EASIER. ALL OF THE DOGS AND CATS THAT COME TO		
	HOMEWARD PET RECEIVE A COMPLETE MEDICAL EXAM, ARE SPAYED OR NEUTERED,		
4b		\$	
	BEHAVIOR PROGRAM: OUR BEHAVIOR AND ENRICHMENT PROGRAMS ARE OVERSEEN BY		
	OUR BEHAVIOR PROGRAM MANAGER, A CERTIFIED PROFESSIONAL DOG TRAINER AND		
	BEHAVIOR CONSULTANT. WHILE AT HOMEWARD PET, EACH DOG AND CAT IS		
	ASSESSED AS AN INDIVIDUAL AND PROVIDED THE BEHAVIORAL SUPPORT NEEDED TO		
	ENSURE THEIR STAY AT THE SHELTER IS AS ENRICHING AND STRESS-FREE AS		
	POSSIBLE. EACH PET IS PROVIDED DAILY EXERCISE, SOCIALIZATION,		
	ENRICHMENT, AND BEHAVIOR MODIFICATION AS NEEDED. OUR BEHAVIOR TEAM		
	OFFERS FREE VIRTUAL CONSULTATIONS FOR CATS AND DOGS, AND FREE		
	INTRODUCTORY TRAINING CLASS WITH GOODPUP (PLUS AN EXCLUSIVE LIFETIME		
	DISCOUNT) ARE INCLUDED WITH EVERY DOG AND PUPPY ADOPTION.		
4c	(Code:) (Expenses \$59,509. including grants of \$) (Revenue *	\$	
	HOMEWARD PET'S PUBLIC LOW COST SPAY & NEUTER PROGRAM WAS CREATED TO		
	HELP WITH THE PET OVERPOPULATION WITHIN OUR COMMUNITY AND SUPPORTS THE		
	PETS OF REDUCED INCOME FAMILIES. THOUGH OUR CLINIC SPACE LIMITS THE		
	NUMBER OF DOGS AND CATS WE CAN HELP EACH MONTH THE HOMEWARD PET PUBLIC		
	SPAY & NEUTER PROGRAM ALTERED 434 FAMILY PETS IN 2022.		
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ 466,381. including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses 1,421,576.		
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		Forn	1 330 (202

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Part IV Checklist of Required Schedules

HOMEWARD PET ADOPTION CENTER

			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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	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,			77
_	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			x
•	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
10	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		x
44	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		A
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. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
d		11a	x	
b	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
U	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
U	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
Ь	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
ŭ	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D. Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "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		х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
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		X
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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	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
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	<u>20a</u>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	21	000	X
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HOMEWARD PET ADOPTION CENTER

Pa	rt IV Checklist of Required Schedules (continued)			uge
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
a		28a		x
h	"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
	<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>			
U	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes." complete Schedule M	29	х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		
50		30		x
31	contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i>	31		x
32	Did the organization requirate, enhance, or dissolve and cease operations: <i>IF Yes, Complete Schedule N, Part F</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete</i>			
52		32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	52		
55	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	- 55		
07	Part V, line 1	34		x
35 2		35a		x
	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	000		
5	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000		
00	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
07	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
00		38	х	
Pa		. 00		
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
12	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		103	110
b		-		
с С		1		
U	(gambling) winnings to prize winners?	1c	х	
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91-1526803

	1990 (2022) HOMEWARD PET ADOPTION CENTER	91-152680	3	P	age <b>5</b>				
Par	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)								
				Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return	<b>2a</b> 35		х					
b									
3a									
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		3b		<b> </b>				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other aut	•							
	financial account in a foreign country (such as a bank account, securities account, or other financial acc	ount)?	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 Accord	ounts (FBAR).							
5a			5a 5b		X X				
b									
	, <b>o</b>		<u>5c</u>		<u> </u>				
6a									
	any contributions that were not tax deductible as charitable contributions?								
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	•							
	were not tax deductible?								
7									
а			7a	X	<u> </u>				
			7b	X					
с									
	to file Form 8282?		7c		X				
d	, , , , , , , , , , , , , , , , , , ,	7d							
е			7e		X				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract		7f 7g		X				
g									
h			7h						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by	/ the							
			8						
9	Sponsoring organizations maintaining donor advised funds.								
a			9a		<u> </u>				
b			9b						
10	Section 501(c)(7) organizations. Enter:								
a		0a							
b		0b							
11	Section 501(c)(12) organizations. Enter:								
		1a							
b									
		1b							
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10		12a						
		2b							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а			13a						
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.								
b		a.							
		3b							
		3c			v				
			14a		x				
			14b		<u> </u>				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration and the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration and the section 4960 tax on payment (s) of more than \$1,000,000 in remuneration and the section 4960 tax on payment (s) of more than \$1,000,000 in remuneration and tax on payment (s) of more than \$1,000,000 in remuneration and tax on payment (s) of more than \$1,000,000 in remuneration and tax on payment (s) of more than \$1,000,000 in remuneration and tax on payment (s) of more than \$1,000,000 in remuneration and tax on payment (s) of more than \$1,000,000 in remuneration and tax on payment (s) of more than \$1,000,000 in remuneration and tax on payment (s) of more than \$1,000,000 in remuneration and tax on payment (s) of more than \$1,000,000 in remuneration and tax on payment (s) of more than \$1,000,000 in remuneration and tax on payment (s) of more than \$1,000,000 in remuneration and tax on payment (s) of more than \$1,000,000 in remuneration and tax on payment (s) of more than \$1,000,000 in remuneration and tax on payment (s) of more than \$1,000,000 in remuneration and tax on payment (s) of more than \$1,000,000 in remuneration and tax on payment (s) of more than \$1,000,000 in remuneration and tax on payment (s) of more than \$1,000,000 in remuneration and tax on payment (s) of more tax on payment				v				
	excess parachute payment(s) during the year?		15		X				
	If "Yes," see the instructions and file Form 4720, Schedule N.	0			v				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment in	come?	16		X				
	If "Yes," complete Form 4720, Schedule O.								
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activity								
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17						
	If "Yes," complete Form 6069.		E -	000	(0000)				
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Form	990 (2022) HOMEWARD PET ADOPTION CENTER			1526803		Р	age 6
Par	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 th	rough	7b below, a	and for a '	No" r	respon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.					•	
	Check if Schedule O contains a response or note to any line in this Part VI						X
Sec	tion A. Governing Body and Management						
						Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		17			
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.						
b	Enter the number of voting members included on line 1a, above, who are independent	1b		17			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other				
	officer, director, trustee, or key employee?				2		х
3	Did the organization delegate control over management duties customarily performed by or under the	direc	supervisior	ו ו			
	of officers, directors, trustees, or key employees to a management company or other person?				3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 99				4		х
5	Did the organization become aware during the year of a significant diversion of the organization's asse	ets?			5		х
6	Did the organization have members or stockholders?				6		х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point	one or				
	more members of the governing body?				7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto						
	persons other than the governing body?				7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	by the	e following:				
а	The governing body?				8a	х	
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 read	hed a	t the				
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O				9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	<u>enue</u>	Code.)				
				-		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			L	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such cha	apters	, affiliates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes? $\dots$				10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	befor	e filing the f	orm?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," d	escribe				
	on Schedule O how this was done			·····  -	12c	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	X	
15	Did the process for determining compensation of the following persons include a review and approval	by in	dependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official			·····	15a	Х	
b	Other officers or key employees of the organization			·····	15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem				10		x
	taxable entity during the year?			·····	16a		•
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate		-				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi				401		
<u>Soc</u>	exempt status with respect to such arrangements?				16b		
17 10		4 000	T (agation F	01/0)/2)0	o m h v)		
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an	u 990	- T (Section 5	01(0)(3)5	orny) a	avallal	JIE
	for public inspection. Indicate how you made these available. Check all that apply.           Own website         Another's website         X         Upon request         Other (explain)	0-					
19	Own website       Another's website       Image: Constraint of the cons		,	licy and	finan	rial	
19	statements available to the public during the tax year.	mot	n interest po	moy, and	man	Jai	
20	State the name, address, and telephone number of the person who possesses the organization's boo	ke and	recorde				
20	NANETTE MCCANN - 425-488-4444		1000103				
	13132 NE 177TH PLACE, WOODINVILLE, WA 98072						
232006	12-13-22				Form	990	(2022)
	6						()
811	15 144198 272269 2022.05000 HOMEWARD	PE	ADOP	TION (	CEN	27	226

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Form 990 (2022)	HOMEWARD PET ADOPTION CENTER	91-1526803	Page 7
Part VII Compens	sation of Officers, Directors, Trustees, Key Employees	, Highest Compensated	
Employe	es, and Independent Contractors		
Check if Scl	hedule O contains a response or note to any line in this Part VII		
Section A. Officers, D	Directors, Trustees, Key Employees, and Highest Compensated Emp	oloyees	
	for all persons required to be listed. Report compensation for the calend nization's <b>current</b> officers, directors, trustees (whether individuals or or	, ,	,

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average	(do		Pos	itior		200	Reportable	Reportable	Estimated
	hours per	box	do not check more ox, unless person			s both	n an	compensation	compensation	amount of
	week		cer ar I	id a d	irecto	or/trus T	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related	ustee	trust		e	bens		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tr	ional		ploye	t com		1099-NEC)		and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) NANETTE MCCANN	40.00				-	1				
EXECUTIVE DIRECTOR				х				120,000.	0.	5,251.
(2) LAURIE ANDERSON, CPA	1.00									
PRESIDENT		х		х				0.	0.	0.
(3) KIMBERLY SCOTT	1.00									
PAST PRESIDENT		Х		х				0.	0.	0.
(4) GRUCE CHU, CPA	1.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(5) VICTORIA MABUS	1.00									
TREASURER		Х		х				0.	0.	0.
(6) SHANNON KILPATRICK, JD	1.00									
SECRETARY		Х		х				0.	0.	0.
(7) BRIE ANDRESEN	1.00									
DIRECTOR		х						0.	0.	0.
(8) LISA APPLEGATE	1.00									
DIRECTOR		Х						0.	0.	0.
(9) DIANNE BELL	1.00									
DIRECTOR		Х						0.	0.	0.
(10) MARIKA BELL	1.00									
DIRECTOR		Х						0.	0.	0.
(11) PETER BERGLER	1.00									
DIRECTOR		Х						0.	0.	0.
(12) KELLI CURTIS	1.00									
DIRECTOR		х						0.	0.	0.
(13) SHELI HADARI	1.00									
DIRECTOR		х						0.	0.	0.
(14) TRACEY HARBINSON, DVM	1.00									
		х						0.	0.	0.
(15) MALAVIKA JAGANNATHAN	1.00									
DIRECTOR	1.00	х			<u> </u>		<u> </u>	0.	0.	0.
(16) AMIR REZAI, CPA	1.00									<u>^</u>
DIRECTOR	1 00	Х			<u> </u>			0.	0.	0.
(17) ROBERT RICCIARDELLI	1.00	v							_	^
DIRECTOR		Х						0.	0.	0. Form <b>990</b> (2022)

232007 12-13-22

Form 990 (2022)

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Form 990 (2022) HOMEWARD PET	ADOPTION C	ENTI	ER						91-15	2680	3	Р	age <b>8</b>
Part VII Section A. Officers, Directors, Trust		oloye	ees,			ghes	t C	ompensated Employee	s (continued)				
(A) Name and title	(B) Average hours per week (list any	Average Positic (do not check mot box, unless person officer and a direct						(D) Reportable compensation from the	(E) Reportable compensation from related organizations		an com	(F) timate nount other pensa	of ation
	related organizations below line)	In dividual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC/ 1099-NEC)	(W-2/1099-MIS 1099-NEC)	5C/	org and	om th anizat d relat anizati	tion ted
(18) SAM (SAMANTHA) ROBERTSON	1.00												
DIRECTOR		X						0.		0.			0.
1b Subtotal								120,000.		٥.		5,	251.
c Total from continuation sheets to Part VI								0.		0.			0.
<ul> <li>d Total (add lines 1b and 1c)</li> <li>2 Total number of individuals (including but not address the second secon</li></ul>								,	000 of reportable			<u> </u>	201.
compensation from the organization						,		,	•				1
										I		Yes	No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for su											3		x
4 For any individual listed on line 1a, is the su	m of reportable	e co	mpe	ensa	tion	and	oth	ner compensation from t	ne organization		-		
and related organizations greater than \$150											4		X
5 Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes." com											5		x
Section B. Independent Contractors			<i>л</i> за	ιση μ	50/3	011 .					•		•
1 Complete this table for your five highest cor										ensat	ion fro	om	
the organization. Report compensation for t	he calendar ye	ear e	ndin	ig w	ith c	or wit	thin I	<u>the organization's tax y</u> (B)	ear.		(0	•	
Name and business	address	NOI	NE					Description of s	ervices	С	ompei		n
							-						
2 Total number of independent contractors (ir \$100,000 of compensation from the organiz	•	ot lin	nitec	to t	thos (		ted	above) who received mo	ore than				

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ar	t VII									г
		Check if Schedule O	conta	iins a respo	nse	or note to any line I	e in this Part VIII (A)	(B)	(C)	<u>(</u> D)
							Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue exclu from tax und sections 512 -
S	1 a	Federated campaigns		1a						
and Other Similar Amounts		Membership dues								
ŭ		Fundraising events				295,278.				
ar /	d	Related organizations		1d						
<u></u>	е	Government grants (conti	ributio	ons) <b>1e</b>						
ŝ	f	All other contributions, gifts,	grant	s, and						
the		similar amounts not included	l abov	e 1f		1,834,360.				
p	-	Noncash contributions included in				164,170.				
ar	h	Total. Add lines 1a-1f		<u></u>			2,129,638.			
		ADODETON FEES				Business Code	152 012	152.012		
	2 a					900099	153,213.	153,213.		
ne	b									
ven	C									
Revenue	d e									
			rever	וופ						
		All other program service revenue					153,213.			
	3	I otal. Add lines 2a-21 Investment income (including dividends, interest, and					•			
		other similar amounts)	-				27,353.			27,3
	4	Income from investment								
	5	Royalties				Г				
				(i) Real		(ii) Personal				
	6 a	Gross rents	6a							
	b	Less: rental expenses	6b							
	с	Rental income or (loss)	6c							
	d	Net rental income or (loss	;)							
	7 a	Gross amount from sales of (i) Securities		(ii) Other						
		assets other than inventory	7a	41,2	21.					
	b	Less: cost or other basis								
		and sales expenses	7b 7c	41,4	40. 19.					
		Gain or (loss)					-219.			-2
		Net gain or (loss)					-219.			- 2
	0 a	Gross income from fundraisi including \$								
		contributions reported on								
		Part IV, line 18		-	8a	33,320.				
	b	Less: direct expenses			8b	183,193.				
		Net income or (loss) from				<u></u>	-149,873.			-149,8
		Gross income from gamir								
		Part IV, line 19			9a	14,350.				
	b	Less: direct expenses			9b	485.				
		Net income or (loss) from			s		13,865.			13,8
	10 a	Gross sales of inventory,								
		and allowances			10a					
		Less: cost of goods sold 10b		1						
+	С	Net income or (loss) from	sales	of inventor	у	Duala a contra				
		סבסאתבכ				Business Code	653.			6
Revenue		REBATES MISCELLANEOUS				900099 900099	30.			6
ven	b					300033	30.			
Be	с С									
		All other revenue				L	683.			
		Total. Add lines 11a-11d Total revenue. See instruction					2,174,660.	153,213.	0.	-108,1
	12	-22	0113				_,_,_,000,	,,		Form <b>990</b> (

## 08481115 144198 272269

HOMEWARD PET ADOPTION CENTER

_	Check if Schedule O contains a respons	e or note to any line in t (A)		(C)	(D)
	ot include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII.	Total expenses	<b>(B)</b> Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	125,251.	42,585.	41,333.	41,33
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,229,435.	860,302.	154,904.	214,22
	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	28,988.	19,320.	4,199.	5,46
9	Other employee benefits	57,309.	38,196.	8,302.	10,81
	Payroll taxes	127,332.	84,866.	18,445.	24,02
	Fees for services (nonemployees):				
а	Management				
	Legal				
	Accounting	54,293.		54,293.	
	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
	Investment management fees	7,340.		7,340.	
	Other. (If line 11g amount exceeds 10% of line 25,				
-	column (A), amount, list line 11g expenses on Sch 0.)	3,823.	2,235.	965.	62
	Advertising and promotion	64,677.	766.	6,153.	57,75
	Office expenses	46,353.	13,358.	27,059.	5,93
	Information technology	14,951.		14,951.	
	Royalties				
	Occupancy	264,734.	88,417.	165,281.	11,03
	Travel	9,509.	115.	9,394.	· ·
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
	Conferences, conventions, and meetings				
	Interest	28,102.		28,102.	
	Payments to affiliates	, -		, ,	
	Depreciation, depletion, and amortization	12,376.	9,901.	1,237.	1,23
	Insurance	6,242.	,	6,242.	,
	Other expenses. Itemize expenses not covered	, .			
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
	ANIMAL CARE	254,984.	254,837.	147.	
	EMPLOYEE HIRING EXPENSE	10,052.	, ,	10,052.	
~	VOLUNTEER EXPENSES	6,678.	6,678.		
•	MISCELLANEOUS	2,455.		2,455.	
	All other expenses	1,607.		1,607.	
	Total functional expenses. Add lines 1 through 24e	2,356,491.	1,421,576.	562,461.	372,45
	Joint costs. Complete this line only if the organization	_,,	_,,••••		,10
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

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Form 990 (2022)

08481115 144198 272269

2,336,333.

2,479,544.

29

30

31

32

33

	2	Savings and temporary cash investments			225,110.	2	
	3	Pledges and grants receivable, net			116,293.	3	
	4				1,072.	4	
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	tantial cor	ntributor, or 35%			
		controlled entity or family member of any of the	se person	ns		5	
	6	Loans and other receivables from other disquali	fied perso	ons (as defined			
		under section 4958(f)(1)), and persons described	d in sectio	on 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use			48,080.	8	
	9	<b>—</b> ··· · · · · · ·			15,767.	9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	580,471.			
	b	Less: accumulated depreciation	10b	441,544.	40,915.	10c	
	11	Investments - publicly traded securities			1,086,018.	11	
	12	Investments - other securities. See Part IV, line -	11			12	
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		37,000.	15	1,	
	16	Total assets. Add lines 1 through 15 (must equ	)	2,479,544.	16	3,	
	17	Accounts payable and accrued expenses			136,330.	17	
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	Part IV of	Schedule D		21	
	22	Loans and other payables to any current or form	ner officer	r, director,			
		trustee, key employee, creator or founder, subs	tantial cor	ntributor, or 35%			
		controlled entity or family member of any of the	se person	ns		22	
	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa	yables to	related third			
		parties, and other liabilities not included on lines	s 17-24). (	Complete Part X			
		of Schedule D			6,881.	25	1,
_	26	Total liabilities. Add lines 17 through 25			143,211.	26	1,
		Organizations that follow FASB ASC 958, che	eck here	X			
		and complete lines 27, 28, 32, and 33.					
	27	Net assets without donor restrictions			2,010,113.	27	1,
	28	Net assets with donor restrictions			326,220.	28	

HOMEWARD PET ADOPTION CENTER

Cash - non-interest-bearing

Savings and temporary cash investments

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

Organizations that do not follow FASB ASC 958, check here

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

and complete lines 29 through 33.

Total liabilities and net assets/fund balances

91-1526803

**(B)** End of year

**(A)** Beginning of year

904,629.

229,770.

1

2

Page 11

429,753.

457,654.

10,344. 6,452.

48,289. 31,634.

138,927. 959,870.

620,558. 703,481. 144,349.

652,383. 796,732.

,594,570. 312,179.

1,906,749.

3,703,481.

Form 990 (2022)

Form 990 (2022)

1

2

Assets

Liabilities

Net Assets or Fund Balances

29

30

31

32

33

Part X Balance Sheet

Form	1990 (2022) HOMEWARD PET ADOPTION CENTER	91-1526803	3	Pa	<sub>ge</sub> 12
	rt XI Reconciliation of Net Assets				2-
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,	174,	660.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,	356,	491.
3	Revenue less expenses. Subtract line 2 from line 1	3		181,	831.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,	336,	333.
5	Net unrealized gains (losses) on investments	5	_	147,	863.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8		-99,	890.
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	1,	906,	749.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.			
2a			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	ona			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?	F	2c	Х	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	·····	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	

Form **990** (2022)

SCHEDULE A	١
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Department of the Treasury Internal Revenue Service

(Form 990)

# 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
2022

**Open to Public** 

Inspect	ion
 i de atifi e etien	

HoxEWARD PER ADOPTION CENTER     Part I     Peason for Public Charity Status. (All regulations must complete this part.) See instructions.     The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)     A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).     A choical described in section 170(b)(1)(A)(ii).     A choical described in section 170(b)(1)(A)(iii).     A choical research organization operated in oncijunction with a hospital described in section 170(b)(1)(A)(iii).     A choical research organization operated for the benefit of a college or university owned or operated by a governmental unit described in     section 170(b)(1)(A)(iv). (Complete Part II.)     A community fraceles a substantial part of its support from a governmental unit described in     section 170(b)(1)(A)(iv). (Complete Part II.)     A community fraceles a substantial part of its support from a governmental unit or from the general public described in     section 170(b)(1)(A)(iv). (Complete Part II.)     A community fraceles a substantial part of its support from contributions, membership fees, and gross receipts from     agnization that normally receives a substantial part of its support from contributions, membership fees, and gross receipts from     activities rated to fits example fraceles and (2) no more than 33 1/3% of its support from gross investment     income and unrelated business taxable income (ess section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or     university or a non-land grant college of a griculture (see instructions). Enter the name, city, and state of the soling of the granization organization organization support excelles from     activities rated to fits example fraceles (1) more than 33 1/3% of its support from gross investment     income and unrelated business taxable income (ess section 170(b)(1)(A)(ix) complete Part II.)     A organization that normally receives (4) more than 33 1	Name of	the organization							identification number
The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)  A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).  A church, convention of churches, or association of churches described in section 170(b)(1)(A)(ii).  A church, convention of churches, or association of churches described in section 170(b)(1)(A)(ii).  A check of described in section 170(b)(1)(A)(ii). Enter the hospital's name, city, and state:									91-1526803
<ul> <li>A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).</li> <li>A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)</li> <li>A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).</li> <li>A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii).</li> <li>A norganization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv).</li> <li>A norganization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(v).</li> <li>A norganization that normally receives a substantial part of its support from a governmental unit described in section 170(b)(1)(A)(v).</li> <li>A community trust described in section 170(b)(1)(A)(v). (Complete Part II).</li> <li>A community trust described in section 170(b)(1)(A)(v). (Complete Part II).</li> <li>A norganization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 509(a)(4).</li> <li>An organization organized and operated exclusively to test for public satety. See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and completel ines 122, 12, and 122, and 129.</li> <li>Type II. A supporting organization section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization (s), typically by giving the supporting organization (s) the power to regularly appoint or elect a majority of the directors or trustees of the s</li></ul>	Part I	Reason for Public (	Charity Status.	(All organizations must c	omplete tl	nis part.) S	ee instructior	IS.	
2       A school described in section 170(b)(1(A)(iii). (Attach Schedule E (Form 990).)         3       A hospital research arganization organization organization described in section 170(b)(1(A)(iii).         4       A medical research organization operated in conjunction with a hospital described in section 170(b)(1(A)(iii). Enter the hospital's name, city, and state:         5       An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(v). (Complete Part II.)         6       A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). (Complete Part II.)         7       X A norganization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(v). (Complete Part II.)         9       An agricultural research organization described in section 170(b)(1)(A)(x)(x) perated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university is a non-land-grant college of agriculture (see section 500(a)(2). (Complete Part III.)         10       An organization that normally receives (1) more than 31/3% of its support from contributions, membership fees, and gross receipts from activities related to bits exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support form gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)	The organ	nization is not a private found	lation because it is: (I	For lines 1 through 12, c	neck only	one box.)			
<ul> <li>A hospital or a cooperative hospital service organization described in section 170(b) (1)(A)(iii). Enter the hospital's name, city, and state:</li> <li>A medical research organization operated in conjunction with a hospital described in section 170(b) (1)(A)(iii). Enter the hospital's name, city, and state:</li> <li>An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b) (1)(A)(iv).</li> <li>A norganization that normally receives a substantial part of its support from a governmental unit described in section 170(b) (1)(A)(v).</li> <li>An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b) (1)(A)(v).</li> <li>An organization that normally receives a substantial part of its support from conjunction with a land grant college or university or a non-land grant college of agriculture (see instructors). Enter the name, city, and state of the college or university:</li> <li>An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 501(a)(2). See section 509(a)(4).</li> <li>An organization organized and operated exclusively to test for public safety. See section 509(a)(2). Check the box on lines 12a through 12d that described in section 509(a)(1) or section 509(a)(2). See section 509(a)(2). Check the box on lines 12a through 12d that described or controlled by its supported organization, by priving the supporting organization described or controlled by the supporting organization (5), by paving control organization spervised, or controlled by its supported organization(s), by having control or management of the supporting organiz</li></ul>	1	A church, convention of ch	urches, or associatio	n of churches described	in sectio	on 170(b)(1	1)(A)(i).		
<ul> <li>A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:</li> <li>An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)</li> <li>A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).</li> <li>A norganization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(v). (Complete Part II.)</li> <li>A community trust described in section 170(b)(1)(A)(v). (Complete Part II.)</li> <li>A community trust described in section 170(b)(1)(A)(v). (Complete Part II.)</li> <li>A agricultural research organization described in section 170(b)(1)(A)(x), perated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university.</li> <li>An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 509(a)(2). See section 509(a)(3).</li> <li>An organization organized and operated exclusively to test for public safety. See section 509(a)(2). Check the box on lines 12a. through 12d that described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that described in section 509(a)(1) or sections of yolo(2). See section 509(a)(3). Check the box on lines 12a through 12d that described in section 509(a)(1) or section solo(a)(3). See section 509(a)(3). Check the box on lines 12a through 12d that described in asection solo(a)</li></ul>	2	A school described in sect	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Form	n 990).)				
<ul> <li>city, and state:</li></ul>	3	A hospital or a cooperative	hospital service orga	anization described in se	ection 170	)(b)(1)(A)(ii	ii).		
<ul> <li>An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)</li> <li>A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).</li> <li>X an organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)</li> <li>A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)</li> <li>A na gricultural research organization described in section 170(b)(1)(A)(vi) operated in conjunction with a land-grant college or university:</li> <li>An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 504(a)(2). (Complete Part III.)</li> <li>An organization organized and operated exclusively to test for public safety. See section 509(a)(2). Complete Part III.)</li> <li>An organization organized and operated exclusively to test for public safety. See section 509(a)(2). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.</li> <li>Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), by having control or management of the supporting organization and complete Part IV, Sections A and B.</li> <li>Type III nochonally integrated. A supporting organization operated in connection with, and functionally integrated with, its supportid organization (s) enstructions). You must complete Part IV, Sections A and C.</li> <li>Type III nochonally integrated. A supporting organization operated in connection with, and fun</li></ul>	4	A medical research organiz	ation operated in co	njunction with a hospital	described	l in sectio	n 170(b)(1)(A	)(iii). Enter	the hospital's name,
<ul> <li>section 170(b)(1)(A)(w). (Complete Part II.)</li> <li>A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).</li> <li>An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(v). (Complete Part II.)</li> <li>A community trust described in section 170(b)(1)(A)(v). (Complete Part II.)</li> <li>A community trust described in section 170(b)(1)(A)(v). (Complete Part II.)</li> <li>A community trust described in section 170(b)(1)(A)(v). (Complete Part II.)</li> <li>An arginization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)</li> <li>An organization organized and operated exclusively to test for public safety. See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.</li> <li>Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization (see supporting, organization and complete lines 12e, 12f, and 12g.</li> <li>Type II. A supporting organization supervised, or controlled by its supported organization(s), by having control or manage the supporting organization operated, supervised, or controlled by its supported organization(s), by having control or manage the supporting organization supervised or controlled in the same persons that control or manage the supporting organization supervised or controlled in connection with, and functionally integrated with, its is</li></ul>		city, and state:							
<ul> <li>section 170(b)(1)(A)(w). (Complete Part II.)</li> <li>A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).</li> <li>An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(v). (Complete Part II.)</li> <li>A community trust described in section 170(b)(1)(A)(v). (Complete Part II.)</li> <li>A community trust described in section 170(b)(1)(A)(v). (Complete Part II.)</li> <li>A community trust described in section 170(b)(1)(A)(v). (Complete Part II.)</li> <li>An arginization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)</li> <li>An organization organized and operated exclusively to test for public safety. See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.</li> <li>Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization (see supporting, organization and complete lines 12e, 12f, and 12g.</li> <li>Type II. A supporting organization supervised, or controlled by its supported organization(s), by having control or manage the supporting organization operated, supervised, or controlled by its supported organization(s), by having control or manage the supporting organization supervised or controlled in the same persons that control or manage the supporting organization supervised or controlled in connection with, and functionally integrated with, its is</li></ul>	5	An organization operated for	or the benefit of a co	llege or university owned	or operat	ed by a go	overnmental u	nit describe	ed in
<ul> <li>6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).</li> <li>7 M organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(v). (Complete Part II.)</li> <li>8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)</li> <li>9 An agricultural research organization described in section 170(b)(1)(A)(vi). (Complete Part II.)</li> <li>9 An agricultural research organization described in section 170(b)(1)(A)(vi). (Derpted Part II.)</li> <li>9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)</li> <li>11 A norganization organized and operated exclusively to test for public safety. See section 509(a)(4).</li> <li>12 An organization organization described in section 509(a)(2). See section 509(a)(4).</li> <li>13 Type I. A supporting organization setcribed in section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.</li> <li>a Type I. A supporting organization operated, supporting organization and complete lines 12e, 12f, and 12g.</li> <li>a Type I. A supporting organization supervised or controlled by its supported organization(s), by paving the supporting organization set or throlled in connection with its supported organization(s) the supporting organization set of the same persons that control or manage the supporting organization set organization operated in connection with its supported organization(s) the supporting organization operat</li></ul>									
<ul> <li>An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(v). (Complete Part II.)</li> <li>A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)</li> <li>An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university:</li></ul>	6			nental unit described in	section 17	70(b)(1)(A)	(v).		
section 170(b)(1)(A)(vi). (Complete Part II.)         8       A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)         9       An agricultural research organization described in section 170(b)(1)(A)(vi) operated in conjunction with a land-grant college or university:         10       An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)         11       An organization organized and operated exclusively to test for public safety. See section 509(a)(2). Check the box on more publicly supported organization secribes the type of supporting organization and complete lines 12e, 12f, and 12g.         12       An organization organized and operated exclusively for the benefit of, to perform the functions 050(a)(2). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.         12       Type I. A supporting organization supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization vested in connection with its supported organization(s). Type II functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, S			•				.,	ne general r	oublic described in
<ul> <li>A community trust described in section 170(b)(1)(A)(v). (Complete Part II.)</li> <li>An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:</li> <li>An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)</li> <li>An organization organized and operated exclusively to test for public safety. See section 509(a)(4).</li> <li>An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organization described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.</li> <li>Type I. A supporting organization supervised, or controlled by its supported organization(s), typically by giving the supported organization supervised or controlled by its supported organization(s), typically by giving true supported organization supervised or controlled in connection with its supported organization(s). You must complete Part IV, Sections A and C.</li> <li>Type III not-functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A and D.</li> <li>Type III non-functionally integrated. A supporting organization operated i</li></ul>					<b>3</b>			5	
<ul> <li>9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:</li> <li>10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)</li> <li>11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).</li> <li>12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organization described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.</li> <li>a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization operated in connection with its supported organization(s), the supporting organization operated in connection with its supported organization(s) the graited. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A and C.</li> <li>c Type III functionally integrated. A supporting organization operated in connection with its supported organization(s)</li></ul>	8			(1)(A)(vi) (Complete Par	• II )				
or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:         10       An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)         11       An organization organized and operated exclusively to test for public safety. See section 509(a)(4).         12       An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organization described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12t, and 12g.         a       Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization. You must complete Part IV, Sections A and B.         b       Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization operated in connection with, and functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supportin		•				ed in conii	inction with a	land-grant	college
university:         10       An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)         11       An organization organized and operated exclusively to test for public safety. See section 509(a)(4).         12       An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.         a       Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.         b       Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization operated in connection with its supported organization(s) (see instructions). You must complete Part IV, Sections A and C.         c       Type III functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integr	J		-			-		-	-
<ul> <li>An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)</li> <li>An organization organized and operated exclusively to test for public safety. See section 509(a)(4).</li> <li>An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.</li> <li>Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization (s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.</li> <li>Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A and C.</li> <li>Type III functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally in</li></ul>			grant college of agric			name, ony	, and state of	the college	
activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)  11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization supervised or controlled in connection with its supported organization(s) by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated in connection with its supported organi	10		Illy receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ne memberek	in fees and	d aross receipts from
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 232021 12-09-22 Schedule A (Form 990) 202		Paperwork Reduction Act N	otice, see the Instr	uctions for Form 990 or	990-EZ	232021 12-	09-22	Sche	dule A (Form 990) 2022

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

fails to qualify under the tests listed below, please complete Part III.)

	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2,134,785.	1,707,294.	2,069,654.	2,460,953.	2,129,638.	10,502,324.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	2,134,785.	1,707,294.	2,069,654.	2,460,953.	2,129,638.	10,502,324.
	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)						434,083.
6	Public support. Subtract line 5 from line 4.						10,068,241.
See	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	2,134,785.	1,707,294.	2,069,654.	2,460,953.	2,129,638.	10,502,324.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	3,234.	38,483.	59,970.	22,229.	27,353.	151,269.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on	10,850.	10,800.		802.	13,865.	36,317.
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	3,301.	38.	-38,793.	1,105.	683.	-33,666.
11	Total support. Add lines 7 through 10						10,656,244.
12	Gross receipts from related activities,	etc. (see instructio	ns)			12	287,545.
13	First 5 years. If the Form 990 is for th	e organization's fir	st, second, third, fo	ourth, or fifth tax ye	ear as a section 50	D1(c)(3)	
	executive sheet this hav and atom	horo					
	organization, check this box and stop						
	ction C. Computation of Public		centage				
Se		c Support Per		olumn (f))		14	94.48 %
Se	ction C. Computation of Public	<b>c Support Per</b> ne 6, column (f), di	vided by line 11, co			14 15	,,,
<b>Se</b> 14 15	ction C. Computation of Public Public support percentage for 2022 (li	<b>c Support Per</b> ne 6, column (f), di Schedule A, Part I	vided by line 11, co I, line 14			15	94.66 %
<b>Se</b> 14 15	ction C. Computation of Public Public support percentage for 2022 (li Public support percentage from 2021	<b>c Support Per</b> ne 6, column (f), di Schedule A, Part I organization did no	vided by line 11, co I, line 14 t check the box on	line 13, and line 1	4 is 33 1/3% or m	15	94.66 %
<b>Se</b> 14 15 16a	Ction C. Computation of PublicPublic support percentage for 2022 (liPublic support percentage from 202133 1/3% support test - 2022. If the c	c Support Per ne 6, column (f), di Schedule A, Part I organization did no as a publicly suppo	vided by line 11, co I, line 14 t check the box on orted organization	line 13, and line 1	4 is 33 1/3% or m	15 ore, check this boy	94.66 %
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<b>Se</b> 14 15 16a	Ction C. Computation of Public Public support percentage for 2022 (li Public support percentage from 2021 33 1/3% support test - 2022. If the c stop here. The organization qualifies 33 1/3% support test - 2021. If the c	c Support Per- ne 6, column (f), di Schedule A, Part I organization did no as a publicly suppo organization did no fies as a publicly s	ivided by line 11, co I, line 14 t check the box on orted organization t check a box on lir upported organizat	line 13, and line 1 ne 13 or 16a, and l ion	4 is 33 1/3% or m ine 15 is 33 1/3%	15 ore, check this box or more, check thi	94.66 % « and X s box
<b>Se</b> 14 15 16a	<ul> <li>Ction C. Computation of Public</li> <li>Public support percentage for 2022 (li</li> <li>Public support percentage from 2021</li> <li>33 1/3% support test - 2022. If the c</li> <li>stop here. The organization qualifies a</li> <li>33 1/3% support test - 2021. If the c</li> <li>and stop here. The organization quali</li> </ul>	c Support Per ne 6, column (f), di Schedule A, Part I organization did no as a publicly suppo organization did no fies as a publicly s - 2022. If the org	ivided by line 11, co I, line 14 t check the box on orted organization t check a box on lir upported organizat anization did not ch	line 13, and line 1 ne 13 or 16a, and I neck a box on line	4 is 33 1/3% or m ine 15 is 33 1/3% 13, 16a, or 16b, a	15 ore, check this box or more, check thi nd line 14 is 10% o	94.66 % x and X s box
<b>Se</b> 14 15 16a	ction C. Computation of Public Public support percentage for 2022 (li Public support percentage from 2021 33 1/3% support test - 2022. If the c stop here. The organization qualifies 33 1/3% support test - 2021. If the c and stop here. The organization quali 10% -facts-and-circumstances test	c Support Per- ne 6, column (f), di Schedule A, Part I organization did no as a publicly support organization did no fies as a publicly s - 2022. If the org s-and-circumstance	vided by line 11, co I, line 14 t check the box on orted organization t check a box on lir upported organizat anization did not ch es test, check this b	line 13, and line 1 ne 13 or 16a, and l ion neck a box on line box and <b>stop her</b>	4 is 33 1/3% or m ine 15 is 33 1/3% 13, 16a, or 16b, a e. Explain in Part	15 ore, check this box or more, check thi nd line 14 is 10% o	94.66 % < and X s box 
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Sec 14 15 16a b 17a	<ul> <li>Ction C. Computation of Public</li> <li>Public support percentage for 2022 (li</li> <li>Public support percentage from 2021</li> <li>33 1/3% support test - 2022. If the c</li> <li>stop here. The organization qualifies</li> <li>33 1/3% support test - 2021. If the c</li> <li>and stop here. The organization quali</li> <li>10% -facts-and-circumstances test</li> <li>and if the organization meets the facts</li> <li>meets the facts-and-circumstances test</li> </ul>	c Support Per- ne 6, column (f), di Schedule A, Part I organization did no as a publicly support organization did no fies as a publicly s - 2022. If the orga- s-and-circumstance st. The organizatio - 2021. If the organizatio	vided by line 11, co I, line 14 t check the box on orted organization t check a box on lir upported organizat anization did not ch es test, check this t n qualifies as a pub anization did not ch	line 13, and line 1 ne 13 or 16a, and l ion neck a box on line box and <b>stop her</b> plicly supported or neck a box on line	4 is 33 1/3% or m ine 15 is 33 1/3% 13, 16a, or 16b, a e. Explain in Part ganization 13, 16a, 16b, or 1	15 ore, check this box or more, check thi nd line 14 is 10% of VI how the organiz 7a, and line 15 is 1	94.66 % < and 
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## Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	2 (f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that						
are not an unrelated trade or bus-						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support				-		
Calendar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	2 (f) Total
9 Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13</b> Total support. (Add lines 9, 10c, 11, and 12.)						
<b>14 First 5 years.</b> If the Form 990 is for 990	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) orgar	ization,
check this box and stop here		-				
Section C. Computation of Publ		•				
<b>15</b> Public support percentage for 2022 (	, (),	<b>,</b> ,	column (f))		15	%
16 Public support percentage from 2021					16	%
Section D. Computation of Inves						
17 Investment income percentage for 20					17	%
<b>18</b> Investment income percentage from					18	%
19a 33 1/3% support tests - 2022. If the						ine 17 is not
more than 33 1/3%, check this box a						
b 33 1/3% support tests - 2021. If the	-					
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t	his box and see in		
232023 12-09-22		15	i i		Sched	dule A (Form 990) 2022

1

2

3a

3b

3c

4a

4b

4c

5a

<u>5b</u> 5<u>c</u>

6

7

8

9a

9b

9c

10a

10b

Schedule A (Form 990) 2022

Yes No

## Part IV Supporting Organizations

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

## Section A. All Supporting Organizations

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

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Schedule A (Form 990) 2022	
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#### HOMEWARD PET ADOPTION CENTER

Yes No

1

2

	Yes	No
11a		
11b		
11c		
	11b	11a 11b

## Section B. Type I Supporting Organizations

Part IV Supporting Organizations (continued)

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

organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

#### supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? 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(a)	1		

Section D. A	All Type III Su	pporting Or	ganizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? 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

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year	(see instructions)	۱.
		1000 1100 0000000	/*

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c		The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions).
---	--	---	---

- 2 Activities Test. Answer lines 2a and 2b below.
- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? 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.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? 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.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.** 

b 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.* 232025 12-09-22

Schedule A (Form 990) 2022

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Sche	edule A (Form 990) 2022 HOMEWARD PET ADOPTION CENTER			91-1526803	Page 6
	rt V   Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organ	izations		·g
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on I	Nov. 20, 1970 ( explain in	Part VI). See inst	ructions.
	All other Type III non-functionally integrated supporting organizations mu			, -	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current (optiona	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
	collection of gross income or for management, conservation, or				
	maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current (optiona	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
a	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
C	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other factors				
	(explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,				
	see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C - Distributable Amount			Current Y	'ear
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions).	6			
7	Check here if the current year is the organization's first as a non-function	ally integrate	d Type III supporting orga	anization (see	

Schedule A (Form 990) 2022

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instructions).

Sche	chedule A (Form 990) 2022 HOMEWARD PET ADOPTION CENTER					Page 7
Pa	t V Type III Non-Functionally Integrated 509(	(a)(3) Supporting Orga	nizations (continu	ued)		
Sect	on D - Distributions		·		Current Y	/ear
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported				
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3		
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
6	Other distributions (describe in Part VI). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	ne organization is responsive				
	(provide details in <b>Part VI</b> ). See instructions.	C I		8		
9	Distributable amount for 2022 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
		(i)	(ii)		(iii)	
Sect	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution	าร	Distributa	
			Pre-2022		Amount for	2022
1	Distributable amount for 2022 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2022 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2022					
	From 2017					
	From 2018					
	From 2019					
	From 2020					
	From 2021					
f	Total of lines 3a through 3e					
a	Applied to underdistributions of prior years					
	Applied to 2022 distributable amount					
i	Carryover from 2017 not applied (see instructions)					
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2022 from Section D,					
•	line 7: \$					
а	Applied to underdistributions of prior years					
	Applied to 2022 distributable amount					
	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h					
•	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2023. Add lines 3j					
-	and 4c.					
8	Breakdown of line 7:					
	Excess from 2018					
	Excess from 2019					
	Excess from 2020					
	Excess from 2021					
	Excess from 2022					

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022 HOMEWARD PET ADOPTION CENTER	91-1526803	Page 8
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a o 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 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	1 and 2; Part IV, Sectior V, Section B, line 1e; Pa	n C, art V,
Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additic (See instructions.)	nal information.	
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:		
OTHER INCOME		
2018 AMOUNT: \$ 3,301.		
2019 AMOUNT: \$ 38.		
2020 AMOUNT: \$ -38,793.		
2021 AMOUNT: \$ 1,105.		
2022 AMOUNT: \$ 30.		
REBATES		
2022 AMOUNT: \$ 653.		

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## \*\* PUBLIC DISCLOSURE COPY \*\*

## Schedule of Contributors

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

# 2022

Employer identification number

91-1526803

Department of the Treasury
Internal Revenue Service

(Form 990)

Schedule B

Name of the organization

Organization type (check one):

HOMEWARD	PET	ADOPTION	CENTER
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Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( <sup>3</sup> ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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), 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 totaling \$5,000 or more during the year for an *exclusively* set in the set of t

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

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

Schedule B (Form 990) (2022)

HOMEWARD	PET ADOPTION CENTER		91-1526803
Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) ns Type of contribution
1		\$267,	000.       Person       X         Payroll       Payroll         Noncash       (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) is Type of contribution
2		\$62,	500.       Person       X         Payroll       Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) ns Type of contribution
3		\$50,	000.       Person       X         Payroll       Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) ns Type of contribution
4		\$50,	000.       Person       X         Payroll       Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) is Type of contribution
		\$	Person Payroll Payroll (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) ns Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

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08481115 144198 272269

23 2022.05000 HOMEWARD PET ADOPTION CEN 272269\_1

Employer identification number

Page 2

## Schedule B (Form 990) (2022) Name of organization

Schedule E	B (Form 990) (2022)		Page <b>3</b>
Name of or	rganization		Employer identification number
HOMEWARD	) PET ADOPTION CENTER		91-1526803
Part II	Noncash Property (see instructions). Use duplicate copies of Part II	if additional space is needed	d.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions	
		\$	

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223453 11-15-22

Schedule B (Form 990) (2022)

## 08481115 144198 272269

Schedule E	3 (Form 990) (2022)		Page <b>4</b>		
Name of or	rganization		Employer identification number		
HOMEWARD	PET ADOPTION CENTER		91-1526803		
Part III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a)	through (e) and the following line e charitable, etc., contributions of <b>\$1,000 o</b>	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the year		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		(e) Transfer of g	ift		
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
Part I					
-					
	(e) Transfer of gift				
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
-		(e) Transfer of g	ift		
-	Transferee's name, address, a	nd ZIP + 4	Relationship 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, a	(e) Transfer of g nd ZIP + 4	ift Relationship of transferor to transferee		

Schedule B (Form 990) (2022)

08481115 144198 272269

		0	al Financial Statements		OMB No. 1545-0047
	HEDULE D n 990)	<b>202</b>			
•	ment of the Treasury	Open to Public			
Interna	Revenue Service	Inspection			
Nam	e of the organizati	ion HOMEWARD PET ADOPTION CENTE	R	Emp	bloyer identification number 91-1526803
Pa		ations Maintaining Donor Advise	d Funds or Other Similar Funds or Ac	coun	
	organizatio	on answered "Yes" on Form 990, Part IV, lin			ds and other accounts
4	Total number at o	nd of year	(a) Donor advised funds (	<b>b)</b> Fun	
1 2		nd of year			
3		of grants from (during year)			
4		at end of year			
5			writing that the assets held in donor advised func	ds	
			exclusive legal control?		Yes No
6	•		dvisors in writing that grant funds can be used o		
			r donor advisor, or for any other purpose conferr	0	
Pa	impermissible priv	ate benefit?	ganization answered "Yes" on Form 990, Part IV,	line 7	Yes No
1		servation easements held by the organization		1110 7.	
-		n of land for public use (for example, recrea		orically	important land area
	Protection of	of natural habitat	Preservation of a certi	fied his	storic structure
	Preservation	n of open space			
2			fied conservation contribution in the form of a co	nservat	
	day of the tax yea				Held at the End of the Tax Year
a				2a	
b	v			2b	
c d		vation easements on a certified historic stri vation easements included in (c) acquired a	ucture included in (a)	2c	
u				2d	
3			eased, extinguished, or terminated by the organi	<u> </u>	during the tax
	year				·
4	Number of states	where property subject to conservation eas	sement is located		
5	Does the organiza	ation have a written policy regarding the per	iodic monitoring, inspection, handling of		
-		forcement of the conservation easements it			
6	Staff and voluntee	er hours devoted to monitoring, inspecting,	handling of violations, and enforcing conservatio	n ease	ments during the year
7	Amount of expense		lling of violations, and enforcing conservation eas	sement	s during the year
-					
8	Does each conser	rvation easement reported on line 2(d) abov	e satisfy the requirements of section 170(h)(4)(B)	(i)	
	and section 170(h	)(4)(B)(ii)?			Yes No
9	In Part XIII, descril	be how the organization reports conservation	on easements in its revenue and expense statem	ent and	b
			note to the organization's financial statements that	at desc	ribes the
Pa		counting for conservation easements.	Art, Historical Treasures, or Other S	imila	Assats
I UI		f the organization answered "Yes" on Form		iiiiiai	
1a			8, not to report in its revenue statement and bala	ance sh	eet works
	•		blic exhibition, education, or research in furtherar		
			ncial statements that describes these items.		
b	If the organization	elected, as permitted under FASB ASC 95	8, to report in its revenue statement and balance	sheet	works of
	art, historical treas	sures, or other similar assets held for public	exhibition, education, or research in furtherance	of pub	olic service,
	•	ing amounts relating to these items:			
					₿
~	.,		an was an other similar assets for financial asia		\$
2			asures, or other similar assets for financial gain, p	orovide	
а	-	unts required to be reported under FASB A	SC 958 relating to these items:		\$
					\$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	
232051 09-01-22	

08481115 144198 272269

Sche		T ADOPTION CENTER					1526803	Pa	age <b>2</b>
Pai	t III Organizations Maintaining Co	ollections of Art, H	listorical Tre	easures, or	Other S	imilar Ass	ets <sub>(contin</sub>	ued)	
3	Using the organization's acquisition, accession	n, and other records, c	heck any of the f	following that	make signi	ficant use of	its		
	collection items (check all that apply):								
а									
b									
с	Preservation for future generations								
4	Provide a description of the organization's co	llections and explain ho	ow they further th	ne organizatior	n's exempt	purpose in F	Part XIII.		
5	During the year, did the organization solicit or	receive donations of a	rt, historical treas	sures, or other	r similar as	sets			
	to be sold to raise funds rather than to be ma						Yes		No
Pa	t IV Escrow and Custodial Arrang	jements. Complete	if the organizatio	n answered "	Yes" on Fo	rm 990, Part	IV, line 9, or		
	reported an amount on Form 990, Par	t X, line 21.							
<b>1</b> a	Is the organization an agent, trustee, custodia	an or other intermediary	for contribution	s or other asse	ets not incl	uded			_
	on Form 990, Part X?						Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the follow	ving table:						
							Amount		
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					lf			
	Did the organization include an amount on Fo				-		Yes		No
	If "Yes," explain the arrangement in Part XIII.								
Pa	T V Endowment Funds. Complete if								
	-	(a) Current year	(b) Prior year	(c) Two years	s back (d)	Three years b	ack <b>(e)</b> Four	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	ent year end balance (lir	ne 1g, column (a)	)) held as:					
а	Board designated or quasi-endowment	%	6						
b	Permanent endowment	%							
с	Term endowment	6							
	The percentages on lines 2a, 2b, and 2c should	ıld equal 100%.							
3a	Are there endowment funds not in the posses	sion of the organization	n that are held ar	nd administere	ed for the		_		
	organization by:							Yes	No
	(i) Unrelated organizations						3a(i)		
	(ii) Related organizations								
b	If "Yes" on line 3a(ii), are the related organizat								
4	Describe in Part XIII the intended uses of the								
Pa	t VI Land, Buildings, and Equipme	ent.							
	Complete if the organization answered	l "Yes" on Form 990, Pa	art IV, line 11a. S	See Form 990,	Part X, line	e 10.			
	Description of property	(a) Cost or othe	r <b>(b)</b> Cost	t or other	( <b>c)</b> Accı	umulated	(d) Book	<pre>&lt; value</pre>	e
		basis (investmen	it) basis	(other)	depre	ciation			
1a	Land								
b	Buildings								
с	Leasehold improvements			285,212.		276,787.		8,	425.
	Equipment			295,259.		164,757.		130,	502.
	Other								
	Add lines 1a through 1e. (Column (d) must ed		column (B). line 1	0c.)				138,	927.
		,, <b></b> , <b></b> _,					dule D (Form	990)	2022

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91-1526803 Page **3** 

Part VII Investments - Other Securities.
--

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

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

## Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (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, Part X, line 15.

(a) Description	(b) Book value
(1) DEPOSIT	37,000.
(2) RIGHT OF USE ASSET	1,583,558.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	1,620,558.
Part X Other Liabilities.	

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

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	LEASE LIABILITY	1,652,383.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990. Part X. col. (B) line 25.)	1,652,383.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII .... X

Schedule D (Form 990) 2022

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Sche	dule D (Form 990) 2022 HOMEWARD PET ADOPTION CENTER	91-1526803	Page <b>4</b>
Pa	t XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Ret	urn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	2,029,465.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments 2a147,863.		
b	Donated services and use of facilities 2b10,008.		
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.) 2d		
е	Add lines 2a through 2d	2e	-137,855.
3	Subtract line <b>2e</b> from line <b>1</b>	3	2,167,320.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 7, 340.		
b	Other (Describe in Part XIII.) 4b		
с	Add lines 4a and 4b	4c	7,340.
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990. Part I, line 12.)		2,174,660.
Pa	t XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Re	eturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	2,359,159.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities 2a 10,008.		
b	Prior year adjustments 2b		
с	Other losses 2c		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	10,008.
3	Subtract line 2e from line 1	3	2,349,151.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 7, 340.		
b	Other (Describe in Part XIII.) 4b		
с	Add lines 4a and 4b	4c	7,340.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	2,356,491.
Pa	rt XIII Supplemental Information.		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

THE INTERNAL REVENUE SERVICE HAS DETERMINED THE ORGANIZATION TO BE EXEMPT

FROM FEDERAL INCOME TAX UNDER INTERNAL REVENUE CODE SECTION 501(C)(3);

ACCORDINGLY, NO PROVISION HAS BEEN MADE FOR FEDERAL INCOME TAX IN THE

ACCOMPANYING FINANCIAL STATEMENTS.

THE ORGANIZATION EVALUATES ITS UNCERTAIN TAX POSITIONS AND A LOSS

CONTINGENCY IS RECOGNIZED WHEN IT IS MORE LIKELY THAN NOT THAT A LIABILITY

HAS BEEN INCURRED BY THE ORGANIZATION AS OF THE DATE OF THE FINANCIAL

STATEMENTS AND THE AMOUNT CAN BE REASONABLY ESTIMATED.

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Schedule D (Form 990) 2022

	91-1520005	Page
art XIII Supplemental Information (continued)		
	Schedule D (Form 99	

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SCHEDULE G	Suppleme	ntal Information Regarding	Func	Iraisi	ng or Gaming A	ctiv	ities	OMB No. 1545-0047
(Form 990)		organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the ganization entered more than \$15,000 on Form 990-EZ, line 6a.						2022
Department of the Treasury Internal Revenue Service	0.1	Attach to Form 990 o				_		Open to Public Inspection
Name of the organization		o www.irs.gov/Form990 for instrue	ctions	and tr	ne latest information	n.	Emplover i	dentification number
0	HOMEWARD PI	ET ADOPTION CENTER					91-1526	
	complete this part	Complete if the organization answe	ered "Y	es" or	n Form 990, Part IV, I	ine 17	7. Form 990-	EZ filers are not
<ul> <li>a Mail solicitat</li> <li>b Internet and</li> <li>c Phone solicitat</li> <li>d In-person so</li> <li>2 a Did the organization</li> <li>key employees list</li> </ul>	tions email solicitations tations vlicitations on have a written o red in Form 990, Pa ) highest paid indiv	f Solicita g Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (incluc rofessi	non-g gover aising o ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		<b>Y</b>	es 🗌 No be
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundr have c or con contrib	ustody itrol of	(iv) Gross receipts from activity	to (c	Amount paic or retained by fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No				
Total	ioh the execution	n is registered as licensed to colicit.			or boo boon potified	itio	warmat from	vagiatzation
3 List all states in wh or licensing.	ion the organizatio	n is registered or licensed to solicit o	JUITTID	utions	or has been notified	IL IS E	exempt from	registration

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

Schedule G (Form 990) 2022

232081 10-27-22

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

			(a) Event #1	(b) Event #2 GOLF TOURNAMENT	(c) Other events	(d) Total events
			FUR BALL 2022	2022	NONE	(add col. (a) through
e			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	299,715.	28,883.		328,598.
	2	Less: Contributions	276,835.	18,443.		295,278.
	3	Gross income (line 1 minus line 2)	22,880.	10,440.		33,320.
	4	Cash prizes				
	5	Noncash prizes	56,284.	390.		56,674.
penses	6	Rent/facility costs	9,638.	7,826.		17,464.
Ulrect Expenses	7	Food and beverages	36,507.	4,085.		40,592.
	8	Entertainment				
	9	Other direct expenses	66,449.	2,014.		68,463.
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)			183,193.
	11	Net income summary. Subtract line 10 from li				-149,873.
<sup>2</sup> a	rt I	<b>II Gaming.</b> Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	1 990, Part IV, line 19, or i	reported more than	
evenue		· · · · ·	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
š						

Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
eve						
<u>т</u>	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Щ Ц						
Direc	4	Rent/facility costs				
	5	Other direct expenses				
	-		<b>Yes</b> %	<b>Yes</b> %	<b>Yes</b> %	
	6	Volunteer labor	□ No	□ No	□ No	
	7	Direct expense summary. Add lines 2 through	5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
	_					
9		ter the state(s) in which the organization condu				
		the organization licensed to conduct gaming ac				Yes No
D	IT "	No," explain:				
10a	We	ere any of the organization's gaming licenses re	voked, suspended, or te	rminated during the tax	/ear?	Yes No
b	lf "	Yes," explain:				

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Schedule G (Form 990) 2022

Sch	edule G (Form 990) 2022	HOMEWARD PET ADOPTION CEN	TER	91-152680	3	Page 3
11	Does the organization conduct ga	ming activities with nonmembers?			Yes	No
12	Is the organization a grantor, bene	ficiary or trustee of a trust, or a me	mber of a partnership or other entity formed			
	to administer charitable gaming?				Yes	No No
13	Indicate the percentage of gaming	activity conducted in:		I		
a	The organization's facility			13a		%
						%
14	Enter the name and address of th	e person who prepares the organiza	tion's gaming/special events books and records:			
	Name					
	Address					
15a	Does the organization have a con	ract with a third party from whom t	he organization receives gaming revenue?		Yes	No No
b	If "Yes," enter the amount of gam	ng revenue received by the organiz		ınt		
	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	\$				
	5					
	Description of services provided					
	Director/officer		adapandant aantwaatar			
		Employee	ndependent contractor			
17	Mandaton, distributions:					
	Mandatory distributions:	atota law ta maka abaritabla diatrib	utions from the coming proceeds to			
d			outions from the gaming proceeds to		Vac	🗌 No
h			buted to other exempt organizations or spent in t		163	
L	organization's own exempt activit	•	buted to other exempt organizations of spent in t	IIE		
Pa	rt IV Supplemental Infor	<b>nation.</b> Provide the explanations	required by Part I, line 2b, columns (iii) and (v); and	nd Part III lin	les 9	9b 10b
		applicable. Also provide any addition		ia i arcin, in		55, 105,
2320	33 10-27-22			Schedule G (	Form	990) 2022
			33			

hedule G (Form 990) HOMEWARD PET ADOPTION CENTER	91-1526803	Page
hedule G (Form 990)         HOMEWARD PET ADOPTION CENTER           art IV         Supplemental Information (continued)		
	Schedule G	

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## SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

## **Noncash Contributions**

OMB No. 1545-0047

2022 Open to Public

. Inspection

Complete if the organizations answered	"Yes"	on Form 990	, Part IV, lin	es 29 or 3	0.
Attach to	Form	990.			

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

Name of the organization

Employer	identification	number
	91-1526803	

HOMEWARD PET ADOPTION CENTER

Par	tl Typ	es of Property								
	·		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contril amounts report Form 990, Part VII	ed on	(d) Method of d noncash contrib	, eterminir	•	
1	Art - Works	of art			·					
2		cal treasures								
3		nal interests								
4		oublications								
5		d household goods								
6		her vehicles								
7		lanes								
8		property								
9		Publicly traded								
9 10		Closely held stock								
11		Partnership, LLC, or								
10	trust interes									
12		Miscellaneous								
13		nservation contribution -								
	Historic stru									
14 15		nservation contribution - Other								
15		- Residential								
16		- Commercial								
17		- Other								
18										
19		ory								
20		nedical supplies								
21										
22		tifacts								
23		pecimens								
24		al artifacts								
25	(	PET SUPPLIES )	X	569		07,776.				
26		AUCTION ITEMS )	X	192		56,394.	FMV			
27	Other (	)								
28	Other (	)								
29		Forms 8283 received by the organ								
	for which the	e organization completed Form 82	283, Part V, D	onee Acknowledg	ement	29				
									Yes	No
30a		rear, did the organization receive b								
		or at least 3 years from the date of		ntribution, and whi	ch isn't required to	be used	for			
		poses for the entire holding period	?					30a		X
b	-	scribe the arrangement in Part II.								
31		ganization have a gift acceptance					tions?	31		X
32a	Does the org	ganization hire or use third parties	or related or	ganizations to solid	cit, process, or sell	noncash				
	contribution							32a		X
b	,	scribe in Part II.								
33	If the organi	zation didn't report an amount in o	column (c) fo	r a type of property	for which column	(a) is cheo	cked,			
	describe in I	Part II.								
LHA	For Paper	work Reduction Act Notice, see	the Instruct	tions for Form 990	).		Schedule I	M (Form	990)	2022

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Part II	Supplementa	I Informati	ion.	Provide the	information	
Schedule M	1 (Form 990) 2022	HOMEWARD	PET	ADOPTION	CENTER	

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

SCHEDULE M, PART I, COLUMN (B):

NUMBER OF CONTRIBUTIONS

Schedule M (Form 990) 2022

91-1526803

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SCHEDULE O (Form 990) Department of the Treasury	Supplemental Information to Form 990 or 990 Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ.	-EZ OMB No. 1545-0047 <b>2022</b> Open to Public Inspection
Internal Revenue Service Name of the organization	<b>Go to www.irs.gov/Form990 for the latest information.</b>	Employer identification number
	HOMEWARD PET ADOPTION CENTER	91-1526803
FORM 990, PART III	, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:	
IF NEEDED, VACCINA	TED AND MICROCHIPPED - ALL PRIOR TO ADOPTION.	
ADDITIONALLY, ANY	ANIMALS THAT PRESENT HEALTH CONCERNS (SPECIAL NEEDS)	
OR BEHAVIOR CHALLE	NGES ARE PROVIDED THE ADDITIONAL CARE NEEDED TO HELP	
THEM OVERCOME THES	E CHALLENGES - ENSURING THE DOGS AND CATS ARE IN THE	
	E FOR THEIR NEW FAMILIES.	
FORM 990, PART III	, LINE 4D, OTHER PROGRAM SERVICES:	
HOMEWARD PET VOLUN	TEER PROGRAM IS THE BACKBONE OF THE ORGANIZATION WITH	
818 INDIVIDUALS DO	NATING THEIR TIME EACH WEEK IN THE SHELTER - HELPING	
TO CARE FOR THE AN	IMALS WITH CLEANING, CUDDLING PUPPIES AND KITTENS,	
WALKING DOGS, ASSI	STING IN THE CLINIC, GREETING OUR VISITORS AT	
RECEPTION, KEEPING	THE FACILITY IN TIP TOP SHAPE, OFFSITE EVENTS,	
MARKETING, PHOTOGR	APHY AND SO MUCH MORE. THESE AMAZING PEOPLE GAVE MORE	
THAN 150,000 HOURS	OF THEIR TIME IN 2022 TO THE HOMELESS ANIMALS IN OUR	
CARE.		
FOSTER PROGRAM: IN	RESPONSE TO THE COVID-19 PANDEMIC, HOMEWARD PET	
ADOPTION CENTER UT	ILIZED FOSTER VOLUNTEERS TO HOUSE ANIMALS WHILE THE	
SHELTER WAS CLOSED	IN 2020. IN 2022, THIS PROGRAM CONTINUED AND GREW AS	
THE SHELTER TRIED	TO LIMIT PUBLIC EXPOSURE AND STILL FIND HOMES FOR ALL	
THE ANIMALS IN OUR	CARE. WITH RESTRICTIONS EASING, ADOPTION	
APPOINTMENTS WERE	MADE ONLINE AND ARRANGEMENTS MADE WITH THE FOSTER	
FAMILIES TO MEET A	ND GREET POTENTIAL ADOPTERS.	
HOMEWARD PET FOOD	BANK: THE HOMEWARD PET FOOD BANK FEEDS HOMELESS	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 232211 10-28-22

Schedule O (Form 990) 2022	Page <b>2</b>
Name of the organization HOMEWARD PET ADOPTION CENTER	Employer identification number 91-1526803
ANIMALS AND HELPS FAMILIES KEEP THEIR BELOVED PET IN THEIR HOME BY	
DISTRIBUTING PET FOOD AND SUPPLIES TO FAMILIES IN NEED IN OUR COMMUNITY	
THROUGH LOCAL FOOD BANKS AND OUTREACH PROGRAMS. LAST YEAR, THE HOMEWARD	
PET FOOD BANK FED NEARLY 2000 ANIMALS IN THE SHELTER AND DISTRIBUTED	
OVER 155,000 LBS. OF PET FOOD TO AREA FOOD BANKS, COMMUNITY	
ORGANIZATIONS AND PARTNER RESCUES.	
EXPENSES \$ 466,381. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.	
FORM 990, PART VI, SECTION B, LINE 11B:	
THE FULL 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR AND THE BOARD OF	
DIRECTORS PRIOR TO SUBMISSION.	
FORM 990, PART VI, SECTION B, LINE 12C:	
EACH YEAR, THE BOARD OF DIRECTORS COMPLETES A CONFLICT OF INTEREST DOCUMENT	
THAT INCLUDES A SECTION TO DESCRIBE ANY POSSIBLE CONFLICT WHICH IS THEN	
REVIEWED AND DISCUSSED DURING THE BOARD MEETING. TO-DATE, NO CONFLICTS HAVE	
BEEN IDENTIFIED.	
FORM 990, PART VI, SECTION B, LINE 15A:	
AN ANNUAL REVIEW OF THE EXECUTIVE DIRECTOR IS PROVIDED BY THE BOARD OF	
DIRECTORS. THE EXECUTIVE DIRECTOR PROVIDES A DETAILED REPORT OF GOALS AND	
OBJECTIVES TO BE COMPLETED FOR THE YEAR AND PROVIDES STATUS UPDATES PRIOR	
TO EACH BOARD MEETING ON THE PROGRESS. A YEAR-END REVIEW IS	
COMPLETED OF THE OUTCOME AND SUCCESS OF THE OBJECTIVES. SALARY INCREASES	
ARE BASED ON REVENUE STATUS AND AT MINIMUM, A COST OF LIVING INCREASE IS	
PROVIDED.	
FORM 990, PART VI, SECTION C, LINE 19:	

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Schedule O (Form 990) 2022

Name of the organization HOMEWARD PET ADOPTION CENTER	Employer identification number 91-1526803
THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, A	AND
FINANCIALS ARE MADE AVAILABLE UPON REQUEST.	
FORM 990, PART XII, LINE 2C:	
THE ORGANIZATION DID NOT CHANGE ITS OVERSIGHT PROCESS OR SELECTION	
PROCESS DURING THE TAX YEAR.	
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