



Providing Pet Food and Emergency
Veterinary Care

WE'VE MOVED!

710 W. Washington St.
Carson City, NV 89703
IRS 501 (c) (3) Tax-Exempt &
Nevada Nonprofit Corporation

775.841.7463
Fax 775.841.7466
info@petsofthehomeless.org
www.petsofthehomeless.org

Board Officers

Genevieve Frederick
Founder/President

Renee Lowry
Chief Financial Officer

Jennifer Rust
Secretary

Michael R. Crossley,
CPA, ABV, CVA, Retired
Treasurer

Directors

Gary L. Ailes, DVM
David J. Kowalek, BVMS
Skylar Young, J.D.
Garrett Lepire



Dear Friend,

We are proud of our work helping pets that belong to our fellow citizens experiencing homelessness and appreciate the opportunity to share our 2022 IRS Tax Form 990.

As you read through the tax form 990, you will see that there is an operating loss. (revenue less expenses line shows \$-998,239) This is a result of transferring \$750,000 to our Endowment Fund. The Board approved the transfer as a guarantee that we are sustainable for the future.

Even with the transfer to the Endowment Fund, we had a healthy balance sheet. The Board approved the purchase of our Carson City building for our headquarters. This increases our assets and shows our future is bright and secure to continuity to serve our communities.

We appreciate the trust in us and know that your donations will improve the lives of many pets that offer unconditional love, companionship and loyalty, without judgement, to their people.

The calls keep coming and our team has stepped up to the challenge. Between 2021 and 2022 the number of calls to and from case managers increased to over 23,000, a 100% increase.

If you would like a copy of our 2022 Independent Audit, please email your request.

Sincerely Yours,

Genevieve Frederick

Founder/President

EXTENDED TO NOVEMBER 15, 2023

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2022

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the 2022 calendar year, or tax year beginning _____ and ending _____

B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input checked="" type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization FEEDING PETS OF THE HOMELESS AKA PETS OF THE HOMELESS		D Employer identification number 26-3010540
	Doing business as		E Telephone number 775-841-7463
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 4,516,854.
	710 W. WASHINGTON STREET City or town, state or province, country, and ZIP or foreign postal code CARSON CITY, NV 89703		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number
F Name and address of principal officer: GENEVIEVE FREDERICK SAME AS C ABOVE		I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
J Website: WWW.PETSOFTHEHOMELESS.ORG		L Year of formation: 2008 M State of legal domicile: NV	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: 1) DONATED PET FOOD AND SUPPLIES ARE DISTRIBUTED TO THE HOMELESS AND DISADVANTAGED, 2) EMERGENCY CARE	
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3 Number of voting members of the governing body (Part VI, line 1a)	3 10
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 7
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5 11
	6 Total number of volunteers (estimate if necessary)	6 339
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a 0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b 0.	

		Prior Year	Current Year
Revenue	8 Contributions and grants (Part VIII, line 1h)	3,755,331.	2,657,767.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	22,924.	-56,136.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,284.	13,554.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,783,539.	2,615,185.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	922,631.	1,482,623.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	282,888.	416,171.
	16 a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	513,156.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	917,555.	1,714,630.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,123,074.	3,613,424.
19 Revenue less expenses. Subtract line 18 from line 12	1,660,465.	-998,239.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 2,604,682.	End of Year 2,144,008.
	21 Total liabilities (Part X, line 26)	55,623.	612,609.
	22 Net assets or fund balances. Subtract line 21 from line 20	2,549,059.	1,531,399.

Part II Signature Block

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

Sign Here	Signature of officer <i>Genevieve Frederick</i>	Date 5/8/2023		
	Type or print name and title GENEVIEVE FREDERICK, PRESIDENT			
Paid Preparer Use Only	Print/Type preparer's name MELVIN L WILLIAMS, CPA	Preparer's signature <i>Melvin Williams</i>	Date 5/8/2023	Check <input type="checkbox"/> PTIN if self-employed P00160504
	Firm's name CUPIT, MILLIGAN, OGDEN & WILLIAMS		Firm's EIN 88-0189498	
Firm's address 1695 MEADOW WOOD LANE, STE 100 RENO, NV 89502-6511		Phone no. (775) 827-5055		

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

Return of Organization Exempt From Income Tax

Form **990**

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

2022

Department of the Treasury
Internal Revenue Service

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.

Open to Public Inspection

A For the 2022 calendar year, or tax year beginning and ending

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

C Name of organization
FEEDING PETS OF THE HOMELESS
AKA PETS OF THE HOMELESS
 Doing business as
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
710 W. WASHINGTON STREET
 City or town, state or province, country, and ZIP or foreign postal code
CARSON CITY, NV 89703

D Employer identification number
26-3010540

E Telephone number
775-841-7463

G Gross receipts \$ **4,516,854.**

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

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

J Website: **WWW.PETSOFTHEHOMELESS.ORG**

K Form of organization: Corporation Trust Association Other

L Year of formation: **2008** **M State of legal domicile:** **NV**

F Name and address of principal officer: **GENEVIEVE FREDERICK**
SAME AS C ABOVE

H(c) Group exemption number

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: 1) DONATED PET FOOD AND SUPPLIES ARE DISTRIBUTED TO THE HOMELESS AND DISADVANTAGED, 2) EMERGENCY CARE		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	10
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	7
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	11
	6 Total number of volunteers (estimate if necessary)	6	339
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	3,755,331.	2,657,767.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	22,924.	-56,136.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,284.	13,554.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,783,539.	2,615,185.
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	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	282,888.	416,171.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	513,156.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	917,555.	1,714,630.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,123,074.	3,613,424.
19 Revenue less expenses. Subtract line 18 from line 12	1,660,465.	-998,239.	
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	21 Total liabilities (Part X, line 26)	55,623.	612,609.
	22 Net assets or fund balances. Subtract line 21 from line 20	2,549,059.	1,531,399.

Part II Signature Block

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

Sign Here Signature of officer: **GENEVIEVE FREDERICK, PRESIDENT** Date: _____

Paid Preparer Use Only Print/Type preparer's name: **MELVIN L WILLIAMS, CPA** Preparer's signature: **MELVIN L WILLIAMS, C** Date: _____ Check if self-employed: PTIN: _____

Firm's name: **CUFIT, MILLIGAN, OGDEN & WILLIAMS** Firm's EIN: **88-0189498**

Firm's address: **1695 MEADOW WOOD LANE, STE 100** Phone no. (775) **827-5055**
RENO, NV 89502-6511

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

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: FEEDING PETS OF THE HOMELESS BELIEVES IN THE HEALING POWER OF COMPANION PETS AND THE HUMAN/ANIMAL BOND WHICH IS VERY IMPORTANT IN THE LIVES OF MANY HOMELESS. THEY FIND SOLACE, PROTECTION AND COMPANIONSHIP THROUGH THEIR PETS. THEY CARE FOR THEIR PETS ON LIMITED

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 583,951. including grants of \$ 353,988.) (Revenue \$) PET FOOD AND SUPPLIES: NON-CASH AWARDS OF PET FOOD (136,576.93 LBS) AND PET SUPPLIES WERE DISTRIBUTED TO NON-PROFIT ORGANIZATIONS (PRIMARILY FOOD BANKS) ACROSS THE COUNTRY TO ASSIST WITH THE FEEDING OF PETS BELONGING TO THE HOMELESS AND DISADVANTAGED. PET FOOD AND SUPPLIES THAT WERE PURCHASED BY THE ORGANIZATION WERE GIVEN TO THE NON-PROFITS. SLEEPING CRATES WERE SHIPPED DIRECTLY TO NON-PROFIT HOMELESS SHELTERS.

4b (Code:) (Expenses \$ 1,850,391. including grants of \$ 1,121,695.) (Revenue \$) EMERGENCY VETERINARY CARE: IN 2022, THERE WERE 1,986 INVOICES TOTALING \$1,121,695 (AVERAGE OF \$565) PAID TO 618 HOSPITALS IN 46 STATES WITH A TOTAL OF 1,379 PETS TREATED; 84% WERE DOGS, 15% WERE CATS AND 1% WERE OTHER PETS OF THE HOMELESS. SOME HOSPITALS GAVE A DISCOUNT. 61% OF THE CALLERS WERE WOMEN AND 10% WERE VETERANS. THE AVERAGE TIME THEY HAD BEEN HOMELESS WAS 3 YEARS AND 1 MONTH. 26% WERE LIVING IN THEIR VEHICLES.

4c (Code:) (Expenses \$ 11,448. including grants of \$ 6,940.) (Revenue \$) WELLNESS CLINICS: A TOTAL OF 6 HOSPITALS/CLINICS OF NON-PROFITS PERFORMED WELLNESS CLINICS IN THREE STATES TO A TOTAL OF 297 PETS. 4 OF THE HOSPITALS RECEIVED AN AWARD AND 2 OF THE HOSPITALS PERFORMED THE WELLNESS CLINICS WITHOUT AWARDS. WELLNESS CLINICS INCLUDE BASIC EXAMS AND VACCINATIONS. SOMETIMES SPAY/NEUTER PROCEDURES ARE PERFORMED AT THE LOCATION OF THE CLINIC. SPONSORSHIPS REQUIRED THAT REPORTING BE DONE WITHIN 120 DAYS FROM THE DATE OF THE CLINIC VISIT. VISITS THAT TOOK PLACE AFTER SEPTEMBER MAY NOT BE REPORTED UNTIL 2023.

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 2,445,790.

**FEEDING PETS OF THE HOMELESS
AKA PETS OF THE HOMELESS**

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		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? <i>If "Yes," complete Schedule C, Part II</i>		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? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
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)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	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? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

**FEEDING PETS OF THE HOMELESS
AKA PETS OF THE HOMELESS**

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		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? <i>If "Yes," complete Schedule J</i>		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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part II</i>		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>		X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		11
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

FEEDING PETS OF THE HOMELESS

AKA PETS OF THE HOMELESS

Part 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		
	2a 11		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17	

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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

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

Section A. Governing Body and Management

			Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	1a	10		
b Enter the number of voting members included on line 1a, above, who are independent	1b	7		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3			X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6 Did the organization have members or stockholders?	6			X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?	8a		X	
b Each committee with authority to act on behalf of the governing body?	8b		X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9			X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a			X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b			
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X	
b Describe 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		X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c		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 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
a The organization's CEO, Executive Director, or top management official	15a		X	
b Other officers or key employees of the organization	15b		X	
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a			X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b			

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed AL, AR, CA, CT, FL, GA, HI, KS, IL, KY, ME, MD
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records
THE ORGANIZATION - 775-841-7463
710 W. WASHINGTON STREET, CARSON CITY, NV 89703

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - 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) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) RENEE LOWRY CHIEF FINANCIAL OFFICER	35.00			X				59,556.	0.	3,393.
(2) LAURA BROWN EXECUTIVE DIRECTOR	35.00			X				42,785.	0.	5,227.
(3) GENEVIEVE FREDERICK FOUNDER/PRESIDENT	30.00			X				47,298.	0.	0.
(4) MICHAEL CROSSLEY, CPA TREASURER	1.00			X				0.	0.	0.
(5) JENNIFER RUST SECRETARY	1.00			X				0.	0.	0.
(6) GARY L. AILES, DVM DIRECTOR	1.00	X						0.	0.	0.
(7) MARTIN R. JONES, CPA DIRECTOR	1.00	X						0.	0.	0.
(8) DAVID J. KOWALEK, BVMS DIRECTOR	1.00	X						0.	0.	0.
(9) GARRETT LEPIRE DIRECTOR	1.00	X						0.	0.	0.
(10) SKYLAR YOUNG, J.D. DIRECTOR	1.00	X						0.	0.	0.

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Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	2,657,767.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 350,106.				
	h Total. Add lines 1a-1f		2,657,767.				
Program Service Revenue	2 a _____	Business Code					
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		14,895.			14,895.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	1,830,638.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	1,889,175.	12,494.			
	c Gain or (loss)	7c	-58,537.	-12,494.			
	d Net gain or (loss)		-71,031.			-71,031.	
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a OTHER INCOME	Business Code	900099	13,554.	13,554.		
	b _____						
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d			13,554.			
12 Total revenue. See instructions			2,615,185.	13,554.	0.	-56,136.	

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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,482,623.	1,482,623.		
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	173,090.	81,352.	74,429.	17,309.
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	204,739.	96,227.	88,038.	20,474.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	11,436.	5,375.	4,917.	1,144.
10 Payroll taxes	26,906.	12,645.	11,570.	2,691.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	18,381.	8,639.	7,904.	1,838.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	6,522.	3,066.	2,804.	652.
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	85,713.	40,285.	36,857.	8,571.
12 Advertising and promotion	256,063.	104,986.	5,121.	145,956.
13 Office expenses	78,986.	37,123.	33,964.	7,899.
14 Information technology	29,886.	14,046.	12,851.	2,989.
15 Royalties				
16 Occupancy	58,218.	27,362.	25,034.	5,822.
17 Travel	69.	32.	30.	7.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	39.	18.	17.	4.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	14,580.	6,853.	6,269.	1,458.
23 Insurance	4,689.	2,204.	2,016.	469.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a DONATION EXPENSE	750,000.	352,500.	322,500.	75,000.
b PRINTING	201,624.	82,666.	4,032.	114,926.
c POSTAGE	180,768.	74,115.	3,615.	103,038.
d _____				
e All other expenses _____	29,092.	13,673.	12,510.	2,909.
25 Total functional expenses. Add lines 1 through 24e	3,613,424.	2,445,790.	654,478.	513,156.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	2,249,334.	1	740,953.
	2 Savings and temporary cash investments		2	22,897.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	121.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	602.	8	602.
	9 Prepaid expenses and deferred charges	20,348.	9	39,135.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	1,134,936.		
	b Less: accumulated depreciation	20,391.		
	11 Investments - publicly traded securities	27,444.	10c	1,114,545.
	12 Investments - other securities. See Part IV, line 11	292,857.	11	216,491.
	13 Investments - program-related. See Part IV, line 11		12	
	14 Intangible assets	14,097.	13	
	15 Other assets. See Part IV, line 11		14	9,264.
16 Total assets. Add lines 1 through 15 (must equal line 33)	2,604,682.	15		
17 Accounts payable and accrued expenses	2,604,682.	16	2,144,008.	
Liabilities	17 Accounts payable and accrued expenses	53,395.	17	63,933.
	18 Grants payable		18	
	19 Deferred revenue	2,228.	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 former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	548,676.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	55,623.	26	612,609.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	2,439,278.	27	1,493,064.
	28 Net assets with donor restrictions	109,781.	28	38,335.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	2,549,059.	32	1,531,399.
	33 Total liabilities and net assets/fund balances	2,604,682.	33	2,144,008.

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Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,615,185.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,613,424.
3	Revenue less expenses. Subtract line 2 from line 1	3	-998,239.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,549,059.
5	Net unrealized gains (losses) on investments	5	-19,421.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1,531,399.

Part 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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? _____ 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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
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? _____		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

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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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,396,894.	1,262,145.	1,860,894.	3,845,679.	2,657,767.	11,023,379.
2 Tax revenues levied for the organization'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	1,396,894.	1,262,145.	1,860,894.	3,845,679.	2,657,767.	11,023,379.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						11,023,379.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	1,396,894.	1,262,145.	1,860,894.	3,845,679.	2,657,767.	11,023,379.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	3,380.	4,065.	3,394.	5,185.	14,895.	30,919.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	4,891.	3,297.	4,219.	5,284.	13,554.	31,245.
11 Total support. Add lines 7 through 10						11,085,543.

12 Gross receipts from related activities, etc. (see instructions) **12**

13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	99.44 %
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	%

16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c 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.); 13 Total support. (Add lines 9, 10c, 11, and 12.)

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2021 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2021 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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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

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
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 Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
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.		
1		
2		

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(s).		
1		

Section D. All Type III Supporting Organizations

	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?		
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).		
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.		
1		
2		
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).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> 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.		Yes	No
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.			
2a			
2b			
3a			
3b			

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). **See instructions.**
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
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	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
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	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c 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, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization **FEEDING PETS OF THE HOMELESS**
AKA PETS OF THE HOMELESS Employer identification number
26-3010540

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year _____

4 Number of states where property subject to conservation easement is located _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 \$ _____

(ii) Assets included in Form 990, Part X \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 \$ _____

b Assets included in Form 990, Part X \$ _____

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

Schedule D (Form 990) 2022

FEEDING PETS OF THE HOMELESS

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- | | |
|---|--|
| a <input type="checkbox"/> Public exhibition | d <input type="checkbox"/> Loan or exchange program |
| b <input type="checkbox"/> Scholarly research | e <input type="checkbox"/> Other _____ |
| c <input type="checkbox"/> Preservation for future generations | |
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	306,911.	85,667.	74,548.	59,433.	62,542.
b Contributions	750,000.	202,000.	5,000.	5,252.	
c Net investment earnings, gains, and losses	-160,972.	21,751.	7,082.	10,522.	-2,597.
d Grants or scholarships			243.		
e Other expenditures for facilities and programs					
f Administrative expenses	8,014.	2,507.	720.	659.	512.
g End of year balance	887,925.	306,911.	85,667.	74,548.	59,433.

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment _____ %
- b** Permanent endowment _____ %
- c** Term endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----|
| (i) Unrelated organizations | X | |
| (ii) Related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		795,281.		795,281.
b Buildings		309,276.	1,983.	307,293.
c Leasehold improvements				
d Equipment				
e Other		30,379.	18,408.	11,971.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,114,545.

FEEDING PETS OF THE HOMELESS

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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

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)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

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...

FEEDING PETS OF THE HOMELESS

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	2,715,650.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-19,421.
b	Donated services and use of facilities	2b	126,408.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	106,987.
3	Subtract line 2e from line 1	3	2,608,663.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	6,522.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	6,522.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	2,615,185.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	3,733,310.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	126,408.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	126,408.
3	Subtract line 2e from line 1	3	3,606,902.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	6,522.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	6,522.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	3,613,424.

Part 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 V, LINE 4:

THE ORGANIZATION HAS AN AGREEMENT WITH THE COMMUNITY FOUNDATION OF WESTERN NEVADA (THE FOUNDATION). WITH PREVIOUS DONATIONS AND BEQUESTS, THE FOUNDATION ESTABLISHED AN ENDOWMENT FUND (THE FUND) IN THE NAME OF THE ORGANIZATION. THE ORGANIZATION'S BOARD OF DIRECTOR'S MAY MAKE RECOMMENDATIONS FOR DISBURSEMENTS FROM THE FUND UP TO 5% OF THE FUND BALANCE, PAYABLE FROM INCOME. IN THE EVENT OF A FINANCIAL EMERGENCY, THE ORGANIZATION MAY REQUEST UP TO AN ADDITIONAL 3%, PAYABLE FROM INCOME. THE FUND IS CHARGED AN ADMINISTRATION FEE OF 1% ANNUALLY OF THE AVERAGE DAILY BALANCE OF THE FUND. PER THE ENDOWMENT AGREEMENT, SHOULD ANY OF THE PURPOSES, RESTRICTIONS OR CONDITIONS IMPOSED UPON THE FUND EVER BECOME OBSOLETE, UNNECESSARY, INCAPABLE OF FULFILLMENT, OR INCONSISTENT WITH THE

Part XIII Supplemental Information (continued)

CHARITABLE PURPOSES OR NEEDS SERVED BY THE FOUNDATION, THEN THE
 FOUNDATION'S BOARD OF TRUSTEES SHALL HAVE THE SOLE VARIANCE POWER TO
 MODIFY SUCH PURPOSE, RESTRICTION OR CONDITION. THE ORGANIZATION MADE
 DONATIONS TO THE FOUNDATION IN THE AMOUNT OF \$750,000 DURING THE YEAR
 ENDED DECEMBER 31, 2022.

FEEDING PETS OF THE HOMELESS

AKA PETS OF THE HOMELESS

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.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts				
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d)				
	11 Net income summary. Subtract line 10 from line 3, column (d)				

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

Revenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
	2 Cash prizes				
Direct Expenses	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
Revenue	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
Revenue	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

FEEDING PETS OF THE HOMELESS
AKA PETS OF THE HOMELESS

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility		13a	%
b An outside facility		13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name _____

Address _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____

c If "Yes," enter name and address of the third party:

Name _____

Address _____

- 16 Gaming manager information:

Name _____

Gaming manager compensation \$ _____

Description of services provided _____

- Director/officer Employee Independent contractor

- 17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: FUND RAISING STRATEGIES, INC.

(I) ADDRESS OF FUNDRAISER: 1420 SPRING HILL RD, MCLEAN, VA 22102

Part IV Supplemental Information *(continued)*

Multiple horizontal lines for supplemental information.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization **FEEDING PETS OF THE HOMELESS
AKA PETS OF THE HOMELESS** Employer identification number
26-3010540

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
MISCELLANEOUS CASH GRANTS <\$5,000			3,000.	0.			WELLNESS CLINICS
MISCELLANEOUS CASH GRANTS <\$5,000			633,809.	0.			VET CARE
MISCELLANEOUS NON-CASH GRANTS <\$5,000			0.	39,218.	FMV	PET FOOD & CRATES	PET FOOD & CRATES
ABBY PET HOSPITAL 4508 E. ASHLAN AVE. FRESNO, CA 93726			10,472.	0.			VET CARE
ABC VETERINARY HOSPITAL - CONCORD 2056 EAST ST. CONCORD, CA 94520			8,725.	0.			VET CARE
ACCESS LA SPECIALTY ANIMAL HOSPITAL - 9599 JEFFERSON BLVD. - CULVER CITY, CA 90232	81-3014525		6,624.	0.			VET CARE

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table _____
- 3** Enter total number of other organizations listed in the line 1 table _____

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

Schedule I (Form 990) 2022

FEEDING PETS OF THE HOMELESS

Schedule I (Form 990)

AKA PETS OF THE HOMELESS

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ACCESS SPECIALTY HOSPITAL SOUTH BAY - 2551 WEST 190TH ST - TORRANCE, CA 90504			6,528.	0.			VET CARE
ADVANCED VETERINARY CARE 1021 EAST 3300 SOUTH SALT LAKE CITY, UT 84106	81-3014525		10,617.	0.			VET CARE
ALL CREATURES VETERINARY HOSPITAL - CA - 509 BENICIA RD. - VALLEJO, CA 94590	56-0628902		7,938.	0.			VET CARE
ARK ANIMAL HOSPITAL - VICTORVILLE, CA - 15610 BEAR VALLEY ROAD #109 - VICTORVILLE, CA 92395	27-5487419		16,560.	0.			VET CARE
ARK VETERINARY CARE 295 N. 10TH ST. SAN JOSE, CA 95112	83-3897424		45,841.	0.			VET CARE
B STREET VETERINARY HOSPITAL 2675 B STREET SAN DIEGO, CA 92102	46-2280909		28,731.	0.			VET CARE
BOULEVARD ANIMAL HOSPITAL 2139 E ARTESIA BLVD LONG BEACH, CA 90805			10,886.	0.			VET CARE
COMPANIAN ANIMAL HOSPITAL 8485 WEST FLAMINGO RD. LAS VEGAS, NV 89147	73-1687467		10,301.	0.			VET CARE
HEALING SPIRIT ANIMAL WELLNESS CENTER - 7650 MYRTLE AVE - EUREKA, CA 95503	68-0472731		9,216.	0.			VET CARE

Schedule I (Form 990)

FEEDING PETS OF THE HOMELESS

Schedule I (Form 990)

AKA PETS OF THE HOMELESS

26-3010540

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OAKVET ANIMAL SPECIALTY HOSPITAL 1133 7TH ST OAKLAND, CA 94607	82-2864021		16,989.	0.			VET CARE
OCEAN AVE VET HOSPITAL 1001 OCEAN AVE. SAN FRANCISCO, CA 94112			7,732.	0.			VET CARE
PET EMERGENCY & SPECIALTY CENTER 5232 JACKSON DR., STE. 105 LA MESA, CA 91941	33-0517901		5,604.	0.			VET CARE
PET EMERGENCY CLINIC & REFERRAL CENTER - 21 EAST MISSION AVE. - SPOKANE, WA 99202	91-0996132		5,095.	0.			VET CARE
PETS REFERRAL CENTER 1048 UNIVERSITY AVE BERKELEY, CA 94710	20-2550446		11,319.	0.			VET CARE
SHELTER VETERINARY AKA VALUE VET CLINIC - 11361 W. PICO BLVD, #B - LOS ANGELES, CA 90064	20-2444059		8,184.	0.			VET CARE
SOUTH COAST PET HOSPITAL 3752 S. BRISTOL STREET SANTA ANA, CA 92704	61-1902870		5,075.	0.			VET CARE
SOUTHERN OREGON VET SPEC CENTER 4901 BIDDLE RD. CENTRAL POINT, OR 97502	81-3735134		10,607.	0.			VET CARE
SPCA EAST BAY 8323 BALDWIN ST. OAKLAND, CA 94621	94-1322202		6,438.	0.			VET CARE

Schedule I (Form 990)

FEEDING PETS OF THE HOMELESS

AKA PETS OF THE HOMELESS

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPCA SF - ALABAMA ST 201 ALABAMA ST SAN FRANCISCO, CA 94103	94-0836580		69,478.	0.			VET CARE
STANDIFORD VETERINARY CENTER INC. 1520 STANDIFORD AVE MODESTO, CA 95350	85-4122266		8,194.	0.			VET CARE
STANTON PET HOSPITAL 8591 KATELLA AVE STANTON, CA 90680	46-4345276		8,519.	0.			VET CARE
SUNNY BRAE ANIMAL CLINIC INC. 900 BUTTERMILK LN. ARCATA, CA 95521	90-0956709		7,040.	0.			VET CARE
TAYLOR ER VETERINARY EMERGENCY HOSPITAL - 1231 W. TAYLOR RD - TURLOCK, CA 95382	46-3587852		6,883.	0.			VET CARE
VAN BUREN ANIMAL HOSPITAL 5535 VAN BUREN BLVD RIVERSIDE, CA 92503	26-4140029		20,765.	0.			VET CARE
VCA ANIMAL CARE CLINIC 3340 SAN PABLO DAM RD. SAN PABLO, CA 94803	95-4574532		6,130.	0.			VET CARE
VCA ANIMAL REDEEMER CTR OF AZ 1648 N COUNTRY CLUB DR MESA, AZ 85201	95-4574532		7,242.	0.			VET CARE
VCA CALIF VET SPECIALISTS 2409 S. VINEYARD AVE., STE. O ONTARIO, CA 91761	95-4574532		5,235.	0.			VET CARE

FEEDING PETS OF THE HOMELESS

AKA PETS OF THE HOMELESS

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VCA EAST BAY VETERINARY EMERGENCY 1312 SUNSET DR. ANTIOCH, CA 94509	95-4574532		11,525.	0.			VET CARE
VCA JACKSON ANIMAL HOSPITAL 902 EAST JACKSON MEDFORD, OR 97504	95-4574532		5,677.	0.			VET CARE
VCA LAKEWOOD ANIMAL HOSPITAL 10701 SOUTH ST. CERRITOS, CA 90703	85-4574532		7,155.	0.			VET CARE
VCA MOUNTAIN VISTA ANIMAL HOSPITAL 4675 E FLAMINGO RD LAS VEGAS, NV 89121	95-4574532		13,620.	0.			VET CARE
VCA MUELLER PET MEDICAL CENTER 7625 FREEPORT BLVD. SACRAMENTO, CA 95832	95-4574532		20,481.	0.			VET CARE
VCA NORTHPOINTE ANIMAL HOSPITAL 880 WEST ONSTOTT RD YUBA CITY, CA 95991	95-4574532		5,428.	0.			VET CARE
VCA NORTHSIDE ANIMAL HOSPITAL 1775 WEST NORTHPARK BLVD. SAN BERNARDINO, CA 92407	95-4574532		8,057.	0.			VET CARE
VCA SACRAMENTO VETERINARY REFERRAL 9801 OLD WINERY PLACE SACRAMENTO, CA 95827	95-4817565		10,238.	0.			VET CARE
VCA SALEM ANIMAL HOSPITAL 4053 COMMERCIAL ST. SE SALEM, OR 97302	95-4574532		8,245.	0.			VET CARE

FEEDING PETS OF THE HOMELESS

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VCA YORBA REGIONAL ANIMAL HOSPITAL 8290 EAST CRYSTAL DR. ANAHEIM, CA 92807	95-4574532		6,209.	0.			VET CARE
VETERINARY SPECIALTY HOSPITAL 10435 SORRENTO VALLEY RD. SAN DIEGO, CA 92121	47-4483792		6,223.	0.			VET CARE
FORT WAYNE FOOD PANTRY 2502 CHURCH STREET FORT WAYNE, IN 46809	45-2902890		0.	270,958.	FMV	PET FOOD	PET FOOD
THE INNER PUP 5208 MAGAZINE ST., STE. 357 NEW ORLEANS, LA 70115	47-1728816		0.	9,525.	FMV	PET FOOD	PET FOOD
PEOPLES RESOURCE CENTER 201 S NAPERVILLE RD WHEATON, IL 60187	36-3157600		0.	5,724.	FMV	PET FOOD	PET FOOD
SOCIETY OF ST VINCENT DE PAUL-MESA 3209 W. OVERLAND RD. BOISE, ID 83705			0.	7,869.	FMV	PET FOOD	PET FOOD
UNDERDOG COMMUNITY PROJECT 3107 5TH AVE LOS ANGELES, CA 90018	61-2020343		0.	9,525.	FMV	PET FOOD	PET FOOD
FISH OF CARSON CITY 138 E. LONG STREET CARSON CITY, NV 89706	94-2590904		0.	11,169.	FMV	PET FOOD	PET FOOD

FEEDING PETS OF THE HOMELESS

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Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

THE ORGANIZATION MAINTAINS RECORDS OF THE AMOUNTS OF PET FOOD AND SUPPLIES THAT DONATION SITES AND VOLUNTEERS COLLECT. THIS FORM INCLUDES THE LOCATION THAT THOSE DONATIONS WERE DELIVERED TO. MOST DONATIONS ARE DISTRIBUTED TO FOOD BANKS.

VET CARE IS SUBSTANTIATED BY INVOICES FROM THE VETERINARY CARE PROVIDERS INCLUDING ANY DISCOUNTS OFFERED.

Part IV Supplemental Information

THE ORGANIZATION REQUIRES A REPORT ON HOW FUNDS WERE SPENT AT THE WELLNESS CLINICS.

Multiple horizontal lines for supplemental information.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2022

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization **FEEDING PETS OF THE HOMELESS
AKA PETS OF THE HOMELESS** Employer identification number
26-3010540

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (<u>PET FOOD AND SU</u>)	X	127	349,208.FMV	
26 Other (<u>OTHER IN-KIND S</u>)	X	3	898.FMV	
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2022

FEEDING PETS OF THE HOMELESS

Part II

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.

Multiple horizontal lines for supplemental information.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization	FEEDING PETS OF THE HOMELESS AKA PETS OF THE HOMELESS	Employer identification number	26-3010540
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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
PROGRAM, 3) VETERINARY WELLNESS CLINICS ARE SPONSORED, 4) VETERAN PET
SUPPORT, AND 5) PET CRATES SHIPPED DIRECTLY TO HOMELESS SHELTERS.

FORM 990, PAGE 1, BOX B, AMENDED RETURN
THE ORIGINAL 2022 FORM 990 OMITTED THE PRIOR YEAR REVENUE NUMBERS ON
PAGE 1, PART I. CONSEQUENTLY, PAGE 1, PART 1, LINES 8, 10, 11, 12 AND
19 WERE UPDATED.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
RESOURCES SO THEY THEMSELVES HAVE LESS. OUR TASK, NATIONWIDE, IS TO
FEED AND PROVIDE BASIC EMERGENCY VETERINARY CARE TO THEIR PETS AND THUS
RELIEVE THE ANGUISH AND ANXIETY OF THE HOMELESS WHO CANNOT PROVIDE FOR
THEIR PETS.

FORM 990, PART VI, SECTION A, LINE 2:
THE PRESIDENT AND THE CFO HAVE A FAMILY RELATIONSHIP.

FORM 990, PART VI, SECTION B, LINE 11B:
THE DRAFT FORM 990 IS DISTRIBUTED TO BOARD MEMBERS AND OFFICERS VIA EMAIL.
AFTER COMMENTS ARE ADDRESSED, THE BOARD APPROVES THE FINAL FORM 990 VIA
E-MAIL, OR IF NECESSARY, IN A MEETING.

FORM 990, PART VI, SECTION B, LINE 12C:
CONFLICTS OF INTEREST ARE MONITORED AND ENFORCED. ALL BOARD MEMBERS ARE

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

Schedule O (Form 990) 2022

Name of the organization FEEDING PETS OF THE HOMELESS AKA PETS OF THE HOMELESS	Employer identification number 26-3010540
--	--

REQUIRED TO READ AND SIGN A CONFLICT OF INTEREST POLICY ANNUALLY. AS NEW BOARD MEMBERS JOIN, THEY ARE REQUIRED TO SIGN THIS FORM. THE STAFF IS VERY CONSCIOUS OF BOARD MEMBERS AND ARE CAREFUL TO AVOID CONFLICTS OF INTEREST EXCEPT IN CASES OF AN EMERGENCY.

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

COMPENSATION REVIEW FOR THE PRESIDENT AND TOP MANAGEMENT ARE PERFORMED BY A SUPERVISOR ON A YEARLY BASIS.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL, AR, CA, CT, FL, GA, HI, KS, IL, KY, ME, MD, MA, MI, MN, MS, NJ, NH, NM, NY, NC, OR, PA, SC, TN
UT, VA, WV, WI, RI, OK, AK, CO, DC, LA, ND, NV, OH

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

DOCUMENTS ARE AVAILABLE FOR PUBLIC INSPECTION AT THE ORGANIZATION'S OFFICE. FINANCIAL STATEMENTS ARE POSTED TO THE ORGANIZATION'S WEBSITE WITHIN 30 DAYS OF BOARD ACCEPTANCE.

FORM 990, PART XII, LINE 2C

THE ORGANIZATION HAS MADE NO CHANGES TO ITS OVERSIGHT PROCESS OR SELECTION PROCESS DURING THE YEAR.

2022 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	BUILDINGS														
22	WASHINGTON STREET BUILDING	10/10/22	SL	39.00		16	309,276.				309,276.			1,983.	1,983.
	* 990 PAGE 10 TOTAL BUILDINGS						309,276.				309,276.	0.		1,983.	1,983.
	LAND														
23	WASHINGTON STREET LAND	10/10/22	L				795,281.				795,281.			0.	0.
	* 990 PAGE 10 TOTAL LAND						795,281.				795,281.	0.		0.	0.
	OTHER														
1	FURNITURE	12/16/10	SL	7.00		16	1,170.				1,170.	1,170.		0.	1,170.
2	DELL COMPUTER 1 OF 4	10/10/13	SL	5.00		16	672.				672.	672.		0.	672.
3	DELL COMPUTER 2 OF 4	10/10/13	SL	5.00		16	673.				673.	673.		0.	673.
4	DELL COMPUTER 3 OF 4	10/10/13	SL	5.00		16	673.				673.	673.		0.	673.
5	DELL COMPUTER 4 OF 4	10/10/13	SL	5.00		16	673.				673.	673.		0.	673.
6	NEW HARDWARE DELL COMPUTERS	12/02/16	SL	5.00		16	2,217.				2,217.	2,217.		0.	2,217.
7	COMPUTER #5	07/17/17	SL	5.00		16	875.				875.	773.		102.	875.
8	DELL COMPUTER #6	01/19/18	SL	5.00		16	1,375.				1,375.	1,077.		275.	1,352.
9	(D)FURNITURE (CUBICLE/OFFICES)	05/18/18	SL	7.00		16	15,900.				15,900.	8,138.		1,704.	9,842.
10	DELL SERVER	06/01/18	SL	5.00		16	5,558.				5,558.	3,984.		1,111.	5,095.
11	DELL COMPUTER #7	07/16/18	SL	5.00		16	1,089.				1,089.	745.		217.	962.

2022 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
12	(D)FURNITURE (CUBICLE/OFFICES)	07/20/18	SL	7.00		16	15,900.				15,900.	7,759.		1,704.	9,463.
13	PHONE SYSTEM	10/10/19	SL	5.00		16	2,060.				2,060.	927.		412.	1,339.
14	DELL COMPUTER #8	05/13/21	SL	5.00		16	1,205.				1,205.	161.		241.	402.
15	OFFICE DESK	06/10/21	SL	7.00		16	1,230.				1,230.	103.		176.	279.
16	ASUS COMPUTER #1	11/05/21	SL	5.00		16	1,185.				1,185.	40.		237.	277.
17	ASUS COMPUTER #2	11/05/21	SL	5.00		16	1,185.				1,185.	40.		237.	277.
18	ASUS COMPUTER #3	11/05/21	SL	5.00		16	1,185.				1,185.	40.		237.	277.
19	ASUS COMPUTER #4	11/05/21	SL	5.00		16	1,185.				1,185.	40.		237.	277.
20	ASUS COMPUTER #5	11/05/21	SL	5.00		16	1,384.				1,384.	46.		277.	323.
21	WEBSITE	11/24/21		36M		HY43	14,500.				14,500.	403.		4,833.	5,236.
24	NETWORK EQUIPMENT	09/26/22	SL	5.00		16	1,475.				1,475.			74.	74.
25	DELL COMPUTER #9	01/06/22	SL	5.00		16	1,230.				1,230.			246.	246.
26	DELL COMPUTER #10	05/04/22	SL	5.00		16	2,080.				2,080.			277.	277.
	* 990 PAGE 10 TOTAL OTHER						76,679.				76,679.	30,354.		12,597.	42,951.
	* GRAND TOTAL 990 PAGE 10 DEPR & AMORT						1,181,236.				1,181,236.	30,354.		14,580.	44,934.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						71,894.			0.	71,894.	30,354.			42,354.

Department of the Treasury
Internal Revenue Service

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

Attachment
Sequence No. 179

Name(s) shown on return FEEDING PETS OF THE HOMELESS AKA PETS OF THE HOMELESS	Business or activity to which this form relates FORM 990 PAGE 10	Identifying number 26-3010540
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Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions)	1	1,080,000.
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation	3	2,700,000.
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6 (a) Description of property (b) Cost (business use only) (c) Elected cost		
7 Listed property. Enter the amount from line 29	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2021 Form 4562	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13 Carryover of disallowed deduction to 2023. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	9,747.

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2022	17	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B - Assets Placed in Service During 2022 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2022 Tax Year Using the Alternative Depreciation System

20a Class life						
b 12-year			12 yrs.		S/L	
c 30-year	/		30 yrs.	MM	S/L	
d 40-year	/		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	9,747.
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

**FEEDING PETS OF THE HOMELESS
AKA PETS OF THE HOMELESS**

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)
Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No		24b If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No						
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use							25	
26 Property used more than 50% in a qualified business use:								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use:								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							28	
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1								29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30 Total business/investment miles driven during the year (don't include commuting miles)	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
31 Total commuting miles driven during the year ...												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2022 tax year:					
43 Amortization of costs that began before your 2022 tax year				STMT 1	43
					4,833.
44 Total. Add amounts in column (f). See the instructions for where to report				44	4,833.

FORM 4562 PART VI - AMORTIZATION STATEMENT 1

(A) DESCRIPTION OF COSTS	(B) DATE BEGAN	(C) AMORT. AMOUNT	(D) CODE SECT.	(E) LIFE/ RATE	(F) ACCUM. AMORT.	(G) AMORT. THIS YR.
WEBSITE	11/24/21	14,500.		36M	403.	4,833.
TOTAL TO FORM 4562, LINE 43						4,833.