Form 8879-TF

IRS e-file Signature Authorization for a Tax Exempt Entity

or calendar year 2022, or fiscal year beginning	, 2022, and ending

OMB No. 1545-0047

Internal Revenue Service

Do not send to the IRS. Keep for your records. Department of the Treasury Go to www.irs.gov/Form8879TE for the latest information. EIN or SSN Name of filer SAVE-A-PET, INC. 23-7304570 DOMINIQUE ALLION Name and title of officer or person subject to tax PRESIDENT Type of Return and Return Information Part I Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. **b Total revenue,** if any (Form 990, Part VIII, column (A), line 12) _______ **1b** ______ **2 , 218 ,** 832 **.** Form 990 check here 1a Form 990-EZ check here ... **b Total revenue,** if any (Form 990-EZ, line 9) _______ **2b** 2a 3a Form 1120-POL check here b Total tax (Form 1120-POL, line 22) 3b b Tax based on investment income (Form 990-PF, Part V, line 5) 4b Form 990-PF check here 4a Form 8868 check here b Balance due (Form 8868, line 3c) 5b 5a Form 990-T check here Form 4720 check here 7a Form 5227 check here 8a **b FMV** of assets at end of tax year (Form 5227, Item D) Form 5330 check here **b** Tax due (Form 5330, Part II, line 19) 9b 9a Form 8038-CP check here **b** Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10a **Declaration and Signature Authorization of Officer or Person Subject to Tax** Under penalties of perjury, I declare that X I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information processary to answer inquiries and resolve issues related to the payment. I have selected a payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only X | authorize WARADY & DAVIS LLP 20452 to enter my PIN Enter five numbers, but ERO firm name do not enter all zeros as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. 🛘 As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Signature of officer or person subject to tax **Certification and Authentication** ERO's EFIN/PIN. Enter your six-digit electronic filing identification 36119712738 number (EFIN) followed by your five-digit self-selected PIN. Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. ERO's signature Date

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

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2022)

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

ΑΙ	For the	2022 calendar year, or tax year beginning and end	ding		
В	Check if applicable	C Name of organization		D Employer identific	cation number
	Addres	SAVE-A-PET, INC.			
	Name change			23-73045	70
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	om/suite	E Telephone number	r
	Final return/	P.O. BOX 266		847-740-	
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	3,385,031.
	Ameno	GRAISHARE, ID 00050		H(a) Is this a group re	
	Applic tion pendir			for subordinates	
		SAME AS C ABOVE		H(b) Are all subordinates in	
		empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 1	527	· ·	list. See instructions
	Websit	e: WWW • SAVEAPETIL • ORG organization: X Corporation Trust Association Other	l Vaar	H(c) Group exemption	n number 1 State of legal domicile: IL
		Summary	L Year c	of formation: 19/4 N	State of legal domicile: 11
		Briefly describe the organization's mission or most significant activities: A NO-K	TT.T.	SHELTER DED	TCATED TO
Activities & Governance	'	FINDING LOVING, QUALITY HOMES FOR EACH CAT	AND	DOG IN ITS	CARE.
'nai		Check this box if the organization discontinued its operations or disposed			
) Ve	1	Number of voting members of the governing body (Part VI, line 1a)		1 1	6
Ğ		Number of independent voting members of the governing body (Part VI, line 1b)			6
es 8		Total number of individuals employed in calendar year 2022 (Part V, line 2a)			52
Ϋ́	6	Total number of volunteers (estimate if necessary)		6	150
Acti		Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
Revenue		Contributions and grants (Part VIII, line 1h)		2,166,880.	2,149,433.
		Program service revenue (Part VIII, line 2g)		108,817. 610,322.	115,367. -84,737.
Be		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		10,057.	38,769.
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,896,076.	2,218,832.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
S		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		912,712.	1,102,589.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
g		Total fundraising expenses (Part IX, column (D), line 25) 195,358	3.		
û		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		785,290.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,698,002.	2,049,574.
	19	Revenue less expenses. Subtract line 18 from line 12		1,198,074.	169,258.
Net Assets or Fund Balances			Beg	ginning of Current Year	End of Year
sset 3ala	20	Total assets (Part X, line 16)		9,210,567.	8,575,133.
let A	21	Total liabilities (Part X, line 26)		79,207. 9,131,360.	100,343.
P:	22 art II	Net assets or fund balances. Subtract line 21 from line 20		9,131,300.	0,4/4,/30.
		Ities of perjury, I declare that I have examined this return, including accompanying schedules an	nd stateme	ents, and to the hest of my	/ knowledge and belief it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of which			,oge and zoner, it is
	-				
Sig	n	Signature of officer		Date	
Hei		DOMINIQUE ALLION, PRESIDENT			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature	I .	Pate Check	PTIN
Pai		SUSAN GREGGO	0	9/26/23 if self-employe	P00595460
	parer	Firm's name WARADY & DAVIS LLP		Firm's EIN 3	6-2170602
USE	Only	Firm's address 1717 DEERFIELD RD SUITE 300S DEERFIELD, IL 60015		Dhone no / O	47)267-9600
N 4 -	, the Ir			Prione no. (O	37
ivia	y tne II	RS discuss this return with the preparer shown above? See instructions			A Yes No

Pa	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	SAVE-A-PET IS A NOT-FOR-PROFIT, NO-KILL SHELTER DEDICATED TO FINDING
	LOVING, QUALITY HOMES FOR EACH CAT AND DOG IN ITS CARE. THE SHELTER
	STRIVES TO CREATE AN ENVIRONMENT WHICH ENHANCES BOTH AWARENESS AND
	SUPPORT FOR THE HUMANE TREATMENT OF ANIMALS.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 1,491,126 • including grants of \$) (Revenue \$)
	OPERATION OF AN ANIMAL SHELTER DEDICATED TO THE CARE AND ADOPTION OF
	ANIMALS. OVER 708 ANIMALS WERE CARED FOR IN 2022, WITH 604 CATS AND
	DOGS BEING ADOPTED TO LOVING HOMES.
4b	(Code:) (Expenses \$
4c	(Code:) (Expenses \$
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
40	Total program service expenses 1, 491, 126.

Form **990** (2022)

Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	\vdash
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	4		Х
_	during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		
5	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
Ū	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		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)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
-	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			177
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Part IV Checklist of Required Schedules (continued)

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

SAVE-A-PET, INC. Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			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 52	2		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
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)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			,,
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).		v	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		Х	37
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		Х
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	l _		v
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	┨		v
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		_
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		
9	sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.	8		
a		9a		
b	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	35		
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1		
11	Section 501(c)(12) organizations. Enter:	1		
	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against	1		
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
С	Enter the amount of reserves on hand			
14a	· · · · · · · · · · · · · · · · · · ·	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			٦,
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			77
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

00005551

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				X
Sec	tion A. Governing Body and Management				
		1 1	_	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	6		
	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 0.		_		
b	Enter the number of voting members included on line 1a, above, who are independent	1b	6		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip 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	ne direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form	990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?	5		Х
6	Did the organization have members or stockholders?		6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint 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 years of the organization of the property of the property$				
а	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b		Х
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	ached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenue Code.)			
				Yes	No
	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 of				
	and branches to ensure their operations are consistent with the organization's exempt purposes? $_{\cdot\cdot}$		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	dy before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			l	
12a			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris		12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "			.,	
	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 approv				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				37
	The organization's CEO, Executive Director, or top management official		15a	<u> </u>	X
b	Other officers or key employees of the organization		15b		X
40	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 arrange		40		v
	taxable entity during the year?		16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluation to evaluation to evaluation of the control of t	•			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization of the control of		401-		
800	exempt status with respect to such arrangements?tion C. Disclosure		16b		
17	List the states with which a copy of this Form 990 is required to be filed List the states with which a copy of this Form 990 is required to be filed List the states with which a copy of this Form 990 is required to be filed List the states with which a copy of this Form 990 is required to be filed List the states with which a copy of this Form 990 is required to be filed List the states with which a copy of this Form 990 is required to be filed List the states with which a copy of this Form 990 is required to be filed List the states with which a copy of this Form 990 is required to be filed List the states with which a copy of this Form 990 is required to be filed List the states with which a copy of this Form 990 is required to be filed List the states with which a copy of this Form 990 is required to be filed List the states with which a copy of this Form 990 is required to be filed List the states with which a copy of this Form 990 is required to be filed List the states with the state of the state of this form 990 is required to be filed List the state of this filed by the state of this filed by the state of the state of this filed by the state of the state of this filed by the state of this filed by the state of the state of the state of this filed by the state of t	and 000 T (agetian 501(a)	(2)a anh	ı\ a\ (a)il	abla
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a for public inspection, Indicate how you made those available. Check all that apply	3110 990-1 (26011011 301(C)	U)S UIII)	j avall	aDIE
	for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain	n on Schedule O)			
10	• • •	,	and fine	noial	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, o	ornilot or interest policy, a	anu iina	ııcıdı	
20	statements available to the public during the tax year.	ooke and records			
20	State the name, address, and telephone number of the person who possesses the organization's be $PAT\ KENNEDY-PFEIFER\ -\ 847-740-7788$	DONS ATTU TECOTUS			
	P.O. BOX 266, GRAYSLAKE, IL 60030				
	101 201 200 / 01111211112 / 12 00000				

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.

(A) Name and title	(B) Average		Average Position (do not check more than one					(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	box offi	, unle cer ar	ss pe	rson	is bot or/trus	h an	compensation from	compensation from related	amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) PAT KENNEDY-PFEIFER EXECUTIVE DIRECTOR	40.00	-		x				92,051.	0.	4,574
(2) DOMINIQUE ALLION	20.00							32,0020		2,0,1
PRESIDENT	20100	x		х				0.	0.	0
(3) MARY VENETUCCI	20.00									
VICE PRESIDENT		Х		Х				0.	0.	0
(4) SUSAN ROCHLIS	10.00	,,		٠,,					0	^
TREASURER	15 00	Х	_	Х	<u> </u>		_	0.	0.	0
(5) JACQUELINE SULLIVAN SECRETARY	15.00	X		x				0.	0.	0
(6) LAURIE LETTS	5.00	125			\vdash					<u> </u>
DIRECTOR AT LARGE		Х						0.	0.	0
(7) SUE SVIZZERO	5.00									
DIRECTOR AT LARGE		Х						0.	0.	0
		-								

Form 990 (2022)

	(A) Name and title	Average hours per week	box	not c , unle	ss pe	itior more	than is bot or/trus	h an	(D) Reportable compensation from	(E) Reportable compensation from related	other compensation		
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)			
											+		
											+		
									1				
			<u> </u>										
1b	Subtotal								92,051.	0		4,5	574.
	Total from continuation sheets to Part V								92,051.	0	•	1 L	0. 574.
2	Total (add lines 1b and 1c) Total number of individuals (including but r								<u> </u>		•1	<u> </u>	<i>)</i> / I •
	compensation from the organization											Yes	0 No
3	Did the organization list any former officer,	director, trust	ee, k	кеу е	empl	loye	e, o	r hig	ghest compensated emp	oloyee on		res	INO
	line 1a? If "Yes," complete Schedule J for s	such individual									. 3		Х
4	For any individual listed on line 1a, is the su and related organizations greater than \$15	-		-					•	-	4		X
5	Did any person listed on line 1a receive or	accrue comper	nsat	ion f	rom	any	/ unr	elat	ted organization or indiv	idual for services			1,,
Sec	rendered to the organization? If "Yes," comtion B. Independent Contractors	plete Schedul	e J f	or si	uch _I	pers	son .				. 5		X
1	Complete this table for your five highest co										nsation	from	
	the organization. Report compensation for	the calendar y	ear (endi	ng v	vith	or w	ithir T		year.		(0)	
	(A) Name and business	address	NO	ONE	3				(B) Description of s	services		(C) ensati	on
								\dashv					
								\dashv					
-								\dashv					
	Total number of independent contractors (including but n	ot li	mite	d to	tho	se li	ster	d above) who received n	nore than			
_	\$100,000 of compensation from the organi		OL III		u 10		0	٥١٣٥	adovo, who received h	IOIO IIIAII			
											Forn	n 990	(2022)

23-7304570 SAVE-A-PET, INC. Page 9 Form 990 (2022) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) Revenuè éxcluded Related or exempt Unrelated Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a **b** Membership dues 1b 67,561. 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 2,081,872 1f 70,267 g Noncash contributions included in lines 1a-1f 1g |\$ h Total. Add lines 1a-1f 2,149,433 **Business Code** Program Service Revenue 2 a ANIMAL WELFARE 900099 115,367. 115,367 f All other program service revenue g Total. Add lines 2a-2f 115,367. Investment income (including dividends, interest, and 122,793 122,793. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses ... 6b **c** Rental income or (loss) d Net rental income or (loss) (ii) Other 7 a Gross amount from sales of (i) Securities 888,654 assets other than inventory 7a **b** Less: cost or other basis Other Revenue 1,096,184 7b and sales expenses c Gain or (loss) -207,530. -207,530. -207,530. d Net gain or (loss) 8 a Gross income from fundraising events (not 67,561. of including \$ contributions reported on line 1c). See Part IV, line 18 99,213 **b** Less: direct expenses c Net income or (loss) from fundraising events 32,366 32,366, 9 a Gross income from gaming activities. See Part IV, line 19 3,032 **b** Less: direct expenses 9b 3,027 3,027. c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 4,594 and allowances 3,163 **b** Less: cost of goods sold 1,431. 1,431. c Net income or (loss) from sales of inventory **Business Code** Miscellaneous Revenue 11 a OTHER REVENUE 900099 1,945 1,945 b d All other revenue 1,945 e Total. Add lines 11a-11d

12 To

-49,344.

2,218,832.

118,743.

Total revenue. See instructions

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 respons	se or note to any line in t	this Part IX(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	100,104.	10,193.	61,109.	28,802
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	896,472.	637,997.	149,512.	108,963
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	29,219.	20,742.	4,885.	3,592
10	Payroll taxes	76,794.	52,566.	13,875.	10,353
11	Fees for services (nonemployees):				
а	Management				
b	Legal	3,733.		3,733.	
С	Accounting	24,350.		24,350.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	34,271.		34,271.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)	382,069.	368,198.	6,301.	7,570
12	Advertising and promotion	21,065.		21,065.	
13	Office expenses	29,496.	15,482.	3,933.	10,081
14	Information technology				
15	Royalties				
16	Occupancy	40,415.	31,070.	8,567.	778
17	Travel	3,970.	2,716.	1,254.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	117,395.	111,525.	2,935.	2,935
23	Insurance	62,334.	48,256.	13,079.	999
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)				
а	HEALTH, FOOD AND SHELTE	136,334.	136,334.		
b	REPAIRS AND MAINTENANCE	47,335.	35,501.	5,917.	5,917
С	BANK CHARGES AND CREDIT	19,953.		5,949.	14,004
d	NEWSLETTER	19,484.	18,510.	487.	487
е	All other expenses	4,781.	2,036.	1,868.	877
25	Total functional expenses. Add lines 1 through 24e	2,049,574.	1,491,126.	363,090.	195,358
26	Joint costs. Complete this line only if the organization				<u> </u>
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2022) Part X Balance Sheet

Pai	ιΛ	Dalance Sheet					
		Check if Schedule O contains a response or no	e to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			387,170.	1	453,498.
	2	Savings and temporary cash investments			271,644.	2	681,052.
	3	Pledges and grants receivable, net			191,123.	3	135,552.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current o					
		trustee, key employee, creator or founder, subs	tantial o	contributor, or 35%			
		controlled entity or family member of any of the	se pers	ons		5	
	6	Loans and other receivables from other disqual					
		under section 4958(f)(1)), and persons describe		6			
sts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			3,959.	8	3,399.
٧	9	Prepaid expenses and deferred charges			16,527.	9	42,252.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	3,399,734.			
	b	Less: accumulated depreciation	10b	1,933,628.	1,522,295.	10c	1,466,106.
	11	Investments - publicly traded securities			6,483,604.	11	5,538,307.
	12	Investments - other securities. See Part IV, line	11			12	
	13	Investments - program-related. See Part IV, line		4 000	13	6 444	
	14	Intangible assets	4,000.	14	6,444.		
	15	Other assets. See Part IV, line 11			330,245.	15	248,523.
$\overline{}$	16	Total assets. Add lines 1 through 15 (must equ		1	9,210,567.	16	8,575,133.
	17	Accounts payable and accrued expenses			79,207.	17	100,343.
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
Liabilities	22	Loans and other payables to any current or form					
bili		trustee, key employee, creator or founder, subs				00	
Lia	00	controlled entity or family member of any of the				22	
	23 24	Secured mortgages and notes payable to unrelate Unsecured notes and loans payable to unrelate		F		24	
	25	Other liabilities (including federal income tax, pa				24	
	23	parties, and other liabilities not included on lines					
		of Schedule D	5 11-24)	. Complete Fait A		25	
	26	Total liabilities. Add lines 17 through 25			79,207.	26	100,343.
		Organizations that follow FASB ASC 958, che		77	.,,_,,	20	
ses		and complete lines 27, 28, 32, and 33.		· _			
ano	27	Net assets without donor restrictions			8,600,945.	27	8,020,973.
Bal	28	Net assets with donor restrictions			530,415.	28	453,817.
nd		Organizations that do not follow FASB ASC 9					
·Fu		and complete lines 29 through 33.	,				
s oi	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or ed				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in				31	
Net	32	Total net assets or fund balances		_	9,131,360.	32	8,474,790.
	33	Total liabilities and net assets/fund balances		ı	9,210,567.	33	8,575,133.

Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
			_		_			
1	Total revenue (must equal Part VIII, column (A), line 12)	1				32.		
2	Total expenses (must equal Part IX, column (A), line 25)	2				74. 58.		
3	Revenue less expenses. Subtract line 2 from line 1							
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4				60.		
5	Net unrealized gains (losses) on investments	5	- 8	<u> 325</u>	, 8	28.		
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	8,4	<u> 174</u>	.,7	90.		
Pa	rt XII Financial Statements and Reporting					_		
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>			X		
					Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	e O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2	2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2	2b	Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,						
	consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		🚅	2c	Х			
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule O.						
3а	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?		<u>L</u> 3	3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		1 3	3b				

SAVE-A-PET, INC.

Form **990** (2022)

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

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

Attach to Form 990 or Form 990-EZ.

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

2022

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

SAVE-A-PET, INC.

Employer identification number 23-7304570

Pai	rt I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	See instructions.	
he c	organi	zation is not a private found	ation because it is: (For lines 1 through 12, c	heck only	one box.)		
1	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).							
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)						
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).						
4		A medical research organiz						the hospital's name.
•		city, and state:	a.i.o.i. oporatoa ii. oo	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				and morphian o manne,
5		An organization operated for	or the benefit of a co	llege or university owner	d or opera	ted by a d	overnmental unit descri	hed in
5		section 170(b)(1)(A)(iv). (C		liege of difficulty owner	и ог орста	ica by a g	overnmental unit deseri	bed III
6				nontal unit described in	postion 17	70/6\/4\/4\	(v)	
	X	A federal, state, or local gov	-					I public described in
,	21	An organization that norma	•	ililai part oi its support i	rom a gov	emmemai	unit or from the genera	i public described in
0		section 170(b)(1)(A)(vi). (Co		(1)(A)(vi) (Complete Dad	F II \			
8		A community trust describe				ad in aanii	unation with a land aran	t college
9		An agricultural research org				-	-	-
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	y, and state of the collec	ge or
40		university:	Uh	H 00 4 /00/ - f H		4. (14.)		and an analysis for an
10		An organization that norma						
		activities related to its exen		· ·				•
		income and unrelated busin		(less section 511 tax) fro	om busine	sses acqu	lired by the organization	n aπer June 30, 1975.
		See section 509(a)(2). (Cor	. ,	5 b . b . b . a b . a b	f-t- 0		20/-1/41	
11		An organization organized a	•		•			,
12		An organization organized a	-	•	-			
		more publicly supported or	-					Check the box on
		lines 12a through 12d that	* *			•		
а		Type I. A supporting orga	•	·				
		the supported organization			a majority	of the dire	ctors or trustees of the	supporting
		organization. You must c	- ·					
b		Type II. A supporting org	•					-
		control or management o			ame perso	ons that co	ontrol or manage the su	pported
		organization(s). You mus						
С		Type III functionally inte						ted with,
		its supported organization		•				
d		Type III non-functionally						
		that is not functionally int	· ·		•		•	tiveness
		requirement (see instructi	•	·				
е		Check this box if the orga					a Type I, Type II, Type II	
		functionally integrated, or		nally integrated support	ing organiz	zation.		
Ť		r the number of supported o	-	-1				
9		ide the following informatior Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of monetary	(vi) Amount of other
	,	organization	(-,	(described on lines 1-10	Yes	ng document?	support (see instructions)	support (see instructions)
				above (see instructions))				

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	Section A. Public Support								
Cale	ndar 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.")	2,162,172.	2,627,692.	1,526,577.	2,166,880.	2,251,678.	10,734,999.		
2	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf								
3	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge								
4	Total. Add lines 1 through 3	2,162,172.	2,627,692.	1,526,577.	2,166,880.	2,251,678.	10,734,999.		
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)						2,006,878.		
6	Public support. Subtract line 5 from line 4.						8,728,121.		
	ction B. Total Support		•						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total		
7	Amounts from line 4	2,162,172.	2,627,692.	1,526,577.	2,166,880.	2,251,678.	10,734,999.		
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources	61,207.	101,756.	98,281.	197,569.	115,367.	574,180.		
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.)	-56.	10,210.	160.	185.	1,945.	12,444.		
11	Total support. Add lines 7 through 10						11,321,623.		
12	Gross receipts from related activities,	etc. (see instruction	ons)			12 1	,018,202.		
13	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third, f	ourth, or fifth tax	year as a section 5	501(c)(3)			
_	organization, check this box and stop								
	ction C. Computation of Publ								
14	Public support percentage for 2022 (I					14	77.09 %		
15	Public support percentage from 2021	Schedule A, Part	II, line 14			15	64.63 %		
16a	6a 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	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	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 tes	t - 2021. If the org	anization did not c	heck a box on line	13, 16a, 16b, or	17a, and line 15 is	10% or		
	more, and if the organization meets the		•						
	organization meets the facts-and-circ	umstances test. Th	ne organization qua	alifies as a publicly	supported organ	ization			
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	<u>s</u>		
						Cobodulo A	Form 990) 2022		

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

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

Se	ction A. Public Support	clow, picase com	piete i art ii.j				
	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and	(4) 2010	(2) 2010	(5) 2020	(4) 2021	(0) 2022	(i) iotai
•	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
_	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
Ū	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-					+	
7	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
J	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and					1	
	3 received from disqualified persons						
ŀ	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		•	•	•	•	
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6						
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
	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	ne organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	ion,
	check this box and stop here						
Se	ction C. Computation of Publ	ic Support Pe	ercentage				
15	Public support percentage for 2022 (ine 8, column (f), o	divided by line 13,	column (f))		15	%
	Public support percentage from 2021					16	%
	ction D. Computation of Inve						
	Investment income percentage for 20					17	%
	Investment income percentage from					18	%
19	33 1/3% support tests - 2022. If the						17 is not
	more than 33 1/3%, check this box a						
k	33 1/3% support tests - 2021. If the	· ·			•	•	
•	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	in did not check a	pox on line 14, 19	ia, or 19b, check t	nis box and see ir	ISTRUCTIONS	

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

1		Yes	No
	_		
	1		
	2		
	3a		
	21-		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	EL		
	5b 5c		
	6		
	7		
	8		
	9a		
	6.		
	9b		
	9c		
	30		
	10a		
	10b		
dule	A (Forr	n 990)	2022

Par	t IV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	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.	11c		
Sect	ion B. Type I Supporting Organizations			
			Yes	No
	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
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.	2		
Sect	ion C. Type II Supporting Organizations			
			Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s). ion D. All Type III Supporting Organizations	1		
Seci	ion b. All Type III Supporting Organizations			
			Yes	No
	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	ion E. Type III Functionally Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions))		
a	The organization satisfied the Activities Test. Complete line 2 below.	-		
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structio	ns).	
2	Activities Test. Answer lines 2a and 2b below.	I	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
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.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orga	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyir	ng trust o	on Nov. 20, 1970 (explain in I	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	t comple	te Sections A through E.	
Sect	ion A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	lly integr	ated Type III supporting org	anization (see

Schedule A (Form 990) 2022

instructions).

Schedule A (Form 990) 2022

b Excess from 2019c Excess from 2020d Excess from 2021e Excess from 2022

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

SCHEDULE 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.

Inspection

OMB No. 1545-0047

Name of the organization

SAVE-A-PET, INC.

Employer identification number 23-7304570

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts.Complete if the						
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.							
		(a) Donor advised funds	(b) Funds and other accounts						
1	1 Total number at end of year								
2									
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		sed funds						
	are the organization's property, subject to the organization's	_							
6	Did the organization inform all grantees, donors, and donor a								
	for charitable purposes and not for the benefit of the donor of		•						
Pai		ganization answered "Yes" on Form 990,	Part IV, line 7.						
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).							
	Preservation of land for public use (for example, recrea	ation or education) Preservation o	f a historically important land area						
	Protection of natural habitat	Preservation o	f a certified historic structure						
	Preservation of open space								
2	Complete lines 2a through 2d if the organization held a quali	fied 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						
а	Total number of conservation easements		2a						
С	Number of conservation easements on a certified historic str	ructure 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, re								
	year								
4	Number of states where property subject to conservation ea	sement is located							
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of							
	violations, and enforcement of the conservation easements i	t holds?	Yes No						
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cor	servation easements during the year						
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserv	ation easements during the year						
8	Does each conservation easement reported on line 2(d) above								
	and section 170(h)(4)(B)(ii)?		Yes No						
9	In Part XIII, describe how the organization reports conservat	ion easements in its revenue and expens	e statement and						
	balance sheet, and include, if applicable, the text of the foot	note to the organization's financial staten	nents that describes the						
	organization's accounting for conservation easements.								
Pai	t III Organizations Maintaining Collections o		other Similar Assets.						
	Complete if the organization answered "Yes" on Form								
1a	If the organization elected, as permitted under FASB ASC 95								
	of art, historical treasures, or other similar assets held for pul								
	service, provide in Part XIII the text of the footnote to its fina								
b	If the organization elected, as permitted under FASB ASC 95								
	art, historical treasures, or other similar assets held for public	c exhibition, education, or research in fur	therance 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 tre	easures, or other similar assets for financi	al gain, provide						
	the following amounts required to be reported under FASB A								
а	Revenue included on Form 990, Part VIII, line 1		·						
h	Assets included in Form 990, Part Y		c						

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Schedule D (Form 990) 2022

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

a Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection thems (check all that apply): a Public exhibition b Scholarly research c Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 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's collections and explain how they further the organization's exempt purpose in Part XIII. 6 Part IV Excrow and Custodial Arrangements. Complete if the organization's collection?	Par	rt III Organizations Ma	intaining Coll	ections of Ar	t, Historical	Treasures,	or Oth	er Simi	lar Asse	t s (continu	ed)
a Public exhibition d Loan or exchange program b Scholarly research c Preservation for future generations d Other 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 scolloctions of air, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Excrow 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 9.1. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XV Excrow and Custodial Arrangement in Part XIII and complete the following table:	3	Using the organization's acquis	sition, accession,	and other record	s, check any of	he following th	at make	significan	t use of its	i	_
b Scholarly research e Other Other Other		collection items (check all that	apply):								
b Scholarly research e Other Other Other	а	Public exhibition		d	Loan or	exchange prog	ram				
4 Provide a description of 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? Ves	b	Scholarly research		е	Other						
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? 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. Is the organization an agent, furstee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? If "Yes," explain the arrangement in Part XIII and complete the following table: C	С	Preservation for future ge	enerations		_						
To be sold to raise funds rather than to be maintained as part of the organization's collection?	4	Provide a description of the org	ganization's collec	tions and explair	n how they furth	er the organiza	tion's exe	empt purp	ose in Par	t XIII.	
Secrow 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 Sithe organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	5										
Tall is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X; line 21. If yes Amount Included Incl		to be sold to raise funds rather	than to be mainta	ained as part of t	he organization	s collection? .				Yes	No_
1	Pai	rt IV Escrow and Custo	odial Arranger	nents. Comple	te if the organiz	ation answered	l "Yes" or	Form 99	0, Part IV,	line 9, or	
No b f 'Yes, "explain the arrangement in Part XIII and complete the following table: Arrount Ic Id Id Id Id Id Id Id		reported an amount on	Form 990, Part X,	line 21.							
b f "Ves," explain the arrangement in Part XIII and complete the following table: C Beginning balance	1a	Is the organization an agent, tr	ustee, custodian d	or other intermed	iary for contribu	tions or other a	issets not	t included		_	
c Beginning balance d Additions during the year e Distributions during the year f Ending balance 2 Distributions during the year f Ending balance ### It It		on Form 990, Part X?							L	Yes	└── No
C Beginning balance 1 1 1 1 1 1 1 1 1	b	If "Yes," explain the arrangeme	ent in Part XIII and	complete the fol	lowing table:						
d Additions during the year										Amount	
E Distributions during the year f F F F F F F F F F	С	Beginning balance						1c			
Finding balance	d	Additions during the year						1d			
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 XII, line 10. The provided on Part XII, line 10. No	е	Distributions during the year						1e			
B									<u> </u>	_	
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Table Beginning of year balance 5,022,	2a	Did the organization include an	amount on Form	990, Part X, line	21, for escrow of	r custodial acc	ount liabi	ility?	L	Yes	☐ No
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (e) Four years back (d) Three years back (e) Four years (e) Four yea	_										
1a Beginning of year balance	Par	rt V Endowment Fund									
b Contributions			<u> </u>					(d) Three		(e) Four ye	
to Net investment earnings, gains, and losses d'Grants or scholarships e Other expenditures for facilities and programs for Administrative expenses 2. 2. 2. 2. 2. 2. 1. g End of year balance 55,394. 5,022. 5,022. 5,022. 5,022. 5,022. Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment 99.9386 % c Term endowment 9.0614 % 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: (i) Unrelated organizations 3a(i), 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) basis (other) depreciation 1a Land (a) Cost or other basis (investment) b Buildings (1,589,712, 1,226,676.	1a			,	5,0	22.	5,022.		5,022.		5,022.
d Grants or scholarships	b	Contributions									
e Other expenditures for facilities and programs f Administrative expenses 2. 2. 2. 2. 2. 2. 1. g End of year balance 55,394. 5,022. 5,022. 5,022. 5,022. 5,022. Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment 99.9386 % c Term endowment 99.9386 % 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: (i) Unrelated organizations (ii) Related organizations (3a(i)) X X 3a(ii) X X 3a(ii) Related organizations b If "Yes" on line 3a(ii), are the related 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 (other) depreciation 1a Land (174,941. 174,941. 174,941. 174,941. 174,941. 174,941. 174,941. 174,941. 174,941. 174,941. 174,941. 174,941. 174,941. 174,941. 174,941. 174,941.	С	Net investment earnings, gains	s, and losses	36.		2.	2.		2.		1.
and programs f Administrative expenses 2. 2. 2. 2. 2. 2. 1. g End of year balance Frovide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment b Permanent endowment	d										
f Administrative expenses 2. 2. 2. 2. 2. 2. 1. g End of year balance 55,394. 5,022. 5,022. 5,022. 5,022. 5,022. Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	е	Other expenditures for facilities	5								
g End of year balance 55,394. 5,022. 5,022. 5,022. 5,022. 5,022. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment		. •									
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	f	Administrative expenses									
a Board designated or quasi-endowment	g				•		5,022.		5,022.		5,022.
b Permanent endowment 99.9386 % c Term endowment	2	·	-	year end balance	e (line 1g, colum	n (a)) held as:					
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: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iv) I mediated organizations (iv) Residence organizations (iv) I mediated organizations (iv) Related organizations (iv) Residence organizations (iv) R	а				_%						
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: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iii) Related organizations (iiii) Related organizations (iiiii) Related organizations (iv) In a sa(iv)	b			_%							
Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations 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) 1 Land Buildings 174,941. 174,941. 174,941.	С										
Yes No		-		-							
(i) Unrelated organizations (ii) Related organizations (iii) N (iii) Related organizations (iii) Re	3a		ot in the possessic	on of the organiza	ition that are he	d and administ	tered for t	the		Lv.	N-
(ii) Related organizations 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) 1a Land 174,941. b Buildings 2,816,388. 1,589,712. 1 226,676.										-	
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. 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) 1 Land 174,941. Buildings 2,816,388. 1,589,712. 1,226,676.										· - ` ·	
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) 1a Land B Buildings 2,816,388. Description of property 2,816,388. Description of property 2,816,388. Description of property 3,00 Cost or other basis (other) 4,00 Cost or other basis (other) 4,00 Cost or other basis (other) 4,00 Cost or other basis (other) 5,00 Cost or other basis (other) 6,0 Accumulated depreciation 174,941. 174,941.											<u> </u>
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) 1a Land b Buildings 174,941. 174,941. 2,816,388. 1,589,712. 1,226,676.						R?				3b	
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) 1a Land b Buildings Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (b) Cost or other basis (other) (c) Accumulated depreciation 174,941. 174,941. 2,816,388. 1,589,712. 1,226,676.	_				wment funds.						
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 174,941. 174,941. 174,941. b Buildings 2,816,388. 1,589,712. 1,226,676.	Fai				Dort IV line 11	a Soo Form 00	n Dart V	lino 10			
ta Land basis (investment) basis (other) depreciation 1a Land 174,941. 174,941. b Buildings 2,816,388. 1,589,712. 1,226,676.							1		ad I	(d) Dooles	value .
1a Land 174,941. 174,941. b Buildings 2,816,388. 1,589,712. 1,226,676.		Description of proper	ту	` '	' '					(a) Book /	/alue
b Buildings 2,816,388. 1,589,712. 1,226,676.	1.	Land		Daoio (IIIVESIII	,	, ,		Proclation		17/	941
								589 7	112		
a Loocahald improvements						J = 0 , J 0 0 e	' ' '	505,1	-4.	- ,	, 0 / 0 •
c Leasehold improvements d Equipment 68,725. 44,195. 24,530.						68 725	1	44 1	95.	2.4	530.
220 600 200 721 20 050										30	959
e Other 339,680 299,721 39,939 Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 1,466,106				 Form 990 Part			<u>' I</u>				

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 SAVE-A-PET,	INC.	23	-7304570 Page 3
Part VII Investments - Other Securities.		-	- rago c
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	d-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"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-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"		e 11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	4=1		
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15.)		
Part X Other Liabilities.	an Farma 000 Dart IV/ line	. 11a au 11f Can Faure 000 Bart V lina 06	-
Complete if the organization answered "Yes" 1. (a) Description of liability	on Form 990, Part IV, line	The or Tit. See Form 990, Part X, line 25	(b) Book value
			(b) book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)
 Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... X

Schedule D (Form 990) 2022

THE ORGANIZATION FOLLOWS THE GUIDANCE IN THE FASB CODIFICATION TOPIC RELATED TO UNCERTAINTY IN INCOME TAXES WHICH PRESCRIBES A COMPREHENSIVE MODEL FOR RECOGNIZING, MEASURING, PRESENTING AND DISCLOSING IN THE FINANCIAL STATEMENTS UNCERTAIN TAX POSITIONS THAT THE ORGANIZATION HAS TAKEN OR EXPECTS TO TAKE IN ITS TAX RETURNS. UNDER THE GUIDANCE, ORGANIZATION MAY RECOGNIZE THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS "MORE LIKELY THAN NOT" THAT IT IS SUSTAINABLE, BASED ON ITS TECHNICAL MERITS. THE TAX BENEFITS RECOGNIZED IN THE FINANCIAL STATEMENTS Part XIII Supplemental Information (continued) FROM SUCH A POSITION SHOULD BE MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A GREATER THAN 50% LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT WITH A TAXING AUTHORITY HAVING FULL KNOWLEDGE OF ALL RELEVANT THE ORGANIZATION BELIEVES THAT IT HAS APPROPRIATE SUPPORT INFORMATION. FOR THE POSITIONS TAKEN ON ITS RETURNS. PART XI, LINE 4B - OTHER ADJUSTMENTS: SPECIAL EVENT EXPENSE -66,852. PART XII, LINE 2D - OTHER ADJUSTMENTS: SPECIAL EVENT EXPENSE 66,852.

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Inspection
Employer identification number

Name of the organization							ntification number
	PET, INC.					23-7304	
Fundraising Activities required to complete this par	 Complete if the organization answer 	ered "Y	es" or	n Form 990, Part IV,	line 1	7. Form 990-E2	I filers are not
Indicate whether the organization rais	sed funds through any of the following and solicitates and solicitates are solicitated as a special solicitates. The solicitates are solicitated as a special solicitates are solicitated as a special solicitates. The solicitates are solicitated as a special solicitated as a special solicitated are solicitated as a special solicitated as a special solicitated are solicitated as a special solicitated as a special solicitated are solicitated as a	tion of tion of fundra (inclu	non-g gover lising o ding o ional f	overnment grants nment grants events fficers, directors, true fundraising services?	stees	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or cor contrib	ustody trol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
Total							
3 List all states in which the organization or licensing.				or has been notified	d it is	exempt from re	egistration

Schedule G (Form 990) 2022

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

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 gro	oss income on Form 990)-EZ, lines 1 and 6b. List	events with gross receip	ts greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			FURRY 5K	GOLF OUTING	8	(add col. (a) through col. (c))
<u>o</u>			(event type)	(event type)	(total number)	COI. (C))
Revenue	1	Gross receipts	13,804.	113,797.	39,173.	166,774.
	2	Less: Contributions	5,513.	55,766.	6,282.	67,561.
	3	Gross income (line 1 minus line 2)	8,291.	58,031.	32,891.	99,213.
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs		44,147.	6,054.	50,201.
Jirect E	7	Food and beverages	33.	400.	537.	970.
	8	Entertainment				
	9	Other direct expenses	3,969.	3,397.	8,310.	15,676.
	10	, ,				66,847. 32,366.
Pa		Net income summary. Subtract line 10 from li Gaming. Complete if the organization a		2000 Part IV line 10 or		32,300.
		\$15,000 on Form 990-EZ, line 6a.	answered res on rom	1990,1 art 10, line 19, 01	reported more than	
Φ		,	(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue			(a) bingo	bingo/progressive bingo	(c) Other garming	col. (a) through col. (c))
Rev						
	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes % No	Yes % No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
•	_					
а	ls t	ter the state(s) in which the organization condu the organization licensed to conduct gaming ac No," explain:	ctivities in each of these			Yes No
~	_	No," explain:				
		ere any of the organization's gaming licenses re Yes," explain:	•	•	year?	Yes No

Schedule G (Form 990) 2022 232082 10-27-22

Sch	nedule G (Form 990) 2022	SAVE-A-PET, I	INC.	23-730	4570	Page 3		
		ming activities with nonmer	mbers?		Yes	No		
	Is the organization a grantor, ben-	eficiary or trustee of a trust,	or a member of a partnership or other entity formed		Yes	□ No		
13	Indicate the percentage of gamin							
				13a	1	%		
						%		
14	Enter the name and address of the	e person who prepares the	organization's gaming/special events books and reco	ords:				
	Address							
15	a Does the organization have a con	tract with a third party from	whom the organization receives gaming revenue? \dots		Yes	└─ No		
ı	If "Yes," enter the amount of gam	ing revenue received by the	e organization \$ and the an	nount				
	of gaming revenue retained by the							
•	If "Yes," enter name and address	of the third party:						
	Name							
	Address							
16	Gaming manager information:							
	Name							
	Gaming manager compensation	\$						
	Description of services provided							
	Diversity / office v	Employee	Indonesia denta esistemata:					
	Director/officer	Employee	Independent contractor					
17	Mandatory distributions:							
á		state law to make charitab	le distributions from the gaming proceeds to		1			
			L		Yes	└─ No		
-	organization's own exempt activit	•	be distributed to other exempt organizations or spen	I in the				
Pa	rt IV Supplemental Infor	mation. Provide the expla	anations 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 an	ny additional information. See instructions.					

Schedule G	(Form 990) SAVE-A-PET,	INC.	23-7304570 Page 4
Part IV	(Form 990) SAVE-A-PET, Supplemental Information (continued)		<u> </u>

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Open to Public Inspection

Employer identification number

	SAVE-A-PET,	INC.				23-7	304	5/0	
Pai	t 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	1	(d) /lethod of de ash contribu		_	s
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	X	3	10,648.					
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	X	255		FAIR	VALUE			
20	Drugs and medical supplies	X	55	4,411.	FAIR	VALUE			
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other (SHELTER SUPPLIE)	X	218	16,514.	REPLA	CEMENT	CO	ST	
26	Other (SPECIAL EVENT S)	X	1	500.	FAIR	VALUE			
27	Other (AUCTION AND RAF)	X	4	423.	FAIR	VALUE			
28	Other (PROMOTIONAL ITE)	X	1	333.	FAIR	VALUE			
29	Number of Forms 8283 received by the organ	nization durin	g the tax year for c	contributions					
	for which the organization completed Form 8	283, Part V, [Donee Acknowledg	jement 29					
								Yes	No
30a	During the year, did the organization receive	by contribution	on any property rep	oorted in Part I, lines 1 throu	gh 28, tha	t it			
	must hold for at least 3 years from the date of	f the initial co	ontribution, and wh	ich isn't required to be used	l for				
	exempt purposes for the entire holding period	d?					30a		X
b	If "Yes," describe the arrangement in Part II.								
31	Does the organization have a gift acceptance	policy that r	equires the review	of any nonstandard contrib	utions?		31	X	
32a	Does the organization hire or use third parties	or related or	rganizations to soli	cit, process, or sell noncash					
	contributions?						32a	Х	
b	If "Yes," describe in Part II.								
33	If the organization didn't report an amount in	column (c) fo	r a type of propert	y for which column (a) is che	ecked,				
	describe in Part II.								
LHA	For Paperwork Reduction Act Notice, se	e the Instruc	tions for Form 99	0.		Schedule M	l (Forr	n 990)	2022

Schedule M (Form 990) 2022

232142 09-09-22

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 Open to Public Inspection

Name of the organization

SAVE-A-PET, INC. **Employer identification number** 23-7304570

FORM 990, PART VI, SECTION A, LINE 6:

VOLUNTEERS WHO WORK A PREDETERMINED NUMBER OF HOURS WITHIN A CALENDAR YEAR ARE QUALIFIED AS MEMBERS.

FORM 990, PART VI, SECTION A, LINE 7A:

VOLUNTEERS WHO ARE QUALIFIED DUE TO THE NUMBER OF HOURS WORKED AS VOTING MEMBERS ARE GIVEN THE RIGHT TO VOTE FOR PURPOSES OF ELECTION OF THE BOARD.

FORM 990, PART VI, SECTION A, LINE 8B:

THERE ARE NO COMMITTEES WITH THE AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY.

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

THE BOARD RETAINS THE SERVICES OF AN INDEPENDENT CPA FIRM TO PREPARE THE ORGANIZATION'S FORM 990. THE EXECUTIVE DIRECTOR, BOARD PRESIDENT AND TREASURER REVIEW THE COMPLETED 990 PRIOR TO FILING WITH ANY QUESTIONS DIRECTED TO THE CPA FIRM. ADDITIONALLY, THE FORM IS ELECTRONICALLY DISSEMINATED TO THE FULL BOARD OF DIRECTORS FOR REVIEW PRIOR TO FILING.

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

OFFICERS AND DIRECTORS ARE ANNUALLY REQUIRED TO COMPLETE A CONFLICT OF INTEREST DISCLOSURE STATEMENT AS A PRECURSOR TO THEIR SERVICE TO THE POTENTIAL CONFLICTS ARE MONITORED BY THE BOARD. ORGANIZATION. THERE ARE NO KEY EMPLOYEES.

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

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

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Page 2

Schedule O (Form 990) 2022	Page 2
Name of the organization SAVE-A-PET, INC.	Employer identification number 23-7304570
THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND	FINANCIAL
STATEMENTS ARE AVAILABLE UPON WRITTEN REQUEST OR IF REQUE	ESTED IN PERSON.
FORM 990, PART IX, LINE 11G, OTHER FEES:	
VETERINARY SERVICES:	
PROGRAM SERVICE EXPENSES	368,198.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	368,198.
PAYROLL FEES:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	6,064.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	6,064.
OTHER CONSULTING:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	237.
FUNDRAISING EXPENSES	7,570.
TOTAL EXPENSES	7,807.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	382,069.
FORM 990, PART XII, LINE 2C	
THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.	