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

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

Α	For the	2023 calendar year, or tax year beginning	and	enaing							
В	Check if applicable	C Name of organization			D Employer identifi	cation number					
	Addres	SAVE-A-PET, INC.									
	Name change	Doing business as			23-73045	70					
	Initial return	Number and street (or P.O. box if mail is not delivere	d to street address)	Room/suite	E Telephone numbe	er					
F	Final return/				847-740-						
	termin ated	City or town, state or province, country, and ZIP	or foreign postal code		G Gross receipts \$	4,027,242.					
	Amend		or foreign postar code		H(a) Is this a group return						
F	return Applic tion		TOTTE ATITION		for subordinates						
	tion pendir	SAME AS C ABOVE	IQUE ADDION								
_					H(b) Are all subordinates i						
			insert no.) 4947(a)(1)	or 527	- 1 ′	list. See instructions					
	Websit				H(c) Group exemption						
		organization: X Corporation Trust Associa	tion Other	L Year	of formation: 1972	M State of legal domicile: IL					
P	art I	Summary									
Ф	1	Briefly describe the organization's mission or most sign	nificant activities: A NO	-KILL	SHELTER DED	ICATED TO					
Activities & Governance		FINDING LOVING, QUALITY HOM	ES FOR EACH C	AT AND	DOG IN ITS	CARE.					
rna	2	Check this box if the organization discontinu	sed of more	than 25% of its net a	ssets.						
Ne.	3	Number of voting members of the governing body (Par			3	5					
ၓ		Number of independent voting members of the govern	. , , , , , , , , , , , , , , , , , , ,			5					
م س		Total number of individuals employed in calendar year				48					
ţį	1					148					
Ξ̈́											
Ac		Total unrelated business revenue from Part VIII, column				0.					
_	b	Net unrelated business taxable income from Form 990-	T, Part I, line 11	·····		0.					
					Prior Year	Current Year					
ē	8	Contributions and grants (Part VIII, line 1h)			2,149,433.						
Revenue	9	Program service revenue (Part VIII, line 2g)			115,367.	116,273.					
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and	l 7d)		-84,737.	225,344.					
<u></u>		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c,			38,769.	10,801.					
	1	Total revenue - add lines 8 through 11 (must equal Parl			2,218,832.	1,764,929.					
	$\overline{}$	Grants and similar amounts paid (Part IX, column (A), li			0.	0.					
	1	Benefits paid to or for members (Part IX, column (A), lin			0.	0.					
w	l	Salarios other compensation employee honofits (Part	IX column (A) lines 5.10)		1,102,589.	1,216,493.					
Expenses	162	Professional fundraising fees (Part IX, column (A), line 1 Total fundraising expenses (Part IX, column (D), line 25	10		0.	0.					
oeu	l loa	Total fundraining expanses (Part IV, column (D), line 25	205 0	67.							
X	1,5	Other even and a Mark IV ask was (A) lines 11 a 11 d 11 d	04a)	-	946,985.	1,077,967.					
		Other expenses (Part IX, column (A), lines 11a-11d, 11f			2,049,574.						
		Total expenses. Add lines 13-17 (must equal Part IX, co			169,258.						
	19	Revenue less expenses. Subtract line 18 from line 12			ginning of Current Year						
Net Assets or Find Balances				В	• •	End of Year					
Sset	20	Total assets (Part X, line 16)			8,575,133.	8,557,423.					
A P	21	Total liabilities (Part X, line 26)			100,343.	91,377.					
<u>Z</u>	22	Net assets or fund balances. Subtract line 21 from line	20		8,474,790.	8,466,046.					
	art II	Signature Block									
Unc	ler pena	lties of perjury, I declare that I have examined this return, inclu	ding accompanying schedule	s and statem	ents, and to the best of m	y knowledge and belief, it is					
true	, correc	t, and complete. Declaration of preparer (other than officer) is	based on all information of wl	hich preparer	has any knowledge.						
Sig	ın	Signature of officer			Date						
He		DOMINIQUE ALLION, PRESIDENT									
		Type or print name and title									
_		Print/Type preparer's name Prep	parer's signature		Date Check	II PTIN					
Pai	d	CHRISTOPHER STRAUB	outor o orginature		.0/09/24 if self-employ						
				-		6-2170602					
	parer	4 = 4 =	מדשם 2000		Firm's EIN 3	0-21/0002					
USE	Only	Firm's address 1717 DEERFIELD RD S	OTIE 2008		/ 0	471007 0000					
		DEERFIELD, IL 60015			Phone no. (8	47)267-9600					
Ма	y the IF	RS discuss this return with the preparer shown above?	See instructions			X Yes No					
111	Λ Гоч	Department Reduction Act Notice are the concrete	inetructions assess			Form 990 (2022)					

Form	1990 (2023) SAVE-A-PET, INC. 23	-7304570	Page 2
Pa	rt III 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 FINDIN	G
		HE SHELTE	
	STRIVES TO CREATE AN ENVIRONMENT WHICH ENHANCES BOTH AWARE		
	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		X No
	prior Form 990 or 990-EZ?	Yes	L∆L NO
	If "Yes," describe these new services on Schedule O.		77
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 to be a serviced accomplishment of the organization of the organiz	ured by expenses	S.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the	e total expenses,	and
	revenue, if any, for each program service reported.		
4a	1 710 741	114,	<u>127.</u>)
	OPERATION OF AN ANIMAL SHELTER DEDICATED TO THE CARE AND A		
	ANIMALS.		
4b	(Code:) (Expenses \$)
			_
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$		
	(Codd:) (Experieds 4) (Note index 4)		
A cl	Other program conject (Deceyibe on Schodule C.)		
4d	Other program services (Describe on Schedule O.)	`	
	(Expenses \$ including grants of \$) (Revenue \$)	
<u>4e</u>	Total program service expenses 1,712,741.		
		Form 9	90 (2023)

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	
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 during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	-		
3	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		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	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,			37
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		v	
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		X
00-	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		<u> </u>
b 21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
۲۱	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
	25 go. 5 art of art of column (), and it is now, columns of art of ar			

$\begin{array}{c|cccc} Form \ 990 \ (2023) & SAVE-A-PET \ , & INC \ . \\ \hline \textbf{Part IV} \ \ \textbf{Checklist of Required Schedules} \ (\textit{continued}) \end{array}$

			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		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			3,7
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			37
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	١		v
OF -	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	256		
26	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? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
01	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?			├ <u>-</u>
		38	Х	
Pai	Note: All Form 990 filers are required to complete Schedule 0 **Total Complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
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	l 8		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	. 3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	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		Х
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?			Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	. 5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	. 6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	. 6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor	r? 7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	. 7b		X
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			l
	to file Form 8282?	. 7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		-	Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C	? 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	00		
a	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?	· —		
10	Section 501(c)(7) organizations. Enter:	90		
а	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
-	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	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			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	. 14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	. 14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or		1	
	excess parachute payment(s) during the year?	. 15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	. 16		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.			

332005 12-21-23

Form **990** (2023)

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	<u> </u>		
	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	<u>5</u>		
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	ssets?	5		Х
6	Did the organization have members or stockholders?		6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	appoint one or			
	more members of the governing body?		7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockholders, or			
	persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ear by the following:			
а	The governing body?		8a	Х	
b	Each committee with authority to act on behalf of the governing body?		8b		Х
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be 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?		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.				
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	Х	
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?				v
	The organization's CEO, Executive Director, or top management official		15a	_	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		х
	taxable entity during the year?		16a		Α
р	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluation is injurity continuous arrangements under applicable foderal toy law, and take at the arrangements under applicable foderal toy law, and take at the arrangements under applicable foderal toy law.				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization an		466		
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 IL	and 000 T (acation 501(a)	(2)a anh	v) ev e 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 these available. Check all that apply.	and 990-1 (96011011 301(C)	U)S UTILY	, avail	aDIE
		n on Schedule O)			
10	Describe on Schedule O whether (and if so, how) the organization made its governing documents, or	,	and fine	ncial	
19	statements available to the public during the tax year.	ormici or interest policy, a	anu iina	ıcıdı	
20	State the name, address, and telephone number of the person who possesses the organization's be	noke and records			
20	PAT KENNEDY-PFEIFER - 847-740-7788	oons and 1600105			
	P.O. BOX 266, GRAYSLAKE, IL 60030				
	TOT DOLL HOOF GIVET DELINE, ILL COURT				

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		(C) 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				95,333.	0.	5,124
(2) DOMINIQUE ALLION	20.00							33,3331		3,111
PRESIDENT	2000	x		x				0.	0.	0
(3) LISA VELEZ	10.00									
VICE PRESIDENT		Х		Х				0.	0.	0
(4) ANDI MCCULLOCH	10.00									_
TREASURER	1 - 00	Х		Х				0.	0.	0
(5) JACQUELYN SULLIVAN	15.00									
SECRETARY		Х	_	Х	_	_		0.	0.	0
(6) LAURIE LETTS	5.00	Į.,							0	_
DIRECTOR AT LARGE		Х						0.	0.	0
		-								
		-								

Form 990 (2023)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(C)

(D)

(B)

(A)

	(A) Name and title	(B) Average hours per week	officer and a director/trustee)						(D) Reportable compensation from	(E) Reportable compensation from related	_	(F) Estimat mount other	of
		(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)	or	npens from th ganiza nd rela ganizat	ne tion ted
1b	Subtotal								95,333.	0		5,1	24.
	Total from continuation sheets to Part Vi Total (add lines 1b and 1c)								95,333.	0		5,1	24.
2	Total number of individuals (including but r compensation from the organization								eceived more than \$100	0,000 of reportable			0
_												Yes	No
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s										3		Х
4	For any individual listed on line 1a, is the su and related organizations greater than \$15	•								-	4		Х
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	accrue comper	nsat	ion f	rom	any	/ unr	elat		idual for services	5		Х
	tion B. Independent Contractors										· ·	_	
1	Complete this table for your five highest co the organization. Report compensation for	-								•	nsation	trom	
	(A) Name and business	address	NO	ONE	3				(B) Description of s	ervices	Comp	C) ensatio	on
								_					
2	Total number of independent contractors (i	-	ot li	mite	d to		_	stec	d above) who received m	nore than			
	\$100,000 of compensation from the organi	zation					0				Form	990	(2023)

					A-PET	, I	NC.			23-7304	570 Page 9
Pa	T V	Ш						=			
			Check if Schedule O	cont	ains a resp	onse	or note to any lir	ne in this Part VIII (A) Total revenue	Related or exempt	(C) Unrelated business revenue	Revenue excluded
Contributions, Gifts, Grants and Other Similar Amounts		b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contr All other contributions, gifts, similar amounts not included Noncash contributions included in Total. Add lines 1a-1f	ributi grant abov	1b 1c 1d ions) 1e ts, and //e 1f 1a-1f 1g		112,488. 1,300,023. 69,766.	1,412,511.			
							Business Code				
Program Service Revenue	2	а	ANIMAL WELFARE				900099	116,273.	116,273.		
			All other program service Total. Add lines 2a-2f	reve	nue			116,273.			
	3	9	Investment income (include					,			
	other similar amounts) 4 Income from investment of tax-exempt bond proce 5 Royalties					ond p	proceeds	173,469.			173,469.
			Gross rents	6a	(I) Nea	u	(II) Fersorial				
			Less: rental expenses	6b							
			Rental income or (loss)	6c							
			Net rental income or (loss) Gross amount from sales of) <u>.</u>	(i) Securi		(ii) Other				
	′	a	assets other than inventory	7a	_ · ·						
venue			Less: cost or other basis and sales expenses	7b	2,164,	808.	0.				
		۲ C	Gain or (loss)	7c		875.	2,000.	51,875.			51,875.
Other Re	8	а	Gross income from fundraisir including \$ contributions reported on Part IV, line 18 Less: direct expenses	ng ev 112 line	rents (not , 488. of 1c). See		90,077. 89,513.				
			Net income or (loss) from					564.			564.
	9	а	Gross income from gamin Part IV, line 19 Less: direct expenses	g ac	tivities. See	9	13,783. 1,400.				
			Net income or (loss) from				, , , , , , , , , , , , , , , , , , , ,	12,383.			12,383.
	10	а	Gross sales of inventory, I and allowances	less	returns	10a					
			Less: cost of goods sold			10b	· · · ·	2 (25	2.625		
-		С	Net income or (loss) from	sale	s of invento	ory	1	-2,625.	-2,625.		
snc	11	2	OTHER REVENUE				Business Code 900099	479.	479.		
laneous enue		b					300033	±10,	=13.		

332009 12-21-23

238,291.

479

114,127.

1,764,929.

d All other revenue

e Total. Add lines 11a-11d ...

12 Total revenue. See instructions

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 (A)	this Part IX (B)	(C) 1	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
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,	106 254	12 065	E7 0/1	25 640
_	trustees, and key employees	106,354.	12,865.	57,841.	35,648
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	984,687.	720,945.	156,252.	107,490
7	Other salaries and wages	304,007.	120,945.	130,232.	107,490
8	Pension plan accruals and contributions (include				
^	section 401(k) and 403(b) employer contributions)	40,852.	30,155.	5,934.	4,763
9	Other employee benefits	84,600.	57,115.	14,955.	12,530
10	Payroll taxes	04,000.	37,113.	14,555	12,550
11	Fees for services (nonemployees):				
a b	Management	1,783.		1,783.	
	Legal	26,240.		26,240.	
	Accounting	20,210.		20,240.	
e	Lobbying Professional fundraising services. See Part IV, line 17				
f	Investment management fees	33,957.		33,957.	
g		00,00.0		33,733.1	
9	column (A), amount, list line 11g expenses on Sch O.)	479,999.	468,206.	11,793.	
12	Advertising and promotion	21,651.	,	19,036.	2,615
13	Office expenses	28,188.	14,908.	3,963.	9,317
14	Information technology	,	•		· · · · · · · · · · · · · · · · · · ·
15	Royalties				
16	Occupancy	48,752.	38,791.	8,980.	981
17	Travel	4,947.	3,693.	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	124,287.	118,073.	3,107.	3,107
23	Insurance	59,220.	44,586.	13,642.	992
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	145,517.	145,517.		
b	REPAIRS AND MAINTENANCE	49,029.	36,771.	6,129.	6,129
С	BANK CHARGES AND CREDIT	19,843.	4.4		19,843
d	NEWSLETTER	19,365.	18,397.	484.	484
е	All other expenses	15,189.	2,719.	11,302.	1,168
25	Total functional expenses . Add lines 1 through 24e	2,294,460.	1,712,741.	376,652.	205,067
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Form 990 (202

Form 990 (2023) Part X Balance Sheet

Га	IL A	balance Sheet					
		Check if Schedule O contains a response or not	e to an	y line in this Part X			i e
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			453,498.	1	96,738.
	2	Savings and temporary cash investments			681,052.	2	456,478.
	3	Pledges and grants receivable, net			135,552.	3	249,286.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes	se perso	ons		5	
	6	Loans and other receivables from other disquali	fied pei	rsons (as defined			
		under section 4958(f)(1)), and persons described	ction 4958(c)(3)(B)		6		
ts	7	Notes and loans receivable, net		Г		7	
Assets	8	Inventories for sale or use			3,399.	8	7,048.
Ř	9	Prepaid expenses and deferred charges			42,252.	9	35,726.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	3,468,093.			
	b	Less: accumulated depreciation	10b	2,053,748.	1,466,106.	10c	1,414,345.
	11	Investments - publicly traded securities			5,538,307.	11	6,294,025.
	12	Investments - other securities. See Part IV, line			12		
	13	Investments - program-related. See Part IV, line	_		13		
	14	Intangible assets		6,444.	14	3,777.	
	15	Other assets. See Part IV, line 11		248,523.	15	0.	
	16	Total assets. Add lines 1 through 15 (must equ		8,575,133.	16	8,557,423.	
	17	Accounts payable and accrued expenses			100,343.	17	91,377.
	18	Grants payable			18		
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
S	22	Loans and other payables to any current or forn	ner offic	cer, director,			
Liabilities		trustee, key employee, creator or founder, subs	tantial c	contributor, or 35%			
abi		controlled entity or family member of any of thes	se pers	ons		22	
	23	Secured mortgages and notes payable to unrela	ated thi	rd parties		23	
	24	Unsecured notes and loans payable to unrelate	d third _l	parties		24	
	25	Other liabilities (including federal income tax, pa	yables	to related third			
		parties, and other liabilities not included on lines	17-24)	. Complete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			100,343.	26	91,377.
		Organizations that follow FASB ASC 958, che	ck her	e X			
ĕ		and complete lines 27, 28, 32, and 33.					
llan	27	Net assets without donor restrictions			8,020,973.	27	8,263,689.
Ba	28	Net assets with donor restrictions			453,817.	28	202,357.
pun		Organizations that do not follow FASB ASC 9	58, che	eck here			
Ē		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds				29	
se	30	Paid-in or capital surplus, or land, building, or ed	quipmer	nt fund		30	
t As	31	Retained earnings, endowment, accumulated in	come,	or other funds		31	
Ne.	32	Total net assets or fund balances			8,474,790.	32	8,466,046.
	33	Total liabilities and net assets/fund balances			8,575,133.	33	8,557,423.

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)		1,76		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,29		
3	Revenue less expenses. Subtract line 2 from line 1	3	-52		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	8,47	<u>4,7</u>	90.
5	Net unrealized gains (losses) on investments	5	52	0,7	87.
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	8,46	6,0	46.
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 Schedul	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		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?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	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	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl	nedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2023)

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.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

SAVE-A-PET, INC.

Employer identification number

			-A-PET, IN					3-/3045/0		
Pa	rt I	Reason for Public	Charity Status.	(All organizations must c	omplete tl	nis part.) S	Gee instructions.			
he	organ	ization is not a private found	lation because it is: (For lines 1 through 12, o	heck only	one box.)				
1		A church, convention of ch	urches, or association	on of churches described	d in sectio	n 170(b)(1	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	ation operated in co	njunction with a hospital	described	d in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,		
		city, and state:								
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in								
		section 170(b)(1)(A)(iv). (Complete Part II.)								
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).								
7	X	An organization that norma	lly receives a substa	ntial part of its support f	rom a gov	ernmental	unit or from the general	public described in		
		section 170(b)(1)(A)(vi). (C								
8		A community trust describe		(1)(A)(vi). (Complete Part	t II.)					
9		An agricultural research org				ed in coniu	ınction with a land-grant	college		
		or university or a non-land-g								
		university:	, ,	,		, .	,,	,		
10		An organization that norma	Ilv receives (1) more	than 33 1/3% of its sup	port from	contributio	ons, membership fees, a	nd gross receipts from		
		activities related to its exen								
		income and unrelated busin								
		See section 509(a)(2). (Con		(icoc cocion o i i cax) iii	om baome	oooo aoqe	mod by the organization	artor dario do, roro.		
11		An organization organized		ively to test for public sa	ifety See	section 50)9(a)(4).			
12	一	An organization organized	•		•			e purposes of one or		
		more publicly supported or								
		lines 12a through 12d that								
а		Type I. A supporting orga	* *			•		, aivina		
-		the supported organization								
		organization. You must c			z majomy	or the dire		supporting		
b		Type II. A supporting org			tion with it	e sunnort	ed organization(s) by ha	avina		
D		control or management o	· ·					-		
		organization(s). You mus			arrie perso	JIIS IIIAI CO	ontrol of manage the sup	pported		
_		Type III functionally inte			in connec	tion with	and functionally integrat	ed with		
٠		its supported organizatio						ca with,		
d		Type III non-functionally						ization(s)		
u		that is not functionally int					• • • • • •	* *		
		requirement (see instruct	-		-		•			
е		Check this box if the orga								
·							a type i, type ii, type iii			
f	functionally integrated, or Type III non-functionally integrated supporting organization. f. Enter the number of supported organizations									
	f Enter the number of supported organizations g Provide the following information about the supported organization(s).									
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of monetary	(vi) Amount of other		
		organization		(described on lines 1-10 above (see instructions))	in your governi	No	support (see instructions)	support (see instructions)		
				above (see instructions))						
					•					
						l		I		

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.)

2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3	Sec	ction A. Public Support						
membership fees received. (Do not include any "unusual grants.")	Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
Include any "unusual grants.")	1	Gifts, grants, contributions, and						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 2,627,692. 1,526,577. 2,166,880. 2,149,433. 1,412,511. 9,883,09 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) 1,251,90 6 Public support. Subtract line 8 from line 4 8 Cection B. Total Support Calendar year (or fiscal year beginning in) 7 Amounts from line 4 2,627,692. 1,526,577. 2,166,880. 2,149,433. 1,412,511. 9,883,09 8 Gross income from Interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources activities, whether or not the 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.) 17 Total support. Add lines 7 through 10 10, 210. 160. 185. 1,945. 479. 12,979 11 Total support. Add lines? Through 10 10,589,94 12 Gross receipts from related activities, etc. (see instructions) 12 1,151,665		membership fees received. (Do not						
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		include any "unusual grants.")	2,627,692.	1,526,577.	2,166,880.	2,149,433.	1,412,511.	9,883,093.
or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3	2	Tax revenues levied for the organ-						
3 The value of services or facilities furnished by a governmental unit to the organization without charge depends on the organization without charge depends on the organization without charge depends on the organization 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)		ization's benefit and either paid to						
furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3		or expended on its behalf						
the organization without charge	3	The value of services or facilities						
4 Total. Add lines 1 through 3		furnished by a governmental unit to						
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) 1,251,90 6 Public support. Subtract line 5 from line 4. 8,631,18 Section B. Total Support Calendar year (or fiscal year beginning in) 2,627,692. 1,526,577. 2,166,880. 2,149,433. 1,412,511. 9,883,09 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. 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.) 10,210. 160. 185. 1,945. 479. 12,979 11 Total support. Add lines 7 through 10 10,589,94 12 Gross receipts from related activities, etc. (see instructions) 12 1,151,665		the organization without charge						
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) 1,251,90 6 Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) 2,627,692. 1,526,577. 2,166,880. 2,149,433. 1,412,511. 9,883,09 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. 9 Net income from similar sources. 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 10,210. 160. 185. 1,945. 479. 12,979 11 Total support. Add lines 7 through 10 10,589,94 12 Gross receipts from related activities, etc. (see instructions) 12 1,151,665	4	Total. Add lines 1 through 3	2,627,692.	1,526,577.	2,166,880.	2,149,433.	1,412,511.	9,883,093.
governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)								
supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)		by each person (other than a						
on line 1 that exceeds 2% of the amount shown on line 11, column (f)		governmental unit or publicly						
amount shown on line 11, column (f)		supported organization) included						
Column (f) 1, 251, 90 6 Public support. Subtract line 5 from line 4. 8,631, 18		on line 1 that exceeds 2% of the						
6 Public support. Subtract line 5 from line 4. 8,631,18 Section B. Total Support (a) 2019 (b) 2020 (c) 2021 (d) 2022 (e) 2023 (f) Total 7 Amounts from line 4 2,627,692. 1,526,577. 2,166,880. 2,149,433. 1,412,511. 9,883,09 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 101,756. 98,281. 197,569. 122,793. 173,469. 693,868 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.) 10,210. 160. 185. 1,945. 479. 12,979 11 Total support. Add lines 7 through 10 10,589,94 12 Gross receipts from related activities, etc. (see instructions) 12 1,151,665		amount shown on line 11,						
Section B. Total Support Subtract line 5 from line 4. Section B. Total Support		column (f)						1,251,907.
Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2019 (b) 2020 (c) 2021 (d) 2022 (e) 2023 (f) Total 7 Amounts from line 4 2,627,692 1,526,577 2,166,880 2,149,433 1,412,511 9,883,09 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 101,756 98,281 197,569 122,793 173,469 693,868 9 Net income from unrelated business activities, whether or not the business is regularly carried on or loss from the sale of capital assets (Explain in Part VI.) 10,210 160 185 1,945 479 12,979 11 Total support. Add lines 7 through 10 10,589,94 12 Gross receipts from related activities, etc. (see instructions) 12 1,151,665	6							8,631,186.
Amounts from line 4 2,627,692. 1,526,577. 2,166,880. 2,149,433. 1,412,511. 9,883,09 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 101,756. 98,281. 197,569. 122,793. 173,469. 693,868 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.) 10,210. 160. 185. 1,945. 479. 12,979 11 Total support. Add lines 7 through 10 10,589,94 12 Gross receipts from related activities, etc. (see instructions) 12 1,151,665								
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 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.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 Gross receipts from related activities, etc. (see instructions) 14 Total support. Add lines 7 through 10 15 Total support. Add lines 7 through 10 16 Total support. Add lines 7 through 10 17 Total support. Add lines 7 through 10 18 Total support. Add lines 7 through 10 19 Total support. Add lines 7 through 10 10 Total support. Add lines 7 through 10 11 Total support. Add lines 7 through 10 12 Total support. Add lines 7 through 10 13 Total support. Add lines 7 through 10 14 Total support. Add lines 7 through 10 15 Total support. Add lines 7 through 10 16 Total support. Add lines 7 through 10 17 Total support. Add lines 7 through 10 18 Total support. Add lines 7 through 10 19 Total support. Add lines 7 through 10 10 Total support. Add lines 7 through 10 10 Total support. Add lines 7 through 10 11 Total support. Add lines 7 through 10 12 Total support. Add lines 7 through 10 13 Total support. Add lines 7 through 10 14 Total support. Add lines 7 through 10 15 Total support. Add lines 7 through 10 16 Total support. Add lines 7 through 10 17 Total support. Add lines 7 through 10 18 Total support. Add lines 7 through 10 19 Total support. Add lines 7 through 10 10 Total support. Add lines 7 through 10 10 Total support. Add lines 7 through 10 10 Total support. Add lines 7 through 10 11 Total support. Add lines 7 through 10 11 Total support. Add lines 7 through 10	Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
dividends, payments received on securities loans, rents, royalties, and income from similar sources. 101,756. 98,281. 197,569. 122,793. 173,469. 693,868. Net income from unrelated business activities, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. Add lines 7 through 10 Gross receipts from related activities, etc. (see instructions)	7	Amounts from line 4	2,627,692.	1,526,577.	2,166,880.	2,149,433.	1,412,511.	9,883,093.
securities loans, rents, royalties, and income from similar sources 101,756. 98,281. 197,569. 122,793. 173,469. 693,868 Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. Add lines 7 through 10 Gross receipts from related activities, etc. (see instructions)	8	Gross income from interest,						
and income from similar sources 101,756. 98,281. 197,569. 122,793. 173,469. 693,868 Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. Add lines 7 through 10 Gross receipts from related activities, etc. (see instructions)		dividends, payments received on						
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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.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions)		and income from similar sources	101,756.	98,281.	197,569.	122,793.	173,469.	693,868.
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business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions)		activities, whether or not the						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 10 Total support. Add lines 7 through 10 11 Gross receipts from related activities, etc. (see instructions) 12 1,151,665								
assets (Explain in Part VI.) 10,210 160 185 1,945 479 12,979 11 Total support. Add lines 7 through 10 10,589,94 12 Gross receipts from related activities, etc. (see instructions) 12 1,151,665	10	Other income. Do not include gain						
11 Total support. Add lines 7 through 1010,589,9412 Gross receipts from related activities, etc. (see instructions)121,151,665		or loss from the sale of capital						
12 Gross receipts from related activities, etc. (see instructions) 12 1,151,665		assets (Explain in Part VI.)	10,210.	160.	185.	1,945.	479.	12,979.
	11	Total support. Add lines 7 through 10						10,589,940.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)	12	Gross receipts from related activities,	etc. (see instruction	ons)			12 1	,151,665.
	13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third, t	fourth, or fifth tax	year as a section 5	501(c)(3)	
organization, check this box and stop here								<u></u>
Section C. Computation of Public Support Percentage		-						
14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) 14 81.50	14						14	,,,
Public support percentage from 2022 Schedule A, Part II, line 14	15	Public support percentage from 2022	Schedule A, Part	II, line 14			15	77.09 %
16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and	16a		•		·		•	
stop here. The organization qualifies as a publicly supported organization		stop here. The organization qualifies	as a publicly supp	orted organization				X
b 33 1/3% support test - 2022. 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	b		-					
and stop here. The organization qualifies as a publicly supported organization		and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			
17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,	17a	10% -facts-and-circumstances tes	t - 2023. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	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		and if the organization meets the fact	s-and-circumstand	es test, check this	box and stop her	r e. Explain in Part	VI how the organiz	ation
meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		meets the facts-and-circumstances to	est. The organization	on qualifies as a pu	ublicly supported o	organization		
b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or	b	10% -facts-and-circumstances tes	t - 2022. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the				•				
organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		organization meets the facts-and-circ	umstances test. Th	ne organization qu	alifies as a publicly	y supported organ	ization	
Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a		

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

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

Section	n A. Public Support		,				
	year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	s, grants, contributions, and	(a) 2010	(2) 2020	(0) 2021	(u) Loll	(0) 2020	(i) rotar
	nbership fees received. (Do not						
	ude any "unusual grants.")						
	ss receipts from admissions,						
	chandise sold or services per-						
	ned, or facilities furnished in						
	activity that is related to the anization's tax-exempt purpose						
-	ss receipts from activities that						
	not an unrelated trade or bus-						
	s under section 513						
	revenues levied for the organ-						
	on's benefit and either paid to						
	xpended on its behalf						
	value of services or facilities						
	ished by a governmental unit to						
	organization without charge						
	al. Add lines 1 through 5						
	ounts included on lines 1, 2, and						
	ceived from disqualified persons						
	unts included on lines 2 and 3 received						
	other than disqualified persons that ed the greater of \$5,000 or 1% of the						
amou	int on line 13 for the year						
	lines 7a and 7b						
	lic support. (Subtract line 7c from line 6.)						
	n B. Total Support						
Calendar	year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amo	ounts from line 6						
	ss income from interest,						
	dends, payments received on urities loans, rents, royalties,						
and	income from similar sources						
b Unre	lated business taxable income						
(less	section 511 taxes) from businesses						
acqu	iired after June 30, 1975						
	lines 10a and 10b						
	income from unrelated business						
	vities not included on line 10b, ther or not the business is						
	llarly carried on						
	er income. Do not include gain oss from the sale of capital						
	ets (Explain in Part VI.)						
	I support. (Add lines 9, 10c, 11, and 12.)						
14 Firs	t 5 years. If the Form 990 is for th	e organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	ion,
	ck this box and stop here						<u></u>
	n C. Computation of Publ						
	lic support percentage for 2023 (I					15	<u>%</u>
	lic support percentage from 2022					16	<u>%</u>
	n D. Computation of Inves					11	
	stment income percentage for 20					17	<u>%</u>
	stment income percentage from 2					18	<u>%</u>
	1/3% support tests - 2023. If the						1 / IS not
	e than 33 1/3%, check this box at						
	1/3% support tests - 2022. If the	•			·		
ime	18 is not more than 33 1/3%, che		op nere. The orga box on line 14. 19				

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.)

	Yes	No
1		
2		
За		
3b		
3с		
4a		
4b		
40		
4c		
5a		
5b		
5c		
3C		
6		
7		
8		
9a		
9b		
9с		
10a		
10b		

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		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	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		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea [see instructions]).		
а	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	nstructio	ns).	
2	Activities Test. Answer lines 2a and 2b below.		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			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on I	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	st complete	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		
	Chack have if the current year is the expeniention's first as a non-functions	lly intograta	d Type III europertina and	

Schedule A (Form 990) 2023

instructions).

Schedule A (Form 990) 2023

c Excess from 2021d Excess from 2022e Excess from 2023

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

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2023

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
ESTATE OF SAMUEL VAN TREESE	232,050.	20,251.
ESTATE OF GRACE SHUSTER	1,307,621.	1,095,822.
ESTATE OF CHARLENE VOTJKO	212,301.	502.
ESTATE OF SUSANNE KOTRBA	347,131.	135,332.
Total Excess Contributions to Schedule A, Part II, Line 5		1,251,907.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

SAVE-A-PET, INC.

Employer identification number 23-7304570

Pa	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		Similar Funds or <i>I</i>	Accounts. Complete if the
		(a) Donor advise	d funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3				
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in wi	-		
	are the organization's property, subject to the organization's ex			
6	Did the organization inform all grantees, donors, and donor ad			•
	for charitable purposes and not for the benefit of the donor or			
Da	impermissible private benefit?			
Pa			s" on Form 990, Part I\	/, line 7.
1	Purpose(s) of conservation easements held by the organization	· · · · · · · · · · · · · · · · · · ·	1	
	Preservation of land for public use (for example, recreation	on or education)	1	orically important land area
	Protection of natural habitat		Preservation of a cert	tified historic structure
•	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified	ed conservation contrib	ution in the form of a c	Held at the End of the Tax Year
	day of the tax year.			
	Total number of conservation easements			2a
	Total acreage restricted by conservation easements			
C	Number of conservation easements on a certified historic structure of conservation easements in a certified historic structure.			2c
a	Number of conservation easements included on line 2c acquire	• • •		2d
2	on a historic structure listed in the National Register			
3		aseu, extilliguismeu, or i	leminated by the orga	ilization during the tax
4	year Number of states where property subject to conservation ease	ament is located		
5	Does the organization have a written policy regarding the period		tion handling of	
3	violations, and enforcement of the conservation easements it h		lion, nanding of	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h			
Ū	etan ana volantoon noure advotou to monitoring, mopeoung, n	arraning or violationis, ar	ia omoromy concervat	ion decoments demigrate year
7	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and en	forcing conservation e	asements during the year
	3, 1 3,	,	3	3 ,
8	Does each conservation easement reported on line 2d above s	satisfy the requirements	s of section 170(h)(4)(B	3)(i)
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation			
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's	financial statements t	hat describes the
	organization's accounting for conservation easements.			
Pa	t III Organizations Maintaining Collections of	Art, Historical Tre	easures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form 9	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958	, not to report in its rev	enue statement and ba	alance sheet works
	of art, historical treasures, or other similar assets held for publi	c exhibition, education	, or research in further	ance of public
	service, provide in Part XIII the text of the footnote to its finance	cial statements that des	scribes these items.	
b	If the organization elected, as permitted under FASB ASC 958	, to report in its revenue	e statement and balan	ce sheet works of
	art, historical treasures, or other similar assets held for public e	exhibition, education, o	r research in furtherand	ce of public service,
	provide the following amounts relating to these items.			
	(i) Revenue included on Form 990, Part VIII, line 1			
2	If the organization received or held works of art, historical treas	sures, or other similar a	ssets for financial gain	, provide
	the following amounts required to be reported under FASB AS	-		
а	Revenue included on Form 990, Part VIII, line 1			·
b	Assets included in Form 990, Part X			\$

Schedule D (Form 990) 2023

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

Pai	rt III Org	janizations Maintaining C	collections of Ar	t, Historical Tr	easures, d	or Oth	er Siı	milar Ass	sets(continu	ued)
3	Using the o	rganization's acquisition, accessi	on, and other record	s, check any of the	following tha	t make	signific	ant use of	its	_
	collection it	ems (check all that apply).								
а	Public	cexhibition	d	Loan or exc	hange progra	am				
b										
С	Prese	ervation for future generations								
4	Provide a d	escription of the organization's co	ollections and explain	n how they further t	he organizati	on's exe	empt p	urpose in P	art XIII.	
5	During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets									
	to be sold t	o raise funds rather than to be ma	aintained as part of t	he organization's co	ollection?			[Yes	No_
Pai	rt IV Esc	row and Custodial Arran	gements Complet	e if the organizatior	answered "	Yes" on	Form	990, Part IV	, line 9, or	
	repo	orted an amount on Form 990, Par	t X, line 21.							
1a	Is the organ	nization an agent, trustee, custodi	an, or other intermed	diary for contribution	ns or other as	ssets no	t inclu	ded		
	on Form 99	0, Part X?						L	Yes	└── No
b	If "Yes," ex	plain the arrangement in Part XIII	and complete the fol	lowing table:			_			
									Amount	
С	Beginning b	palance					1	lc		
d		uring the year						ld		
е		s during the year						le		
f		ance						lf		
	-	anization include an amount on Fo					-	L	Yes	∐ No
_		plain the arrangement in Part XIII.								
Pai	rt V Enc	dowment Funds Complete if						raa vaara had	Je I I - N Four	roore book
			(a) Current year	(b) Prior year			(a) III		k (e) Four	
1a		of year balance	55,394.	5,022.	;	5,022.		5,02	2.	5,022.
b		ns	25,663.	50,338.						
С		nent earnings, gains, and losses	6,534.	36.		2.			2.	2.
d		cholarships								
е		nditures for facilities								
	and prograi									
f		ive expenses	2.	2.		2.			2.	2.
g	End of year		87,589.	55,394.	l	5,022.		5,02	2.	5,022.
2		estimated percentage of the curr	rent year end balanc		a)) held as:					
а		gnated or quasi-endowment		_%						
b		endowment 92.5036 wment 7.4964	%							
С	Term endov									
•		tages on lines 2a, 2b, and 2c sho								
за		ndowment funds not in the posse	ssion of the organiza	ition that are held a	na aaministe	rea tor t	tne		Г	Yes No
	organizatio									Yes No
		ed organizations?							3a(i)	X
L		I organizations?line 3a(ii), are the related organiza	tions listed as user in							
									3b	
4 Pai		Part XIII the intended uses of the nd, Buildings, and Equipm		witherit turius.						
I GI		plete if the organization answered		Part IV line 11a S	See Form 990) Part X	line 1	0		
		escription of property	(a) Cost or ot		or other		ccumi		(d) Book	valuo
	יט	escription of property	basis (investm	` '	(other)		precia		(u) book	value
12	Land		`	,	4,941.		proota	LIGIT	174	,941.
b					4,930.	1.	691	,095.		,835.
		mprovements			_,,,,,,,,	- /		, 0000	_,	, , , , , ,
d		Inprovements		7	2,273.		53	,088.	19	,185.
					5,949.			,565.		,384.
		a through 1e. (Column (d) must e						,		,345.

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 SAVE-A-PET,	INC.	23	-7304570 Page 3
Part VII Investments - Other Securities			<u> </u>
Complete if the organization answered "Yes"	on Form 990, Part IV, line		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	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, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line		
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, co	l. (B))		
Part X Other Liabilities			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 25	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... X

Schedule D (Form 990) 2023

1	Total expenses and losses per audited financial statements			1	2,362,152.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	10,736.		
	Prior year adjustments	2b			
	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	90,913.		
е	Add lines 2a through 2d			2e	101,649.
3	Subtract line 2e from line 1			3	2,260,503.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	33,957.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	33,957.
_5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	2,294,460.

Part XIII Supplemental Information

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

PART V, LINE 4:

ENDOWMENT FUND IS TO PROVIDE EARNINGS TO BE USED FOR ANIMAL WELFARE.

PART X, LINE 2:

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

Schedule D (Form 990) 2023

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 -90,913. PART XII, LINE 2D - OTHER ADJUSTMENTS: SPECIAL EVENT EXPENSE 90,913.

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.

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection

SAVE-A-	PET, INC.					23-7304	570
	Complete if the organization answe	ered "Y	es" o	n Form 990, Part IV,	line 1		
 Indicate whether the organization rais a Mail solicitations Mail solicitations Internet and email solicitations Phone solicitations In-person solicitations a Did the organization have a written of key employees listed in Form 990, P If "Yes," list the 10 highest paid indicompensated at least \$5,000 by the 	e Solicitat f Solicitat g Special or oral agreement with any individual tart VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (inclu- rofess	non-g gover aising ding o ional f	overnment grants rnment grants events fficers, directors, tru fundraising services	stees	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundi have c or cor contrib	Did raiser ustody itrol of utions?	(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				
List all states in which the organization or licensing.	on is registered or licensed to solicit	contrib	outions	s or has been notifie	d it is	exempt from re	egistration
For Paperwork Reduction Act Notice, se	ee the Instructions for Form 990 or	990-1	EZ.			Schedule	G (Form 990) 2023

332081 09-13-23

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

		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	12	(add col. (a) through col. (c))
e			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	17,005.	119,089.	66,471.	202,565.
	2	Less: Contributions	4,959.	94,834.	12,695.	112,488.
	3	Gross income (line 1 minus line 2)	12,046.	24,255.	53,776.	90,077.
	4	Cash prizes			975.	975.
S	5	Noncash prizes			45.	45.
pense	6	Rent/facility costs	700.	48,149.	11,797.	60,646.
Direct Expenses	7	Food and beverages	107.	337.	3,886.	4,330.
	8	Entertainment			800.	800.
		Other direct expenses	3,838.	2,942.	15,937.	22,717.
	10	Direct expense summary. Add lines 4 through	9 in column (d)			89,513.
D -		Net income summary. Subtract line 10 from li				564.
Pa	rt I	Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	n 990, Part IV, line 19, or	reported more than	
		\$15,000 011 F01111 990-E2, illile 0a.		(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
eve						
Щ	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
		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)			
0	En:	ter the state(s) in which the organization condu	uoto gamina aativitiaa			
а	ls t	the organization licensed to conduct gaming action, explain:	ctivities in each of these			Yes No
		ere any of the organization's gaming licenses re Yes," explain:	•	•	year?	Yes No

332082 09-13-23 Schedule G (Form 990) 2023

Sch	nedule G (Form 990) 2023	SAVE-A-PET,	INC.	23-7304	1570	Page 3
		aming activities with nonn	nembers?		Yes	No
	Is the organization a grantor, ben-	eficiary or trustee of a trus	st, or a member of a partnership or other entity formed		Yes	☐ No
13	Indicate the percentage of gamin					
				13a		%
						%
14	Enter the name and address of the	ne person who prepares the	ne organization's gaming/special events books and reco	ords:		
	Address					
15	a Does the organization have a con	tract with a third party fro	m whom the organization receives gaming revenue?		Yes	└── No
ı	o If "Yes," enter the amount of gam of gaming revenue retained by the		the organization \$ and the an	nount		
(If "Yes," enter name and address	of the third party:				
	Name					
	Address					
16	Gaming manager information:					
	Name					
	Gaming manager compensation	\$				
	Description of services provided					
	Director/officer	Employee	Independent contractor			
17	Mandatory distributions:					
	•	r state law to make charit	able distributions from the gaming proceeds to			
					Yes	☐ No
ı	Enter the amount of distributions	required under state law	to be distributed to other exempt organizations or spent	t in the		
Pa	organization's own exempt activit		\$ planations required by Part I, line 2b, columns (iii) and (v); and Part III,	lines 9,	9b, 10b,
			any 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)		

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-	/304	5/0	
Pai	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of d noncash contrib	etermir		: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	24	5,163.				
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	109	38,547.	FAIR VALUE			
20	Drugs and medical supplies	Х	22	3,118.	FAIR VALUE			
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (SHELTER SUPPLIE)	X	138	17,833.	REPLACEMENT	r co	ST	
26	Other (SPECIAL EVENT S)	X	15		FAIR VALUE			
27	Other (OFFICE SUPPLIES)	X	2		FAIR VALUE			
28	Other (MAINTENANCE SUP)	X	1	75.	FAIR VALUE			
29	Number of Forms 8283 received by the organi	zation durin	g the tax year for o	contributions				
	for which the organization completed Form 82	83, Part V, [Donee Acknowledg	gement 29				
							Yes	No
30a	During the year, did the organization receive b	y contributio	on any property rep	oorted in Part I, lines 1 throu	gh 28, that it			
	must hold for at least 3 years from the date of	the initial co	ontribution, and wh	nich isn't required to be used	l for			
	exempt purposes for the entire holding period	?				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	Х	
32a	Does the organization hire or use third parties							
	contributions?					32a	Х	
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in o	olumn (c) fo	or a type of propert	y for which column (a) is che	ecked,			
	describe in Part II.							
For F	Paperwork Reduction Act Notice, see the Ins	tructions fo	r Form 990.		Schedule I	M (Forr	n 990)	2023

LHA 332141 09-11-23

Part	Ш	Sup is re this	porting part f	mental Ing in Part I	Informa , column (I ditional info	tion. o), the ormatio	Provide the information number of contribution.	n required	by Pa	art I, lines (of items re	30b, 32b ceived,	o, and 33, and w or a combinatior	hether the organization n of both. Also complete
SCHI	EDUI	ĿΕ	М,	LINE	32B:								
THE	ORG	BAN	ΙΙΖ	ATION	USES	AN	INVESTMENT	FIRM	то	SELL	THE	DONATED	STOCK.

SCHEDULE O (Form 990)

Department of the Treasury

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

Internal Revenue Service 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:

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

Schedule O (Form 990) 2023

Schedule O (Form 990) 2023 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	STED IN PERSON.
FORM 990, PART IX, LINE 11G, OTHER FEES:	
VETERINARY SERVICES:	
PROGRAM SERVICE EXPENSES	468,206
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	468,206.
PAYROLL FEES:	
PROGRAM SERVICE EXPENSES	0 .
MANAGEMENT AND GENERAL EXPENSES	4,522
FUNDRAISING EXPENSES	0
TOTAL EXPENSES	4,522.
OTHER CONSULTING:	
PROGRAM SERVICE EXPENSES	0 .
MANAGEMENT AND GENERAL EXPENSES	7,271
FUNDRAISING EXPENSES	0 .
TOTAL EXPENSES	7,271
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	479,999
FORM 990, PART XII, LINE 2C	
THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.	