Form <b>990</b>
-----------------

В

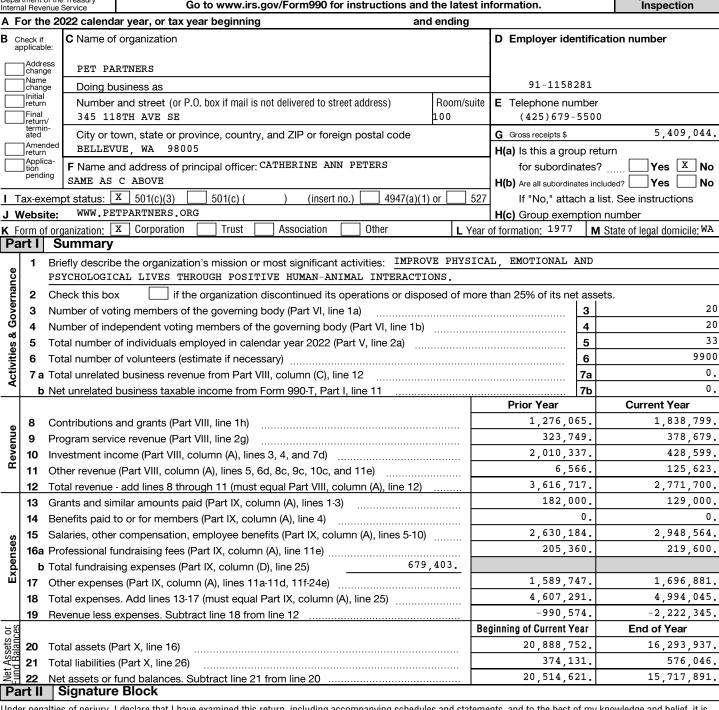
o

Department of the Treasury

# PUBLIC DISCLOSURE COPY Return of Organization Exempt From Income Tax

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

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



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

	Co			10/03/2023
Sign	Signature of officer		D	ate
Here	CATHERINE ANN PETERS, PRESIDENT/CEO			
	Type or print name and title			
	Print/Type preparer's name	Preparer's signature	Date	
Paid	JENNIFER BECKER HARRIS	JENNIFER BECKER HARRIS	09/26/23	self-employed P00183358
Preparer	Firm's name CLARK NUBER, PS		Fi	rm's EIN 91-1194016
Use Only	Firm's address 10900 NE 4TH STREET, SUIT	'E 1400		
	BELLEVUE, WA 98004		Р	hone no.425-454-4919
May the IF	RS discuss this return with the preparer shown abo	ove? See instructions		X Yes No
				- 000 (2020)

OMB No. 1545-0047

Open to Public

Form	n 990 (2022) PET PARTNERS	91-11582	81	Page <b>2</b>
	rt III Statement of Program Service Accomplishments			r ugo –
	Check if Schedule O contains a response or note to any line in this Part III			
1	Briefly describe the organization's mission:			
	PET PARTNERS IS THE NATIONAL LEADER IN DEMONSTRATING AND PROMOTING			
	POSITIVE HUMAN-ANIMAL INTERACTIONS TO IMPROVE THE PHYSICAL, EMOTIONAL			
	AND PSYCHOLOGICAL LIVES OF THOSE WE SERVE.			
2	Did the organization undertake any significant program services during the year which were not listed on the			
2	prior Form 990 or 990-EZ?		Yes	X No
	If "Yes," describe these new services on Schedule O.			
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?		Yes	X No
	If "Yes," describe these changes on Schedule O.			
4	Describe the organization's program service accomplishments for each of its three largest program services, as n	leasured by e	xpenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others	, the total exp	oenses, and	I
	revenue, if any, for each program service reported.			
4a	(Code:) (Expenses \$3,621,338. including grants of \$129,000. ) (Revenue	e \$	378	679.)
	THE HUMAN-ANIMAL BOND IS A RELATIONSHIP BETWEEN PEOPLE AND ANIMALS THAT			
	POSITIVELY INFLUENCES THE HEALTH AND WELL-BEING OF BOTH. PET PARTNERS			
	IS THE NATION'S LARGEST AND MOST PRESTIGIOUS NONPROFIT REGISTERING			
	HANDLERS OF MULTIPLE SPECIES AS VOLUNTEER TEAMS PROVIDING			
	ANIMAL-ASSISTED INTERACTIONS. WITH THE HIGHEST CALIBER OF CURRICULUM IN			
	THE INDUSTRY, PET PARTNERS TRAINS VOLUNTEERS AND EVALUATES THEM WITH THEIR PETS FOR VISITING ANIMAL PROGRAMS IN HOSPITALS, NURSING HOMES,			
	VETERANS' CENTERS, HOSPICE, ALZHEIMER'S FACILITIES, COURTROOMS,			
	SCHOOLS, AND OTHER SETTINGS. WE RECOGNIZE THAT ANIMALS CAN INFLUENCE			
	NOT JUST OUR HAPPINESS, BUT ALSO OUR HEALTH. THROUGH OUR 9,000 TEAMS WE			
	IMPROVE THE HEALTH AND WELL-BEING WITH MORE THAN 2 MILLION VISITS A			
	YEAR.			
4b	(Code:) (Expenses \$ including grants of \$) (Revenue	e\$		)
				·
4.				<u>`</u>
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	÷\$		)
4d	Other program services (Describe on Schedule O.)			
	(Expenses \$ including grants of \$ ) (Revenue \$		)	
4e	Total program service expenses 3,621,338.			

Form	990 (2022) PET PARTNERS 91-115828	31	Р	age <b>3</b>
Par	t 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	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, 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	X	<u> </u>
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more 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		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	<u> </u>
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		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			1
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	┝──
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		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,			1
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			1
	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		<u> </u>
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,			1
	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			<u></u>
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		├──
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			1
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

Form	1990 (2022) PET PARTNERS 91-11582	81	Р	age <b>4</b>
Pa	t IV Checklist of Required Schedules (continued)			
	· · · · · · · · · · · · · · · · · · ·		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		v	
~ ~	Schedule J	23	Х	
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			x
	Schedule K. If "No," go to line 25a	24a		
	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	04-		
لم	any tax-exempt bonds?	24c 24d		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	050		x
L	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
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			
		056		x
26	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	х	
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
21	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		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,	21		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
ŭ	"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
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>			
-	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or gualified 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			
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Х	
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			
	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?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 3	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		

_	990 (20		91-115828	31	Р	<sub>age</sub> 5
Par	t V 🔤	Statements Regarding Other IRS Filings and Tax Compliance (continued)				
					Yes	No
2a	Enter th	e number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for	the calendar year ending with or within the year covered by this return	<b>2a</b> 33			
b		st one is reported on line 2a, did the organization file all required federal employment tax retur	ns?	2b	х	
3a				3a		X
b		has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b		
		time during the calendar year, did the organization have an interest in, or a signature or other a				
		I account in a foreign country (such as a bank account, securities account, or other financial a	•	4a		x
b		" enter the name of the foreign country				
2	,	tructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FBAB)			
5a		e organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		х
b		taxable party notify the organization that it was or is a party to a prohibited tax shelter transa-		5a 5b		x
		to line 5a or 5b, did the organization file Form 8886-T?		50 5c		
		e organization have annual gross receipts that are normally greater than \$100,000, and did th		50		
6a				6a		x
h	•	did the organization include with every solicitation an express statement that such contributions		00		
D	,	<b>5</b>	0	Ch		
-		ot tax deductible?		6b		
7	•	zations that may receive deductible contributions under section 170(c).		-		v
а		organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set		7a		X
b				7b		<u> </u>
С		organization sell, exchange, or otherwise dispose of tangible personal property for which it wa	•			
		orm 8282?	1 1	7c		X
d	If "Yes,	indicate the number of Forms 8282 filed during the year	7d			
е	Did the	organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c	ontract?	7e		X
f	Did the	organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr	act?	7f		X
g	If the or	ganization received a contribution of qualified intellectual property, did the organization file Fo	rm 8899 as required?	7g		
h	If the or	ganization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza	tion file a Form 1098-C?	7h		
8	Sponso	oring organizations maintaining donor advised funds. Did a donor advised fund maintained	l by the			
	sponso	ring organization have excess business holdings at any time during the year?		8		
9	Sponso	oring organizations maintaining donor advised funds.				
а	Did the	sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the	sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section	n 501(c)(7) organizations. Enter:				
а	Initiatio	n fees and capital contributions included on Part VIII, line 12	10a			
b	Gross r	eceipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section	n 501(c)(12) organizations. Enter:				
а	Gross i	ncome from members or shareholders	11a			
b	Gross i	ncome from other sources. (Do not net amounts due or paid to other sources against				
	amount	s due or received from them.)	11b			
12a		1 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		
		enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section	n 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the o	rganization licensed to issue qualified health plans in more than one state?		13a		
	Note: S	See the instructions for additional information the organization must report on Schedule O.				
b		e amount of reserves the organization is required to maintain by the states in which the				
		ation is licensed to issue qualified health plans	13b			
с		e amount of reserves on hand	13c			
14a				14a		X
		" has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu		14b		
15 15		rganization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune		<u> </u>		
		parachute payment(s) during the year?		15		x
		see the instructions and file Form 4720, Schedule N.				
16			tincome?	16		x
16		rganization an educational institution subject to the section 4968 excise tax on net investmen		16		
47		" complete Form 4720, Schedule O. • <b>EQ1(a)(21) craceizations</b> Did the truct, or any disqualified or other person engage in any or	tivition			
17		<b>1 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any ac		4-		
		uld result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	IT Yes.	" complete Form 6069.				

Form	990 (2022) PET PARTNERS	91-115828	1	Р	age <b>6</b>
	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 throug	h 7b below, and for a	"No" r	espon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See				
	Check if Schedule O contains a response or note to any line in this Part VI				X
Sec	tion A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year1a	20			
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent 1b	20			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	any other			
	officer, director, trustee, or key employee?		2		х
3	Did the organization delegate control over management duties customarily performed by or under the dire	ct supervision			
			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 w	as filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		X
6	Did the organization have members or stockholders?		6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint				
	more members of the governing body?		<u>7a</u>		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockh	olders, or			v
•	persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by t	-	0-	х	
a b	The governing body? Each committee with authority to act on behalf of the governing body?		8a 8b	X	
9	Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached		uo		
3	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 Revenue		<u> </u>		L
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a	X	
	If "Yes," did the organization have written policies and procedures governing the activities of such chapter				
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b	х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before	ore filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to co	nflicts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	describe			
	on Schedule O how this was done		12c	X	
13	Did the organization have a written whistleblower policy?		13	X	
14	Did the organization have a written document retention and destruction policy?		14	X	
15	Did the process for determining compensation of the following persons include a review and approval by in	ndependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			v	
a	The organization's CEO, Executive Director, or top management official		15a	X	
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		15b	X	
16-	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	with a			
104			16a		x
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its		10a		
D.	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization	-			
	exempt status with respect to such arrangements?		16b		
Sec	tion C. Disclosure		10.0		L
17	List the states with which a copy of this Form 990 is required to be filedAL, AK, AR, AZ, CA, CO, CT, DE	,FL,GA,HI,ID			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 99		only)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.	,	•••		
	X       Own website       Another's website       X       Upon request       Other (explain on S)	chedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict	,	financ	cial	
	statements available to the public during the tax year.				
20	State the name, address, and telephone number of the person who possesses the organization's books and	nd records			
	CATHERINE ANN PETERS - 425-679-5500				
	345 118TH AVE SE, SUITE 100, BELLEVUE, WA 98005		_	000	105
	פריר פרוביוווי ה פהס עווד דרפת הע פתאתעפ		E e e com		(0000)

Form 990 (2		91-1158281	Page 7
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		X
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Empl	oyees	
	ete this table for all persons required to be listed. Report compensation for the calenda all of the organization's <b>current</b> officers, directors, trustees (whether individuals or org	, ,	,

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

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

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

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

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

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

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

(A)	(B)				C)	•		(D)	(E)	(F)
Name and title	Average		not c	heck		than o		Reportable	Reportable	Estimated
	hours per week		, unle: cer ar					compensation	compensation from related	amount of other
	(list any	tor						from the	organizations	compensation
	hours for	· direc				5		organization	(W-2/1099-MISC/	from the
	related	tee or	ustee			ensati		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	al trus	nal tr		loyee	e mp		1099-NEC)		and related
	below	Individual trustee or director	In stit utio nal tru stee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) CATHERINE ANN PETERS	line) 37.10	lno	<u> </u>	19 10	Υ.	ΞΈ	Foi			
PRESIDENT & CEO	0.40			x					0.	
(2) TRACI R PRYOR	37.50			^					υ.	
CHIEF DEVELOPMENT OFFICER	0.00				x				0.	
(3) MARY MARGARET CALLAHAN	36.90								۰.	
CHIEF MISSION OFFICER	0.60					x			0.	
(4) JENNIFER GILBERTSON	33.20								- •	
CHIEF MARKETING & TECHNOLOGY OFFICER	4.30					x			0.	
(5) TAYLOR CHASTAIN GRIFFIN	29.30									
NTL DIR AAI ADVANCEMENT	8.20					x			0.	
(6) ALLISON YOUNGER	37.50									
NTL DIR, COMM & DIGITAL PLATFORMS	0.00					x			0.	
(7) TERESA STARR	36.90									
SENIOR DIRECTOR OF FINANCE	0.60			х					0.	
(8) JESSICA HAAS	37.50									
SENIOR NATIONAL DIRECTOR, PROGRAMS	0.00					х			0.	
(9) DANA BROOKS	0.80									
BOARD CHAIR	0.00	Х		Х				٥.	0.	0.
(10) MILTON PAPPAS	0.80									
BOARD VICE CHAIR	0.00	Х		Х				٥.	0.	0.
(11) LAUREN APOLITO	0.80									
BOARD SECRETARY	0.00	X		X				0.	0.	0.
(12) MARY CRAIG	0.80									
BOARD TREASURER	0.00	Х		х				0.	0.	0.
(13) AUBREY FINE	0.80									
BOARD MEMBER	0.00	Х						0.	0.	0.
(14) WILSON GARONE	0.80									
BOARD MEMBER	0.00	х						0.	0.	0.
(15) SOPHIE GIBSON	0.80								_	
BOARD MEMBER	0.00	х						0.	0.	0.
(16) RAQUEL GUEVARA	0.80							_	_	
BOARD MEMBER	0.00	х						0.	0.	0.
(17) JEFF KEUNE	0.80									
BOARD MEMBER	0.00	Х						0.	0.	0.

Form 990 (2022) PET PARTNERS									91-11	5828	1	Р	age <b>8</b>
Part VII Section A. Officers, Directors, Trust	tees, Key Emp	oloy	ees,	anc	d Hig	ghes	t C	ompensated Employee	s (continued)				
(A)	(B)							(D)	(E)			(F)	
Name and title	Average	(do						Reportable	Reportable		Es	timate	ed
	hours per	box	, unle	ss per	rson i	s both	an	compensation	compensatio	n	an	nount	of
	week		cer ar I	id a di	irecto	or/trus <sup>.</sup> T	tee)	from	from related			other	
		ector						the	·			•	
		or dir	e			ated			-	;C/			
		ustee	truste		Ð	pens		1 1	1099-NEC)		•		
		ual tr	tional		ploye	t com	_	,					
	line)	ndivid	nstitut	Officer	ey em	Highes	ormei				orga	inzali	0115
(18) STEVEN KING	0.80				×	1 0							
BOARD MEMBER	0.30	х						0.		٥.			٥.
(19) ANGEL MAY	0.80												
BOARD MEMBER	0.00	Х						0.		0.			0.
(20) KAY MOONEY	0.80												
BOARD MEMBER	0.00	Х						0.		٥.			0.
(21) STANLEY OWENS	0.80												
BOARD MEMBER	0.30	Х						0.		0.			0.
(22) CARRYL PIERRE-DREWS	0.80												
BOARD MEMBER		Х						0.		0.			0.
								0		_			0
		~						U.		<u> </u>			0.
		x						0		0			0
										<u>.</u>			••
BOARD MEMBER		x						0.		٥.			0.
(26) APRIL SHEPARD	0.80												
BOARD MEMBER	0.00	х						0.		٥.			0.
1b Subtotal								1,229,173.		Ο.		161,	071.
c Total from continuation sheets to Part VI	, Section A							0.		0.			0.
d Total (add lines 1b and 1c)								1,229,173.		0.		161,	071.
2 Total number of individuals (including but no	ot limited to th	ose	liste	d ab	ove	) wh	o re	eceived more than \$100,	000 of reportable	;			
compensation from the organization													8
										,		Yes	No
											3		X
											4	X	
											_		v
	plete Schedule	e J fe	or si	ich i	bers	on .					5		Δ
Part VII         Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued).         (a)         (b)         (c)         (c)													
										1011341		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
				. <u>g</u>							(0	;)	
	address								ervices	С			n
INTERACTIVE STRATEGIES, 1133 CONNECTI	ICUT												
AVE., STE. 600, WASHINGTON, DC 20036								CONSULTING				129,	600.
2 Total number of independent contractors		ot lin	nitor	1 + 2 -	thee		tod	abovo) who received me	aro than				
\$100,000 of compensation from the organiz		JE III	me	0		se iis 1	eu						

Form 990 PET PARTNERS									91-11582	281
Part VII Section A. Officers, Directors, Tru		nplo	yee			ligh	est (		· · ·	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average				ition			Reportable	Reportable	Estimated
	hours	(cl	heck	all	that	app	ly)	compensation	compensation	amount of
	per week							from the	from related organizations	other compensation
	(list any	tor				ploye		organization	(W-2/1099-MISC)	from the
	hours for	r direc				ed em		(W-2/1099-MISC)	(	organization
	related	stee o	ustee			en sat				and related
	organizations	al trus	onal tr		loyee	comp				organizations
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest com pensated em ployee	Former			
(27) LAUREN SHERMAN	0.80	-	-	0	×	<u> </u>	ш			
BOARD MEMBER	0.00	х						0.	0.	0.
(28) LAURA WALKER	0.80									
BOARD MEMBER	0.00	х						0.	0.	0.
(29) MARCIE WHICHARD	0.80									
BOARD MEMBER	0.30	х						0.	0.	0.
(30) KRISTIN BLOINK	0.80									
BOARD MEMBER	0.00	х						0.	0.	0.
(31) BRANDON ANTIN	0.80									
BOARD MEMBER	0.00	х						0.	0.	0.
(32) SARAH CHAMBLESS	0.80									
BOARD MEMBER	0.00	х						0.	0.	0.
							-			
Total to Part VII, Section A, line 1c	<u></u>	<u></u> .	<u></u> .							

	t VII	(2022) PET II Statement of Re	even	ue						1 Pag
		Check if Schedule O	conta	ains a respo	onse o	r note to any line	in this Part VIII			
							<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue exclud from tax unde sections 512 - 5
ŝ	1 a	Federated campaigns		1a						
uni		Membership dues								
ľ mo		Fundraising events								
ar A		Related organizations								
mil	е	Government grants (cont	ributi	ons) <b>1e</b>						
ŝ	f	All other contributions, gifts,	, grant	ts, and						
and Other Similar Amounts		similar amounts not include	d abov	/e <b>1f</b>		1,838,799.				
0 P	g	Noncash contributions included in	n lines 1	1a-1f <b>1g</b>	\$	3,457.				
an	h	Total. Add lines 1a-1f					1,838,799.			
					_	Business Code				
	2 a	REGISTRATION/WORKS	HOPS			900001	378,679.	378,679.		
Ð	b									
enu	С	:								
Revenue	d	l								
ш.	е									
		All other program service								
_	g	Total. Add lines 2a-2f					378,679.			
	3	Investment income (inclu	•							
		other similar amounts)					336,037.			336,03
	4	Income from investment				F				
	5	Royalties	· · · · · · · · · · · · · · · · · · ·							
	_	_		(i) Rea	ll	(ii) Personal				
	6 a									
	b		6b							
	C.	Rental income or (loss)	<b>6</b> C							
		Net rental income or (loss		(i) Securi						
	7 a	Gross amount from sales of				(ii) Other				
		assets other than inventory	7a	2,709,	099.					
	b	Less: cost or other basis		2,617,	137					
	_	and sales expenses								
		Gain or (loss)					92,562.			92,50
		Net gain or (loss)     Gross income from fundrais					52,502.			52,50
	0 a	including \$								
1		contributions reported or								
		Part IV, line 18			8a					
	b				8b					
		Net income or (loss) from			·					
		Gross income from gami		-						
		Part IV, line 19			9a					
	b	Less: direct expenses			9b					
		Net income or (loss) from								
		Gross sales of inventory,								
		and allowances			10a	31,817.				
	b	Less: cost of goods sold			10b	20,207.				
		Net income or (loss) from			ry		11,610.			11,61
T						Business Code				
a	11 a	COST REIMBURSEMENT				900099	86,829.			86,82
nu(	b	PROPERTY TAX REFUNI	D			900099	18,845.			18,84
eve	с	CREDIT CARD REBATES	S		[	900003	8,110.			8,11
Revenue	d	All other revenue			[	900099	229.			22
		Total. Add lines 11a-11d			-		114,013.			
	12	Total revenue. See instructi					2,771,700.	378,679.	٥.	554,2

	Check if Schedule O contains a response				
	not include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	129,000.	129,000.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	704,792.	570,245.	100,872.	33,675.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,658,014.	1,351,947.	226,952.	79,115.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	107,144.	87,365.	14,666.	5,113.
9	Other employee benefits	300,173.	225,477.	60,178.	14,518.
10	Payroll taxes	178,441.	145,520.	24,411.	8,510.
11	Fees for services (nonemployees):				
а	Management				
b	Legal	686.	686.		
с	Accounting	51,236.		51,236.	
d	Lobbying	42,000.	42,000.		
е	Professional fundraising services. See Part IV, line 17	219,600.			219,600.
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	339,327.	292,237.	5,816.	41,274.
12	Advertising and promotion	168,264.	52,949.	39,294.	76,021.
13	Office expenses	394,989.	167,670.	89,153.	138,166.
14	Information technology	286,000.	216,326.	37,508.	32,166.
15	Royalties	56.064	14 544	11.050	
16	Occupancy	56,861.	41,514.	11,279.	4,068.
17	Travel	93,380.	66,690.	7,234.	19,456.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	01 100	15 520	4 250	1 015
19	Conferences, conventions, and meetings	21,126.	15,732.	4,379.	1,015.
20					
21	Payments to affiliates		56 207	0 450	2 205
22	Depreciation, depletion, and amortization	69,054. 74,620.	56,307. 61,425.	9,452. 9,784.	3,295. 3,411.
23	Insurance	/4,020.	01,423.	5,104.	3,411.
24	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A),				
а	amount, list line 24e expenses on Schedule 0.) VOLUNTEER BENEFITS	99,338.	98,248.	1,090.	
a b				±,000.	
с С					
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	4,994,045.	3,621,338.	693,304.	679,403.
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 (2022)

PET PARTNERS Part IX Statement of Functional Expenses

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

33

Form	990 () († X	2022) PET PARTNERS				91-1	1158281 Page <b>11</b>
1 0	LA	Check if Schedule O contains a response or not	e to anv	line in this Part Y			
			e to any		<b>(A)</b> Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			347,447.	1	571,556.
	2	Savings and temporary cash investments	3,466,312.	2	3,087,554.		
	3	Pledges and grants receivable, net			87,276.	3	53,582.
	4	Accounts receivable, net			48,661.	4	34,405.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of these			150,000.	5	223,079.
	6	Loans and other receivables from other disqualit					
						6	
	7	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			23,047.	8	13,135.
Ase	9	B		<b>_</b> _	160,646.	9	181,822.
		Land, buildings, and equipment: cost or other	I I		, -	-	, -
	100	basis. Complete Part VI of Schedule D	10a	1,373,662.			
	h	Less: accumulated depreciation		1,259,911.	152,269.	10c	113,751.
	11	Investments - publicly traded securities			16,410,477.	11	11,939,440.
	12	Investments - other securities. See Part IV, line 1				12	,
	13	Investments - program-related. See Part IV, line				13	
	14					14	
	15	Intangible assets Other assets. See Part IV, line 11			42,617.	15	75,613.
	16	Total assets. Add lines 1 through 15 (must equa			20,888,752.	16	16,293,937.
	17	Accounts payable and accrued expenses		257,338.	17	322,787.	
	18	Grants payable		18	,		
	19	Deferred revenue			116,793.	19	181,782.
	20	Tax-exempt bond liabilities				20	,
	21	Escrow or custodial account liability. Complete I				21	
	22	Loans and other payables to any current or form					
tie		trustee, key employee, creator or founder, subst					
Liabilities		controlled entity or family member of any of thes			0.	22	6,725.
Lia	23	Secured mortgages and notes payable to unrela				23	•
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa	•	·····			
		parties, and other liabilities not included on lines					
		of Schedule D			Ο.	25	64,752.
	26	Total liabilities. Add lines 17 through 25		Γ	374,131.	26	576,046.
		Organizations that follow FASB ASC 958, che	ck here	X			
Ses		and complete lines 27, 28, 32, and 33.					
Net Assets or Fund Balances	27	Net assets without donor restrictions			16,904,345.	27	13,106,963.
Bal	28	Net assets with donor restrictions			3,610,276.	28	2,610,928.
pu		Organizations that do not follow FASB ASC 9					
Fu		and complete lines 29 through 33.					
° or	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or ec				30	
Ast	31	Retained earnings, endowment, accumulated in				31	
Vet	32				20,514,621.	32	15,717,891.
z	33	Total liabilities and net assets/fund balances			20 888 752.	33	16 293 937.

6,963. 0,928. Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 Retained earnings, endowment, accumulated income, or other funds 31 15,717,891. Total net assets or fund balances 20,514,621. 32 20,888,752. 16,293,937. 33 Total liabilities and net assets/fund balances

Form 990 (2022)

Form	1990 (2022) PET PARTNERS	91-1158281		Pad	<sub>ge</sub> 12
	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,	771,	700.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,	994,	045.
3	Revenue less expenses. Subtract line 2 from line 1	3	-2,	222,	345.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	20,	514,	621.
5	Net unrealized gains (losses) on investments	5	-2,	565,	997.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8		-5,	256.
9	Other changes in net assets or fund balances (explain on Schedule O)	9		-3,	132.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	15,	717,	891.
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>		
		-		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.			
2a	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	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	х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	······································				
	review, or compilation of its financial statements and selection of an independent accountant?	F	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	dule 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 require				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	

Form **990** (2022)

Department of the Treasury Internal Revenue Service

(Form 990)

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2022
Open to Public Inspection

Nan	ame of the organization Employer identification number								
			RTNERS						91-1158281
Pa	art I	Reason for Public (	Charity Status.	All organizations must c	omplete th	nis part.) S	ee instruction	S.	
The	orga	anization is not a private found	-		•	-			
1		A church, convention of ch				n 170(b)(1	)(A)(i).		
2		A school described in sect							
3		A hospital or a cooperative							
4		A medical research organiz	ation operated in cor	ijunction with a nospital	described	in sectio	n 170(b)(1)(A	)(III). Enter	the hospital's name,
5		city, and state: An organization operated for	or the benefit of a col	leae or university owned	l or operat	ed by a go	vernmental u	nit describe	ed in
Ŭ	L	section 170(b)(1)(A)(iv). (0				sa sy a go	von montar a		
6	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).								
7	X	An organization that norma	Ily receives a substar	ntial part of its support fr	rom a gove	ernmental u	unit or from th	ne general p	oublic described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community trust describe	ed in section 170(b)(	1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	nction with a	land-grant	college
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the r	name, city	, and state of	the college	or
10		university: An organization that norma	Illy receives (1) more t	than 33 1/3% of its supr	ort from c	ontribution	s membersh	in fees and	d aross receipts from
10		activities related to its exen							
		income and unrelated busir							-
		See section 509(a)(2). (Co				eee acqui			
11		An organization organized a		vely to test for public sa	fety. See	section 50	)9(a)(4).		
12		An organization organized a	-	•	•			rry out the	purposes of one or
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3).	Check the box on
		lines 12a through 12d that	describes the type of	supporting organizatior	n and com	olete lines	12e, 12f, and	12g.	
а		<b>Type I.</b> A supporting orga	anization operated, si	upervised, or controlled	by its supp	orted orga	anization(s), ty	pically by	giving
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority o	f the direc	tors or truste	es of the su	Ipporting
	_	organization. You must o	complete Part IV, Se	ctions A and B.					
b		<b>Type II.</b> A supporting org	-				-		-
		control or management o	f the supporting orga	inization vested in the sa	ame perso	ns that cor	ntrol or manag	ge the supp	ported
	_	organization(s). You mus	-						
С	: [	Type III functionally inte						ly integrate	d with,
		its supported organization		-					
C		Type III non-functionally						-	
		that is not functionally int	с с	<b>v</b>	•			an attentiv	/eness
	Г	requirement (see instruct	-						
e	, [	Check this box if the orgation functionally integrated, or					турет, туре	п, туре п	
f	Fn	iter the number of supported of		, , , , , , , , , , , , , , , , , , , ,	0 0	ation.			
0		ovide the following information	•	d organization(s).					
		(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of	monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	structions)	support (see instructions)
Tota	al								

PET PARTNERS

91-1158281

Page 2

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1,552,283.	1,483,431.	2,595,067.	1,276,065.	1,828,265.	8,735,111.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1,552,283.	1,483,431.	2,595,067.	1,276,065.	1,828,265.	8,735,111.
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)						989,349.
6	Public support. Subtract line 5 from line 4.						7,745,762.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	1,552,283.	1,483,431.	2,595,067.	1,276,065.	1,828,265.	8,735,111.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	240,104.	413,659.	494,271.	372,219.	336,037.	1,856,290.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on					11,610.	11,610.
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)			2,370.	37,690.	114,242.	154,302.
11	<b>Total support.</b> Add lines 7 through 10						10,757,313.
12	Gross receipts from related activities,	etc. (see instructio	ns)			12	2,317,903.
	First 5 years. If the Form 990 is for th			ourth, or fifth tax y	ear as a section 5	01(c)(3)	
	organization, check this box and stop	bhere		•			
Sec	tion C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2022 (I	ine 6, column (f), di	vided by line 11, c	olumn (f))		14	72.00 %
15	Public support percentage from 2021	Schedule A, Part I	I, line 14			15	73.56 %
16a	33 1/3% support test - 2022. If the o	organization did no	t check the box on	line 13, and line 1	4 is 33 1/3% or m	ore, check this box	and
	stop here. The organization qualifies	as a publicly suppo	orted organization				X
b	33 1/3% support test - 2021. If the o	organization did no	t check a box on li	ne 13 or 16a, and I	line 15 is 33 1/3%	or more, check this	s box
	and stop here. The organization qual	ifies as a publicly s	upported organiza	tion			
17a	10% -facts-and-circumstances test	- 2022. If the org	anization did not c	heck a box on line	13, 16a, or 16b, a	nd line 14 is 10% o	or more,
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop her	<b>e.</b> Explain in Part	VI how the organiza	ation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pul	blicly supported or	ganization		
b	10% -facts-and-circumstances test	- 2021. If the org	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is 1	0% or
	more, and if the organization meets th	ne facts-and-circum	istances test, chec	k this box and sto	<b>op here.</b> Explain ir	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	lifies as a publicly	supported organiz	ation	
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	u, 16b, 17a, or 17b,	, check this box a		

Schedule A (Form 990) 2022

# Schedule A (Form 990) 2022 PET PARTNERS Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 202	2 (f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	L					
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 202	2 (f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)	·	l	<u> </u>			
14	First 5 years. If the Form 990 is for th	-					
Se	check this box and stop here ction C. Computation of Publi						
	Public support percentage for 2022 (I	• •		column (f))		15	%
	Public support percentage from 2022 (i		•			16	%
	ction D. Computation of Inves						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Investment income percentage for 20			ne 13, column (f))		17	%
18	Investment income percentage from					18	%
19a	a 33 1/3% support tests - 2022. If the					3 1/3%, and	line 17 is not
ł	more than 33 1/3%, check this box ar 3 3 1/3% support tests - 2021. If the						/3%, and
~	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						

1

Yes

No

# Part IV Supporting Organizations

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

# Section A. All Supporting Organizations

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

2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a

tas the organization accepted a girl of contribution non any of the following persons:			
A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
It below, the governing body of a supported organization?	11a		
A family member of a person described on line 11a above?	11b		
<sub>letail in</sub> Part VI. on B. Two I. Supporting Organizations	11c		
on B. Type i Supporting Organizations			
		Yes	No
organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
upported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
Did the organization operate for the benefit of any supported organization other than the supported			
organization(s) that operated, supervised, or controlled the supporting organization? If "Yes, " explain in			
Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
supervised, or controlled the supporting organization.	2		
on C. Type II Supporting Organizations			
		Yes	No
Vere 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			
he supported organization(s).	1		
on D. All Type III Supporting Organizations			
		Yes	No
Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	1		
	2		
	_		
	3		
on E. Type III Functionally Integrated Supporting Organizations		I I	
	)		
	<i>.</i>		
• · · · · · · · · · · · · · · · ·			
	Istruction		No
		103	
he supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
has supported organizations and explain besuther a striking distribution with the state of the termination of the striking			
hose supported organizations and explain how these activities directly furthered their exempt purposes,			
now the organization was responsive to those supported organizations, and how the organization determined	0.5		
now the organization was responsive to those supported organizations, and how the organization determined hat these activities constituted substantially all of its activities.	2a		
now the organization was responsive to those supported organizations, and how the organization determined hat these activities constituted substantially all of its activities. Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,	<u>2a</u>		
now the organization was responsive to those supported organizations, and how the organization determined hat these activities constituted substantially all of its activities. 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	<u>2</u> a		
how the organization was responsive to those supported organizations, and how the organization determined hat these activities constituted substantially all of its activities. 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			
how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. 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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2a 2b		
how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. 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? <i>If</i> "Yes," <i>explain in</i> <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b>			
how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. 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? <i>If</i> "Yes," <i>explain in</i> <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	2b		
how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. 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? <i>If</i> "Yes," <i>explain in</i> <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or rustees of each of the supported organizations? <i>If</i> "Yes" or "No" provide details in <b>Part VI</b> .			
how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. 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? <i>If</i> "Yes," <i>explain in</i> <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	2b		
	upported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.         bid the organization operate for the benefit of any supported organization other than the supported organization operated, supervised, or controlled the supported organization(s) that operated, upervised, or controlled the supporting organization.         on C. Type II Supporting Organizations         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 is 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)? If "No," describe in Part VI how control or management of the supporting Organizations         bid the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's officers, directors, or trustees either (i) appoint provided during the prior tax ear, (i) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization's officers, directors, or trustees either (i) appointed organization's supported organization's officers, directors, or trustees either (i) appointed or elected by the supported organization's officers, directors, or trustees either (i) appointed or elected by the supported organization's he organization's investment policies and in directing the use of the organization's heave a significant voice in the organization is	ietail in Part VI.       11c         on B. Type I Supporting Organizations       11c         bid the governing body, members of the governing body, officers acting in their official capacity, or membership of one or nore supported organizations have the power to regularly appoint or elect at least a majority of the organization(s) infectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization operate during the tax year? If 'No,' describe in Part VI how the supported organization(s) if due organization operate for the benefit of any supported organization organization (s) that operated, supervised, or controlled the supporting organization) in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, upervised, or controlled the supporting organization) in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, upervised, or controlled the supporting organization) or the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the supporting Organizations.       1         Vere a majority of the organization's directors or trustees during the tax wear also a majority of the directors or trustees at the same persons that controlled ormanaged he supported organizations is uported organizations, by the last day of the fifth month of the organization is directors, or trustees either (i) appointed organization, and (ii) copies of the organization's officers, directors, or trustees either (i) appointed organization's have a infinitation's directors, or trustees either (i) appointed organization's newported organization's directors, or insu	ignation       Part VI.       11c         on B. Type I Supporting Organizations       Yes         id the governing body, members of the governing body, officers acting in their official capacity, or membership of one or nore supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, incretors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization show the power to regularly dor ganization show the power to regularly dor ganization that more than one supported organization between the powers to appoint and/or remove officers, directors, or trustees were allocated among the upported organization operate for the benefit of any supported organization on ther than the supported organization (s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in the try or ontrolled the supporting organization? If "Yes," explain in the try or ontrolled the organization and the purposes of the supported organization (s) that operated, supervised, or controlled the supporting organization (s) that operated, upporting Organizations       2         Vere 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 organizations, by the last day of the fifth month of the granization's directors, or trustees at all times during the tax year, (i) a written notice describing the type and amount of support provided during the prive tax ear, (i) a written notice describing the type and amount of support provided during the prive tax ear, (i) a copy of the Form 990 that was most recently filed as of the date of notification, and (ii) copies of the arganization's diversed, working relationshis with the supported organization's have a ino times during the t

91-1158281

Page 5

Yes No

PET PARTNERS

11 Has the organization accepted a gift or contribution from any of the following persons?

Schedule A (Form 990) 2022

Part IV Supporting Organizations (continued)

	edule A (Form 990) 2022 PET PARTNERS			91-1158281 Page <b>6</b>
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin			
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	ng trust on N	lov. 20, 1970 ( <i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	st complete S	Sections A through E.	1
Sec	tion 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		
Sec	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
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		
Sec	tion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functiona	ally integrate	d Type III supporting orga	anization (see

instructions).

Schedule A (Form 990) 2022

Sche	dule A (Form 990) 2022 PET PARTNERS				91-1158281	Page 7
Par	t V Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations <sub>(continue</sub>	ed)		
Secti	on D - Distributions				Current Y	ear
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported				
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations		3		
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in <b>Part VI</b> )		5		
6	Other distributions (describe in Part VI). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	ne organization is responsive				
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2022 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	5	(iii) Distributa Amount for	
1	Distributable amount for 2022 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2022 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2022					
а	From 2017					
b	From 2018					
с	From 2019					
d	From 2020					
е	From 2021					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2022 distributable amount					
i	Carryover from 2017 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2022 from Section D,					
	line 7: \$					
а	Applied to underdistributions of prior years					
b	Applied to 2022 distributable amount					
C	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2022, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2022. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2023. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
<u>a</u>	Excess from 2018					
b	Excess from 2019					
C	Excess from 2020					
d	Excess from 2021					
е	Excess from 2022					

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022 PET PARTNERS	91-1158281	Page 8
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 1 Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, li 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; I Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any ac (See instructions.)	ines 1 and 2; Part IV, Section Part V, Section B, line 1e; Pa	n C, art V,
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:		
SETTLEMENT INCOME		
2021 AMOUNT: \$ 52.		
2022 AMOUNT: \$ 70.		
CREDIT CARD REBATES		
2020 AMOUNT: \$ 2,370.		
2021 AMOUNT: \$ 4,358.		
2022 AMOUNT: \$ 8,339.		
COST REIMBURSEMENT		
2021 AMOUNT: \$ 33,280.		
2022 AMOUNT: \$ 86,829.		
PROPERTY TAX REFUND		
2022 AMOUNT: \$ 18,845.		
MISCELLANEOUS		
2022 AMOUNT: \$ 159.		
SCHEDULE A, LIST OF UNUSUAL GRANTS RECEIVED:		
DESCRIPTION: 2018 UNUSUAL GRANT - ACCRUAL BASIS		
DATE: 07/31/2018 AMOUNT: \$14,368,805		
DATE: 12/31/2019 AMOUNT: \$1,063,098		
DATE: 12/31/2020 AMOUNT: \$426,601		000) 0000

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.)

DATE: 12/31/2022 AMOUNT: \$10,534

DUE TO THE NATURE OF THE BEQUEST, PET PARTNERS DOES NOT KNOW THE TOTAL

AMOUNT OF CONTRIBUTION REVENUE THAT WILL BE RECEIVED FROM THE DONOR. AS

SUCH, PET PARTNERS IS RECOGNIZING REVENUE FROM THE BEQUEST IN

ACCORDANCE WITH GENERALLY ACCEPTED ACCOUNTING PRINCIPLES, CAUSING THE

CONTRIBUTION TO BE RECOGNIZED IN MULTIPLE YEARS.

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

# **Schedule of Contributors**

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

2022

nber

Name of the organization	•	Employer identification nur
Pl	ET PARTNERS	91-1158281
Organization type (check	one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)( <sup>3</sup> ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
General Rule For an organizati property) from an	c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling by one contributor. Complete Parts I and II. See instructions for determining a contributor's	\$5,000 or more (in money or
Special Rules		
sections 509(a)(1 contributor, durir	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support t ) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and ng the year, total contributions of the greater of <b>(1)</b> \$5,000; or <b>(2)</b> 2% of the amount on (i) F Z, line 1. Complete Parts I and II.	d that received from any one
contributor, durir literary, or educa	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a ng the year, total contributions of more than \$1,000 exclusively for religious, charitable, sci tional purposes, or for the prevention of cruelty to children or animals. Complete Parts I (er (b) instead of the contributor name and address), II, and III.	entific,
year, contributior is checked, enter purpose. Don't c	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a ns <i>exclusively</i> for religious, charitable, etc., purposes, but no such contributions totaled mo here the total contributions that were received during the year for an <i>exclusively</i> religious complete any of the parts unless the <b>General Rule</b> applies to this organization because it r ole, etc., contributions totaling \$5,000 or more during the year	ore than \$1,000. If this box s, charitable, etc., received <i>nonexclusively</i>
	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Fo le 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF,	

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

that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2022)

**Schedule B** 

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule I	B (Form 990) (2022)		Page <b>2</b>
Name of o	rganization	E	mployer identification number
PET PARI	WERS		91-1158281
Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$150,00	Person     X       Payroll     Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$115,00	Person     X       Payroll     Noncash       (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$61,00	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$200,00	0.     Person     X       Payroll     Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$73,75	0.     Person     X       Payroll     Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$80,67	Person X Payroll

ame of or	ganization	Er	nployer identification num
ET PART	NERS		91-1158281
Part II	Noncash Property (see instructions). Use duplicate copies of P	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Schedule	В	(Form	990)	(2022)
----------	---	-------	------	--------

ame of or	rganization		Employer identification number
ET PART	NERS		91-1158281
Part III	from any one contributor. Complete columns (a) thr	ough (e) and the following line entable, etc., contributions of \$1,000 or	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the yea try. For organizations less for the year. (Enter this info. once.) \$
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gi	
-	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee
a) No. From Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	Transferee's name, address, and	(e) Transfer of git ZIP + 4	ft Relationship of transferor to transferee
) No. rom Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	Transferee's name, address, and	(e) Transfer of git ZIP + 4	ift Relationship of transferor to transferee
) No. rom Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of git	
-	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee

(Form 990)	<b>F a a b a</b>		. Tou Under costion 7		07	2022
	_	anizations Exempt From Income if the organization is described				LULL
Department of the Treasury Internal Revenue Service	-	to www.irs.gov/Form990 for in			0-22.	Open to Public Inspection
If the organization ans	wered "Yes," on	Form 990, Part IV, line 3, or For	m 990-EZ, Part V, line	e 46 (Political Camp	baign Activ	vities), then
<ul> <li>Section 501(c)(3) org</li> </ul>	anizations: Com	plete Parts I-A and B. Do not com	plete Part I-C.			
<ul> <li>Section 501(c) (othe</li> </ul>	r than section 50	1(c)(3)) organizations: Complete F	Parts I-A and C below.	Do not complete Pa	t I-B.	
<ul> <li>Section 527 organiz</li> </ul>	ations: Complete	Part I-A only.				
If the organization ans	wered "Yes," on	Form 990, Part IV, line 4, or For	m 990-EZ, Part VI, lin	e 47 (Lobbying Act	ivities), the	en
<ul> <li>Section 501(c)(3) org</li> </ul>	ganizations that h	nave filed Form 5768 (election und	der section 501(h)): Co	mplete Part II-A. Do i	not comple	te Part II-B.
	•	nave NOT filed Form 5768 (election	. ,	, ,		•
If the organization answ	wered "Yes," on	Form 990, Part IV, line 5 (Proxy	Tax) (See separate in	nstructions) or Forn	n 990-EZ, F	Part V, line 35c (Proxy
Tax) (See separate inst	ructions), then					
	, or (6) organizat	ions: Complete Part III.				
Name of organization					Employe	r identification number
	PET PARTNER					91-1158281
Part I-A Compl	ete if the org	anization is exempt unde	r section 501(c) o	or is a section 5	27 organ	ization.
1 Provide a description	on of the organiz	ation's direct and indirect politica	l campaign activities in	Part IV.		
2 Political campaign	activity expendit	ures			\$	
3 Volunteer hours for	political campai	gn activities				
Part I-B Compl	ete if the org	anization is exempt unde	r section 501(c)(3	).		
1 Enter the amount o	f any excise tax	incurred by the organization unde	r section 4955		\$	
2 Enter the amount o	f any excise tax	incurred by organization manager	s under section 4955		\$	
3 If the organization i	ncurred a sectio	n 4955 tax, did it file Form 4720 fo	or this year?			Yes No
4a Was a correction m	ade?					Yes No
<b>b</b> If "Yes," describe ir	n Part IV.					
Part I-C Compl	ete if the org	anization is exempt unde	r section 501(c), e	except section	501(c)(3)	•
1 Enter the amount d	irectly expended	by the filing organization for sect	ion 527 exempt function	on activities	\$	
2 Enter the amount o	f the filing organ	ization's funds contributed to oth	er organizations for sec	ction 527		
exempt function ac	tivities				\$	
3 Total exempt funct	on expenditures	. Add lines 1 and 2. Enter here an	d on Form 1120-POL,			
line 17b					\$	
		1120-POL for this year?				Yes No
5 Enter the names, a	ddresses and err	ployer identification number (EIN	of all section 527 poli	tical organizations to	which the	filing organization
made payments. Fo	or each organiza	ion listed, enter the amount paid	from the filing organiza	ation's funds. Also er	nter the am	ount of political
		omptly and directly delivered to a			eparate seç	gregated fund or a
political action com	mittee (PAC). If	additional space is needed, provid	le information in Part I	V.		
<b>(a)</b> Name	•	(b) Address	(c) EIN	(d) Amount paid filing organizatic funds. If none, ent	on's coi er-0 c	(e) Amount of political ntributions received and promptly and directly lelivered to a separate political organization. If none, enter -0
			1	1		

Political Campaign and Lobbying Activities

OMB No. 1545-0047

SCHEDULE C

	PET PARTN					158281 Page <b>2</b>
Part II-A Complete if the orga section 501(h)).	anization	is exem	pt under section	501(c)(3) and file	d Form 5768 (ele	ction under
	tion belongs	s to an affili	ated group (and list in	Part IV each affiliated	group member's name	e, address, EIN,
expenses, and share	e of excess	lobbying e	xpenditures).			
B Check if the filing organizati	tion checke	d box A an	d "limited control" pro	visions apply.		
Limits	s on Lobby	ving Expen			<b>(a)</b> Filing organization's totals	<b>(b)</b> Affiliated group totals
<b>1a</b> Total lobbying expenditures to influe					42,000.	
<b>b</b> Total lobbying expenditures to influe	-	-				
<b>c</b> Total lobbying expenditures (add lin		1b)			42,000.	
d Other exempt purpose expenditures					4,752,652.	
e Total exempt purpose expenditures	s (add lines	1c and 1d)			4,794,652.	
f Lobbying nontaxable amount. Enter	r the amour	nt from the	following table in both	n columns.	389,733.	
If the amount on line 1e, column (a) or	r (b) is:	The lobb	oying nontaxable amo	ount is:		
Not over \$500,000		20% of t	he amount on line 1e.			
Over \$500,000 but not over \$1,000,	,000	\$100,00	D plus 15% of the exce	ess over \$500,000.		
Over \$1,000,000 but not over \$1,50	00,000	\$175,00	0 plus 10% of the exce	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17,0	000,000	\$225,00	0 plus 5% of the exces	s over \$1,500,000.		
Over \$17,000,000		\$1,000,0	00.			
g Grassroots nontaxable amount (ente	er 25% of li	ne 1f)			97,433.	
<b>h</b> Subtract line 1g from line 1a. If zero		,			0.	
i Subtract line 1f from line 1c. If zero					Ο.	
j If there is an amount other than zero						
reporting section 4911 tax for this y			, , ,		Γ	Yes No
			raging Period Under			
(Some organizations the	at made a	section 50		nave to complete all o	f the five columns be	low.
	Lobby	ring Expen	ditures During 4-Yea	r Averaging Period		
Calendar year (or fiscal year beginning in)	<b>(a)</b> 20	019	<b>(b)</b> 2020	<b>(c)</b> 2021	( <b>d)</b> 2022	<b>(e)</b> Total
2a Lobbying nontaxable amount	4	15,778.	386,072.	374,585.	389,733.	1,566,168.
b Lobbying ceiling amount (150% of line 2a, column(e))						2,349,252.
<b>c</b> Total lobbying expenditures		48,588.	42,000.	42,000.	42,000.	174,588.
d Grassroots nontaxable amount	1	.03,945.	96,518.	93,646.	97,433.	391,542.
e Grassroots ceiling amount (150% of line 2d, column (e))						587,313.
f Grassroots lobbying expenditures		48,588.	42,000.	42,000.	42,000.	174,588.

Schedule C (Form 990) 2022

# Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	tion (a)		(b)	
	lobbying activity.	Yes	No	Amo	ount
1 a	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?				
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
	Media advertisements?				
d	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?				
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
	Other activities?				
j	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	ז 501(c)(5	), or sec	tion	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the				
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered " answered "Yes."				3, is
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political				
	expenses for which the section 527(f) tax was paid).				
а	Current year		. 2a		
b	Carryover from last year		2b		
с	Total		. 2c		
3					
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce	ess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po	olitical			
	expenditures next year?		4		
5	Taxable amount of lobbying and political expenditures. See instructions		5		
Par	t IV Supplemental Information				
Provi	de the descriptions required for Part LA, line 1: Part LB, line 4: Part LC, line 5: Part ILA (affiliated group	lict). Dort II.A	lines 1 a	nd 2 (Soo	

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE [	)
------------	---

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.



Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

91	-115	8281	
----	------	------	--

	PET PARTNERS			91-1158281
Par	t I Organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lin		r Accour	ts. Complete if the
	-	(a) Donor advised funds	(b) Fun	ds and other accounts
1	Total number at end of year	(-)	(-)	
2	Aggregate value of contributions to (during year)			
2	Aggregate value of grants from (during year)			
-				
4	Aggregate value at end of year Did the organization inform all donors and donor advisors in v	writing that the apparts hold in depart advises	l fundo	
5	-	-		Yes No
~	are the organization's property, subject to the organization's			
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor o		· ·	
Par				Yes No
Fai			art IV, line 7.	
1	Purpose(s) of conservation easements held by the organization			
	Preservation of land for public use (for example, recrea		-	important land area
	Protection of natural habitat	Preservation of a	certified his	storic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form of	a conserva	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements		<u>2</u> a	
b	Total acreage restricted by conservation easements		2b	
С	Number of conservation easements on a certified historic stru		<u>2</u> c	
d	Number of conservation easements included in (c) acquired a	fter July 25,2006, and not on a		
	historic structure listed in the National Register		2d	
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the o	rganization	during the tax
	year			
4	Number of states where property subject to conservation eas	ement is located		
5	Does the organization have a written policy regarding the per	iodic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements it	holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conser	vation ease	ments during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservation	on easement	ts during the year
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of section 170(h)	(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?			Yes 🗌 No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense st	atement an	d
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's financial statemen	ts that desc	ribes the
	organization's accounting for conservation easements.			
Par	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Oth	er Simila	r Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statement and	d balance sh	neet works
	of art, historical treasures, or other similar assets held for pub	lic exhibition, education, or research in furt	herance of p	public
	service, provide in Part XIII the text of the footnote to its finar	icial statements that describes these items.		
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement and ba	lance sheet	works of
	art, historical treasures, or other similar assets held for public			
	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 trea			
-	the following amounts required to be reported under FASB A		,, provide	
а	Revenue included on Form 990, Part VIII, line 1			\$
				* \$
-	For Paperwork Reduction Act Notice, see the Instructions			$_{ m \phi}$ Schedule D (Form 990) 2022
	09-01-22			2022 (1 0111 350) 2022
20200				

b       Contributions       5,000,000.         c       Net investment earnings, gains, and losses       -2,041,455.       1,861,251.       1,146,077.       1,063,744.      116,592.         d       Grants or scholarships	Sche	dule D (Form 990) 2022 PET PARTNER					91-115		Р	age <b>2</b>
colection teme (check all that apply): <ul> <li></li></ul>	Par	rt III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or Oth	er Simil	ar Assets	s (contii	nued)	
a       Public exhibition       d       Lan or exchange program         b       Scholary research       e       Otter	3	Using the organization's acquisition, accession	on, and other records	, check any of the f	ollowing that make	significan	t use of its			
b Schalary research c Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. Diving the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to raise funds rating that then to be maintained as part of the organization answered "Yes" on Form 990, Part XII. Part U Escrow and Cutstodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part XII. Beginning balance C Beginning of year balance C Beginning of yea		collection items (check all that apply):								
c       Preservation for future generations         4       Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.         5       During the year, did the organization is collections and explain how they further the organization's exempt purpose in Part XIII.         5       During the year, did the organization is collections and explain how they further the organization's exempt Purpose in Part XIII.         6       Derint MI Escorew and Custodial Arrangements. Compatible if the organization answered 'Yes' on Form 990, Part K, line 9, or reported an amount on Form 990, Part X, line 21.         1a Is the organization angent, thustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X (line 9, or reported and amount on Form 990, Part X, line 21, for escrow or custodial account liability?         b       If 'Yes,' explain the arrangement in Part XIII. Check here if the organization answered 'Yes' on Form 990, Part X, line 21, for escrow or custodial account liability?         c       Destinutions during the year       1         1a Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         Part V       Endowment Funds.       Complete if the organization answered 'Yes' on Form 990, Part X, line 21, for escrow accustolial account liability?       Yes       No         b       If 'Yes,' explain the arrangement in Part XIIII. Cheach here if the escon Form 990, Part X, line 10	а	Public exhibition	d	Loan or exc	hange program					
4 Provide a description of the organization's collections and explain how they further the organization's exempt purgose in Part XIII.     5 During the year, did the organization solicit or receive donations of at, historical reasures, or other similar assets     to be add to raise funds rater than to be maintained as part of the organization answered "Yes" on Form 930, Part X, line 9, or     reported an amount on Form 930, Part X, line 21.     1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included     on Form 930, Part X?     1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included     on Form 930, Part X?     1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included     on Form 930, Part X?     1a Is the organization include an amount on Form 930, Part X, line 21, for escrow or custodial account liability?     2 Type: wolan the arrangement in Part XIII. Check here if the explanation has been provided on Part XII     2 Did the organization include an amount on Form 930, Part X, line 21, for escrow or custodial account liability?     2 Type: wolan the arrangement in Part XIII. Check here if the explanation has been provided on Part XII     2 Did the organization include an amount on Form 930, Part X, line 21, for escrow or custodial account liability?     2, 050, 900, 2, 364, 010, 500, 000, 607, 2, 050, 900, 2, 364, 010, 500, 000, 607, 2, 050, 900, 2, 364, 010, 500, 000, 607, 2, 050, 900, 2, 364, 010, 500, 000, 607, 2, 050, 900, 2, 364, 010, 500, 500, 500, 000, 2, 364, 010, 500, 500, 500, 000, 2, 364, 010, 500, 500, 500, 500, 000, 2, 364, 010, 500, 500, 500, 500, 500, 500, 500	b	Scholarly research	е	Other						
S       During the year, did the organization solitid or receive donations of art, historical ressures, or other similar assets       Yes       No         Part IV       Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.       Yes       No         Is       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21, for escina barangement in Part XIII and complete the following table:       Amount       Is the organization include an amount on Form 990, Part X, line 21, for escina barangement in Part XIII       Pert V       Pres       No         But be organization include an amount on Form 990, Part X, line 21, for escina barangement in Part XIII       Part V       Endowment FundS.       Complete if the organization answered 'Yes' on Form 990, Part X, line 21, or parts back (0) Form years	с	Preservation for future generations								
to be sold to raise funds rather than to be maintained as part of the organization's collection?         Yes         No           Part IV         Encove and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.         Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 590, Part X         Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 590, Part X           b         If "yes," explain the arrangement in Part XIII and complete the following table:         Armount           c         Beginning balance         Id         Id           d         Additions during the year         Ie         If         Id           d         Additions during the year         Ie         If         Id         Id           d         Additions during the year         Ie         If         Id         Id <td< td=""><td>4</td><td>Provide a description of the organization's co</td><td>ollections and explain</td><td>how they further th</td><td>ne organization's ex</td><td>empt purp</td><td>ose in Part</td><td>XIII.</td><td></td><td></td></td<>	4	Provide a description of the organization's co	ollections and explain	how they further th	ne organization's ex	empt purp	ose in Part	XIII.		
Part IV       Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.         1a Is the organization an agent, trustee, custodial or other intermediary for contributions or other assets not included on Form 990, Part X       Ves       No         b If 'Yes,' explain the arrangement in Part XIII and complete the following table:       Image: Complete the organization answered 'Yes' on Form 990, Part X, line 21.       Image: Complete the organization answered 'Yes' on Form 990, Part X, line 10.       Image: Complete the organization answered 'Yes' on Form 990, Part X, line 10.       Image: Complete the organization answered 'Yes' on Form 990, Part X, line 10.       Image: Complete the organization answered 'Yes' on Form 990, Part X, line 10.       Image: Complete the organization answered 'Yes' on Form 990, Part X, line 10.       Image: Complete the organization answered 'Yes' on Form 990, Part X, line 10.       Image: Complete the organization answered 'Yes' on Form 990, Part X, line 10.       Image: Complete the organization answered 'Yes' on Form 990, Part X, line 10.       Image: Complete the organization answered 'Yes' on Form 990, Part X, line 10.<	5	During the year, did the organization solicit o	r receive donations o	f art, historical treas	sures, or other simil	ar assets				
reported an amount on Form 990, Part X, line 21.         1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X?       Ves       No         b If "Yes," explain the arrangement in Part XIII and complete the following table:       Amount       Ic       Amount         c Beginning balance       1d       Id       Id       Id       Id       Id         a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Ves       No         b If "Yes" explain the arrangement in Part XIII Check here if the explanation has been provided on Part XII       Im       Im         Part V       Endowment FundS. Complete if the organization answered "Ves" on Form 990, Part X, line 21, for escrow or custodial account liability?       Ves       No         b If "yes" explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XII       Im       Im         Part V       Endowment FundS. Complete if the organization answered "Ves" on Form 990, Part IV, line 10.       Imme vast back (e) Four years back       Imme vast back (e) Four years back         1a Beginning of year balance       [a] Current year (b) Prov years back       Imme vast back (e) Four years back       Imme vast back (e) Four years back       Imme vast back (e) Four years back         1a Grants or scholarships       [a] Current year end balance (ine 1, 2, 1, 146, 077, 1,										] No
1a       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X       Ves       No         b       If 'Yes,'' explinit the arrangement in Part XIII and complete the following table:       Image: Complete table complete table:       Image: Completable:       Image: Complete table:	Par			te if the organizatio	n answered "Yes"	on Form 9	90, Part IV,	line 9, or		
on Form 990, Part X7         Yes         No           b         If "Yes," explain the arrangement in Part XIII and complete the following table:         Amount           c         Beginning balance         Id         Id           d         Additions during the year         Id         Id           d         Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?         Yes         No           Part V         Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         (e) Four years back         (f) Fo		reported an amount on Form 990, Pa	rt X, line 21.							
b       If "Yes," explain the arrangement in Part XIII and complete the following table:	1a	Is the organization an agent, trustee, custodi	an or other intermedia	ary for contribution	s or other assets no	ot included	I	_		_
c         Beginning balance         Amount           d         Additions during the year         Id         Id           e         Distributions during the year         Id         Id         Id           e         Distributions during the year         Id         Id         Id           2a         Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?         Ves         No           b         If "Yes," explain the arrangement in Part XIII. Check here if the explanation nawsered "Yes" on Form 990, Part X, line 10.         Im         Im <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>L</td> <td>Yes</td> <td></td> <td>No</td>							L	Yes		No
c       Beginning balance       1c         d       Additions during the year       1d         e       Distributions during the year       1e         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       No         b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       No         b       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Four years back         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Four years back         1b       Contributions       -2, 041, 455.       1, 861, 251.       1, 146, 077.       1, 063, 744.       -116, 592.         c       Other expenditures for facilities       -2, 041, 455.       1, 861, 251.       1, 16, 615.       108, 037.       196, 518.         1       Administrative expenses       8, 591, 234.       10, 774, 467.       9, 036, 669.       8, 006, 607.       2, 050, 900.         2       Provide the estimated percentage of the current year and balance (line 1g, column (a)) held as:       a <td>b</td> <td>If "Yes," explain the arrangement in Part XIII</td> <td>and complete the foll</td> <td>owing table:</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	b	If "Yes," explain the arrangement in Part XIII	and complete the foll	owing table:						
d Additions during the year       1d         e Distributions during the year       1e         1       1         2       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b If "Yes," explain the arangement in Part XIII. Check here if the explanation has been provided on Part XII       Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         b Contributions       (a) Current year       (b) Pror year       (c) Two years back       (e) Four y								Amoun	t	
e       Distributions during the year       ie         f       Ending balance       if         2       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Ves       No         Part V       Endowment Funds. Complete if the organization naswered "Yes" on Form 990, Part IV, line 10.       Image: the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Image: the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       Image: the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.       Image: the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.         b       Contributions       Image: the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.       Image: the arrangement in Part XIII. Check here if the organization answered "Yes" on Form 990, Part IV, line 10.         b       Contributions       Image: the arrangement in Part XIII. Check here if the organization is the arrangement in Part XIII. Check here if the organization is index as required on Schedule R?       Image: the arrangement in Part XIII. Check here is the arrangement in Part XIII. Check here is the arrangement in Part XIII. Check here is the elabed organizations is the as required on Schedule R?       Image: the arrangement is the arrangement in Part XIII. Check here is the elabed organization is is the organization is the assign (	с	Beginning balance				1c				
f       Ending balance       If         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       No         b       If "Yes" explain the arragement in Part XIII. Check here if the explanation has been provided on Part XII       Imount of the explanation has been provided on Part XII         Part V       Enclowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       Imount of the explanation answered "Yes" on Form 990, Part IV, line 10.         a       Geants or scholarships       Imount on Form 990, Part X, line 10.       2, 056, 900.       2, 364, 010.         b       Contributions       Imount on Form 990, Part X, line 10.       1, 0, 774, 467.       9, 036, 069.       8, 006, 607.       2, 050, 900.       2, 364, 010.         c       Other expenditures for facilities       Imount on Form 990, Part X, line 10.       Imount on Form 990, Part X, line 10.       Imount on Form 990, Part X, line 10.         g       End of year balance       8, 591, 234.       10, 774, 467.       9, 036, 069.       8, 006, 607.       2, 050, 900.       2, 050, 900.         g       End of year balance       8, 591, 234.       10, 774, 467.       9, 036, 069.       8, 006, 607.       2, 050, 900.         g       End of year balance       20, 0080       %       %       %       %       %	d	Additions during the year				<u>1</u> d				
2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b       If 'Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Yes       No         Part V       Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       10,774,467.       9,036,069.       8,006,607.       2,050,900.       2,364,010.         b       Contributions       -       -       5,000,000.       -       -       -       -       -       10,63,744.       -116,592.         c       Cher expenditures for facilities       141,778.       122,853.       116,615.       108,037.       196,518.         a Administrative expenses       141,778.       122,853.       116,615.       108,037.       2,050,900.       2,050,900.       2       2,050,900.       2,050,900.       2,050,900.       2       0       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       - <td>е</td> <td>Distributions during the year</td> <td></td> <td></td> <td></td> <td> <u>1e</u></td> <td></td> <td></td> <td></td> <td></td>	е	Distributions during the year				<u>1e</u>				
b       If Yes,* explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.         Part V       Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior years (c) Two years back       (d) Time years back       (e) Four years back         1a       Beginning of year balance       10,774,467.       9,036,069.       8,006,607.       2,050,900.       2,364,010.         b       Contributions       -       -       -       5,000,000.       -         c       Net investment earnings, gains, and losses       -2,041,455.       1,861,251.       1,146,077.       1,063,744.      116,592.         d       Grants or scholarships       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       10,63,744.       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       - <td>f</td> <td></td> <td></td> <td></td> <td></td> <td>····</td> <td></td> <td></td> <td></td> <td></td>	f					····				
Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back       (fuir years back       (fuir years back       (fuir years back       fuir years       fuir years	2a	Did the organization include an amount on Fe	orm 990, Part X, line 2	21, for escrow or cu	istodial account lia	bility?	L	Yes		_ No
(a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b       Contributions       (c) Two years back       (d) Three years back       (e) Four years back         b       Contributions       (c) Two years back       (d) Three years back       (e) Four years back         b       Contributions       (c) Two years back       (d) Three years back       (e) Four years back         b       Contributions       (c) Two years back       (d) Three years back       (e) Four years back         b       Contributions       (c) Two years back       (d) Three years back       (e) Four years back         c       Notice       (c) Two years back       (c) Two years back       (c) Two years back       (c) Two years back         c       Notice       Notice       (c) Two years back       (c)	_									
1a       Beginning of year balance       10,774,467.       9,036,069.       8,006,607.       2,050,900.       2,364,010.         b       Contributions       5,000,000.       5,000,000.       5,000,000.         c       Net investment earnings, gains, and losses       -2,041,455.       1,861,251.       1,146,077.       1,063,744.       -116,592.         Grants or scholarships       -       -       -       -       -       -       -       -       -       -       -       10,774,467.       9,036,069.       8,006,607.       2,050,900.       2,364,010.         c       Other expenditures for facilities       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -	Pai	<b>Endowment Funds.</b> Complete i			1					<del></del>
b       Contributions       5,000,000.         c       Net investment earnings, gains, and losses       -2,041,455.       1,861,251.       1,146,077.       1,063,744.       -116,592.         d       Grants or scholarships				., ,		_				
c       Net investment earnings, gains, and losses       -2,041,455.       1,861,251.       1,146,077.       1,063,744.       -116,592.         d       Grants or scholarships	1a		10,774,467.	9,036,069.	8,006,607			2	,364,	010.
d Grants or scholarships	b					_	-			
e       Other expenditures for facilities and programs       141,778.       122,853.       116,615.       108,037.       196,518.         f       Administrative expenses       8,591,234.       10,774,467.       9,036,069.       8,006,607.       2,050,900.         2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       a       Board designated or quasi-endowment       70.7930       %         b       Permanent endowment       20.0080       %       %       %         c       Term endowment       9.1990       %       %       %         d       Term endowment funds not in the possession of the organization that are held and administered for the organization by:       (i)       Unrelated organizations       3a(i)       X         ii)       Related organizations       3a(i)       x       3a(i)       x         4       Describe in Part XIII the intended uses of the organization's endowment funds.       3b       14       X         Part VI       Land, Buildings, and Equipment.       Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.       (d) Book value depreciation         1a       Land       Image: Significant significa	С		-2,041,455.	1,861,251.	1,146,077	. 1,	063,744.	-	-116,	592.
and programs       141,778.       122,853.       116,615.       108,037.       196,518.         f Administrative expenses       8,591,234.       10,774,467.       9,036,069.       8,006,607.       2,050,900.         2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       a       a       a       a         a Board designated or quasi-endowment       70.7930       %       b       emanotic and administrative approxements and administered for the organization by:       f Are there endowment 19,1990       %         The percentages on lines 2a, 2b, and 2c should equal 100%.       3a Are there endowment funds not in the possession of the organization that are held and administered for the organizations       3a(i)       X         (i) Unrelated organizations										
f       Administrative expenses       8,591,234.       10,774,467.       9,036,069.       8,006,607.       2,050,900.         2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       a       Board designated or quasi-endowment       70.7930       %         b       Permanent endowment       20.0080       %       %         c       Term endowment       9.1990       %         The percentages on lines 2a, 2b, and 2c should equal 100%.       3a       Are there endowment funds not in the possession of the organization that are held and administered for the organizations by:       (i)       Inrelated organizations       3a(ii)       x         (i)       Related organizations       3a(ii)       x       3a(ii)       x         d       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3a(i)       x         4       Describe in Part XIII the intended uses of the organization's endowment funds.       Image: function of property       (a) Cost or other       (c) Accumulated depreciation         d       Description of property       (a) Cost or other       (b) Cost or other       (c) Accumulated depreciation         d       Equipment       1, 317, 432.       1, 259, 911.       57, 521.         d       Equipment       1, 317, 432.	е	Other expenditures for facilities								
g End of year balance       8,591,234.       10,774,467.       9,036,069.       8,006,607.       2,050,900.         2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       a Board designated or quasi-endowment       70.7930       %         b Permanent endowment       20.0080       %       %       ************************************		and programs	141,778.	122,853.	116,615	•	108,037.		196,	518.
2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:         a       Board designated or quasi-endowment	f	Administrative expenses								
a Board designated or quasi-endowment       70.7930 %         b Permanent endowment       20.0080 %         c Term endowment       9.1990 %         The percentages on lines 2a, 2b, and 2c should equal 100%.         3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:       Yes No         (i) Unrelated organizations       3a(i)       X         (ii) Related organizations       3a(ii)       X         b If "Yes" on line 3a(ii), are the related organization's endowment funds.       3a(ii)       X         Part VI       Land, Buildings, and Equipment.       3b       3b         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.       (d) Book value         Description of property       (a) Cost or other       (b) Cost or other       (c) Accumulated         d Equipment       1,317,432.       1,259,911.       57,521.         e Other       56,230.       56,230.       56,230.	g					. 8	006,607.	2	,050,	900.
b Dear endowment       20.0080       %         c Term endowment       9.1990       %         The percentages on lines 2a, 2b, and 2c should equal 100%.       3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) Unrelated organizations</li> <li>(ii) Related organizations</li> <li>(iii) Related organizations</li> <li>(iii) Related organizations</li> <li>(iii) Related organizations listed as required on Schedule R?</li> <li>4 Describe in Part XIII the intended uses of the organization's endowment funds.</li> </ul> Part VI Land, Buildings, and Equipment.           Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         (d) Book value           B uildings         1         1, 317, 432.         1, 259, 911.         57, 521.           C Leasehold improvements         1, 317, 432.         1, 259, 911.         57, 521.         56, 230.           C Other         56, 230.         56, 230.         56, 230.         56, 230.	2			(line 1g, column (a	) held as:					
c       Term endowment       9.1990       %         The percentages on lines 2a, 2b, and 2c should equal 100%.       3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) Unrelated organizations</li> <li>(ii) Related organizations</li> <li>(iii) Related organizations</li> <li>(ii) Related organizations</li> <li>(iii) Related organizations</li> <li>(ii) Inrelated organizations</li> <li>(iii) Related organizations</li> <li>(iii) Related organizations</li> <li>(iii) Related organizations isted as required on Schedule R?</li> <li>4 Describe in Part XIII the intended uses of the organization's endowment funds.</li> </ul> <ul> <li>Part VI</li> <li>Land, Buildings, and Equipment.</li> <li>Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> </ul> <ul> <li>In Land</li> <li>Description of property</li> <li>(a) Cost or other basis (other)</li> <li>(b) Cost or other basis (other)</li> <li>(c) Accumulated depreciation</li> <li>(d) Book value</li> <li>(e) Equipment</li> <li>(f) 317, 432.</li> <li>(f) 259, 911.</li> <li>(f) 57, 521.</li> <li>(f) Cotal. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)</li> </ul> <ul> <li>113, 751.</li> </ul>	а	<b>3</b>	70.7930	_%						
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (other) (b) Cost or other) (c) Accumulated depreciation (d) Book value basis (investment) b Buildings c Leasehold improvements d Equipment ( 1, 317, 432, 1, 259, 911, 57, 521, 6, 230, 56, 230, 56, 230, 113, 751.	b									
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) Unrelated organizations</li> <li>(ii) Related organizations</li> <li>(iii) Related organizations</li> <li>(ii) Related organizations</li> <li>(iii) Related organizations</li> <li>(iiii) Related organizations</li> <li>(iii) Related organizations</li> <li>(iii) Related organizations</li> <li>(iii) Related organizations</li> <li>(iii) Related organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> </ul> <ul> <li>(a) Cost or other basis (investment)</li> <li>(b) Cost or other basis (other)</li> <li>(c) Accumulated depreciation</li> <li>(d) Book value</li> <li>(d) Equipment</li> <li>(i) (i) (ii) (ii) (iii) (iiii) (iii) (iii) (iii) (iii) (iii) (iii) (iii)</li></ul>	С									
organization by:       Yes       No         (i) Unrelated organizations       3a(i)       X         (ii) Related organizations       3a(ii)       X         3a(iii)       X       3a(ii)       X         3a(iii)       X       3a(ii)       X         3a(iii)       X       3a(ii)       X         3a(iii)       X       3b       Image: State			•							
(i)       Unrelated organizations         (ii)       Related organizations         (iii)       Related organizations         b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?         4       Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (other)         b       Buildings         c       Leasehold improvements         d       Equipment         d       1, 317, 432.         d       1, 259, 911.         56, 230.       56, 230.         Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)       113, 751.	3a		ssion of the organizat	tion that are held ar	nd administered for	the			N	
(ii) Childled organizations       3a(ii) X         (iii) Related organizations       3a(ii) X         (ii) Related organizations       3a(ii) X         (ii) Methaded organizations       3a(ii) X         (iii) Methaded organizations       3a(ii) X         (iii) Methaded organizations       3b		5							Yes	
(ii) Totaled organizations       isted as required on Schedule R?       isted as required on Schedule R?         4 Describe in Part XIII the intended uses of the organization's endowment funds.       Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.       (d) Book value         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         1a Land              b Buildings             c Leasehold improvements             d Equipment       1, 317, 432.       1, 259, 911.       57, 521.         e Other       56, 230.       56, 230.       56, 230.         Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)       113, 751.										
4 Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)         b Buildings       (d) Book value         c Leasehold improvements       1, 317, 432.         d Equipment       1, 317, 432.         e Other       56, 230.         Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B). line 10c.)       1113, 751.										
Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         1a       Land	b							3b		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation       (d) Book value         1a       Land	4			vment funds.						
Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation       (d) Book value         1a Land	Fai			Dart IV line 11a S	as Farm 000 Dart	V line 10				
basis (investment)     basis (other)     depreciation       1a Land								( ) 5		
b         Buildings         Image: Constraint of the system		Description of property		• • •				( <b>d)</b> Boo	k valu	e
c         Leasehold improvements         1,317,432.         1,259,911.         57,521.           d         Equipment         56,230.         56,230.         56,230.           Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B). line 10c.)         1113,751.	1a	Land								
c         Leasehold improvements         1,317,432.         1,259,911.         57,521.           d         Equipment         56,230.         56,230.         56,230.           Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B). line 10c.)         1113,751.	b	Buildings								
e         Other         56,230.         56,230.           Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B). line 10c.)         113,751.										
e         Other         56,230.         56,230.           Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X, column (B). line 10c.)         113,751.	d	Equipment		1	,317,432.	1,259	9,911.		57,	521.
					56,230.				56,	230.
	Tota	I. Add lines 1a through 1e. <i>(Column (d) must e</i>	qual Form 990, Part X	(, column (B), line 1	0c.)				113,	751.

Schedule D (Form 990) 2022

stments - Other Securities.	Part VII
-----------------------------	----------

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

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

# Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

### Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	
Part X Other Liabilities.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.	

(a) Description of liability (b) Book value 1 (1) Federal income taxes RIGHT OF USE LIABILITY 64,752. (2) (3) (4) (5) (6) (7) (8) (9) 64,752.

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

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

Sche	dule D (Form 990) 2022 PET PARTNERS		91-1158281	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Staten	nents With Revenue ا	per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	l2a.		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines <b>4a</b> and <b>4b</b>		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			
Pa	t XII Reconciliation of Expenses per Audited Financial State	ements With Expenses	s per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	l2a.		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
с	Other losses	2c		
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			
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		
b	Other (Describe in Part XIII.)	4b		
с	Add lines <b>4a</b> and <b>4b</b>		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)			
Pa	t XIII Supplemental Information.			

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

PART V, LINE 4:

THE ENDOWMENT FUNDS ARE USED FOR PRESERVATION OF PET PARTNERS' MISSION.

# Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

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

Name of the organization

## PET PARTNERS

General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I Form 990, Part IV, line 14b.

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes
- For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the 2 United States.

<u> </u>		The fall survive as Devit 1		مامصح الالمامي كالمملح مالم	
.5	Activities per Region.	u ne tollowing Part I	line 3 table can be du	idiicated it additional s	Dace is needed i

	ne rene ming i un		an be adplicated in additional opage is in	ieeded.)	
(a) Region	(b) Number of offices in the region	employees, agents, and independent contractors	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments
		in the region			in the region
EUROPE (INCLUDING					
ICELAND & GREENLAND)					
- ALBANIA, ANDORRA,				EMAIL MARKETING &	
AUSTRIA, BELGIUM	0	0	PROGRAM SERVICES	ADVOCACY	30,950.
	0	0			30,950.
<b>3 a</b> Subtotal	0	0			50,950.
<b>b</b> Total from continuation	0	0			0.
sheets to Part I					0.
c Totals (add lines 3a	0	0			30 950.

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

Schedule F (Form 990) 2022

OMP No. 1545 0047 **Open to Public** Inspection

SCHEDULE	F
(Form 990)	

Department of the Treasury

Internal Revenue Service

	Employer	identification	number
--	----------	----------------	--------

91-1158281

OMB No. 1545-0047	
2022	

No

Schedule F	(Form 990	) 2022
------------	-----------	--------

Part II

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	<b>(h)</b> Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			ecognized as charities by the t					
			or counsel has provided a sect					
3 Enter total number of	other organizations of					🏲		

Schedule F (Form 990) 2022

Schedule	F (Form 990) 2022	PET PARTNERS										
Part III												
Part III can be duplicated if additional space is needed.												
(a) ⊺	ype of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant								

# **(h)** Method of valuation (book, FMV, appraisal, other)

(e) Manner of cash disbursement

organization answered "Yes" on Form 990, Part IV, line 16.

91-1158281

(f) Amount of

noncash assistance

(g) Description of noncash assistance

Page 3

Schedule F (Form 990) 2022

Schedu	ule F (Form 990) 2022 PET PARTNERS	91-1158281	Page 4
Part	IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	X Yes	No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)</i>	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)</i>	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2022

# Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 3:

THE ORGANIZATION USES THE ACCRUAL METHOD OF ACCOUNTING TO ACCOUNT FOR

EXPENDITURES.

SCHEDULE F, PART IV, LINE 1:

THERE WERE TRANSFERS TO FOREIGN CORPORATIONS, BUT THEY WERE NOT OF THE

TYPE DESCRIBED IN SECTION 6038B(A)(1)(A), 367(D), OR 367(D) SO NO FORM

926 WAS REQUIRED TO BE FILED.

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ing or Gaming A	ctiv	ities	OMB No. 1545-0047
(Form 990)		e organization answered "Yes" on organization entered more than \$1				r 19,	or if the	2022
Department of the Treasury		Attach to Form 990						Open to Public Inspection
Internal Revenue Service		o www.irs.gov/Form990 for instru	ctions	and t	he latest informatio	n.	Employer ide	entification number
Name of the organization	PET PARTNE	RS					91-11582	
	<b>sing Activities</b> . complete this par	Complete if the organization answe	ered "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-E2	Z filers are not
<ul> <li>a X Mail solicitat</li> <li>b X Internet and</li> <li>c Phone solicitat</li> <li>d In-person so</li> <li>2 a Did the organization</li> <li>key employees list</li> </ul>	tions email solicitations tations licitations on have a written c red in Form 990, P		tion of tion of fundra (incluc rofessi	non-g gover iising ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		X Yes	
compensated at le	east \$5,000 by the	organization.	_	•				
(i) Name and address of individual or entity (fundraiser)		(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	tò (o	Amount paid or retained by) fundraiser ted in col. <b>(i)</b>	(vi) Amount paid to (or retained by) organization
NNE MARKETING - 16	66		Yes	No				
MASSACHUSETTS, SUI		PROFESSIONAL FUNDRAISING		х	174,409.		90,000.	84,409.
INTERACTIVE STRATE		PROFESSIONAL FUNDRAISING		x	150,405.		129,600.	20,805.
Total		L		<u>.</u>	324,814.		219,600.	105,214.
3 List all states in wh or licensing.	ich the organizatio	n is registered or licensed to solicit o	contrib	utions	or has been notified	it is (	exempt from re	egistration

AR, AZ, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE NV, NJ, NM, OH, OK, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY, AL, AK, NH, ND, NY, NC, OR

#### LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS

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.

			<b>(a)</b> Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
ø			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts				
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
oenses	5	Noncash prizes				
	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4 through	9 in column (d)			
		Net income summary. Subtract line 10 from lin	ne 3, column (d)			
Pa	rt I	<b>II Gaming.</b> Complete if the organization a	answered "Yes" on Form	990, Part IV, line 19, or r	reported more than	
		\$15,000 on Form 990-EZ, line 6a.				
enue			<b>(a)</b> Bingo	<b>(b)</b> Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
യ						

nue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue	1	Gross revenue				
es	2	Cash prizes				
xpens	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	└── Yes % └── No	└── Yes % └── No	Yes %	
	7	Direct expense summary. Add lines 2 through	5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
9 a		ter the state(s) in which the organization condu he organization licensed to conduct gaming ac				Yes No
		No," explain:				
10a	We	ere any of the organization's gaming licenses re	voked, suspended, or te	erminated during the tax	year?	Yes No
b	lf "	Yes," explain:				

Scl	nedule G (Form 990) 2022	PET PARTNERS 9	91-1158281	Page <b>3</b>
11	Does the organization conduct ga	aming activities with nonmembers?	Yes	No
12		eficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?		Yes	No
13	Indicate the percentage of gamin	g activity conducted in:		
i	a The organization's facility		13a	%
				%
14	Enter the name and address of the	ne person who prepares the organization's gaming/special events books and records:		
	Name			
	Address			
15	<b>a</b> Does the organization have a cor	ntract with a third party from whom the organization receives gaming revenue?	Yes	No No
I	<b>b</b> If "Yes," enter the amount of gam	ning revenue received by the organization \$ and the amoun	t	
	of gaming revenue retained by th	e third party \$		
	<b>c</b> 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 charitable distributions from the gaming proceeds to		
	retain the state gaming license?		Yes	No No
		required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activi			
Pa		rmation. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and s applicable. Also provide any additional information. See instructions.	I Part III, lines 9,	, 9b, 10b,
SCI	HEDULE G, PART I, LINE 2B,	LIST OF TEN HIGHEST PAID FUNDRAISERS:		
(I	) NAME OF FUNDRAISER: NNE	MARKETING		
(I	) ADDRESS OF FUNDRAISER:			
16	66 MASSACHUSETTS, SUITE 14	, LEXINGTON, MA 02420		
(I	) NAME OF FUNDRAISER: INTE	RACTIVE STRATEGIES		
(т	) ADDRESS OF FUNDRAISER:			
	33 CONNECTICUT AVE NW, STE	660, WASHINGTON, DC 20036		

redule G (Form 990) FEI PARIMERS	91-1120201	Page
art IV Supplemental Information (continued)		

SCHEDULE I (Form 990)										
Department of the Treas		·	Ū	Attach to Form				Open to Public		
Internal Revenue Servic	e		Go to www.irs	.gov/Form990 for	the latest information	ation.		Inspection		
Name of the orga	nization PET PARTNERS							Employer identification number 91-1158281		
Part I Gene	eral Information on Grants a	nd Assistance								
criteria used	rganization maintain records t d to award the grants or assis	stance?				•	,			
	Part IV the organization's pro					anization anoward "N	an Form 000 Dart	IV line O1 for only		
	ts and Other Assistance to ient that received more than \$	-				anization answered if	es on Form 990, Pan	IV, III e 21, IOF any		
<b>1 (a)</b> Name a	nd address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance		
INSTITUTE - 1	BOND RESEARCH 615 M STREET NW, HINGTON, DC 20036	27-4159453	501(C)(3)	100,000.	0.			TO SUPPORT RESEARCH THAT STUDIED THE IMPACT OF THERAPY ANIMAL-HANDLER TEAMS.		
	F ANIMAL ASSISTED			, ,				FOR THE PURPOSE OF		
INTERVENTION	PROFESSIONALS - 345							CREATING ANIMAL-ASSISTED		
118TH AVE SE,	SUITE 100 -							INTERVENTIONS (AAI)		
BELLEVUE, WA	98005	85-3255060	501(C)(6)	29,000.	0.			EDUCATION FOR		
2 Enter total r	number of section 501(c)(3) a	nd government or	anizations listed in the	e line 1 table	1	1	I	1.		
	number of other organization							1.		
	work Reduction Act Notice							Schedule I (Form 990) 2022		

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

Schedule I (Form 990) 2022

Schedule I (Form 990) 2022

PET PARTNERS

Page 2

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

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

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

PART I, LINE 2:

PET PARTNERS GRANTED THE HUMAN ANIMAL BOND RESEARCH INSTITUTE \$100,000 TO

FUND RESEARCH RELATED TO ANIMAL-ASSISTED INTERVENTIONS. PET PARTNERS

DIRECTOR OF AAI ADVANCEMENT SITS ON HABRI'S SCIENTIFIC ADVISORY BOARD AND

HELPS TO SELECT APPROPRIATE RESEARCH FOR FUNDING. FUNDED RESEARCHERS ARE

REQUIRED TO FOLLOW HABRI'S GUIDELINES FOR GRANT ACCEPTANCE AND REPORTING.

FINAL RESEARCH FINDINGS ARE SHARED WITH PET PARTNERS STAFF AND BOARD OF

DIRECTORS. PET PARTNERS ALSO GRANTED THE ASSOCIATION FOR ANIMAL ASSISTED

INTERVENTIONS (A RELATED COMPANY) \$29,000 FOR THE PURPOSE OF CREATING

PET PARTNERS

ANIMAL-ASSISTED INTERVENTIONS (AAI) EDUCATION FOR PROFESSIONALS INTERESTED

IN AAI AND FOR THE PUBLIC.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT:

ASSOCIATION OF ANIMAL ASSISTED INTERVENTION PROFESSIONALS

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE PURPOSE OF CREATING

ANIMAL-ASSISTED INTERVENTIONS (AAI) EDUCATION FOR PROFESSIONALS

INTERESTED IN AAI FOR THE PUBLIC.

SC	HEDULE J	OMB No. 1545-0047				
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	22	)
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		20	22	
Depar	tment of the Treasury	Attach to Form 990.		Open to		ic
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.	Employer id.	Inspe		
Narr	e of the organizatior	PET PARTNERS	Employer ide		on nui	nber
Da	rt I Question	s Regarding Compensation	91-11	20201		
14		s negarang compensation			Yes	No
1a	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Form	990		165	
ia		line 1a. Complete Part III to provide any relevant information regarding these items.	550,			
	First-class or c		naluse			
	Travel for com					
		ation and gross-up payments I Health or social club dues or initiation fee				
		spending account Personal services (such as maid, chauffe				
			. ,			
b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or				
	•	rovision of all of the expenses described above? If "No," complete Part III to explain		1b		
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
		rs, including the CEO/Executive Director, regarding the items checked on line 1a?		. 2		
3	Indicate which, if ar	ny, of the following the organization used to establish the compensation of the organization's	;			
	CEO/Executive Dire	ctor. Check all that apply. Do not check any boxes for methods used by a related organization	on to			
	establish compensa	ation of the CEO/Executive Director, but explain in Part III.				
	Compensation	committee X Written employment contract				
	Independent c	ompensation consultant Compensation survey or study				
	Form 990 of of	ther organizations	ommittee			
4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a re	<b>.</b>				
а		e payment or change-of-control payment?				X
b	-	eive payment from a supplemental nonqualified retirement plan?				X
С	-	eive payment from an equity-based compensation arrangement?		. <b>4c</b>		X
	If "Yes" to any of lin	es 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	Only an ation 501/a					
-		)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.	-			
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	11			
~	contingent on the re			5a		x
a b		ation?		5b		X
D.		r 5b, describe in Part III.		55		<u> </u>
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n			
Ŭ	contingent on the n					
а				6a		x
b	Any related organiz	ation?		6b		x
-		r 6b, describe in Part III.				
7		n Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	à			
		les 5 and 6? If "Yes," describe in Part III		7	х	
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to th				
				. 8		x
9		d the organization also follow the rebuttable presumption procedure described in				
_	Regulations section		<u></u>	9		
LHA	For Paperwork Re	eduction Act Notice, see the Instructions for Form 990.		le J (Forn	n 990)	) 2022

#### 91-1158281

### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) CATHERINE ANN PETERS	(i)	287,874.	55,092.	0.	23,310.	14,105.	380,381.	0.
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) TRACI R PRYOR	(i)	166,327.	0.	0.	13,523.	8,177.	188,027.	0.
CHIEF DEVELOPMENT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MARY MARGARET CALLAHAN	(i)	156,357.	0.	0.	12,949.	8,253.	177,559.	0.
CHIEF MISSION OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) JENNIFER GILBERTSON	(i)	151,333.	0.	0.	8,107.	1,305.	160,745.	0.
CHIEF MARKETING & TECHNOLOGY OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

### Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 7:

THE PRESIDENT/CEO RECEIVES A BONUS EACH YEAR BASED ON BOARD DISCRETION.

Schedule J (Form 990) 2022

2 Enter the amount of tax section 4958	x incurred by the o	•	•			ing the year under		(
<b>3</b> Enter the amount of tax	x, if any, on line 2,	above, reimburs	ed by	the org	ganization			9
Part II Loans to ar	nd/or From Int	erested Pers	sons.					
Complete if the	e organization ansv	vered "Yes" on I	Form 9	90-EZ,	Part V, line 38a or F	orm 990, Part IV, lin	e 26; d	or if t
reported an arr	nount on Form 990	, Part X, line 5, 6	6, or 22	<u>2.</u>				
(a) Name of interested person	(b) Relationship with organization			n the	<b>(e)</b> Original principal amount	(f) Balance due	(g) In default?	
			То	From			Yes	No
ASSOCIATION OF	SEE PT V	SEE PT V		Х	223,079.	223,079.		Х
ASSOCIATION OF	SEE PT V	SEE PT V	X		6,725.	6,725.		x
Total	•				\$	229,804.		•

#### **Transactions With Interested Persons** SCHEDULE L

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a,

28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. Attach to Form 990 or Form 990-EZ.

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

OMB	No.	1545-0047	

ZUZZ
Open To Public
Inspection

(h) Approved by board or committee?

No

Yes

Х

х

No

(i) Written

agreement?

Yes No

Х

х

Department of the Treasury Internal Revenue Service
Name of the organization

(Form 990)

Part I

## ion

organization	Employer identification number						
PET PARTNERS	91-1158281						
Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).							
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Pa	rt V, line 40b.						

# (d) Corrected? 1 (b) Relationship between disqualified (a) Name of disqualified person (c) Description of transaction person and organization Yes No

	section 4958	\$
3	Enter the amount of tax, if any, on line 2, above, reimbursed by the organization	\$

26; or if the organization

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	<b>(b)</b> Relationship between interested person and the organization	(c) Amount of assistance	<b>(d)</b> Type of assistance	(e) Purpose of assistance

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

Schedule L (Form 990) 2022

Schedule L (Form 990) 2022 PET PARTN	IERS		91-115828	31	Page <b>2</b>
Part IV Business Transactions Involv	ing Interested Persons.				
Complete if the organization answered	"Yes" on Form 990, Part IV, line 28a, 28	3b, or 28c.			
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organi	aring of zation's nues?
				Yes	No
Part V Supplemental Information.					
Provide additional information for response	onses to questions on Schedule L (see i	nstructions).			
SCHEDULE L, PART II, LOANS TO AND FROM	INTERESTED PERSONS:				
(A) NAME OF DEDGON. ACCORTANTON OF AAT	DECEECTIONALC				
(A) NAME OF PERSON: ASSOCIATION OF AAI	PROFESSIONALS				
(B) RELATIONSHIP WITH ORGANIZATION: 35%	CONTROLLED ENTITY				
(b) REDATIONSHIT WITH ORGANIZATION: 550					
(C) PURPOSE OF LOAN: START-UP FUNDS FOR	NEW ORGANIZATION SUPPORTING	PET			
PARTNERS' MISSION.					
(A) NAME OF PERSON: ASSOCIATION OF AAI	PROFESSIONALS				
(B) RELATIONSHIP WITH ORGANIZATION: 35%	CONTROLLED ENTITY				
(C) PURPOSE OF LOAN: START-UP FUNDS FOR	R NEW ORGANIZATION SUPPORTING	PET			
PARTNERS' MISSION.					

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

# 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.



Employer identification number 91-1158281

PET PARTNERS

FORM 990, PART 1, LINE 6:

PET PARTNERS MAINTAINS A DATABASE THAT TRACKS VOLUNTEER REGISTRATION

INFORMATION.

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

THE 2022 FORM 990 WILL BE REVIEWED BY PET PARTNER'S EXECUTIVE COMMITTEE AND

EMAILED TO ALL BOARD MEMBERS BEFORE FILING.

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

MEMBERS OF THE BOARD OF DIRECTORS SIGN A CONFLICT OF INTEREST POLICY. THAT

POLICY REQUIRES EACH BOARD MEMBER TO REPORT TO THE BOARD ANY ACTUAL OR

POSSIBLE CONFLICT(S) OF INTEREST. COMPLIANCE IS ACHIEVED VIA SELF

MONITORING AT BOARD AND EXECUTIVE COMMITTEE MEETINGS. IF ANY OVERSIGHT

OCCURS AND IS KNOWN BY ANOTHER BOARD MEMBER, THE OVERSIGHT IS CORRECTED. IF

A CONFLICT EXISTS THE BOARD MEMBER RECUSES HIM/HERSELF FROM VOTING ON THE

MATTER.

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

YEARLY THE CHAIR OF THE BOARD OF DIRECTORS MEASURES THE PERFORMANCE OF THE

PRESIDENT/CEO AGAINST PERFORMANCE OBJECTIVES SET FOR THE YEAR, REVIEWS

THOSE MEASURES WITH THE BOARD AND OBTAINS BOARD APPROVAL OF THEM, INCLUDING

MODIFICATIONS SUGGESTED BY THE BOARD, IF ANY. THOSE MEASURES ARE RECORDED

BY THE BOARD CHAIR IN THE PERSONNEL FILE OF THE PRESIDENT/CEO MAINTAINED BY

THE BOARD, BEGINNING WITH PET PARTNERS' PRESIDENT/CEO'S 2008 PERFORMANCE

APPRAISAL WHICH OCCURRED IN MARCH 2009. THE EXECUTIVE COMMITTEE OF THE

BOARD INSTITUTIONALIZED THE USE OF COMPARABLE COMPENSATION DETERMINING

PET PARTNERS	91-1158281
YEARLY COMPENSATION ADJUSTMENTS. THE LAST COMPENSATION REVIEW OCCURRED IN	
JANUARY 25, 2023.	
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:	
AL, AK, AR, AZ, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO	
MT, NE, NH, ND, NV, NJ, NM, NY, NC, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY	
FORM 990, PART VI, SECTION C, LINE 19:	
COPIES OF FORM 990, FINANCIAL STATEMENTS, POLICIES AND OTHER GOVERNING	
DOCUMENTS ARE PROVIDED UPON REQUEST.	
FORM 990, PART VII:	
COMPENSATION REPORTED ON FORM 990, PART VII INCLUDES BOTH AMOUNTS	
DETERMINED AND PAID BY PET PARTNERS AND A PORTION OF ALLOCATED SALARY	
UNDER THE MANAGEMENT AGREEMENT WITH A RELATED ORGANIZATION, ASSOCIATION	
FOR AAI PROFESSIONALS.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	

WRITE-OFF OF UNCOLLECTIBLE PLEDGE

Schedule O (Form 990) 2022

Name of the organization

-3,132.

Page **2** 

Employer identification number

232161 09-14-22 LHA

SCHEDULE R (Form 990)

# **Related Organizations and Unrelated Partnerships**

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

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

Department of the Treasury Internal Revenue Service Name of the organization

PET PARTNERS

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

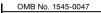
	-				
(a)	(b)	(c)	(d)	(e)	(f)
Name, address, and EIN (if applicable)	Primary activity	Legal domicile (state or	Total income	End-of-year assets	-
of disregarded entity		foreign country)			entity
PPB LLC - 82-3810266					
345 118TH AVE SE, SUITE 100					
BELLEVUE, WA 98005	BUILDING OPERATIONS	WASHINGTON	18,845.	12,208.	PET PARTNERS
	7				

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt Part II organizations during the tax year.

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	<b>(f)</b> Direct controlling entity	cont	<b>g)</b> 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
ASSOCIATION OF AAI PROFESSIONALS -							
85-3255060, 345 118TH AVE SE, SUITE 100,	ANIMAL-ASSISTED						
BELLEVUE, WA 98005	INTERVENTIONS	WASHINGTON	501(C)(6)		PET PARTNERS	х	
	_						
	_						
	_						

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

Schedule R (Form 990) 2022



22 Open to Public

Inspection

Employer identification number

91-1158281

# Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

		· <b>,</b>					1		1		<del></del>
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income				amount in box 20 of Schedule	Gener mana partn	al or Percenta <sup>jing</sup> ownersh
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	10
	1										
	1										
	1		l			1					

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	<b>(h)</b> Percentage ownership	(i Sec 512(t contr ent	(i) ction (b)(13) trolled tity?
		country)						Yes	No
									<u> </u>
								<u> </u>	<u> </u>
	]								

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

ote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	s M
During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	X	
<b>b</b> Gift, grant, or capital contribution to related organization(s)		X	
c Gift, grant, or capital contribution from related organization(s)			
d Loans or loan guarantees to or for related organization(s)		X	
e Loans or loan guarantees by related organization(s)			Ŧ
Dividends from related organization(s)			I
Sale of assets to related organization(s)	<u>1g</u>		
Purchase of assets from related organization(s)			
Exchange of assets with related organization(s)	1i		
Lease of facilities, equipment, or other assets to related organization(s)			_
Lease of facilities, equipment, or other assets from related organization(s)	<u>1k</u>		
Performance of services or membership or fundraising solicitations for related organization(s)		X	
n Performance of services or membership or fundraising solicitations by related organization(s)			
Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X	
Sharing of paid employees with related organization(s)		X	_
Reimbursement paid to related organization(s) for expenses	<u>1p</u>	x	
Reimbursement paid by related organization(s) for expenses		X	+
Other transfer of cash or property to related organization(s)	<u>1r</u>		
s Other transfer of cash or property from related organization(s)	1s		

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
(1) ASSOCIATION OF AAI PROFESSIONALS	A	2,699.	COST
(2) ASSOCIATION OF AAI PROFESSIONALS	D	216,354.	COST
(3) ASSOCIATION OF AAI PROFESSIONALS	L	86,829.	COST
<u>(4)</u>			
(5)			
(6)			

### Schedule R (Form 990) 2022 PET PARTNERS

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)         (b)         (c)         (d)         (g)         (h)         (h)         (g)         (h)         (h) <th>(a)</th> <th>(b)</th> <th>(c)</th> <th>(d)</th> <th>6</th> <th>"</th> <th>(f)</th> <th>(g)</th> <th>6</th> <th>n)</th> <th>(i)</th> <th>(j)</th> <th>(k)</th>	(a)	(b)	(c)	(d)	6	"	(f)	(g)	6	n)	(i)	(j)	(k)
Indices			Legal domicile	Predominant income	Are	all	Share of			opor-	Code V-UBI	General o	
Country         excluded rom tax liner         income         assets         trest No         rest No	of entity	i initiary doubley	(state or foreign	(related, unrelated,	501(	c)(3)	total		tion alloca	nate tions?	amount in box 20	managin	ownership
	,		country)	sections 512-514)	Vec		income			No	(Form 1065)		- ·
			-		165	NO			163		(************	165 140	
													ļ

Schedule R (Form 990) 2022

# Schedule R (Form 990) 2022 PET PA Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.