Fax: 202-403-3888

HOMELESS ANIMALS RESCUE TEAM, INC
Instructions for Filing
Form 8879-TE
IRS e-file Signature Authorization for Form 990
For the year ended December 31, 2021

The original IRS E-file Signature Authorization form should be signed (use full name) and dated by an authorized officer of the organization.

Return your signed IRS e-file Signature Authorization Form 8879-TE to:

S.E. McMASTER & ASSOCIATES, PLLC 1825 K STREET, NW, STE 705 WASHINGTON DC 20006

There is no tax due with the filing of this return.

Do NOT separately file Form 990 with the Internal Revenue Service. Doing so will delay the processing of your return. We must receive your signed form before we can electronically transmit your return, which is due on or before November 15, 2022. We would appreciate you returning this form as soon as possible as this will expedite the processing of your return. The Internal Revenue Service will notify us when your return is accepted. Your return is not considered filed until the Internal Revenue Service confirms their acceptance, which may occur after the due date of your return.

Form **8879-TE**

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2021, or fiscal year beginning ______ and ending

ding _____ 2)(

Department of the Treasury Internal Revenue Service ▶ Do not send to the IRS. Keep for your records.
 ▶ Go to www.irs.gov/Form8879TE for the latest information.

2021

OMB No. 1545-0047

| Name of filer | EIN or SSN |
|--|--|
| HOMELESS ANIMALS RESCUE TEAM, INC | 54-1564904 |
| lame and title of officer or person subject to tax | |
| FRANCES WITHINGTON, TREASURER | |
| Part I Type of Return and Return Information | |
| Check the box for the return for which you are using this Form 8879-TE and enter the applicable amou | nt, if any, from the return. Form 8038- |
| P and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you | |
| a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form wa | |
| b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- | on the return, then enter -0- on the |
| pplicable line below. Do not complete more than one line in Part I. | |
| 1a Form 990 check here ▶ X b Total revenue, if any (Form 990, Part VIII, column (A), line 12 | |
| 2a Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9) | |
| 3a Form 1120-POL check here . ▶ b Total tax (Form 1120-POL, line 22) | |
| 4a Form 990-PF check here b Tax based on investment income (Form 990-PF, Part V, line | |
| 5a Form 8868 check here ▶ b Balance due (Form 8868, line 3c) | |
| 6a Form 990-T check here b Total tax (Form 990-T, Part III, line 4) b Total tax (Form 4720, Part III, line 1) | |
| 7aForm 4720 check herebTotal tax (Form 4720, Part III, line 1)Line 1)8aForm 5227 check herebFMV of assets at end of tax year (Form 5227, Item D) | |
| 9a Form 5330 check here b Tax due (Form 5330, Part II, line 19) | |
| 10a Form 8038-CP check here b Amount of credit payment requested (Form 8038-CP, Part II | |
| Part II Declaration and Signature Authorization of Officer or Person Subject to Tax | n, me 22) 1100 |
| Inder penalties of perjury, I declare that X I am an officer of the above entity or X I am a person subject | ct to tax with respect to (name |
| | ve examined a copy of the |
| 1021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and beli | ef, they are true, correct, and |
| complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic ref | • |
| ntermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and t acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing | . , |
| he date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate a | • |
| direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the | ne federal taxes owed on this |
| eturn, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U. | , |
| -888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financ processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries a | |
| the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and | |
| lectronic funds withdrawal. | |
| PIN: check one box only | |
| X I authorize S.E. MCMASTER & ASSOCIATE to enter my PIN ERO firm name | 1 8 2 1 3 as my signature Enter five numbers, but do not enter all zeros |
| on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the re | eturn is being filed with a state |
| agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned return's disclosure consent screen. | d ERO to enter my PIN on the |
| As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the | he tax year 2021 electronically |
| filed return. If I have indicated within this return that a copy of the return is being filed with a state agen | cy(ies) regulating charities as part |
| of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. | |
| | 1/04/2022 |
| Part III Certification and Authentication | |
| RO's EFIN/PIN. Enter your six-digit electronic filing identification | |
| | 7 0 |
| Do not enter all zeros | |
| certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return inc am submitting this return in accordance with the requirements of Pub. 4163 , Modernized e-File (MeF) Informatic Providers for Business Returns. | |
| RO's signature ▶ Date ▶ | |
| | |
| EDO Must Potain This Form Cas Instructions | |
| ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To D | Do So |

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Form **8879-TE** (2021)

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

| A F | or th | e 2021 | calendar year, or tax year beginning | | and ending | | | | |
|-------------------------------|-----------|-------------------|--|--|------------------|------------|---|---------------|-------------------------|
| | | | C Name of organization | | | D | Employer iden | tificatio | n number |
| B c | heck if a | applicable: | HOMELESS ANIMALS RESCU | JE TEAM, INC | | | | | |
| | Addr | | Doing business as | | | | 54-1564 | 904 | |
| | _ | e change | Number and street (or P.O. box if mail is | not delivered to street address) | Room/suite | E | Telephone nun | nber | |
| | Initia | I return | PO BOX 7261 | | | | () | _ | |
| | | return/ inated | City or town, state or province, country, a | and ZIP or foreign postal code | • | | | | |
| | Amei | nded | FAIRFAX STATION, VA 22 | 2039-7261 | | G | Gross receipts | \$ | 919,285. |
| | | ication | F Name and address of principal officer: | FRANCES WITHINGTON | | H(| (a) Is this a grou | | or Yes X No |
| | pend | iiig | PO BOX 7261, FAIRFAX ST | TATION, VA 22039-7261 | | н | subordinates? (b) Are all subordinates? | | |
| ı | Tax-ex | cempt st | |) (insert no.) 4947(a)(1) | or 527 | , | If "No," att | ach a list. | See instructions |
| J | Webs | ite: | WWW.HART90.ORG | , (, , , , , , , , , , , , , , , , , , | | | c) Group exemp | tion numb | per > |
| | | | nization: X Corporation Trust | Association Other ► | L Year of | formation | : 1990 M s | State of I | egal domicile: VA |
| | art I | | ımmary | , | | | 2000 | | <u> </u> |
| | 1 | - | describe the organization's mission o | r most significant activities: HART | TS A NO- | -KTIJ | ANTMAT, F | ESCU | E GROUP |
| ø | - | • | T WAS FOUNDED TO GIVE AN | | | | | | |
| auc | | | OWNERS AN OPTION, AND A | | | OIVEL | <u>,</u> | | |
| ern | 2 | | | iscontinued its operations or dispose | | n 25% of | its net assets | | |
| Activities & Governance | 3 | | per of voting members of the governing | · | | | 1 | 3 | 5 |
| ૐ | 4 | | per of independent voting members of the | | | | | 4 | 5 |
| ies | 5 | | number of individuals employed in cale | | | | | 5 | |
| ₹ | 6 | | number of individuals employed in each | | | | | 6 | |
| Act | 72 | | unrelated business revenue from Part V | | | | | 7a | |
| | | | nrelated business taxable income from | | | | | 7b | |
| | | ivet ui | inelated business taxable income nom | Tomi 990-1, Faiti, line 11 | | | Prior Year | 7.5 | Current Year |
| | 8 | Contri | ibutions and grants (Part VIII, line 1h) | | | • | 610,87 | 1 | 618,724. |
| ne | 9 | | | | | | 324,85 | | 300,244. |
| Revenue | 10 | | am service revenue (Part VIII, line 2g) | | | | 1,07 | _ | 317. |
| æ | 11 | | tment income (Part VIII, column (A), line revenue (Part VIII, column (A), lines 5, | | | | | O. NE | NONE |
| | 12 | | | | r | | 936,80 | $\overline{}$ | 919,285. |
| | 13 | | revenue - add lines 8 through 11 (must | | | | | NE | |
| | 14 | | s and similar amounts paid (Part IX, colu | | NE | NONE NONE | | | |
| | 4.5 | | its paid to or for members (Part IX, colu | | | | 100,21 | - | 103,538. |
| Expenses | 160 | | es, other compensation, employee ben | | 1 | | | DNE | |
| ben | IVa | | ssional fundraising fees (Part IX, column | | | | INC | ME | NONE |
| $\overline{\mathbf{x}}$ | 47 | | fundraising expenses (Part IX, column (| | | | 020 05 | 0 | 076 005 |
| | | | expenses (Part IX, column (A), lines 11 | | | | 838,85 | | 876,005. |
| | | | expenses. Add lines 13-17 (must equal | | | | 939,06 -2,25 | | 979,543. -60,258. |
| - s | 19 | Rever | nue less expenses. Subtract line 18 fron | 1 line 12 | | Reginnin | g of Current Y | | End of Year |
| let Assets or und Balances | 20 | Total | coacte (Port V. line 16) | | | Degillilli | 838,90 | | 830,928. |
| Asse Bala | 21 | | assets (Part X, line 16) liabilities (Part X, line 26) | | | | 34,82 | | |
| Fig. | 22 | | ssets or fund balances. Subtract line 21 | | | | 804,07 | _ | 87,108. 743,820. |
| <u>∠⊩</u> | rt II | | gnature Block | Trom line 20 | | | 004,07 | 0. | 743,020. |
| | | | of perjury, I declare that I have examined th | is return including accompanying sched | ules and statem | ents and | to the hest of | my kno | wledge and helief it is |
| true | e, corre | ect, and | complete. Declaration of preparer (other than | n officer) is based on all information of wh | ich preparer has | any know | ledge. | | |
| | | | | | | | 11/0 | 4/20 | 2.2 |
| Sig | ın | 5 | Signature of officer | | | | Date | 4/20 | 22 |
| He | re | | EDANGES WITHITNOTON | ירים | EASURER | | | | |
| | | _ | FRANCES WITHINGTON Type or print name and title | IRI | LASURER | | | | |
| | | | Type preparer's name | Preparer's signature | Date | | | ; PTIN | N |
| Paic | t | | | | | /2022 | Check self-employe | ". | |
| Pre | parer | | MCMASTER CPA | S E MCMASTER CPA | 11/07 | | | 1 1 0 | 0310424 |
| Use | Only | | s name S.E. MCMASTER & | | | | rm's EIN | | 0709624 |
| 1/0 | , the | | | STE 705 WASHINGTON, DC 20006 | | | none no. | | -223-5001 |
| | | | iscuss this return with the prepare | | | | | [| X Yes No |
| ror | rape | WOLK | Reduction Act Notice, see the separat | e mstructions. | | | | | Form 990 (2021) |

Page 2 Form 990 (2021)

| Pa | | atement of Program Service and the service and | Accomplishments response or note to any line in this Par | t III | | | | | | | | | |
|----|---|--|--|----------------|----------|--|--|--|--|--|--|--|--|
| 1 | | ribe the organization's mission | | | | | | | | | | | |
| - | HART IS A NO-KILL ANIMAL RESCUE GROUP THAT WAS FOUNDED TO GIVE ANIMAL | | | | | | | | | | | | |
| | RESCUERS A RESOURCE, RESPONSIBLE PET OWNERS AN OPTON, AND ANIMALS ON | | | | | | | | | | | | |
| | | OW A CHANCE. | SIBLE IEI OWNERS AN OLION, | AND ANTHADO ON | | | | | | | | | |
| | | | | | | | | | | | | | |
| | prior Form 9 | 990 or 990-EZ? | icant program services during the ye | | | | | | | | | | |
| 3 | Did the or | | , or make significant changes in l | | | | | | | | | | |
| | If "Yes," des | cribe these changes on Sched | | | | | | | | | | | |
| | expenses. S | Section 501(c)(3) and 501(c)(| rvice accomplishments for each of 4) organizations are required to represent program service reported. | | | | | | | | | | |
| 4a | (Code: |) (Expenses \$9 | 30,427. including grants of \$ |) (Revenue \$ | 300,244. | | | | | | | | |
| | THE HOM | ELESS ANIMALS RESCUE | TEAM (HART), A NO-KILL AN | IIMAL RESCUE | | | | | | | | | |
| | GROUP. | HART PROVIDES ASSIST | TANCE TO PEOPLE WHO, DUE T | O FAILING | | | | | | | | | |
| | HEALTH, | FINANCIAL DISTRESS, | OR OTHER PERSONAL CIRCUMS | STANCES, | | | | | | | | | |
| | REQUIRE | ASSISTANCE RELATING | TO THEIR PETS. HART WORK | S WITH | | | | | | | | | |
| | SHELTER | S AND THOSE WITH UNW | ANTED PETS TO FACILITATE A | ADOPTIONS AND | | | | | | | | | |
| | RESCUE | ANIMALS FROM SHELTERS | S WHERE THEY ARE FACING BE | ING PUT TO | | | | | | | | | |
| | DEATH. | REVENUE FOR THIS PRO | GRAM IS FROM ADOPTION FEES | G. DURING | | | | | | | | | |
| | 2019 OV | ER 803 ANIMIALS WERE | ASSISTED BY HART. | | | | | | | | | | |
| 4b | (Code: |) (Expenses \$ | including grants of \$ |) (Revenue \$ |) | | | | | | | | |
| 4c | (Code: |) (Expenses \$ | including grants of \$ |) (Revenue \$ |) | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| _ | Oth | | 1.1.0) | | | | | | | | | | |
| 4d | Other progr (Expenses \$ | am services (Describe on Scho including gra | | 2 \$ | | | | | | | | | |
| 4e | <u> </u> | am service expenses > | | Σ Ψ | | | | | | | | | |

JSA 1E1020 1.000

Page 3
Part IV Checklist of Required Schedules

| Part | V 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 | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions | 2 | | X |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to | | | |
| | candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | X |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) | | | |
| | election in effect during the tax year? If "Yes," complete Schedule C, Part II | 4 | | X |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, | | | |
| | assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III | 5 | | X |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors | | | |
| | have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If | | | |
| | "Yes," complete Schedule D, Part I | 6 | | X |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| | 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 | | X |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, | | | |
| _ | VII, VIII, IX, or X, as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," | 11a | 77 | |
| h | complete Schedule D, Part VI | IIa | X | |
| b | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | Х |
| _ | Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more | 110 | | - 1 |
| · | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | Х |
| d | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets | | | |
| - | reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | Х |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | X |
| | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | Х |
| 12 a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| | Schedule D, Parts XI and XII | 12a | Х | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? If | | | |
| | "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | Х |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. | 13 | | Х |
| | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | Х |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, | | | |
| | fundraising, business, investment, and program service activities outside the United States, or aggregate | | | |
| | foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | 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 | | X |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other | | | |
| | assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | X |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on | | | 3.5 |
| 40 | Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions | 17 | | X |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on | 40 | | 7.7 |
| 10 | Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | X |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? | 4.0 | | 7.7 |
| 20.0 | If "Yes," complete Schedule G, Part III | 19 20a | | X |
| | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20a 20b | | X |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | 200 | | |
| - ' | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | Х |

Form 990 (2021)
Part IV Chocklist of Poquired Schodules (continued)

| Par | Checklist of Required Schedules (continued) | | V | Na |
|-------|--|------|------|------|
| | Did the approximation person than \$5,000 of prosts on other assistance to an fau demostic individuals on | | Yes | No |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | 3.5 |
| 00 | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | X |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the | | | |
| | organization's current and former officers, directors, trustees, key employees, and highest compensated | | | |
| | employees? If "Yes," complete Schedule J | 23 | | X |
| 24 a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than | | | |
| | \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b | | | |
| | through 24d and complete Schedule K. If "No," go to line 25a | | | X |
| | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year | | | |
| | to defease any tax-exempt bonds? | | | |
| | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25 a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | | | |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | X |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior | | | |
| | year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? | | | |
| | If "Yes," complete Schedule L, Part I | 25b | | X |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current | | | |
| | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | | X |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key | | | |
| | employee, creator or founder, substantial contributor or employee thereof, a grant selection committee | | | |
| | member, or to a 35% controlled entity (including an employee thereof) or family member of any of these | | | |
| | persons? If "Yes," complete Schedule L, Part III | 27 | | X |
| 28 | Was the organization a party to a business transaction with one of the following parties (see the Schedule L, | | | |
| | Part IV instructions, for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If | | | |
| | "Yes," complete Schedule L, Part IV | 28a | | Х |
| b | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | Х |
| | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If | | | |
| | "Yes," complete Schedule L, Part IV | 28c | | Х |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | Х | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified | | | |
| | conservation contributions? If "Yes," complete Schedule M | 30 | | Х |
| 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 | | Х |
| 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 |
| 35 a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | X |
| | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a | Jou | | - 21 |
| ~ | controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable | 000 | | |
| 00 | 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 | - 50 | | 21 |
| 31 | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | Х |
| 38 | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and | 37 | | - 1 |
| 50 | 19? Note: All Form 990 filers are required to complete Schedule O | 38 | Х | |
| Part | | 30 | Λ | |
| ा वा। | Check if Schedule O contains a response or note to any line in this Part V | | | |
| | Oncor ii Ooneddie O condains a response of note to arry line III tills Fait V | | Yes | No |
| 4 | Enter the number reported in box 2 of Form 1006. Enter 0 if not applicable | | . 03 | .,,, |
| | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable | | | |
| | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable | | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and | 4- | v | |
| | reportable gaming (gambling) winnings to prize winners? | 1c | Χ | |

Page 5 Form 990 (2021)

| Par | Statements Regarding Other IRS Filings and Tax Compliance (continued) | | Yes | No |
|-----|--|----------|-----|-----|
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | | | |
| | Statements, filed for the calendar year ending with or within the year covered by this return. 2a 7 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | X | |
| | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. | | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | X |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | 3b | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, | | | |
| | a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | X |
| b | If "Yes," enter the name of the foreign country ▶ | | | |
| | $See \ instructions \ for \ filling \ requirements \ for \ FinCEN \ Form \ 114, \ Report \ of \ Foreign \ Bank \ and \ Financial \ Accounts \ (FBAR).$ | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | X |
| С | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | | | |
| | organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or | | | |
| | gifts were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods | _ | | |
| | and services provided to the payor? | 7a | X | |
| | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | X | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | | | |
| | required to file Form 8282? | 7c | | X |
| | If "Yes," indicate the number of Forms 8282 filed during the year | 7. | | 7.7 |
| | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | X |
| | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | X |
| _ | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g 7h | | |
| _ | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?. • | 7 11 | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | |
| | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | |
| | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | |
| | Initiation fees and capital contributions included on Part VIII, line 12 | | | |
| | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | | | |
| | Section 501(c)(12) organizations. Enter: | | | |
| | Gross income from members or shareholders | | | |
| | Gross income from other sources. (Do not net amounts due or paid to other sources | | | |
| | against amounts due or received from them.) | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | |
| | Note: See the instructions for additional information the organization must report on Schedule O. | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which | | | |
| | the organization is licensed to issue qualified health plans | | | |
| | Enter the amount of reserves on hand | | | |
| | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | X |
| | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O | 14b | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | | | |
| | excess parachute payment(s) during the year? | 15 | | |
| | If "Yes," see the instructions and file Form 4720, Schedule N. | 4.0 | | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | | |
| | If "Yes," complete Form 4720, Schedule O. | | | |
| 17 | Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any | 17 | | |
| | activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? | 17 | | |

| Sect | ion A. Governing Body and Management | | | | | |
|------------|--|----------|------------|------------|-------|--------|
| | | | | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | 1a | 5 | | | |
| | 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 | 5 | - | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business re | | ship with | | | 37 |
| _ | any other officer, director, trustee, or key employee? | | | 2 | | X |
| 3 | Did the organization delegate control over management duties customarily performed by or un | | | 3 | | v |
| | supervision of officers, directors, trustees, or key employees to a management company or other p | | | 4 | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was fi | | | 5 | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's | | | 6 | | X |
| 6 | Did the organization have members or stockholders? | | | | | |
| 7a | Did the organization have members, stockholders, or other persons who had the power to element of the power in half 2 | | | 7a | | Х |
| L. | one or more members of the governing body? | | | , a | | |
| b | Are any governance decisions of the organization reserved to (or subject to approval stockholders, or persons other than the governing body? | | | 7b | | Х |
| 8 | Did the organization contemporaneously document the meetings held or written actions und | | | | | |
| Ü | the year by the following: | Citake | ii duilig | | | |
| а | The governing body? | | | 8a | Х | |
| b | Each committee with authority to act on behalf of the governing body?. | | | 8b | Х | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot | | | | | |
| | the organization's mailing address? If "Yes," provide the names and addresses on Schedule O | | | 9 | | Х |
| Secti | on B. Policies (This Section B requests information about policies not required by the Inte | ernal | Revenue | Code | .) | |
| | | | | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | | | 10a | | X |
| b | If "Yes," did the organization have written policies and procedures governing the activities of | such | chapters, | | | |
| | affiliates, and branches to ensure their operations are consistent with the organization's exempt p | urpose | es? | 10b | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before for | iling th | e form? . | 11a | X | |
| | Describe on Schedule O the process, if any, used by the organization to review this Form 990. | | | | | |
| | 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 c | ould give | 12b | Х | |
| | rise to conflicts? | | | 120 | Λ | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the p | - | | 12c | Х | |
| 40 | describe on Schedule O how this was done | | | 13 | X | |
| 13 14 | Did the organization have a written whistieblower policy? 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 ar | | | | | |
| 13 | independent persons, comparability data, and contemporaneous substantiation of the deliberation | | - | | | |
| а | The organization's CEO, Executive Director, or top management official | | | 15a | | Х |
| b | Other officers or key employees of the organization | | | 15b | | X |
| - | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. | | | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar | ır arra | ingement | | | |
| | with a taxable entity during the year? | | - | 16a | | X |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization | to eva | aluate its | | | |
| | participation in joint venture arrangements under applicable federal tax law, and take steps to | | | | | |
| | organization's exempt status with respect to such arrangements? | | | 16b | | |
| | on C. Disclosure | | | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed ► VA, | | | - , | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable). | | and 990-1 | (sect | ion 5 | 01(c) |
| | (3)s only) available for public inspection. Indicate how you made these available. Check all that ap X Own website Another's website X Upon request Other (explain on Science) | | a ()) | | | |
| 40 | | | , | £ ! | | a Barr |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing document special statements excitable to the public during the toxy year. | nents, | conflict o | ınter | est p | olicy, |
| 20 | and financial statements available to the public during the tax year. | hooko | and record | c b | | |
| 4 U | State the name, address, and telephone number of the person who possesses the organization's THE ORGANIZATION PO BOX 7261 FAIRFAX STATION, VA 22039-7261 | JUUKS | anu record | 3 F | | |

703-691-4278

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

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

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.s
- 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.

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

| Check this box if heither the organization nor | arry related | orga | IIIZc | atioi | 1 00 | mpen | Sale | tu any current onic | er, director, or trus | olee. |
|--|---|--|-----------------------|-------------------------------|----------|------------------------------|--------------------------------------|---|---|---|
| (A) Name and title | (B) Average hours per week (list any | Position (do not check more to box, unless person is officer and a director or director or director trus | | | e than o | an | (D) Reportable compensation from the | (E) Reportable compensation from related | (F) Estimated amount of other compensation | |
| | (list any hours for related organizations below dotted line) | Individual trustee or director | Institutional trustee | Officer Institutional trustee | | Highest compensated employee | Former | organization (W-2/ 1099-MISC/ 1099-NEC) | organizations (W-2/ 1099-MISC/ 1099-NEC) | from the organization and related organizations |
| (1) CHARLENE BOFINGER | 1.00 | | | | | | | | | |
| DIRECTOR | NONE | Х | | | | | | NONE | NONE | NONE |
| (2) PATRICIA KUROWSKI | 1.00 | | | | | | | | | |
| PRESIDENT | NONE | Х | | Х | | | | NONE | NONE | NONE |
| (3) F NEVILLE WITHINGTON | 1.00 | | | | | | | | | |
| TREASURER | NONE | Х | | Х | | | | NONE | NONE | NONE |
| (4) RICHARD ORTH | 1.00 | | | | | | | | | |
| DIRECTOR | NONE | Х | | | | | | NONE | NONE | NONE |
| (5) CYNTHIA VOCCIA | 1.00 | | | | | | | | | |
| SECRETARY | NONE | X | | Х | | | | NONE | NONE | NONE |
| | | | | | | | | | | |
| (7) | | | | | | | | | | |
| (8) | | | | | | | | | | |
| (9) | | | | | | | | | | |
| (10) | | | | | | | | | | |
| (11) | | | | | | | | | | |
| (12) | | | | | | | | | | |
| (13) | | | | | | | | | | |
| (14) | | | | | | | | | | |

| | 990 (2021) | | | | | | | | | | | Page 8 |
|----|--|---|--------------------------------|-------------------------|---------|--------------|------------------------------|-------------|---------------------------------|--|--------------------------------------|----------------------------|
| Pa | t VII Section A. Officers, Directors, Tru | | y Em | plo | | | and F | ligi | | | | |
| | (A) Name and title | week (list any box | | Continuation Position | | | | | from the | Reportable compensation from related organizations | (F) Estima amoun othe compens from t | ted t of r sation |
| | | related organizations below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | organization (W-2/1099-MISC) | (W-2/1099-MISC) | organiza and rela organiza | ation ated |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | - | | | | | | | | | |
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| | | | - | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| 1b | Sub-total | | | | | | | > | NONE | NONE | | NONE |
| С | Total from continuation sheets to Part VII, So Total (add lines 1b and 1c) | ection A | | | | | | > | NONE NONE | | | NONE NONE |
| | Total number of individuals (including but not reportable compensation from the organization | limited to t | | | d al | oove | • | re | | l . | | NONE |
| | reportable compensation from the organization | | | | | NO | NE | | | | Ye | s No |
| 3 | Did the organization list any former office employee on line 1a? If "Yes," complete Schedu | | | | | | | | | | 3 | X |
| 4 | For any individual listed on line 1a, is the sorganization and related organizations greindividual | eater than | \$15 | 0,0 | 00? | lf | "Yes | ," (| complete Schedu | | 4 | X |
| 5 | Did any person listed on line 1a receive or for services rendered to the organization? If "Ye | accrue co | mpen | sati | on f | from | n any | uni | related organization | | 5 | Х |
| Se | tion B. Independent Contractors | | | | | | | | | | | |
| 1 | Complete this table for your five highest com compensation from the organization. Report c year. | | | | | | | | | | | |
| | | | | | | | | _ | | | | |

| SEE SCHEDULE O | (A) Name and business address | (B) Description of services | (C) Compensation |
|----------------|----------------------------------|-----------------------------|---------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 1

Form 990 (2021)

54-1564904

Part VIII Statement of Revenue

| 1 | | | Check if Schedule O contains | a respor | nse or note to ar | ny line in this Part V | /III | | |
|--|-------------|-----|---|--------------|-------------------|------------------------|--------------------------|-------------------------|---|
| 20 | | | | | | (A) | (B) Related or exempt | (C) Unrelated | (D) Revenue excluded from tax under |
| 20 | ts ts | 1a | Federated campaigns | . 1a | 152,451. | | | | |
| 20 | and and | | ··· | | | | | | |
| 20 | عَ ق | | • | | | | | | |
| 20 | fts, r A | ١. | • | | | | | | |
| 20 | ₽̈́ | | · · | | | | | | |
| 20 | ns, sim | ١. | , | . 16 | | | | | |
| 20 | i Eio | ' | | 1. | 466.273 | | | | |
| 20 | t pg | | | · · · · | 100,273. | | | | |
| 20 | 늘 | y | | 10 | ¢ | | | | |
| 20 | a Se | h | | | | 618.724 | | | |
| 29 20 20 20 20 20 20 20 | | " | Total. Add lines 1a-11 | | | 010,721. | | | |
| Total Add lines 2a-22 Total Add lines 1a-1-1d Total Add lines 1a-1-1-1d Total Add lines 1a-1-1d | ė | | ADOPTION FEES | | 240000 0040 | 300.244. | 300.244. | | |
| Total Add lines 2a-22 Total Add lines 1a-1-1d Total Add lines 1a-1-1-1d Total Add lines 1a-1-1d | Ξ̃ | | | | | 2007231 | | | |
| Total Add lines 2a-22 Total Add lines 1a-1-1d Total Add lines 1a-1-1-1d Total Add lines 1a-1-1d | Se | | | | | | | | |
| Total Add lines 2a-22 Total Add lines 1a-1-1d Total Add lines 1a-1-1-1d Total Add lines 1a-1-1d | am | | | | | | | | |
| Total Add lines 2a-22 Total Add lines 1a-1-1d Total Add lines 1a-1-1-1d Total Add lines 1a-1-1d | Reg | | | | | | | | |
| Total Add lines 2a-22 Total Add lines 1a-1-1d Total Add lines 1a-1-1-1d Total Add lines 1a-1-1d | P | | All other program convice revenue | | | | | | |
| 3 Investment income (including dividends, interest, and other similar amounts). 17. 17. 17. 17. 17. 17. 17. 17. 17. 17 | | | | | | 300,244. | | | |
| 17. | | | | | | | | | |
| 1 | | | | | _ | 17. | | | 17. |
| Solution Solution | | 4 | · · | | | NONE | | | |
| Company Comp | | | | • | | NONE | | | |
| Description | | | | | | | | | |
| Description | | 6a | Gross rents 6a | | | | | | |
| Total. Add lines 11a-11d NONE NONE NONE | | b | | | | | | | |
| Net rental income or (loss) | | С | · | NONE | NONE | | | | |
| Ta Gross amount from sales of assets other than inventory b. Less: cost or other basis and sales expenses | | d | | | | NONE | | | |
| Other than inventory 7a 300. b Less: cost or other basis and sales expenses . 7b NONE C Gain or (loss) | | 7a | Gross amount from (i) S | ecurities | (ii) Other | | | | |
| b Less: cost or other basis and sales expenses 7b NONE c Gain or (loss) | | | sales of assets | | | | | | |
| and sales expenses . | | | other than inventory 7a | | 300. | | | | |
| d Net gain or (loss) | ē | b | Less: cost or other basis | | | | | | |
| d Net gain or (loss) | enr | | and sales expenses 7b | | NONE | | | | |
| A Net gain or (loss) | ě | С | Gain or (loss) 7c | | 300. | | | | |
| events (not including \$ of contributions reported on line 1c). See Part IV, line 18 | | d | Net gain or (loss) | <u></u> | <u></u> | 300. | | | |
| events (not including \$ of contributions reported on line 1c). See Part IV, line 18 | the | 8a | Gross income from fundrais | ing | | | | | |
| 1c). See Part IV, line 18 | 0 | | events (not including \$ | | | | | | |
| b Less: direct expenses | | | of contributions reported on I | ine | | | | | |
| C Net income or (loss) from fundraising events | | | 1c). See Part IV, line 18 | . 8a | NONE | | | | |
| 9a Gross income from gaming activities. See Part IV, line 19 9a NONE b Less: direct expenses | | b | Less: direct expenses | . 8b | NONE | | | | |
| activities. See Part IV, line 19 9a | | С | Net income or (loss) from fundraising | ng events | | NONE | | | |
| b Less: direct expenses | | 9a | Gross income from gam | ing | | | | | |
| C Net income or (loss) from gaming activities | | | activities. See Part IV, line 19 | 9a | NONE | | | | |
| Total. Add lines 11a-11d | | b | | | | | | | |
| returns and allowances | | С | Net income or (loss) from gaming | activities . | <u></u> | NONE | | | |
| b Less: cost of goods sold | | 10a | • | | | | | | |
| Net income or (loss) from sales of inventory. None Business Code d All other revenue Total. Add lines 11a-11d None | | | | | | | | | |
| Business Code 11a | | b | Less: cost of goods sold | | | | | | |
| 11a | | С | iver income or (loss) from sales of in | veniory. | | NONE | | | |
| e Total. Add lines 11a-11d · · · · · · · · · · · · · · · · · · | Snc | | | | DUSITIESS CODE | | | | |
| e Total. Add lines 11a-11d · · · · · · · · · · · · · · · · · · | nec | | | | | | | | |
| e Total. Add lines 11a-11d · · · · · · · · · · · · · · · · · · | ella ver | | | | | | | | |
| e Total. Add lines 11a-11d · · · · · · · · · · · · · · · · · · | Sce | | | | | | | | |
| | Ξ | | | | | N∪NE | | | |
| | | | | | | | 300.244 | | 17. |

54-1564904

Part IX Statement of Functional Expenses

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

| | Check if Schedule O contains a resp | oonse or note to any line | e in this Part IX | | |
|----|---|---------------------------|------------------------------|-------------------------------------|--|
| | not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations | | | | |
| | and domestic governments. See Part IV, line 21 | NONE | | | |
| 2 | Grants and other assistance to domestic | | | | |
| | individuals. See Part IV, line 22 | NONE | | | |
| 3 | Grants and other assistance to foreign | | | | |
| | organizations, foreign governments, and | | | | |
| | foreign individuals. See Part IV, lines 15 and 16 | NONE | | | |
| 4 | Benefits paid to or for members | NONE | | | |
| 5 | Compensation of current officers, directors, | | | | |
| | trustees, and key employees | NONE | | | |
| 6 | Compensation not included above to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | NONE | | | |
| 7 | Other salaries and wages | 96,077. | 89,351. | 4,804. | 1,922 |
| 8 | Pension plan accruals and contributions (include | NONE | | | |
| | section 401(k) and 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | NONE | | | |
| 10 | Payroll taxes | 7,461. | 6,939. | 373. | 149 |
| 11 | Fees for services (nonemployees): | | | | |
| а | Management | NONE | | | |
| b | Legal | NONE | | | |
| С | Accounting | 29,133. | | 29,133. | |
| d | Lobbying | NONE | | | |
| е | Professional fundraising services. See Part IV, line 17. | NONE | | | |
| f | Investment management fees | NONE | | | |
| g | Other. (If line 11g amount exceeds 10% of line 25, column | SEE SCHE O | | | |
| | (A), amount, list line 11g expenses on Schedule O.) | 749,774. | 749,774. | | |
| 12 | Advertising and promotion | NONE | | | |
| 13 | Office expenses | 26,770. | 17,772. | 956. | 8,042 |
| 14 | Information technology | 4,774. | 4,440. | 239. | 95 |
| 15 | Royalties | NONE | | | |
| 16 | Occupancy | 10,977. | 10,208. | 549. | 220 |
| 17 | Travel | 16,937. | 16,937. | | |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | NONE | | | |
| 19 | Conferences, conventions, and meetings | NONE | | | |
| | Interest | NONE | | | |
| | Payments to affiliates | NONE | | === | ~ = |
| | Depreciation, depletion, and amortization | 15,867. | 14,757. | 793. | 317 |
| | Insurance | 10,127. | 9,418. | 506. | 203 |
| 24 | Other expenses. Itemize expenses not covered | | | | |
| | above. (List miscellaneous expenses on line 24e. If | | | | |
| | line 24e amount exceeds 10% of line 25, column | | | | |
| | (A), amount, list line 24e expenses on Schedule O.) | 0.000 | 0.010 | 4.45 | 4=0 |
| | BANK FEES | 8,939. | 8,313. | 447. | 179 |
| b | TAXES AND LICENSES | 2,707. | 2,518. | 135. | 54 |
| С | | | | | |
| d | | | | | |
| | All other expenses | 200 - 11 | 222 :== | 2 | |
| | Total functional expenses. Add lines 1 through 24e | 979,543. | 930,427. | 37,935. | 11,181 |
| 26 | Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and transfering collections. | | | | |
| | fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720) | | | | |

Page **11** Form 990 (2021)

Part X Balance Sheet

| | | | | | (A) Beginning of year | | (B) End of year |
|---------------|------|--|---------|------------------------|--------------------------|----------|---------------------------|
| | 1 | Cash - non-interest-bearing | | | 122,164. | 1 | 131,377. |
| | 2 | Savings and temporary cash investments | | | 659,002. | 2 | 640,237. |
| | 3 | Pledges and grants receivable, net | NONE | 3 | 17,473 | | |
| | 4 | Accounts receivable, net | NONE | 4 | NON | | |
| | 5 | Loans and other receivables from any current of | r forr | ner officer, director, | | | |
| | | trustee, key employee, creator or founder, subst | antial | contributor, or 35% | | | |
| | | controlled entity or family member of any of these | NONE | 5 | NON | | |
| | 6 | Loans and other receivables from other disqual | | | | | |
| | | under section 4958(f)(1)), and persons described | in sec | tion 4958(c)(3)(B) | NONE | 6 | NON |
| Sie | 7 | Notes and loans receivable, net | | | NONE | 7 | NONE |
| Assets | 8 | Inventories for sale or use | | | NONE | 8 | NONE |
| ⋖ | 9 | Prepaid expenses and deferred charges | | | 3,390. | 9 | 3,111. |
| | 10 a | Land, buildings, and equipment: cost or other | | | | | |
| | | basis. Complete Part VI of Schedule D | 10a | | | | |
| | b | Less: accumulated depreciation | 10b | 97,748. | 53,598. | 10c | 37,730. |
| | 11 | Investments - publicly traded securities | | | NONE | 11 | NONE |
| | 12 | Investments - other securities. See Part IV, line 11 | | | NONE | 12 | NONE |
| | 13 | Investments - program-related. See Part IV, line 11 | | _ | NONE | 13 | NONE |
| | 14 | Intangible assets | | NONE | 14 | NONE | |
| | 15 | Other assets. See Part IV, line 11 | 750. | 15 | 1,000. | | |
| | 16 | Total assets. Add lines 1 through 15 (must equal | 3) | 838,904. | 16 | 830,928. | |
| | 17 | Accounts payable and accrued expenses | 34,826. | 17 | 87,108. | | |
| | 18 | Grants payable | NONE | | NONE | | |
| | 19 | Deferred revenue | | | NONE | | NONE |
| | 20 | Tax-exempt bond liabilities | | | NONE | | NONE |
| | 21 | Escrow or custodial account liability. Complete Pa | | | NONE | 21 | NONI |
| es | 22 | Loans and other payables to any current or | | | | | |
| Liabilities | | trustee, key employee, creator or founder, subst | | | | | |
| a | | controlled entity or family member of any of these | | _ | NONE | | NONE |
| | 23 | Secured mortgages and notes payable to unrelate | | | NONE | | NONE |
| | 24 | Unsecured notes and loans payable to unrelated | | | NONE | 24 | NONE |
| | 25 | Other liabilities (including federal income tax, | | | | | |
| | | parties, and other liabilities not included on lines | 17-2 | 4). Complete Part X | | | |
| | | of Schedule D | | | NONE | | NONE |
| _ | 26 | Total liabilities. Add lines 17 through 25 | | | 34,826. | 26 | 87,108. |
| ces | | Organizations that follow FASB ASC 958, check and complete lines 27, 28, 32, and 33. | here | ► <u>X</u> | | | |
| <u>a</u> | 27 | Net assets without donor restrictions | | | 804,078. | 27 | 726,347. |
| מֹ | 28 | Net assets with donor restrictions. | | | NONE | | 17,473. |
| rund balances | | Organizations that do not follow FASB ASC 958 and complete lines 29 through 33. | | | · | | |
| 6 | 29 | Capital stock or trust principal, or current funds . | | | | 29 | |
| ets | 30 | Paid-in or capital surplus, or land, building, or equ | | | | 30 | |
| Ϋ́ | 31 | Retained earnings, endowment, accumulated incompared in the compared in the co | • | _ | | 31 | |
| - 1 | 32 | Total net assets or fund balances | | | 804,078. | 32 | 743,820. |
| ž | 33 | Total liabilities and net assets/fund balances | | | 838,904. | 33 | 830,928. |

Form 990 (2021) Page **12**

| OIIII J | (2021) | | | ıα | gc • = |
|---------|--|---|---------|-----|-------------|
| Part | XI Reconciliation of Net Assets | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | <u></u> | <u></u> | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 9 | 19, | <u> 285</u> |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 9 | 79, | <u>543</u> |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | 60, | <u> 258</u> |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 8 | 04, | 078 |
| 5 | Net unrealized gains (losses) on investments | 5 | | | |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | Investment expenses | 7 | | | |
| 8 | Prior period adjustments | 8 | | | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | | | |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line | | • | | |
| | 32, column (B)) | 10 | 7 | 43, | 820 |
| Part | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | |
| | · | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," e. | xplain on | | | |
| | Schedule O. | • | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant?. | | 2a | | Х |
| | If "Yes," check a box below to indicate whether the financial statements for the year were cor | | | | |
| | reviewed on a separate basis, consolidated basis, or both: | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| h | Were the organization's financial statements audited by an independent accountant? | | 2b | Х | |
| b | If "Yes," check a box below to indicate whether the financial statements for the year were aud | | | | |
| | separate basis, consolidated basis, or both: | itou on a | | | |
| | X Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| _ | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over | arciaht of | | | |
| C | the audit, review, or compilation of its financial statements and selection of an independent accounts | _ | 2c | X | |
| | If the organization changed either its oversight process or selection process during the tax year, e | | | 21 | |
| | | хріаін он | | | |
| • | Schedule O. | علمات المسا | | | |
| за | As a result of a federal award, was the organization required to undergo an audit or audits as set fo | rtn in the | 3a | | Х |
| ı. | Single Audit Act and OMB Circular A-133? | ا ۱ ۱ ۱ ۱ ۱ ۱ ۱ ۱ ۱ ۱ ۱ ۱ ۱ ۱ ۱ ۱ ۱ ۱ ۱ | Ja | | |
| O | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo audit or audits, explain why on Schedule O and describe any steps taken to undergo such a | • | 3b | | |
| | required addit of addits. Explain why on Schedule O and describe any steps taken to undergo such a | uulla | JU | 1 | |

SCHEDULE A (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

2021

Open to Public Inspection

54-1564904

Department of the Treasury Internal Revenue Service

Name of the organization

HOMELESS ANIMALS RESCUE TEAM, INC

Employer identification number

| Pa | rt I | Reason for Public Cha | rity Status. (All | organizations must | complet | te this p | art.) See instructions | S. |
|------|---|--|---------------------|---|-----------------------------|---------------------------------------|---|---|
| The | org | anization is not a private fou | ndation because it | t is: (For lines 1 through | gh 12, ch | eck only | one box.) | |
| 1 | | A church, convention of chu | urches, or associa | tion of churches desc | ribed in s | ection 1 | 70(b)(1)(A)(i). | |
| 2 | | A school described in secti | on 170(b)(1)(A)(ii) | . (Attach Schedule E | (Form 99 | 90).) | | |
| 3 | | A hospital or a cooperative | hospital service o | rganization described | in sectio | n 170(b) | (1)(A)(iii). | |
| 4 | | A medical research organiz | zation operated in | conjunction with a ho | spital de | scribed i | n section 170(b)(1)(A) | (iii). Enter the |
| | | hospital's name, city, and st | tate: | | | | | |
| 5 | | An organization operated | for the benefit of | a college or universi | ty owne | d or ope | erated by a governme | ental unit described in |
| | | section 170(b)(1)(A)(iv). (C | Complete Part II.) | | | | | |
| 6 | | A federal, state, or local go | vernment or gove | rnmental unit describe | d in sect | ion 170(| b)(1)(A)(v). | |
| 7 | | An organization that norma | - | • | ipport fr | om a go | vernmental unit or fro | om the general public |
| | | described in section 170(b)(1)(A)(vi). (Complete Part II.) | | | | | | |
| 8 | | A community trust describe | | | | | | |
| 9 | | An agricultural research org | | | | | | |
| | | or university or a non-land- | grant college of ag | griculture (see instruc | tions). E | nter the | name, city, and state o | f the college or |
| | | university: | | | | | | |
| 10 | An organization that normally receives (1) more than 331/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 331/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) | | | | | | | |
| 11 | | An organization organized | | | - | | | |
| 12 | | An organization organized a | • | • | | | | • • • |
| | | one or more publicly suppo | - | | | | | |
| | | the box on lines 12a throug | | | | | · · | _ |
| а | L | Type I. A supporting orga | • | • | | | • | |
| | | the supported organization | | | | ajority of | the directors or truste | es of the |
| | Г | supporting organization. | - | | | | | anda) harbarina |
| b | L | Type II. A supporting org | - | | | | | |
| | | control or management of | | - | the sam | e persor | is that control of man | age the supported |
| _ | Г | organization(s). You must Type III functionally integ | - | | atod in o | onnoctio | n with and functions | lly intograted with |
| С | _ | its supported organization | | | | | | ny integrated with, |
| d | Г | Type III non-functionally | | • | | | | ted organization(s) |
| u | _ | that is not functionally into | | | - | | | |
| | | requirement (see instruct | - | - | - | | • | a an attentiveness |
| е | | Check this box if the orga | • | • | | | | I Type III |
| · | _ | functionally integrated, or | | | | | | ., .,po |
| f | En | iter the number of supported | | | | | | |
| g | | ovide the following information | | | | | | |
| | | lame of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-10 above (see instructions)) | (iv) Is the listed in yo | organization ur governing ment? | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
| | | | | , | Yes | No | , | , |
| (A) | | | | | | | | |
| | | | | | | | | |
| (B) | | | | | | | | |
| | | | | | | | | |
| (C) | | | | | | | | |
| (D) | | | | | | | | |
| | | | | | | | | |
| (E) | | | | | | | | |
| Tota | al | | | | | | | |

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

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021 Page **2**

| Par | Complete only if you checke Part III. If the organization fail | d the box on | line 5, 7, or 8 | of Part I or if t | he organization | on failed to qua | |
|--------|--|------------------|------------------|-------------------|-----------------|---------------------------------------|-----------|
| Sec | tion A. Public Support | o to quality u | | , p | | | |
| | ndar year (or fiscal year beginning in) | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
| Calc | indar year (or riscar year beginning iii) | (a) 2017 | (b) 2010 | (6) 2013 | (u) 2020 | (6) 2021 | (i) rotai |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | | | | | | |
| 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) Public support. Subtract line 5 from line 4 | | | | | | |
| 6 | | | | | | | |
| | tion B. Total Support ndar year (or fiscal year beginning in) | (a) 2017 | (b) 2018 | (a) 2010 | (4) 2020 | (6) 2021 | (f) Total |
| _ | | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
| 7 8 | Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 11 | Total support. Add lines 7 through 10 | | | | | | |
| 12 | Gross receipts from related activities, etc. (s | ee instructions) | | | | 12 | |
| 13 | First 5 years. If the Form 990 is for organization, check this box and stop here | | | | | | |
| | tion C. Computation of Public Sup | | | | | T T | |
| | Public support percentage for 2021 (lin | | | | | | % |
| 15 | Public support percentage from 2020 | | | | | | <u>%</u> |
| 16a | 331/3% support test - 2021. If the org | | | | | | |
| | box and stop here. The organization qu | | | - | | | |
| b | 331/3% support test - 2020. If the org | | | | | | |
| 17- | this box and stop here. The organization | | | _ | | | |
| ı/a | 10%-facts-and-circumstances test - 2 10% or more, and if the organization | | - | | | | |
| | _ | | | | | - | - |
| | Part VI how the organization meets organization | | | - | | - | |
| h | 10%-facts-and-circumstances test - 2 | | | | | | |
| IJ | 15 is 10% or more, and if the organization | | • | | | | |
| | in Part VI how the organization meets | | | | | - | - |
| | organization | | | _ | • | · · · · · · · · · · · · · · · · · · · | |
| 18 | Private foundation. If the organizatio | | | | | | |
| | instructions | | | | | | |

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021 Page **3**

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.)

| Sec | tion A. Public Support | | | , I | | , | |
|---------------|--|-----------------|-----------------|-----------------|----------------|-----------------|-------------|
| | ndar year (or fiscal year beginning in) | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees | SEE SUPP PAGE | | | | | |
| | received. (Do not include any "unusual grants.") | 644,335. | 1,326,109. | 497,519. | 610,874. | 618,724. | 3,697,561. |
| 2 | Gross receipts from admissions, merchandise | | | | | | |
| | sold or services performed, or facilities | | | | | | |
| | furnished in any activity that is related to the | | | | | | |
| | organization's tax-exempt purpose | 204,521. | 175,490. | 201,659. | 324,854. | 300,244. | 1,206,768. |
| 3 | Gross receipts from activities that are not an | | | | | 222,222 | |
| ŭ | unrelated trade or business under section 513 | | | | | | NONE |
| 4 | Tax revenues levied for the | | | | | | NONE |
| - | organization's benefit and either paid to | | | | | | |
| | | | | | | | NONE |
| - | or expended on its behalf | | | | | | NONE |
| 5 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to the | | | | | | |
| _ | organization without charge | | | | | | NONE |
| 6 | Total. Add lines 1 through 5 | 848,856. | 1,501,599. | 699,178. | 935,728. | 918,968. | 4,904,329. |
| 7 a | Amounts included on lines 1, 2, and 3 | | | | | | |
| | received from disqualified persons | 1,000. | 1,227. | | | | 2,227. |
| b | Amounts included on lines 2 and 3 received from other than disqualified | | | | | | |
| | persons that exceed the greater of \$5,000 | | | | | | |
| | or 1% of the amount on line 13 for the year | | | | | | NONE |
| С | Add lines 7a and 7b | 1,000. | 1,227. | | | | 2,227. |
| 8 | Public support. (Subtract line 7c from | | | | | | |
| | line 6.) | | | | | | 4,902,102. |
| Sec | tion B. Total Support | | | | | | |
| Cale | ndar year (or fiscal year beginning in) | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
| 9 | Amounts from line 6 | 848,856. | 1,501,599. | 699,178. | 935,728. | 918,968. | 4,904,329. |
| 10 a | Gross income from interest, dividends, | | | | | | |
| | payments received on securities loans, rents, royalties, and income from similar | | | | | | |
| | sources | 50. | 3,459. | 7,277. | 1,078. | 17. | 11,881. |
| b | Unrelated business taxable income (less | | | | | | |
| | section 511 taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 | | | | | | NONE |
| С | Add lines 10a and 10b | 50. | 3,459. | 7,277. | 1,078. | 17. | 11,881. |
| 11 | Net income from unrelated business | | | | | | |
| | activities not included in line 10b, whether | | | | | | |
| | or not the business is regularly carried on. | | | | | | NONE |
| 12 | Other income. Do not include gain or | | | | | | |
| 14 | loss from the sale of capital assets | | | | | | |
| | (Explain in Part VI.) | | | | | | NONE |
| 13 | Total support. (Add lines 9, 10c, 11, | | | | | | |
| | and 12.) | 848,906. | 1,505,058. | 706,455. | 936,806. | 918,985. | 4,916,210. |
| 14 | First 5 years. If the Form 990 is fo | | | | | | |
| | organization, check this box and stop here | _ | | | | | |
| Sec | tion C. Computation of Public Sup | | | | | | |
| 15 | Public support percentage for 2021 (line 8 | | <u> </u> | nn (f)) | | 15 | 99.71% |
| 16 | Public support percentage from 2020 Sche | | | | i | 16 | 98.93% |
| $\overline{}$ | tion D. Computation of Investmen | | | | | 10 | 90.9376 |
| | • | | | 2 column (f)) | 1 | 47 | 0 249/ |
| 17 | Investment income percentage for 2021 (li | | | | ì | 17 | 0.24% |
| 18 | Investment income percentage from 2020 | | | | | 18 | 0.26% |
| 19 a | 331/3% support tests - 2021. If the o | - | | | | | . \square |
| | 17 is not more than 331/3 %, check thi | | _ | | | | |
| b | 331/3% support tests - 2020. If the org | | | | · | | . — |
| | line 18 is not more than 331/3 %, check | | - | • | | | |
| 20 | Private foundation. If the organization | did not check a | a box on line 1 | 4, 19a, or 19b, | check this box | and see instruc | ctions - |

Schedule A (Form 990) 2021 Page 4

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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).
- B 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.**
- 10 a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

| | | Yes | No |
|--------------|-----|-----|----|
| g y | | | |
| | 1 | | |
| s d | | | |
| | 2 | | |
| er | 3a | | |
| d e | | | |
| | 3b | | |
| 3) | 3с | | |
| If | | | |
| | 4a | | |
| n n | | | |
| | 4b | | |
| n d 3) | | | |
| | 4c | | |
| ," N | | | |
| n; n | - | | |
| | 5a | | |
| y | 5b | | |
| | 5с | | |
| o d or | | | |
| | 6 | | |
| r y | - | | |
| е | 7 | | |
| • | 8 | | |
| e s | | | |
| | 9a | | |
| h | 9b | | |
| it | | | |
| | 9с | | |
| n d | 10- | | |
| 0 | 10a | | |
| - | 10b | | |

Schedule A (Form 990) 2021

| Part | Supporting Organizations (continued) | | | age C |
|--------|--|------------|------------|--------------|
| rait | Cupporting Organizations (Continued) | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | . 03 | .,, |
| | A person who directly or indirectly controls, either alone or together with persons described on lines 11b and | | | |
| | 11c below, the governing body of a supported organization? | 11a | | |
| b | A family member of a person described on line 11a above? | 11b | | |
| С | A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, | | | |
| | provide detail in Part VI . | 11c | | |
| Secti | on B. Type I Supporting Organizations | | 14 | |
| | | | Yes | No |
| 1 | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. | 2 | | |
| 3ecti | on C. Type II Supporting Organizations | | I | |
| | | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). | 1 | | |
| Secti | on D. All Type III Supporting Organizations | | ı | |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | Yes | No |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| 3 | By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. | 3 | | |
| Secti | on E. Type III Functionally Integrated Supporting Organizations | | | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in: | structi | ons). | |
| a | The organization satisfied the Activities Test. Complete line 2 below. | | /- | |
| b | The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| С | The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (se | e instr | uction | s). |
| 2 | Activities Test. Answer lines 2a and 2b below. | | Yes | No |
| a | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. | 2 a | | |
| b | Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. | 2b | | |
| 3 a | Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If</i> "Yes" or "No," provide details in Part VI . | 3a | | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. | 3b | | |

Page 6 Schedule A (Form 990) 2021

| Pa | art V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga | nization | <u> </u> | |
|----|--|----------|-------------------------|--------------------------------|
| 1 | Check here if the organization satisfied the Integral Part Test as a qualifyin instructions. All other Type III non-functionally integrated supporting organization | | | |
| Se | ection 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 | | |
| Se | ection 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 | | |
| _ | Average monthly cash balances | 1b | | |
| C | Fair market value of other non-exempt-use assets | 1c | | |
| | Total (add lines 1a, 1b, and 1c) | 1d | | |
| e | 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 | | |
| Se | ction 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 | | 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 | | | ted Type III supporting | g organization |
| | (see instructions). | , , | 31 11°- | |

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021 Page 7 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

| Sect | ction D - Distributions Current Year | | | | | | | | | |
|--|--|-------------------------------------|---------|----|---|--|--|--|--|--|
| 1 | Amounts paid to supported organizations to accomplish e. | xempt purposes | | 1 | | | | | | |
| 2 | Amounts paid to perform activity that directly furthers exer | mpt purposes of support | ed | | | | | | | |
| | organizations, in excess of income from activity | | | 2 | | | | | | |
| 3 | Administrative expenses paid to accomplish exempt purpo | ses of supported organiz | zations | 3 | | | | | | |
| 4 | Amounts paid to acquire exempt-use assets | | | 4 | | | | | | |
| 5 | Qualified set-aside amounts (prior IRS approval required - p | provide details in Part VI) | | 5 | | | | | | |
| 6 | Other distributions (describe in Part VI). See instructions. | | 6 | | | | | | | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | 7 | | | | | | |
| 8 | Distributions to attentive supported organizations to which | the organization is resp | onsive | | | | | | | |
| | (provide details in Part VI). See instructions. | | | 8 | | | | | | |
| 9 | Distributable amount for 2021 from Section C, line 6 | | | 9 | | | | | | |
| 10 | Line 8 amount divided by line 9 amount | | | 10 | | | | | | |
| Section E - Distribution Allocations (see instructions) (i) Excess Distributions (ii) Underdistribut Pre-2021 | | | | าร | (iii) Distributable Amount for 2021 | | | | | |
| 1 | Distributable amount for 2021 from Section C, line 6 | | | | | | | | | |
| 2 | Underdistributions, if any, for years prior to 2021 | | | | | | | | | |
| | (reasonable cause required - explain in Part VI). See | | | | | | | | | |
| | instructions. | | | | | | | | | |
| 3 | Excess distributions carryover, if any, to 2021 | | | | | | | | | |
| а | From 2016 | | | | | | | | | |
| b | From 2017 | | | | | | | | | |
| С | From 2018 | | | | | | | | | |
| d | From 2019 | | | | | | | | | |
| е | From 2020 | | | | | | | | | |
| f | Total of lines 3a through 3e | | | | | | | | | |
| g | Applied to underdistributions of prior years | | | | | | | | | |
| h | Applied to 2021 distributable amount | | | | | | | | | |
| i | Carryover from 2016 not applied (see instructions) | | | | | | | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | | | | | | | |
| 4 | Distributions for 2021 from | | | | | | | | | |
| | Section D, line 7: \$ | | | | | | | | | |
| а | Applied to underdistributions of prior years | | | | | | | | | |
| b | Applied to 2021 distributable amount | | | | | | | | | |
| С | Remainder. Subtract lines 4a and 4b from line 4. | | | | | | | | | |
| 5 | Remaining underdistributions for years prior to 2021, if | | | | | | | | | |
| | any. Subtract lines 3g and 4a from line 2. For result | | | | | | | | | |

Schedule A (Form 990) 2021

6

greater than zero, explain in Part VI. See instructions.

Excess distributions carryover to 2022. Add lines 3j

Part VI. See instructions.

Breakdown of line 7: Excess from 2017 Excess from 2018 Excess from 2019 Excess from 2020 Excess from 2021

and 4c.

Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in

SCHEDULE D (Form 990)

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.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

| | | p.oyo: .uo:ououzo. |
|--------|--|---------------------------------------|
| | MELESS ANIMALS RESCUE TEAM, INC | 54-1564904 |
| Pa | organizations Maintaining Donor Advised Funds or Other Similar Funds or A | accounts. |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 6. | |
| | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | |
| 2 | Aggregate value of contributions to (during year) | |
| 3 | Aggregate value of grants from (during year) | |
| 4 | Aggregate value at end of year | |
| 5 | Did the organization inform all donors and donor advisors in writing that the assets held in | donor advised |
| | funds are the organization's property, subject to the organization's exclusive legal control? | Yes No |
| 6 | Did the organization inform all grantees, donors, and donor advisors in writing that grant fund | ds can be used |
| | only for charitable purposes and not for the benefit of the donor or donor advisor, or for any | |
| | conferring impermissible private benefit? | |
| Pa | art II Conservation Easements. | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 7. | |
| 1 | Purpose(s) of conservation easements held by the organization (check all that apply). | |
| | | a historically important land area |
| | | a certified historic structure |
| | Preservation of open space | |
| 2 | Complete lines 2a through 2d if the organization held a qualified conservation contribution in the | ne form of a conservation |
| | easement on the last day of the tax year. | Held at the End of the Tax Year |
| а | | 2a |
| b | | 2b |
| C | | 2c |
| d | Number of conservation easements on a certified historic structure included in (a). Number of conservation easements included in (c) acquired after 7/25/06, and not on a | |
| u | | 2d |
| 3 | Number of conservation easements modified, transferred, released, extinguished, or termina | • |
| 3 | tax year > | ated by the organization during the |
| 4 | Number of states where property subject to conservation easement is located ▶ | |
| 5 | Does the organization have a written policy regarding the periodic monitoring, inspection | |
| 3 | violations, and enforcement of the conservation easements it holds? | - |
| c | | |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing co | onservation easements during the year |
| 7 | Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing con | sorvation easements during the year |
| • | S | servation easements during the year |
| 8 | Does each conservation easement reported on line 2(d) above satisfy the requirements of section | 170(h)(/)(R)(i) |
| Ü | and agetica 4.70/k)/4)/D)(ii)2 | |
| 9 | In Part XIII, describe how the organization reports conservation easements in its revenue and e | |
| 3 | balance sheet, and include, if applicable, the text of the footnote to the organization's financial | |
| | organization's accounting for conservation easements. | statements that describes the |
| Pa | organizations Maintaining Collections of Art, Historical Treasures, or Other S | Similar Assets. |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 8. | |
| | If the organization elected, as permitted under FASB ASC 958, not to report in its revenue | statement and halance sheet works |
| ıu | of art, historical treasures, or other similar assets held for public exhibition, education, or | r research in furtherance of public |
| | service, provide in Part XIII the text of the footnote to its financial statements that describes the | |
| b | If the organization elected, as permitted under FASB ASC 958, to report in its revenue star | tement and balance sheet works of |
| | art, historical treasures, or other similar assets held for public exhibition, education, or resea provide the following amounts relating to these items: | rch in furtherance of public service, |
| | (i) Revenue included on Form 990, Part VIII, line 1 | > ¢ |
| | (ii) Assets included in Form 990, Part X | |
| 2 | If the organization received or held works of art, historical treasures, or other similar as: | |
| 2 | | sets for illiancial gain, provide the |
| _ | following amounts required to be reported under FASB ASC 958 relating to these items: Revenue included on Form 990, Part VIII, line 1 | • • |
| a b | Assets included in Form 990, Part X | |
| | | |

Schedule D (Form 990) 2021

| Pa | rt Organizations Maintaini | ng Colle | ections of | Art, Histo | rical Tre | asures | s, or | Other | Similar A | Assets (d | ontinue | d) | |
|------|---|------------------|-----------------------|--------------|--------------|----------------------|--------|---------|--------------------|-----------|-------------|--------|------|
| 3 | Using the organization's acquisition | n, acces | sion, and o | other recor | ds, check | c any o | f the | follow | ing that m | nake sigr | ificant u | se of | its |
| | collection items (check all that app | ly): | | | | | | | | | | | |
| а | Public exhibition | | | d | Loan | or excha | ange | prograi | m | | | | |
| b | Scholarly research | | | е | Other | | | | | | | | |
| С | Preservation for future gene | rations | | | _ | | | | | | | | _ |
| 4 | Provide a description of the organ | nization's | collections | and expla | ain how t | hey fur | ther | the or | ganization's | s exemp | purpose | e in F | Part |
| | XIII. | | | | | - | | | _ | - | | | |
| 5 | During the year, did the organization | n solicit o | or receive o | donations o | f art, histo | orical tr | easu | res, or | other simil | ar | | | |
| | assets to be sold to raise funds rath | | | | | | | | | | Yes | | No |
| Pa | rt IV Escrow and Custodial A | | | | | | | | | | | | |
| | Complete if the organiza | ition ans | wered "Ye | es" on For | m 990, F | Part IV, | line | 9, or r | eported a | n amour | nt on Fo | m | |
| | 990, Part X, line 21. | | | | | | | | | | | | |
| 1 a | Is the organization an agent, trus | | | | - | | | | | _ | _ | | |
| | included on Form 990, Part X? | | | | | | | | | L | Yes | | No |
| b | If "Yes," explain the arrangement i | n Part XII | II and comp | olete the fo | llowing tab | ole: | | | | | | | |
| | | | | | | | | | | Amount | | | |
| С | Beginning balance | | | | | | 1c | | | | | | |
| d | Additions during the year | | | | | | 1d | | | | | | |
| е | Distributions during the year | | | | | | 1e | | | | | | |
| f | Ending balance | | | | | | 1f | | | | | | |
| | Did the organization include an am | | | | | | | | | | Yes | Ш | No |
| | If "Yes," explain the arrangement i | n Part XII | II. Check h | ere if the e | xplanation | has be | en pr | ovided | on Part XIII | | | | |
| Pa | rt V Endowment Funds. | | | | | | | | | | | | |
| | Complete if the organiza | tion ans | wered "Ye | es" on For | m 990, F | | | | | | | | |
| | | (a) Cui | rrent year | (b) Prio | r year | (c) Tw | o year | s back | (d) Three y | ears back | (e) Four y | ears b | ack |
| 1a | Beginning of year balance | | | | | | | | | | | | |
| b | Contributions | | | | | | | | | | | | |
| С | Net investment earnings, gains, | | | | | | | | | | | | |
| | and losses | | | | | | | | | | | | |
| d | Grants or scholarships | | | | | | | | | | | | |
| e | Other expenditures for facilities | | | | | | | | | | | | |
| | and programs | | | | | | | | | | | | |
| f | Administrative expenses | | | | | | | | | | | | |
| g | End of year balance | | | | | | | | | | | | |
| 2 | Provide the estimated percentage | | rrent vear | end balanc | e (line 1a | column | (a)) | held as | | | | | |
| a | Board designated or quasi-endown | nent > | | % | o (o .g, | 00.0 | (Δ)) | | • | | | | |
| b | Permanent endowment > | | | _ | | | | | | | | | |
| | Term endowment ▶ | % | | | | | | | | | | | |
| | The percentages on lines 2a, 2b, a | nd 2c sh | ould equal ' | 100%. | | | | | | | | | |
| 3a | Are there endowment funds not in | | | | ation that | are hel | d and | d admir | nistered for | the | | | |
| | organization by: | • | | _ | | | | | | | Y | es | No |
| | (i) Unrelated organizations | | | | | | | | | | 3a(i) | | |
| | (ii) Related organizations | | | | | | | | | | 3a(ii) | | |
| b | If "Yes" on line 3a(ii), are the relate | | | | | | | | | | 3b | | |
| 4 | Describe in Part XIII the intended u | | | | | | | | | | | | |
| Pa | rt VI Land, Buildings, and Equ | ipment. | | | | | | | | | | | |
| | Complete if the organization | ation ans | | | | | | | | | | | |
| | Description of property | | (a) Cost or (inves | | (b) Cost (| or other ba ther) | asis | | cumulated eciation | (d |) Book valu | ie | |
| 1 a | Land | | , 55 | , | (- | , | | | | | | | |
| b | Buildings | | | | | | | | | | | | |
| C | Leasehold improvements | | | | | | | | | | | | |
| d | Equipment | | | | 1 | .35,47 | 78. | | 97,748. | | 3' | 7,73 | 0. |
| e | Other | | | | _ | , | - | | , . 20. | | | , , , | |
| Tota | Add lines 1a through 1e (Column | | t equal Forr | n 990 Part | X colum | n (R) lir | ne 10 | rc) | | | 2 ' | 7 73 | |

Schedule D (Form 990) 2021

54-1564904

| Part VII | Investments - Other Securities. Complete if the organization answered | 1 "Ves" on Form 996 |) Part IV line 11h See Form 990 | Part X line 12 |
|-------------|---|---------------------|--------------------------------------|------------------|
| | (a) Description of security or category | (b) Book value | (c) Method of valuat | |
| | (including name of security) | (b) Book value | Cost or end-of-year mark | |
| . , | al derivatives | | | |
| | held equity interests | | | |
| (3) Other _ | | | | |
| (A) | | | | |
| (B) | | | | |
| (C) | | | | |
| (D) | | | | |
| (E) | | | | |
| (F) | | | | |
| (G) (H) | | | | |
| | n (b) must equal Form 990, Part X, col. (B) line 12.) | | | |
| Part VIII | Investments - Program Related. | | | |
| Part VIII | Complete if the organization answered | "Yes" on Form 990 | O, Part IV, line 11c. See Form 990, | Part X, line 13. |
| | (a) Description of investment | (b) Book value | (c) Method of valuat | |
| | | | Cost or end-of-year mark | et value |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| <u>(5)</u> | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| | (b) must equal Form 990, Part X, col. (B) line 13.) | | | |
| Part IX | Other Assets. Complete if the organization answered | l "Yes" on Form 990 | 0, Part IV, line 11d. See Form 990 | Part X, line 15. |
| | (a) De | scription | | (b) Book value |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| <u>(7)</u> | | | | |
| (8) | | | | |
| (9) | was the same and Farma 2000 Bart V and tB) | Una 45) | | |
| | umn (b) must equal Form 990, Part X, col. (B) I | ine 15.) | | |
| Part X | Other Liabilities. Complete if the organization answered line 25. | l "Yes" on Form 99 | 0, Part IV, line 11e or 11f. See For | m 990, Part X, |
| 1. | | otion of liability | | (b) Book value |
| | al income taxes | Alon or hability | | (b) Book value |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| | nn (b) must equal Form 990, Part X, col. (B) line 25.) | | | |
| | r uncertain tax positions. In Part XIII, provide the | | | nat reports the |

JSA 1E1270 1.000

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 .

| Part | Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | n. | |
|--------|--|---------|---|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 965,556. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| а | Net unrealized gains (losses) on investments | | |
| b | Donated services and use of facilities | | |
| С | Recoveries of prior year grants | | |
| d | Other (Describe in Part XIII.) | | |
| е | Add lines 2a through 2d | 2e | 46,271. |
| 3 | Subtract line 2e from line 1 | 3 | 919,285. |
| 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.) | | |
| С | Add lines 4a and 4b | 4c | |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu | 5 | 919,285. |
| Part | ırn. | | |
| 1 | Total expenses and losses per audited financial statements | 1 | 1,025,814. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| а | Donated services and use of facilities | | |
| b | Prior year adjustments | | |
| С | Other losses | | |
| d | Other (Describe in Part XIII.) | 2- | 46 071 |
| e | Add lines 2a through 2d | 2e 3 | 46,271. 979,543. |
| 3 | Subtract line 2e from line 1 | 3 | 919,343. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b. 4a | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | | |
| b C | Add lines 4a and 4b | 4c | |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5 | 979,543. |
| Part | XIII Supplemental Information. | | , |
| | e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform | | |
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SCHEDULE M (Form 990)

Noncash Contributions

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

| HOM | HOMELESS ANIMALS RESCUE TEAM, INC 54-1564904 | | | | | | | | |
|--------------------------|--|-------------------------------|--|--|-------------------|---------------------------------------|----|--|--|
| Part I Types of Property | | | | | | | | | |
| | | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line | ivietnou o | (d) of determinir stribution am | | | |
| 1 | Art - Works of art | | | | | | | | |
| 2 | Art - Historical treasures | | | | | | | | |
| 3 | Art - Fractional interests | | | | | | | | |
| 4 | Books and publications | | | | | | | | |
| 5 | Clothing and household goods | | | | | | | | |
| 6 | Cars and other vehicles. | | | | | | | | |
| 7 | Boats and planes | | | | | | | | |
| 8 | Intellectual property | | | | | | | | |
| 9 | Securities - Publicly traded | | | | | | | | |
| 10 | Securities - Closely held stock | | | | | | | | |
| 11 | Securities - Partnership, LLC, | | | | | | | | |
| | or trust interests | | | | | | | | |
| 12 | Securities - Miscellaneous | | | | | | | | |
| 13 | Qualified conservation | | | | | | | | |
| | contribution - Historic | | | | | | | | |
| | structures | | | | | | | | |
| 14 | Qualified conservation | | | | | | | | |
| | contribution - Other | | | | | | | | |
| 15 | Real estate - Residential | | | | | | | | |
| 16 | Real estate - Commercial | | | | | | | | |
| 17 | Real estate - Other | | | | | | | | |
| 18 | Collectibles | | | | | | | | |
| 19 | Food inventory | | | | | | | | |
| 20 | Drugs and medical supplies | | | | | | | | |
| 21 | Taxidermy | | | | | | | | |
| 22 | Historical artifacts | | | | | | | | |
| 23 | Scientific specimens | | | | | | | | |
| 24 | Archeological artifacts | | | | | | | | |
| 25 | Other ►(SEE SUPP PAGE) | | 311. | 46,721 | L | | | | |
| 26 | Other ►() | | | | | | | | |
| 27 | Other ►() | | | | | | | | |
| 28 | Other ►() | | | | | | | | |
| 29 | Number of Forms 8283 received | by the org | anization during the tax y | ear for contributions f | or | | | | |
| | which the organization completed F | orm 8283, | Part V, Donee Acknowledge | ement | _ 29 | | | | |
| | | | | | | Yes | No | | |
| 30a | During the year, did the organizat | | | | _ | | | | |
| | 28, that it must hold for at least the | - | | | • | | | | |
| | to be used for exempt purposes for | | olding period? | | | 30a | X | | |
| b | If "Yes," describe the arrangement i | | | | | | | | |
| 31 | Does the organization have a | | | | | | | | |
| | contributions? | | | | | 31 | X | | |
| 32a | Does the organization hire or use | • | • | · • | | | | | |
| | contributions? | | | | | 32a | X | | |
| b | If "Yes," describe in Part II. | | | | | | | | |
| 33 | If the organization didn't report an | amount in c | column (c) for a type of pro | perty for which columr | ı (a) is checked, | | | | |

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

Schedule M (Form 990) 2021

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

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS _____ (B) NUMBER OF
(A) CHECK CONTRIBUTIONS (B) NUMBER OF (C) REVENUES DESCRIPTION REPORTED (D) METHOD OF DETERMINING -----311 46,721. X SUPPLIES/VETERI FAIR MARKET VALU -----46,721. TOTALS 311.

SCHEDULE O (Form 990 or 990-EZ)

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 990-EZ.

OMB No. 1545-0047

2021

Open to Public Inspection

54-1564904

Department of the Treasury Internal Revenue Service Name of the organization

HOMELESS ANIMALS RESCUE TEAM, INC

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number

990 REVIEW

THE 990 IS CIRCULATED TO BOARD MEMBERS FOR REVIEW PRIOR TO FILING

PUBLIC DISCLOSURE

HART'S 990 AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST OR THROUGH THE VIRGINIA DEPTARTMENT OF AGRICULTURE AND CONSUMER AFFAIRS.

BOARD MEETING MINUTES

BOARD OF DIRECTOR MEETING MINUTES ARE DOCUMENTED AND DISTRIBUTED TO ALL BOARD MEMBERS.

CONFFLICT OF INTEREST POLICY

ON AN ANNUAL BASIS, EACH DIRECTOR REVIEWS THE CONFLICT OF INTEREST POLICY
AND COMPLETES AND SIGNS A CONFLICT OF INTEREST DISCLOSURE FORM, IN WHICH
HE/SHE IDENTIFIES POTENTIAL CONFLICTS OF INTEREST OR STATES THAT THERE
ARE NONE. IF THERE IS A POTENTIAL CONFLICT OF INTEREST, THE BOARD MEMBER
RECUSES HIMSELF/HERSELF FROM DISCUSSIONS AND VOTES ON THAT MATTER.

Schedule O (Form 990 or 990-EZ) 2021 Page **2**

Name of the organization

HOMELESS ANIMALS RESCUE TEAM, INC

54-1564904

FORM 990, PART VII-COMPENSATION OF THE 5 HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS DESCRIPTION OF SERVICES COMPENSATION

PARKWAY VETERINARY CLINIC 5743 BURKE CENTRE PKWY

BURKE, VA 22015 VETERINARY 217,264.

 Schedule O (Form 990 or 990-EZ) 2021
 Page 2

| Name of the organization | | | | |
|-----------------------------------|-------------------------|--|--|--|
| HOMELESS ANIMALS RESCUE TEAM, INC | | | | |
| | | | | |
| | | | | |
| | | | | |
| (A) | (B) | (C) | (D) | |
| TOTAL | PROGRAM | MANAGEMENT | FUNDRAISING | |
| FEES | SERVICE EXP. | AND GENERAL | EXPENSES | |
| | | | | |
| 749,774. | 749,774. | | | |
| | | | | |
| 749,774. | 749,774. | | | |
| | (A) TOTAL FEES 749,774. | (A) (B) TOTAL PROGRAM FEES SERVICE EXP. 749,774. 749,774. | (A) (B) (C) TOTAL PROGRAM MANAGEMENT FEES SERVICE EXP. AND GENERAL 749,774. 749,774. | |