PUBLIC DISCLOSURE COPY

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ARMANINO LLP

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Form 990

** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

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

Department of the Treasury

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.

OMB No. 1545-0047 Open to Public

		enue Service	Go to www.irs.gov/Form990 for instructions and the	e latest inf	ormation.	Inspection
Α	For the	e 2022 calend	ar year, or tax year beginning MAY 1, 2022 and en	nding AP	R 30, 2023	
	Check if applicabl	le: C Name o	organization		D Employer identificati	on number
Г	Addre	ess PETS I	N NEED			
Г	Name chang		usiness as		94-6139667	
	Initial return			oom/suite	E Telephone number	
	Final return	871 FT	FTH AVENUE		(650)367-1405	
	termin ated		own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	5,838,134.
	Amen	ded PEDWOO	D CITY, CA 94063		H(a) Is this a group retur	n
	Applic tion	F Name a	nd address of principal officer: LAURA TOLLER GARDNER		for subordinates?	Yes X No
	pendir	^{ng} SAME AS	C ABOVE		H(b) Are all subordinates includ	ed? Yes No
1	Tax-ex	empt status:		527	If "No," attach a list	. See instructions
	Websi		TSINNEED.ORG		H(c) Group exemption n	
			X Corporation Trust Association Other	L Year o	f formation: 1967 M St	tate of legal domicile: CA
Ρ	art I					
٩	, 1		e the organization's mission or most significant activities: TO ADVANC		NO-KILL MOVEMENT,	
Governance			HOMELESSNESS, AND FIND EVERY DOG AND CAT A LOVING H			
er n	2	Check this bo				
Š	3					10
			ependent voting members of the governing body (Part VI, line 1b)			10 63
Activities &	5		of individuals employed in calendar year 2022 (Part V, line 2a)			168
tivit	6		of volunteers (estimate if necessary)			0.
Ā			d business revenue from Part VIII, column (C), line 12 business taxable income from Form 990-T, Part I, line 11			0. 0.
		Net unrelated			Prior Year	Current Year
	8	Contributions	and grants (Part VIII, line 1h)		5,447,184.	4,403,574.
	9		ce revenue (Part VIII, line 2g)		1,077,154.	1,226,780.
Revenue	10	•	come (Part VIII, column (A), lines 3, 4, and 7d)		218,647.	200,622.
ă	11		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		47,443.	7,158.
			- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		6,790,428.	5,838,134.
			nilar amounts paid (Part IX, column (A), lines 1-3)		56,473.	99,476.
			o or for members (Part IX, column (A), line 4)		0.	0.
u	40		compensation, employee benefits (Part IX, column (A), lines 5-10)		4,081,956.	4,316,858.
a su	16a	Professional f	undraising fees (Part IX, column (A), line 11e)		0.	0.
Fxnenses	b	Total fundrais	ng expenses (Part IX, column (D), line 25) 453, 70	1.		
ú	ⁱ 17	Other expense	es (Part IX, column (A), lines 11a-11d, 11f-24e)		1,570,041.	2,098,433.
	18	Total expense	s. Add lines 13-17 (must equal Part IX, column (A), line 25)		5,708,470.	6,514,767.
		Revenue less	expenses. Subtract line 18 from line 12		1,081,958.	-676,633.
Net Assets or	CES			Beg	inning of Current Year	End of Year
sets	20	Total assets (F			16,516,713.	15,212,261.
t As	g 21		(Part X, line 26)		1,049,503.	563,644.
LNe	22		fund balances. Subtract line 21 from line 20		15,467,210.	14,648,617.
P	art II	Signature	BIOCK			

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

Sign	Signature of off	cer	C	Date			
Here	LAURA TOLLE	R GARDNER, CEO					
	Type or print na	me and title					
	Print/Type prepa	arer's name	Preparer's signature	Date	Check PTIN		
Paid	MATTHEW PET	ROSKI	MATTHEW PETROSKI 03/06/24 F00853132				
Preparer	Firm's name	ARMANINO LLP		F	irm's EIN 94-6214841		
Use Only	Firm's address	50 W. SAN FERNANDO ST, ST	E 500				
		SAN JOSE, CA 95113		P	hone no.408-200-6400		
May the II	RS discuss this	return with the preparer shown abo	ve? See instructions		X Yes No		
					- 000		

232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form	990 (2022) PETS IN NEED	94-6139667	Page 2
	t III Statement of Program Service Accomplishments		<u>-</u>
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	THE MISSION OF PETS IN NEED IS TO TO PROVIDE ANIMALS WITH LOVING CARE		
	AND LASTING HOMES, TO PARTNER WITH COMMUNITIES STRIVING TO DO THE		
	SAME, AND TO ADVANCE OUR NO-KILL LEGACY.		
2	Did the organization undertake any significant program services during the year which were not listed on the		Yes X No
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	L	Yes A NO
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?		
3	If "Yes," describe these changes on Schedule O.	······ L	
4	Describe the organization's program service accomplishments for each of its three largest program services, as m	easured by expe	enses
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others		
	revenue, if any, for each program service reported.	,	
4a	(Code:) (Expenses \$ 2,037,500. including grants of \$ 51,950.) (Revenue	\$	202,070.)
	MEDICAL: PETS IN NEED IS COMMITTED TO OPTIMIZING THE HEALTH, SAFETY,	·	,
	AND WELL-BEING OF ITS SHELTER GUESTS, AND EACH SHELTER MAINTAINS A		
	DEDICATED VETERINARY STAFF AND VOLUNTEERS WHO PROVIDE EXCELLENT CARE		
	AND QUALITY MEDICAL SERVICES. FOR ANIMALS ARRIVING TO PETS IN NEED		
	THROUGH INTAKE OR FROM HIGH-INTAKE REGIONAL SHELTERS, VETERINARY STAFF		
	PERFORMS BASIC MEDICAL EXAMS, SPAY/NEUTER SURGERIES, VACCINATIONS, AND		
	DEWORMING REGIMENS. FOR ANIMALS REQUIRING FURTHER OR SPECIALIZED		
	TREATMENT, PETS IN NEED PROVIDES MEDICAL CARE IN-HOUSE OR THROUGH		
	PARTNER SPECIALTY PROVIDERS.		
			052 405 1
4b	(Code:)(Expenses \$1,321,202. including grants of \$) (Revenue ANIMAL CARE/FOSTER: OUR ANIMAL CARE TEAM CONSISTS OF DEDICATED STAFF	\$	<u> </u>
	WHO CARE FOR THE DAILY NEEDS AND WELLBEING OF ALL OF OUR SHELTERED AND		
	FOSTERED PETS. FOSTER COORDINATORS WORK WITH PETS IN NEED'S FOSTER		
	NETWORK TO PLACE ANIMALS IN TEMPORARY HOMES, WHICH EXPANDS SHELTER		
	CAPACITY WHILE ENSURING ANIMALS RECEIVE LOVE AND SUPPORT ON THEIR		
	JOURNEY TO ADOPTION. FOSTER VOLUNTEERS OPEN THEIR HOMES ON A TEMPORARY		
	BASIS, EXPANDING OUR CAPACITY TO CARE FOR ANIMALS WITH SPECIAL NEEDS.		
4c	(Code:) (Expenses \$1,088,783. including grants of \$) (Revenue)	\$	171,225.)
	ADOPTION: ADOPTIONS STAFF SOCIALIZE AND CARE FOR IN-SHELTER ANIMALS,		
	FACILITATE ADOPTION MATCHES, AND COUNSEL POTENTIAL ADOPTERS, ALL WHILE		
	PROMOTING BARRIER-FREE ADOPTIONS TO PLACE MORE ANIMALS WITH LOVING		
	FAMILIES. PETS IN NEED ALSO MANAGES A LARGE, ENGAGED BASE OF VOLUNTEERS		
	WHO CONTRIBUTE TO A VARIETY OF ORGANIZATIONAL AREAS. ITS DEVELOPMENT		
	AND COMMUNICATIONS DEPARTMENT PROMOTES ADOPTIONS VIA A ROBUST MARKETING		
	PROGRAM, INCLUDING WEBSITE, SOCIAL MEDIA AND EMAIL CHANNELS, AND		
	SPECIAL ADOPTION EVENTS AND PROMOTIONS.		
4d	Other program services (Describe on Schedule O.)		
τu	(Expenses \$ 747,958. including grants of \$ 47,526.) (Revenue \$	7,158.)	
4e	Total program service expenses 5,195,443.	, , ,	
		F	orm 990 (2022)
232002	2 12-13-22		(=-= =)
	3		

Form	990 (2022) PETS IN NEED 94-61396	67	Р	age 3
Par	t IV Checklist of Required Schedules		-	
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		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	Ť		
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7		–		<u> </u>
'	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
•	the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	<u> </u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
120		122	х	
h	Schedule D, Parts XI and XII	12a		<u> </u>
U		104		x
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
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 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 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? // "Yes,"			
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		x
232003	12-13-22		990	(2022)

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Form	990 (2022) PETS IN NEED 94-6139	567	Р	age 4
Par	t IV Checklist of Required Schedules (continued)		-	
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
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	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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			
20	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,			<u> </u>
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,	21		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
~	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
a		28a		x
h	"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? <i>If</i> "Yes," complete Schedule L, Part IV	28b		x
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200		
C		28c		x
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M			x
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		<u> </u>
30	-	30		x
24	contributions? If "Yes," complete Schedule M			x
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>	31		<u> </u>
32		32		x
22	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		<u> </u>
33		33		x
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24		x
2E -	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<u>34</u> 35a		X
		358		<u> </u>
a	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)2. If IVes II as markets Data the D. Data the line of	254		
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	26		x
27	<i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		<u> </u>
37		07		x
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		x	1
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	л	L
	Check if Schedule O contains a response or note to any line in this Part V			
			Vac	
4-	Enter the number reported in box 3 of Form 1006. Enter 0, if not applicable	1	Yes	No
		0		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	-		
C		4-	x	
00000		1c		(2022)
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	990 (2	2022) PETS IN NEED	94-613966	7	P	age 5
Par	τv	Statements Regarding Other IRS Filings and Tax Compliance (continued)				
					Yes	No
2a	Enter	r the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed f	for the calendar year ending with or within the year covered by this return	2a 63			
b	lf at le	east one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b	Х	
3a	Did th	he organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
b	lf "Ye	es," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b		
		y time during the calendar year, did the organization have an interest in, or a signature or other a				
	finand	cial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a		X
b		es," enter the name of the foreign country				
	See i	nstructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FBAR).			
5a				5a		x
b		iny taxable party notify the organization that it was or is a party to a prohibited tax shelter transac		5b		X
с		es" to line 5a or 5b, did the organization file Form 8886-T?		5c		
		the organization have annual gross receipts that are normally greater than \$100,000, and did th				
		contributions that were not tax deductible as charitable contributions?		6a		x
b	,	es," did the organization include with every solicitation an express statement that such contributi				
~		not tax deductible?	-	6b		
7		inizations that may receive deductible contributions under section 170(c).				
'a	-	ne organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the pavor?	7a		x
				7b		
b		he organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
С		e Form 8282?		7-		x
			1 1	7c		
d		es," indicate the number of Forms 8282 filed during the year	7d			x
e		he organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or		7e		X
f		he organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		
g		organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
h		organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza		7h		
8		nsoring organizations maintaining donor advised funds. Did a donor advised fund maintained		•		
~	-			8		
9	-	nsoring organizations maintaining donor advised funds.				
a				9a		
b				9b		
10		ion 501(c)(7) organizations. Enter:				
a		tion fees and capital contributions included on Part VIII, line 12	10a			
b		s receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11		ion 501(c)(12) organizations. Enter:				
а		s income from members or shareholders	11a			
b		s income from other sources. (Do not net amounts due or paid to other sources against				
		unts due or received from them.)	11b			
		ion 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
b		es," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Secti	ion 501(c)(29) qualified nonprofit health insurance issuers.				
а		e 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	r the amount of reserves the organization is required to maintain by the states in which the				
		nization is licensed to issue qualified health plans	13b			
С	Enter	r the amount of reserves on hand	13c			
14a	Did th	he organization receive any payments for indoor tanning services during the tax year?		14a		X
b	lf "Ye	es," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu	le O	14b		
15	Is the	e organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune	ration or			
	exces	ss parachute payment(s) during the year?		15		X
		es," see the instructions and file Form 4720, Schedule N.				
16	Is the	e organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		X
		es," complete Form 4720, Schedule O.				
17	Secti	ion 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivities			
	that v	would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
		es," complete Form 6069.				
232005	5 12-13-	-22		Form	9 90	(2022)

Form	990 (2022) PETS IN NEED			4-613966		Р	age 6
Par	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 th	rough	7b below,	, and for a	"No" r	respon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.	See in	structions	S.			
	Check if Schedule O contains a response or note to any line in this Part VI						X
Sec	tion A. Governing Body and Management						-
						Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		10			
	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		10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	ny other				
	officer, director, trustee, or key employee?				2		X
3	Did the organization delegate control over management duties customarily performed by or under the	direct	supervisi	on			
	of officers, directors, trustees, or key employees to a management company or other person?				3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 99				4		x
5	Did the organization become aware during the year of a significant diversion of the organization's asse	ets?			5		x
6	Did the organization have members or stockholders?				6		x
7a	Did the organization have members, stockholders, or other persons who had the power to elect or app	point o	ne or				
	more members of the governing body?				7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto						
	persons other than the governing body?				7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	by the	following:				
а	The governing body?				8a	Х	
b	Each committee with authority to act on behalf of the governing body?				8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reac	hed at	the				
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O				9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev						-
						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 cha	pters,	affiliates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes?				10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	before	e filing the	form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	o confl	icts?		12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? // "Ye	es," de	scribe				
	on Schedule O how this was done				12c	Х	
13	Did the organization have a written whistleblower policy?				13	Х	
14	Did the organization have a written document retention and destruction policy?				14	Х	
15	Did the process for determining compensation of the following persons include a review and approval	by ind	ependent	t			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official				15a	Х	
b	Other officers or key employees of the organization				15b		х
	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 arrangem	ent wi	th a				
	taxable entity during the year?				16a		x
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	e its pa	rticipatio	n			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi	zation	s				
	exempt status with respect to such arrangements?				16b		
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filedCA						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	d 990-	T (section	501(c)(3)s	only)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.						
	X Own website Another's website X Upon request Other (explain						
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, cor	flict of	interest i	policy, and	finano	cial	
	statements available to the public during the tax year.						
20	State the name, address, and telephone number of the person who possesses the organization's bool	ks and	records				
	TERI DUNWOODY - 650-367-1405						
	871 FIFTH AVENUE, REDWOOD CITY, CA 94063						
232006	12-13-22				Form	9 90	(2022)
	7						
703	06 701245 121389 2022.05060 PETS IN N	IEED)			12	138

Form 990 (2022)	PETS IN NEED	94-6139667	Page 1
Part VII Com	npensation of Officers, Directors, Trustees, Key Employees, Hig	hest Compensated	
Emp	ployees, and Independent Contractors		
Chec	k if Schedule O contains a response or note to any line in this Part VII		
Section A. Offic	cers, Directors, Trustees, Key Employees, and Highest Compensated Employee	es estatution estatu	
	s table for all persons required to be listed. Report compensation for the calendar ye ne organization's current officers, directors, trustees (whether individuals or organiza	8	

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

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

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

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

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

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

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

(A)	(B)			(C)			(D)	(E)	(F)
Name and title	Average	(do		Pos	itior			Reportable	Reportable	Estimated
	hours per	box	not c , unles	ss pe	rson i	s both	ı an	compensation	compensation	amount of
	week		cer an	dad	lirecto	or/trus T	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	e			ated		organization	(W-2/1099-MISC/	from the
	related	ustee	truste		e	pens		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tri	ional		ploye	t com		1099-NEC)		and related
	line)	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) ANGELO STANTON	40.00		_	0	-		4			
VETERINARIAN (THRU 04/23)						x		188,136.	0.	20,560.
(2) CHAROLETTE RUBIN	40.00									
DIRECTOR OF SHELTER MEDICINE						x		173,541.	0.	19,769.
(3) BARBARA LADERMAN-JONE	40.00									
DIRECTOR OF SHELTER MEDICINE						x		160,769.	0.	16,685.
(4) PATRICIA SANTANA	40.00									
SHELTER SUPERVISOR						x		124,788.	0.	14,086.
(5) AL MOLLICA	40.00									
EXECUTIVE DIRECTOR, FORMER							Х	132,231.	0.	0.
(6) TERI DUNWOODY	40.00									
INTERIM ED/DIRECTOR OF FIN.				Х				82,000.	0.	8,577.
(7) NORM ROBINSON	40.00									
INTERIM ED (FR. 07/22 TO 10/22)				Х				49,350.	0.	0.
(8) LAURA TOLLER GARDNER	40.00									
CEO - FROM 03/23				Х				0.	0.	0.
(9) ROB KALMAN	8.00									
PRESIDENT		Х		Х				0.	0.	0.
(10) WENDY CALVERT	8.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(11) PETER RADIN	8.00									
TREASURER		Х		Х				0.	0.	0.
(12) GALI HAGEL	6.00									
SECRETARY		Х		Х				0.	0.	0.
(13) CHARLES BARTELS	5.00									
MEMBER		Х						0.	0.	0.
(14) NANCY RYDE	5.00									
MEMBER		X						0.	0.	0.
(15) VALERIE WILSON MCCARTHY	5.00									
MEMBER/INTERIM ED (THRU 06/22)		X		Х				0.	0.	0.
(16) ANGELA YOUNG	5.00									
MEMBER		х						0.	0.	0.
(17) JAMIE DOWNES	5.00									
MEMBER		Х						0.	0.	0.
										G (0000)

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8

Form 990 (2022) PETS IN NEED									94-61396	67	F	Page 8
Part VII Section A. Officers, Directors, Trus	stees, Key Emp	oloy	ees,	anc	l Hig	ghes	st C	ompensated Employee	s (continued)			
(A)	(B)				C)			(D)	(E)		(F)	
Name and title	Average			-	ition	า		Reportable	Reportable		stimat	bo
Name and the	hours per		not c					compensation	compensation			
	week		cer an					from	from related	^a	other	
	(list any	ы						the	organizations		npens	
	hours for	lirect						organization	(W-2/1099-MISC/		from th	
	related	e or c	tee			satec		(W-2/1099-MISC/	1099-NEC)		ganiza	
	organizations	ruste	trus		ee	npen		1099-NEC)	1033-1120)		nd rela	
	below	ual ti	tiona		ploy	/ee	_	1000 NEO			anizat	
	line)	ndividual trustee or director	nstitutional trustee	Officer	ey em	Highest compensated employee	Former				jainzai	.10113
	5.00	5	=	ö	ž	1 = 5	포			+		
(18) BRIAN KOREK	5.00											
MEMBER		Х						0.	0.	·		0.
							-			-		
		-										
										+		
1b Subtotal	•							910,815.	0.		79	,677.
c Total from continuation sheets to Part V	II Soction A						•	0.	0.			0.
								910,815.	0	-	70	,677.
d Total (add lines 1b and 1c)											19	,077.
2 Total number of individuals (including but i	not limited to th	ose	liste	d ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable			
compensation from the organization												5
											Yes	No
3 Did the organization list any former officer	, director, trust	ee, k	key e	empl	oyee	e, or	hig	hest compensated emp	oyee on			
line 1a? If "Yes," complete Schedule J for s	, such individual	,	,	•	,	,	Ŭ		,	3	х	
4 For any individual listed on line 1a, is the s												
									le organization		x	
and related organizations greater than \$15										4		<u> </u>
5 Did any person listed on line 1a receive or	-				-			-	lual for services		-	
rendered to the organization? If "Yes," cor	nplete Schedule	e J f	or sı	ich i	oers	on				5		X
Section B. Independent Contractors												
1 Complete this table for your five highest co	ompensated inc	lepe	nder	nt co	ontra	acto	rs th	nat received more than \$	100,000 of compens	ation fi	rom	
the organization. Report compensation for	the calendar ve	ar e	endir	na w	ith c	or wi	thin	the organization's tax v	ear.			
(A)				. <u>g</u>				(B)			C)	
Name and business	s address	NO	NE					Description of s	ervices		ensatio	on
		140					_	2000.101.01.0				
2 Total number of independent contractors (including but no	ot lir	nited	d to	thos	se lis	ted	above) who received mo	ore than			
\$100,000 of compensation from the organ						0						
,,											-	

Form 990 (2022)

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	t VII	2022) PETS Statement of Re	venu	le						
		Check if Schedule O	<u>conta</u>	ins a re	<u>sponse</u>	or note to any lin	<u>e in this Part VIII</u> (A) Total revenue	(B) Related or exempt function revenue	(C)	(D) Revenue excluc from tax unde sections 512 - 5
ŝ	1 a	Federated campaigns		1	a					
n		Membership dues			b					
and Other Similar Amounts	с	Fundraising events		1	с					
ar /	d	Related organizations		1	d					
Ē	е	Government grants (contr	ributic	ons) 1	е	339,990.				
5	f	All other contributions, gifts,	grants	s, and						
the		similar amounts not included	labove	e 1	f	4,063,584.				
o D	g	Noncash contributions included in	lines 1a	a-1f 1	g \$	19,892.				
an	h	Total. Add lines 1a-1f					4,403,574.			
						Business Code				
	2 a	ANIMAL CARE AND OTH	IER			900099	1,055,555.	, ,		
Ð	b	ADOPTION FEES				900099	171,225.	171,225.		
enu	С									
Revenue	d									
	е									
	f	All other program service	reven	ue			1 000 500			
_	g						1,226,780.			
	3	Investment income (includ	-				200 622			200 6
	_						200,622.			200,6
	4	Income from investment of tax-exempt bond proceeds Royalties								
	5	Royalties			Real					
	-			(I) F	real	(ii) Personal				
			6a							
		Less: rental expenses	6b							
		Rental income or (loss)	6 C							
		Net rental income or (loss)	(i) Sec	urities	(ii) Other				
	7 a	Gross amount from sales of		(1) 000	unites					
	h	assets other than inventory Less: cost or other basis	7a							
,	a		76							
		and sales expenses Gain or (loss)	7b 7c							
		Net gain or (loss)								
		Gross income from fundraisi								
	0 a	including \$	-							
'		contributions reported on								
		Part IV, line 18		'						
	h	Less: direct expenses								
		Net income or (loss) from								
		Gross income from gamin								
	υu	Part IV, line 19								
	b	Less: direct expenses								
		Net income or (loss) from								
		Gross sales of inventory, I								
		and allowances			10a	1,461.				
	b	Less: cost of goods sold				,				
		Net income or (loss) from				•	1,461.	1,461.		
	-					Business Code				
	11 a	MISC INCOME				900099	5,697.	5,697.		
nue	b									
Revenue	c									
ř		All other revenue								
		Total. Add lines 11a-11d					5,697.			

	· ·				
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	99,476.	99,476.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	294,027.	33,983.	236,711.	23,333.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	3,094,259.	2,942,401.	16,866.	134,992.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	40,338.	29,194.	10,379.	765.
9	Other employee benefits	540,900.	474,173.	40,807.	25,920.
10	Payroll taxes	347,334.	310,154.	22,137.	15,043.
11	Fees for services (nonemployees):				
а	Management				
b	Legal	21,298.		21,298.	
С	Accounting	37,675.		37,675.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	25,113.		25,113.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	71,400.			71,400.
12	Advertising and promotion	77,274.	267.	77,007.	
13	Office expenses	397,808.	327,303.	34,743.	35,762.
14	Information technology				
15	Royalties	210 221	100.071	12 071	14.000
16	Occupancy	210,231.	182,871.	13,071.	14,289.
17	Travel	5,740.	3,048.	127.	2,565.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2 000	2 207		491.
20		3,888.	3,397.		491.
21	Payments to affiliates	332,767.	202 415	22,380.	27,972.
22	Depreciation, depletion, and amortization	39,118.	282,415. 28,219.	8,129.	2,770.
23		55,110.	20,219.	0,129.	2,770.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A),				
~	amount, list line 24e expenses on Schedule 0.) BUSINESS EXPENSES	315,292.	43,740.	242,236.	29,316.
a b	SUPPLIES - ANIMAL CARE	172,625.	171,468.	784.	373.
	STAFF DEVELOPMENT	140,578.	73,738.	54,826.	12,014.
c d	ANIMAL SERVICES	133,570.	133,570.	51,020.	-2,014.
	All other expenses	114,056.	56,026.	1,334.	56,696.
е 25	Total functional expenses. Add lines 1 through 24e	6,514,767.	5,195,443.	865,623.	453,701.
<u>25</u> 26	Joint costs. Complete this line only if the organization	-,,,,,,,,	-,200,210,		
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
					- 000 (

232010 12-13-22

18470306 701245 121389

Form 990 (2022)

(D) Fundraising expenses

(C) Management and general expenses

Form 990 (2022)

Do not include amounts reported on lines 6b,

7b, 8b, 9b, and 10b of Part VIII.

PETS IN NEED 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)

(A) Total expenses

(B) Program service expenses

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

PETS IN NEED

		Check if Schedule O contains a response or note to a	-		(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			229,022.	1	565,693
:	2	Savings and temporary cash investments Pledges and grants receivable, net			453,622.	2	487,080
:	3				104,909.	3	1,924,272
4	4	Accounts receivable, net	168,072.	4	117,263		
	5	Loans and other receivables from any current or form	ner officer, dire	ctor,			
		trustee, key employee, creator or founder, substantia	al contributor, o	or 35%			
		controlled entity or family member of any of these pe	ersons			5	
	6	Loans and other receivables from other disqualified p	persons (as def	ined			
		under section 4958(f)(1)), and persons described in se				6	
to it	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use		····· -		8	
< י	9	Prepaid expenses and deferred charges			18,183.	9	19,143
1	0a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D 10		7,937,162.			
	b	Less: accumulated depreciation 10		3,099,876.	5,162,060.	10c	4,837,286
1		Investments - publicly traded securities	10,380,845.	11	7,134,772		
1		Investments - other securities. See Part IV, line 11		12			
1:	3	Investments - program-related. See Part IV, line 11		13			
1	4	Intangible assets			14		
1		Other assets. See Part IV, line 11		0.	15	126,752	
	6	Total assets. Add lines 1 through 15 (must equal line			16,516,713.	16	15,212,261
1		Accounts payable and accrued expenses		345,179.	17	440,117	
18		Grants payable			18		
1		Deferred revenue		19			
2		Tax-exempt bond liabilities		20			
2		Escrow or custodial account liability. Complete Part I	D		21		
se 2	2	Loans and other payables to any current or former of					
Liabilities		trustee, key employee, creator or founder, substantia					
lat	_	controlled entity or family member of any of these pe		·····	704 204	22	
2		Secured mortgages and notes payable to unrelated t	-	F	704,324.	23	0
24		Unsecured notes and loans payable to unrelated third		Γ		24	
2	5	Other liabilities (including federal income tax, payable					
		parties, and other liabilities not included on lines 17-2	24). Complete I	Part X	0.		123,527
	~	of Schedule D			1,049,503.	25	563,644
2	6	Total liabilities. Add lines 17 through 25	ere X		1,049,505.	26	505,044
ŝ		Organizations that follow FASB ASC 958, check he	ere 🔼				
uce l	7	and complete lines 27, 28, 32, and 33.			11,514,725.	27	10,590,546
2 <u>a</u> lar				Г	3,952,485.	27	4,058,071
8 2	8			····	5,552,405.	20	4,000,071
5		Organizations that do not follow FASB ASC 958, c	check here				
<u>ہ</u> ا	o	and complete lines 29 through 33.				20	
2 2	-	Capital stock or trust principal, or current funds				29 30	
S Se		Paid-in or capital surplus, or land, building, or equipm				30	
Net Assets or Fund Balances 2. 2. 2. 3. 3. 3. 3. 3. 3. 3. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5.		Retained earnings, endowment, accumulated income			15,467,210.	31	14,648,617
		Total net assets or fund balances			16,516,713.	32	15,212,261
3	5	Total liabilities and net assets/fund balances			10,010,710.	33	Form 990 (202

Form 990 (2022)

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Form	990 (2022) PETS IN NEED	94-6139667	,	Pad	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				4
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,	,838,	134.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6	,514,	767.
3	Revenue less expenses. Subtract line 2 from line 1	3	-	-676,	633.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	15	,467,	210.
5	Net unrealized gains (losses) on investments	5	-	-141,	960.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	14	,648,	617.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?	F	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				1
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	·····	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	L

Form **990** (2022)

232012 12-13-22

Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

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

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

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

OMB No. 1545-0047
2022

Open to Public Inspection

Nam	e of t	the organization	· · · · ·					Employer	r identification number
			N NEED						94-6139667
Pa	rtI	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.	
The	organ	ization is not a private found	ation because it is: (F	For lines 1 through 12, cl	neck only	one box.)			
1		A church, convention of ch				on 170(b)(1	I)(A)(i).		
2		A school described in sect		-					
3		A hospital or a cooperative					-		
4		A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
_		city, and state:						ait al a a suile :	l :
5		An organization operated for		lege or university owned	or operat	ed by a go	overnmental u	nit describe	ea in
~		section 170(b)(1)(A)(iv).				70/1-\/4\/A\	(.)		
6	X	A federal, state, or local gov	-						aublic described in
7		An organization that norma	-	ntial part of its support in	om a gove	ernmentai		ie general j	public described in
8		section 170(b)(1)(A)(vi). (C A community trust describe		1)(A)(vi) (Complete Par	• II \				
9		An agricultural research org				ed in conii	inction with a	land-grant	college
Ū		or university or a non-land-g	-			-		-	-
		university:	, and conlege of agrice				, and clairs of	ine eenege	
10		An organization that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, an	d gross receipts from
		activities related to its exer	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of it	s support f	rom gross investment
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	sses acqui	red by the org	anization a	after June 30, 1975.
		See section 509(a)(2). (Con	mplete Part III.)						
11		An organization organized a	and operated exclusi	vely to test for public sat	ety. See	section 50	09(a)(4).		
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	he functio	ns of, or to ca	rry out the	purposes of one or
		more publicly supported or	-						Check the box on
		lines 12a through 12d that	• •			-		-	
а		Type I. A supporting orga		-	• • • •	-			
		the supported organization			majority c	of the direc	tors or truste	es of the su	upporting
I -		organization. You must o	-		:		al averagination	e (e) her her	
b		Type II. A supporting org	-				-		-
		control or management o organization(s). You mus			ame perso	ns that co		je i le sup	Joned
с		Type III functionally inte			in connect	tion with a	and functional	lv integrate	ad with
Ŭ	L	its supported organization						ly integrate	Ja with,
d		Type III non-functionally		-				ted organiz	zation(s)
		that is not functionally int	• · ·						.,
		requirement (see instructi	с с	c ,			•		
е		Check this box if the orga	anization received a v	written determination from	m the IRS	that it is a	Туре I, Туре	II, Type III	
		functionally integrated, or	Type III non-functior	nally integrated supportin	ng organiz	ation.			
f	Ente	er the number of supported o	organizations						
g		vide the following information			(iv) to the orac	nization listed			
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	anization listed ing document?	(v) Amount of support (see ir	-	(vi) Amount of other support (see instructions)
		organization		above (see instructions))	Yes	No	Support (See II		
Tota									

Schedule A	Earm	000	0000
Schedule A	FOILI	330)	1 2022

Part II

PETS IN NEED

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Page 2

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

Section A. Public Support **(a)** 2018 Calendar year (or fiscal year beginning in) (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 3,578,081 6,762,171 3,376,082 5,447,184. 4,403,574 23,567,092. 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 3,578,081, 6,762,171. 3,376,082, 5,447,184, 4 403 574. 23,567,092. 4 Total. Add lines 1 through 3 The portion of total contributions 5 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) 5,765,620. 17,801,472. 6 Public support. Subtract line 5 from line 4 Section B. Total Support (c) 2020 <u>(e) 2</u>022 Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (d) 2021 (f) Total 4,403,574. 3,578,081, 6,762,171. 3,376,082. 5,447,184. 23,567,092. 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, 170,054 200,622 261,289 196,609 218,647. 1,047,221. 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.) 2,046. 9,334 29,081 45,450, 5,697. 91,608. 24,705,921. **11 Total support.** Add lines 7 through 10 5,029,107. 12 **12** Gross receipts from related activities, etc. (see instructions) 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 72.05 14 % 14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) 15 Public support percentage from 2021 Schedule A, Part II, line 14 66.51 15 % 16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization X b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990) 2022

232022 12-09-22

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	ction A. Public Support					_	
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	2 (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to						
-	or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
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						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.) ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	2 (f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) orgar	nization,
	ction C. Computation of Publ						
	Public support percentage for 2022 (-	column (f))		15	%
	Public support percentage from 2021					16	%
Sec	ction D. Computation of Inves						
17	Investment income percentage for 20	022 (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from					18	%
19a	33 1/3% support tests - 2022. If the						ine 17 is not
	more than 33 1/3%, check this box a	-	-				
b	33 1/3% support tests - 2021. If the						
	line 18 is not more than 33 1/3%, che						tion
	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t	inis box and see ins		
23202	23 12-09-22		16	5		Sched	dule A (Form 990) 2022

1

2

3a

3b

3c

4a

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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4b 4c 5a 5b <u>5c</u> 6 7 8 9a 9b 9c 10a 10b Schedule A (Form 990) 2022

b A family member of a person described on line 11a above? 11 c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. 11 Section B. Type I Supporting Organizations 11 a 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 and more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organization operate for the benefit of any supported organization of such powers during the tax year. 1 2 Did the organization operate for the benefit of any 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 Section C. Type II Supporting Organizations 1 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 supporting organization(s)? If "No," describe in Part VI how control or management of the supporting Organizations 1 2 Were a majority of the organization's director	11a 11b 11c 11c 11c 11 2	'es N 'es N
 a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? b A family member of a person described on line 11a above? c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. Section B. Type I Supporting Organizations bave 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 officers, directors, or trustees at all times during the tax year? If "No," describe, in Corganization and what conditions or restrictions, if any, applied to such powers during the tax year? a Did the organization operated, supervised, or controlled the organization organization? a Did the organization operated, supervised, or controlled the supported organization? c Did the organization operated, supervised, or controlled the supported organization? a Did the organization operated, supervised, or controlled the supported organization? b Did the organization operate of the benefit of any supported organization? f 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 directors or trustees during the tax year also a majority of the directors or trustees of each of the supporting Organizations. 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 supporting Organization (s)? If "No," describe in Part VI how control or management of the supporting Organizations. 1 Were a majority of the organization's directors or trustees during the tax year, (i) a written notice describing the type and amount of support pr	11b	
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 organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 2 Did the organization operate for the benefit of any supported organization other than the supported organization (s) that operated, supervised, or controlled the supporting organization(s) that operated, supervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organizations 2 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 supporting organization was vested in the same persons that controlled or managed the supported organization(s). 2 Section D. All Type III Supporting Organizations 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, (ii) 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 	2	es N
 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supported organization? <i>If</i> "Yes," <i>explain in</i> Part VI <i>how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i> 2 Section C. Type II Supporting Organizations 2 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)? <i>If</i> "No," <i>describe in</i> Part VI <i>how control or management of the supporting Organization was vested in the same persons that controlled or managed the supported organization(s).</i> 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 	2	es N
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year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		
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	1	
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		
organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		
	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 Section E. Type III Functionally Integrated Supporting Organizations	3	
1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a The organization satisfied the Activities Test. <i>Complete</i> line 2 <i>below.</i>		
b The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below.</i>		
c The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instruct		
2 Activities Test. Answer lines 2a and 2b below.		es N
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		es N
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		es N
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Page 5

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 Schedule A (Form 990) 2022
 PETS
 IN
 NEED

 Part IV
 Supporting Organizations
 (continued)

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Type III Non-Functionally Integrated 509(a)(3) Supp Check here if the organization satisfied the Integral Part Test as a question satisfied the Integral P			Dort VI) Soo instructio
I Check here if the organization satisfied the Integral Part Test as a question All other Type III non-functionally integrated supporting organization		•	Part VI). See Instruction
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		
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		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors			
(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 amou	nt,		
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		
ection C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		

Schedule A (Form 990) 2022

232026 12-09-22

instructions).

Sche	dule A (Form 990) 2022 PETS IN NEED				94-6139667	Page 7
Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continu	ied)		
Sect	on D - Distributions				Current Y	ear
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported				
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	;	3		
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in 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	e organization is responsive				
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2022 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	S	(iii) Distributa Amount for	
_1	Distributable amount for 2022 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2022 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2022					
a	From 2017					
b	From 2018					
C	From 2019					
d	From 2020					
e	From 2021					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2022 distributable amount					
i	Carryover from 2017 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2022 from Section D,					
	line 7: \$					
<u>a</u>	Applied to underdistributions of prior years					
	Applied to 2022 distributable amount				-	
<u> </u>	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2022, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2022. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2023. Add lines 3j and 4c.					
8	Breakdown of line 7:					
	Excess from 2018					
	Excess from 2019					
	Excess from 2020					
	Excess from 2021					
е	Excess from 2022					

Schedule A (Form 990) 2022

Schedule A	(Form 990) 2022	PETS IN	NEED			94-6139667	Page 8
Part VI	Supplemental Inform Part IV, Section A, lines 1 line 1; Part IV, Section D,	2, 3b, 3c, 4 lines 2 and	4b, 4c, 5a, 6, 9a, 9b, 9 3; Part IV, Section E, li	ns required by Part II, line 10; c, 11a, 11b, and 11c; Part IV, ines 1c, 2a, 2b, 3a, and 3b; Pa 5, and 6. Also complete this pa	Section B, lines 1 a art V, line 1; Part V,	ind 2; Part IV, Sectior Section B, line 1e; Pa	۱C,
	(See instructions.)	8; and Part	V, Section E, lines 2, 5	b, and 6. Also complete this pa	art for any additiona	a information.	
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Schedule of Contributors

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

mber

Name of the organization Employer iden		Employer identification nu
	PETS IN NEED	94-6139667
Organization type (chec	k one):	
Filers of:	Section:	
Form 990 or 990-EZ	\boxed{X} 501(c)(³) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	วท
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
	on is covered by the General Rule or a Special Rule. 1(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Sp	ecial Rule. See instructions.
General Rule		
-	ation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions any one contributor. Complete Parts I and II. See instructions for determining a con	
Special Rules		
sections 509(a) contributor, du	ation described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% s (1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or ring the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amoun- EZ, line 1. Complete Parts I and II.	16b, and that received from any one
contributor, dur literary, or educ	ation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that receive ring the year, total contributions of more than \$1,000 exclusively for religious, charit cational purposes, or for the prevention of cruelty to children or animals. Complete F n (b) instead of the contributor name and address), II, and III.	table, scientific,
year, contribution is checked, ent purpose. Don't	ation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that receive ons <i>exclusively</i> for religious, charitable, etc., purposes, but no such contributions to there the total contributions that were received during the year for an <i>exclusively</i> complete any of the parts unless the General Rule applies to this organization be table, etc., contributions totaling \$5,000 or more during the year	otaled more than \$1,000. If this box religious, charitable, etc., cause it received <i>nonexclusively</i>
answer "No" on Part IV,	n that isn't covered by the General Rule and/or the Special Rules doesn't file Schec line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form filing requirements of Schedule B (Form 990).	

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

Schedule B (Form 990) (2022)

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

	B (Form 990) (2022)		1	Page 2
Name of or	rganization		Emplo	yer identification number
PETS IN	NEED		9	4-6139667
Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
1		. \$1,484	<u>,272.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
2		\$940	<u>,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
3			,330.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
4		\$125	<u>,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
5		. \$ <u>339</u>	<u>,990.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
		. \$		Person Payroll Noncash (Complete Part II for noncash contributions.)

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	B (Form 990) (2022)		Page		
Name of o	rganization		Employer identification number		
PETS IN	NEED	94-6139667			
Part II	Noncash Property (see instructions). Use duplicate copies of Part II	if additional space is needed	J.		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions			
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions			
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions			
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions			
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	Data received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions			
		\$			
223453 11-15		1	Schedule B (Form 990) (2022)		

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ame of or	rganization				Employer identification number		
ETS IN 1	NEED				94-6139667		
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additiona	 a) through (e) and the following I charitable, etc., contributions of \$1,0 	ne entry. For or	ganizations	at total more than \$1,000 for the yea		
(a) No.							
from Part I	(b) Purpose of gift	(c) Use of gift		(d) Desc	ription of how gift is held		
—							
		(e) Transfer	of gift				
_	Transferee's name, address,	and ZIP + 4	R	elationship of tra	nsferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Desc	ription of how gift is held		
		(e) Transfer	of gift				
-	Transferee's name, address,	and ZIP + 4	R	elationship of tra	nsferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Desc	ription of how gift is held		
F	(e) Transfer of gift						
-	Transferee's name, address, and ZIP + 4		R	elationship of tra	nsferor to transferee		
a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
ŀ		(e) Transfer	of gift				
-	Transferee's name, address,	and ZIP + 4	R	elationship of tra	nsferor to transferee		
3454 11-15-					Schedule B (Form 990) (20		

Department of the Treasury

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.



Internal Revenue Service Name of the organization

Employer identification number

-	94-6139667
	94-0139007

	PETS IN NEED			94-6139667		
Par	t I Organizations Maintaining Donor Advised	d Funds or Other Si	milar Funds or Ac	counts. Complete if the		
	organization answered "Yes" on Form 990, Part IV, line					
	3	(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 v	writing that the assets hel	d in donor advised fund	ds		
	are the organization's property, subject to the organization's of	exclusive legal control?		Yes No		
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that gra	nt funds can be used o	nly		
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any	other purpose conferr	ing		
	impermissible private benefit?					
Par						
	Purpose(s) of conservation easements held by the organization					
•			Dresservation of a bist	ricelly important land eres		
	Preservation of land for public use (for example, recreat			prically important land area		
	Protection of natural habitat		Preservation of a certi	ified historic structure		
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribu	tion in the form of a co			
	day of the tax year.			Held at the End of the Tax Year		
а	Total number of conservation easements			2a		
b	Total acreage restricted by conservation easements			2b		
с	Number of conservation easements on a certified historic stru	ucture included in (a)		2c		
d	Number of conservation easements included in (c) acquired a					
		······		2d		
3	Number of conservation easements modified, transferred, rele					
Ŭ		cubed, extinguished, or te	annihated by the organi			
	year	amont is located				
4	Number of states where property subject to conservation eas					
5	Does the organization have a written policy regarding the per					
	violations, and enforcement of the conservation easements it					
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and	d enforcing conservatio	on easements during the year		
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enf	orcing conservation ea	sements during the year		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements	s of section 170(h)(4)(B)	(i)		
	and section 170(h)(4)(B)(ii)?					
9	In Part XIII, describe how the organization reports conservation		-			
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's	financial statements that	at describes the		
	organization's accounting for conservation easements.					
Par	t III Organizations Maintaining Collections of	Art, Historical Trea	sures, or Other S	imilar Assets.		
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.				
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its reve	nue statement and bala	ance sheet works		
	of art, historical treasures, or other similar assets held for pub	lic exhibition. education.	or research in furtherar	nce of public		
	service, provide in Part XIII the text of the footnote to its finan					
h	If the organization elected, as permitted under FASB ASC 95			a sheet works of		
	art, historical treasures, or other similar assets held for public					
		exhibition, education, or		e of public service,		
	provide the following amounts relating to these items:			^		
	(i) Revenue included on Form 990, Part VIII, line 1					
2	If the organization received or held works of art, historical trea			provide		
	the following amounts required to be reported under FASB A	SC 958 relating to these i	tems:			
а	Revenue included on Form 990, Part VIII, line 1			\$		
	Assets included in Form 990, Part X			\$		
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.		Schedule D (Form 990) 2022		
	09-01-22					
		27				

Sche	dule D (Form 990) 2022 PETS IN NEI						94-613		Pa	_{age} 2
Par	rt III Organizations Maintaining C	ollections of Art	, Historical Tre	easures, or	Othe	r Similai	r Assets	(contin	nued)	
3	Using the organization's acquisition, accession	on, and other records	s, check any of the	following that	make si	gnificant ι	use of its			
	collection items (check all that apply):									
а	Public exhibition	d	Loan or exc	hange progra	m					
b	Scholarly research	е	Other							
С	Preservation for future generations									
4	Provide a description of the organization's co	ellections and explain	how they further th	ne organizatio	n's exen	npt purpos	se in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations o	f art, historical trea	sures, or othe	r similar	assets				
	to be sold to raise funds rather than to be ma	aintained as part of th	ne organization's co	llection?				Yes		No
Par	rt IV Escrow and Custodial Arran		ete if the organizatio	on answered ""	Yes" on	Form 990	, Part IV, I	ine 9, or		
	reported an amount on Form 990, Pa	t X, line 21.								
1a	Is the organization an agent, trustee, custodi							_		_
	on Form 990, Part X?						L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	owing table:							
								Amoun	t	
С	Beginning balance					. 1c				
d	Additions during the year					. 1d				
е	Distributions during the year					. 1e				
f	Ending balance					. 1f				
2a	Did the organization include an amount on Fe	orm 990, Part X, line :	21, for escrow or cu	ustodial accou	unt liabili	ity?		Yes		No
b	If "Yes," explain the arrangement in Part XIII.]
Par	rt V Endowment Funds. Complete i	f the organization and	swered "Yes" on Fo	orm 990, Part	IV, line 1	0.				
		(a) Current year	(b) Prior year	(c) Two years	s back	(d) Three y	ears back	(e) Fou	r years	back
1a	Beginning of year balance	6,943,872.	7,230,786.	3,014	,569.	2,8	00,351.	2	,654,	477.
b	Contributions									
с	Net investment earnings, gains, and losses	38,639.	-286,915.	1,017	,600.	2	14,218.		145,	874.
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
a	End of year balance	6,982,511.	6,943,871.	4,032	,169.	3,0	14,569.	2	,800,	351.
2	Provide the estimated percentage of the curr				·	· · ·				
a	Board designated or guasi-endowment	45.8100	%	,,,						
b	Permanent endowment 27.7600	%	_/*							
c	Term endowment 26.4300									
· ·	The percentages on lines 2a, 2b, and 2c sho									
3a		· · · · · ·	tion that are held ar	nd administer	ed for th	۵				
ou	Are there endowment funds not in the possession of the organization that are held and administered for the organization by: Yes No Yes No									
							х			
	(i) Unrelated organizations 3a(i) (ii) Related organizations 3a(ii)							х		
h	If "Yes" on line 3a(ii), are the related organizations							3b		
4	Describe in Part XIII the intended uses of the							50		
Par	rt VI Land, Buildings, and Equipm		villent lunus.							
	Complete if the organization answere		Part IV, line 11a, S	See Form 990.	Part X	line 10.				
		(a) Cost or of	. ,					(d) Poo	k volu	
	Description of property	basis (investm		t or other (other)	• •	ccumulate preciation		(d) Boo	k valu	e
4.	Lond	· · · · ·	10119 04313	132,008.	uc	p. colation			132	008.
	Land		c	132,008.		2 470	887			
b	Buildings		0	, , , , , , , , , , , , , , , , , , , ,		2,470,		4	, <u></u> ,	±0/.
-	Leasehold improvements			570 101		272	171		107	020
d					197,930. 13,861.					
	Other			270,679.		256,				
Tota	I. Add lines 1a through 1e. <i>(Column (d) must e</i>	qual Form 990, Part >	K. column (B), line 1	0c.)	·····				,837,	

Schedule D (Form 990) 2022

18470306 701245 121389

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

	(a) Description	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) mi	Ist equal Form 990, Part X, col. (B) line 15.)	
Part X Other	Liabilities.	

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability (b) Book value (1) Federal income taxes LEASE LIABILITY 123,527 (2) (3) (4) (5) (6) (7)(8) (9) 123,527.

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

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

Schedule D (Form 990) 2022

232053 09-01-22

Sche	dule D (Form 990) 2022 PETS IN NEED			94-6139667	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statem	ents With R	evenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.			
1	Total revenue, gains, and other support per audited financial statements			1	5,676,682.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-141,960.		
b	Donated services and use of facilities	2b	5,621.		
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)				
е				2e	-136,339.
3	Subtract line 2e from line 1			3	5,813,021.
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	25,113.		
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	25,113.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)		5	5,838,134.	
Pa	t XII Reconciliation of Expenses per Audited Financial Staten	nents With I	Expenses per F	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.			
1	Total expenses and losses per audited financial statements			1	6,495,275.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	5,621.		
b	Prior year adjustments	2b			
с	Other losses				
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	5,621.
3	Subtract line 2e from line 1			3	6,489,654.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	25,113.		
b	Other (Describe in Part XIII.)				
с	Add lines 4a and 4b			4c	25,113.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	6,514,767.
	t XIII Supplemental Information.				
Prov	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	rt IV, lines 1b ar	nd 2b; Part V, line 4	; Part X, line 2;	Part XI,

lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

THE ORGANIZATION'S ENDOWMENT CONSISTS OF TWO DONOR-RESTRICTED INDIVIDUAL

ENDOWMENT FUNDS, BOTH OF WHICH WERE ESTABLISHED TO GENERATE ADDITIONAL

ANNUAL INCOME TO AUGMENT THE ORGANIZATION'S OPERATING BUDGET PRIMARILY FOR

THE CARE OF ANIMALS, AND A BOARD DESIGNATED ENDOWMENT FUND.

PART X, LINE 2:

THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION

501(C)(3) OF THE INTERNAL REVENUE CODE AND STATE INCOME TAXES UNDER

23701(D) OF THE CALIFORNIA REVENUE TAXATION CODE. IN ADDITION, THE

ORGANIZATION QUALIFIES FOR THE CHARITABLE CONTRIBUTION DEDUCTION UNDER

SECTION 170(B)(1)(A) OF THE INTERNAL REVENUE CODE AND HAS BEEN CLASSIFIED

232054 09-01-22

Part XIII Supplemental Information (continued)

AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION UNDER SECTION

509(A)(2) OF THE INTERNAL REVENUE CODE.

THE ORGANIZATION RECOGNIZES THE EFFECTS OF ITS INCOME TAX POSITIONS ONLY

IF THOSE POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED. THE

ORGANIZATION HAS EVALUATED ITS TAX POSITIONS AND HAS CONCLUDED AS OF APRIL

30, 2023 AND 2022, THAT THE ORGANIZATION DOES NOT HAVE ANY SIGNIFICANT

UNCERTAIN TAX POSITIONS FOR WHICH A RESERVE WOULD BE NECESSARY.

Schedule D (Form 990) 2022

232055 09-01-22

SCHEDULE I (Form 990)	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.									
Department of the Treasury Internal Revenue Service	of the Treasury Attach to Form 990.									
	on		Go to www.irs	.gov/Form990 for	the latest informa	ation.		Inspection Employer identification number		
Name of the organization Employer ide PETS IN NEED										
Part I General In	nformation on Grants a	nd Assistance								
criteria used to a	zation maintain records t ward the grants or assis	stance?				for the grants or assis				
Part II Grants an	IV the organization's pro d Other Assistance to I hat received more than \$	Domestic Organiz	ations and Domestic	Governments.	Complete if the org	anization answered "Y	es" on Form 990, Par	t IV, line 21, for any		
. ,	dress of organization vernment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance		

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

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2022

Schedule I (Form 990) 2022

PETS IN NEED

94-6139667

Page 2

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
					PROVIDE VETERINARY ASSISTANCE
					TO PET OWNERS IN OUR COMMUNITY
UTREACH	69	47,526.	0.		THAT FACE FINANCIAL HARDSHIP
		,			HELP HARD-TO-PLACE ANIMALS,
					AND ANIMALS WITH SPECIAL
					MEDICAL OR BEHAVIORAL NEEDS,
IEDICAL	49	51,950.	0.		FIND AND STAY IN THEIR FOREVER
Part IV Supplemental Information. Provide the information	required in Part I. lin	e 2: Part III. column	(b): and any other ac	Iditional information.	•

PART I, LINE 2:

GRANT APPLICANTS FILL OUT APPLICATIONS, AND THEY MUST PROVIDE EVIDENCE OF

THEIR INCOME THAT QUALIFIES THEM FOR ASSISTANCE. THE ORGANIZATION MAKES

PAYMENTS DIRECTLY TO THE VENDOR OR PROVIDER TO ENSURE FUNDS ARE USED AS

INTENDED.

(F) DESCRIPTION OF NON-CASH ASSISTANCE: HELP HARD-TO-PLACE ANIMALS, AND

ANIMALS WITH SPECIAL MEDICAL OR BEHAVIORAL NEEDS, FIND AND STAY IN THEIR

PETS IN NEED

FOREVER HOMES BY PROVIDING FINANCIAL SUPPORT FOR THEIR VETERINARY OR

BEHAVIORAL CARE.

Schedule I (Form 990)

232291 04-01-22

18470306 701245 121389

sc	HEDULE J	EDULE J Compensation Information OMB No.					
(Fo	orm 990) For certain Officers, Directors, Trustees, Key Employees, and Highest				2022		
	Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.					ic	
	artment of the Treasury Attach to Form 990.						
	al Revenue Service ne of the organizatior	Go to www.irs.gov/Form990 for instructions and the latest information.	Employer id	Inspe		mber	
nun	le el tile elgunization	PETS IN NEED	94-61		onna	11001	
Pa	rt I Question	s Regarding Compensation	, , , , , , , , , , , , , , , , , , , ,				
					Yes	No	
1a	Check the appropri-	ate box(es) if the organization provided any of the following to or for a person listed on Form	990,				
		line 1a. Complete Part III to provide any relevant information regarding these items.	,				
	First-class or c		nal use				
	Travel for com	panions Payments for business use of personal re	sidence				
	Tax indemnific	ation and gross-up payments Health or social club dues or initiation fee	s				
	Discretionary s	spending account Personal services (such as maid, chauffer	ur, chef)				
b	If any of the boxes of	on line 1a are checked, did the organization follow a written policy regarding payment or					
	reimbursement or p	rovision of all of the expenses described above? If "No," complete Part III to explain		. 1 b			
2	Did the organization	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,					
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		. 2			
3	Indicate which, if ar	ny, of the following the organization used to establish the compensation of the organization's	5				
		ctor. Check all that apply. Do not check any boxes for methods used by a related organizati	on to				
	establish compensa	ation of the CEO/Executive Director, but explain in Part III.					
	Compensation						
		ompensation consultant					
	X Form 990 of of	ther organizations	ommittee				
4		any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing					
	organization or a re	-			х		
		e payment or change-of-control payment?		41	A	x	
b		eive payment from a supplemental nonqualified retirement plan?		4.		x	
С	-	eive payment from an equity-based compensation arrangement?		<u>4c</u>			
	Il res to any of in	es 4a-c, list the persons and provide the applicable amounts for each item in Part III.					
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n				
	contingent on the re						
а	•			5a		x	
		ation?				x	
-		r 5b, describe in Part III.					
6		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	on				
	contingent on the n						
а	The organization?	-		6a		x	
b	Any related organiz	ation?		6b		х	
		r 6b, describe in Part III.					
7	For persons listed o	n Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	5				
		ies 5 and 6? If "Yes," describe in Part III		. 7		x	
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to th					
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III					х	
9	If "Yes" on line 8, di	d the organization also follow the rebuttable presumption procedure described in					
	Regulations section	53.4958-6(c)?		9			
LHA		eduction Act Notice, see the Instructions for Form 990.		le J (Forr	n 990)	2022	

232111 10-18-22

94-6139667

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

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

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

		(B) Breakdown of W	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) ANGELO STANTON	(i)	188,136.	0.	0.	0.	20,560.	208,696.	0.
VETERINARIAN (THRU 04/23)	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) CHAROLETTE RUBIN	(i)	173,541.	0.	0.	3,185.	16,584.	193,310.	0.
DIRECTOR OF SHELTER MEDICINE	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) BARBARA LADERMAN-JONE	(i)	160,769.	0.	0.	1,551.	15,134.	177,454.	0.
DIRECTOR OF SHELTER MEDICINE	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) AL MOLLICA	(i)	6,400.	0.	125,831.	0.	0.	132,231.	0.
EXECUTIVE DIRECTOR, FORMER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							ļ
	(ii)							ļ
	(i)							ļ
	(ii)							

Part III Supplemental Information

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

PART I, LINE 4A:

A ONE TIME SEPERATION PAY WAS ISSUED TO AL MOLICA, THE FORMER EXECUTIVE

DIRECTOR, IN THE AMOUNT OF \$125,831.

Schedule J (Form 990) 2022

SCHE	DUL	ΕO
(Form	990)	

Department of the Treasury

Internal Revenue Service Name of the organization

Supplemental Information to Form 990 or 990-EZ

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



Employer identification number 94-6139667

PETS IN NEED

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

OUTREACH AND EDUCATION: UTILIZING A COMMUNITY-BASED APPROACH TO SAVE

AND IMPROVE LIVES, PETS IN NEED EXTENDS ITS SERVICES AND ASSISTANCE

OUTSIDE ITS SHELTER WALLS INTO THE COMMUNITY TO DIRECTLY SERVE PETS

AND THE FAMILIES WHO LOVE THEM. THIS INDUSTRY-LEADING MODEL, KNOWN AS

"ACCESS TO CARE," HELPS PET PARENTS REGARDLESS OF SOCIOECONOMIC STATUS

AND DIRECTS RESOURCES TO KEEP PETS IN THEIR HOMES AND OUT OF SHELTERS.

SERVICES INCLUDE LOW-COST AND FREE VACCINATIONS, SPAY/NEUTER SURGERIES,

MICROCHIPS, VETERINARY PROCEDURES, PET FOOD AND BASIC SUPPLIES, AND

MORE TO UNDER-RESOURCED PET FAMILIES. TO INCREASE ACCESS TO COMMUNITY

MEDICINE, SOME SERVICES ARE DELIVERED VIA PETS IN NEED'S TWO MOBILE

VANS AT VARIOUS SITES IN THE COMMUNITY. THROUGH SEVERAL DESIGNATED

FUNDS, PETS IN NEED ALSO PROVIDES LOW-INCOME PET PARENTS OR THOSE

FACING ECONOMIC HARDSHIP WITH FINANCIAL SUPPORT FOR MEDICAL CARE OR

SERVICES, ALLOWING CHERISHED PETS TO STAY WITH THEIR FAMILIES.

BEHAVIORAL: AN ONSITE BEHAVIORIST WORKS WITH VOLUNTEERS TO TRAIN AND

ENRICH DOGS TO BECOME MORE ADOPTABLE, AND VOLUNTEERS WORK WITH CATS AND

RABBITS TO SOCIALIZE THEM FOR ADOPTION SUCCESS. PROVIDING BEHAVIOR

SERVICES IS CRUCIAL TO ENSURING THAT DOGS CAN COPE WITH THE STRESSFUL

ENVIRONMENT OF LIVING IN A SHELTER, CAN LEARN BASIC COMMANDS, AND CAN

ADAPT TO MOVING INTO A HOME ENVIRONMENT. FOSTER TO ADOPT AND ADOPTED

PETS ARE MORE LIKELY TO HAVE SUCCESSFUL ADOPTIONS AFTER WORKING WITH A

BEHAVIORIST.

EXPENSES \$ 747,958. INCLUDING GRANTS OF \$ 47,526. REVENUE \$ 7,158.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 232211 10-28-22

Schedule O (Form 990) 2022

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Name of the organization	Employer identification number
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FORM 990, PART VI, SECTION B, LINE 11B:

AFTER REVIEW BY MANAGEMENT, THE INFORMATION RETURNS GO TO THE FULL BOARD OF

DIRECTORS FOR REVIEW AND COMMENT.

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

MEMBERS OF THE BOARD OF DIRECTORS AND KEY EMPLOYEES ARE REQUIRED TO

DISCLOSE ANNUALLY IF A CONFLICT EXISTS.

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

THE ORGANIZATION CAREFULLY RESEARCHES COMPARABLE POSITIONS IN LIKE NON

PROFIT ORGANIZATIONS AS WELL AS THE COST OF LIVING IN OUR AREA WHEN

DETERMINING COMPENSATION FOR THE EXECUTIVE DIRECTOR AND TOP MANAGEMENT

OFFICIALS.

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

GOVERNING DOCUMENTS AND FINANCIAL INFORMATION IS AVAILABLE TO THE PUBLIC

UPON REQUEST.

232212 10-28-22