PUBLIC DISCLOSURE COPY

PLEASE FILE IN A SAFE PLACE

ARMANINO LLP

12657 Alcosta Blvd., Suite 500 San Ramon, CA 94583 ph 925.790.2600 fx 925.790.2601

** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service

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

A F	or the	e 2020 calendar year, or tax year beginning MA	Y 1, 2020 and	ending A	PR 30, 2	021						
	Check if applicabl	C Name of organization			D Emplo	yer identifi	cation number					
	Addre chang											
F	Name chang				94	-6139667						
F	Initial return	Number and street (or P.O. box if mail is not del	·									
F	Final return	871 FIFTH AVENUE	ivorou to otroot addrood;	Room/suite		ione numbei 0)367-140						
	termin ated	City or town, state or province, country, and 2	ZIP or foreign postal code		G Gross re	ceipts \$	4,616,915.					
	Amen	ded PEDWOOD CITY CA 94063	-			is a group re						
	Applic		LLICA		1	ubordinates						
	pendir	SAME AS C ABOVE			1		cluded? Yes No					
1	Гах-ех	empt status: X 501(c)(3) 501(c) (◄ (insert no.) 4947(a)(1)	or 527	1		list. See instructions					
		te: WWW.PETSINNEED.ORG	,		1	•	n number 🕨					
K	orm of	organization: X Corporation Trust As	sociation Other ►	L Year	of formation	: 1967 N	1 State of legal domicile: CA					
		Summary										
	1	Briefly describe the organization's mission or most	significant activities: TO ADV.	ANCE THE	NO-KILL	MOVEMENT	,					
Governance		REDUCE PET HOMELESSNESS, AND FIND EVER										
rna	2	Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.										
o Ve	3	Number of voting members of the governing body (Part VI, line 1a)			3	11					
	4	Number of independent voting members of the gov					11					
S S	5	Total number of individuals employed in calendar y	ear 2020 (Part V, line 2a)			5	64					
)ţį	6	Total number of volunteers (estimate if necessary)				6	75					
Activities &		Total unrelated business revenue from Part VIII, col					0.					
_	b	Net unrelated business taxable income from Form 9	990-T, Part I, line 11			7b	0.					
					Prior Y	ear ear	Current Year					
Φ	8	Contributions and grants (Part VIII, line 1h)			6,	762,171.	3,376,082.					
Revenue	9	Program service revenue (Part VIII, line 2g)			1,198,837.		1,037,156.					
eve	10	Investment income (Part VIII, column (A), lines 3, 4,	and 7d)			196,609.	170,054.					
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c,	9c, 10c, and 11e)			9,664.	33,623.					
	12	Total revenue - add lines 8 through 11 (must equal	Part VIII, column (A), line 12)		8,	167,281.	4,616,915.					
	13	Grants and similar amounts paid (Part IX, column (A	A), lines 1-3)			0.	764,503.					
	14	Benefits paid to or for members (Part IX, column (A		0.	0.							
Ş	15	Salaries, other compensation, employee benefits (F	Part IX, column (A), lines 5-10)		3,	491,827.	4,510,625.					
Expenses	16a	Professional fundraising fees (Part IX, column (A), li				0.	0.					
ě	b	Total fundraising expenses (Part IX, column (D), line	e 25) > 829 ,	070.								
Û	17	Other expenses (Part IX, column (A), lines 11a-11d,	11f-24e)			719,782.	1,939,808.					
	18	Total expenses. Add lines 13-17 (must equal Part I)	K, column (A), line 25)			211,609.	7,214,936.					
	19	Revenue less expenses. Subtract line 18 from line	12		2,	955,672.	-2,598,021.					
Net Assets or				Ве	ginning of C		End of Year					
sets	20	Total assets (Part X, line 16)				125,559.	17,016,194.					
t As	21	Total liabilities (Part X, line 26)				538,442.	1,690,730.					
	22	Net assets or fund balances. Subtract line 21 from	line 20		15,	587,117.	15,325,464.					
	art II	Signature Block										
		lities of perjury, I declare that I have examined this return,				-	knowledge and belief, it is					
true	, correc	t, and complete. Declaration of preparer (other than office	r) is based on all information of wh	nich preparer	has any kno	wledge.						
		Signature of officer				ate						
Sig		'			U	alt						
Her	е	PETER RADIN, TREASURER Type or print page and title										
		Type or print name and title		Гг	Date		TI PTIN					
		Print/Type preparer's name	Preparer's signature			Check if						
Paid			MATTHEW PETROSKI	0	3/07/22	self-employ						
-	arer	Firm's name ARMANINO LLP	mp 500		Firm's EIN ▶ 94-6214841							
Use	Only	Firm's address 50 W. SAN FERNANDO ST, S			000 6400							
_		SAN JOSE, CA 95113			P	hone no.408	-200-6400					
May	/ the II	RS discuss this return with the preparer shown above	/e? See instructions				X Yes No					

Page 2 PETS IN NEED 94-6139667 Form 990 (2020)

Pai	rt III Statement of Program Service Accomplishments	
	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	
	prior Form 990 or 990-EZ?	X Yes No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total e	
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 1,942,625. including grants of \$ 15,177.) (Revenue \$	721,565.)
	ANIMAL CARE/RESCUE - EXCELLENT CARE, QUALITY MEDICAL SERVICES AND GOOD	
	TRAINING ARE THE KEY COMPONENTS OF ANIMAL CARE. THE ORGANIZATION	
	MAINTAINS A SHELTER WHERE ANIMALS ARE CARED FOR AND TRAINED BY QUALITY	
	STAFF AND VOLUNTEERS. MOST OF THE SHELTER GUESTS ARE LOVING ANIMALS	
	THAT HAVE BEEN RESCUED FROM PUBLIC FACILITIES WHERE THEY WERE IN DANGER	
	OF BEING KILLED. THE ORGANIZATION GOES ON RESCUE RUNS TO PUBLIC	
	SHELTERS TO RESCUE CATS AND DOGS IN NEED OF A SECOND CHANCE. ONCE BACK	
	AT THE SHELTER, THE ANIMALS ARE SCREENED, GIVEN A BASIC MEDICAL EXAM BY	
	VETERINARY STAFF, VACCINATED, DEWORMED, AND SPAYED OR NEUTERED. THE	
	ORGANIZATION'S CANINE TRAINER WORKS WITH VOLUNTEERS TO TRAIN AND ENRICH	
	DOGS TO BECOME MORE ADOPTABLE. (SEE SCHEDULE O FOR CONTINUATION)	
4b	(Code:) (Expenses \$ 2,808,703. including grants of \$ 729,426.) (Revenue \$	7,196.)
	MEDICAL - THE ORGANIZATION OPERATES A LOW-COST SPAY/NEUTER CLINIC THAT	
	IS AVAILABLE TO THE PETS OF ANY CALIFORNIA RESIDENT. THE ORGANIZATION	
	BELIEVES THAT AN AGGRESSIVE SPAY/NEUTER PROGRAM IS A KEY COMPONENT TO	
	PREVENTING UNWANTED ANIMALS FROM ENTERING PUBLIC SHELTERS AND LOSING	
	THEIR LIVES. IN ADDITION TO THE IN-HOUSE SPAY/NEUTER CLINIC, THE	
	ORGANIZATION HAS A MOBILE SPAY/NEUTER VAN THAT IS TAKEN TO LOW-INCOME	
	COMMUNITIES IN ORDER TO PROVIDE FREE SPAY/NEUTER SERVICES TO THE PETS	
	OF LOCAL RESIDENTS.	
4c		342,018.
	ADOPTIONS - VISIBILITY AND SERVICE ARE THE KEY COMPONENTS OF ADOPTION.	
	THE ORGANIZATION MAINTAINS A SHELTER, OPEN TO THE PUBLIC, STAFFED WITH	
	TRAINING ADOPTION AND ANIMAL CARE SPECIALISTS WHO COUNSEL THE PUBLIC	
	ABOUT THE RESPONSIBILITIES OF PET OWNERSHIP AND ASSIST THEM IN	
	SELECTING AN APPROPRIATE PET FOR THEIR LIFESTYLE. IN ADDITION TO WORD	
	OF MOUTH, THE ORGANIZATION PROMOTES THE ADOPTIONS BY MAINTAINING A	
	PROFESSIONAL AND UP-TO-DATE WEBSITE WITH AVAILABLE ANIMALS,	
	HIGHLIGHTING ADOPTABLE ANIMALS ON VARIOUS SOCIAL MEDIA CHANNELS,	
	HIGHLIGHTING ANIMALS ON LOCAL TELEVISION, AND BRINGING ADOPTABLE	
	ANIMALS TO OUTREACH EVENTS. THE DIRECT MAIL CAMPAIGN, WEBSITE, AND	
	E-MAIL NEWSLETTER KEEPS DONORS INFORMED OF THE WORK THE ORGANIZATION IS	
	DOING TO ADOPT ANIMALS.	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 6,088,068.	
		Form 990 (2020)

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Form 990 (2020) Pets IN NEED Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	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		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 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	L,		
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	١Ů		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	-		
0	, ,	8		x
0	Schedule D, Part III	├°		
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?			x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		v	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, 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	<u> </u>
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b				
	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	<u> </u>		
	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,	<u>. </u>		
.,	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	- ''-		<u> </u>
10		18		x
10	1c and 8a? If "Yes," complete Schedule G, Part II	10		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	4.		x
00-	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
	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			 _v
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		Х

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Form	990 (2020) PETS IN NEED 94-61396	67	Р	age 4
Pa	rt 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			
	· · · · · · · · · · · · · · · · · · ·	24a		x
h	Schedule K. If "No," go to line 25a	24b		
		240		
C	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		-
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		-
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			l
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
•	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? ### The substantial contributor? ### The substantial contributor ### The substantial contributor ### The substantial co			
а		28a		x
	"Yes," complete Schedule L, Part IV			X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	1002		
-		36		x
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
31		37		x
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	31		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	200	х	1
Pa	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	38	Λ	
_ · a	Charlet Cahadula O agricina a vannana avanta ta agrillina in thia Part V			
	Check if Schedule O contains a response or note to any line in this Part V			
		,	Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	<u> </u>		
	Litter the humber of Forms w-2d included in line 1a. Litter -0-11 not applicable	의		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			

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(gambling) winnings to prize winners?

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Form 990 (2020) PETS IN NEED Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

					Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
	filed for the calendar year ending with or within the year covered by this return	2a	64					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	Х			
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)						
				3a		X		
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a		•			х		
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccour	nt)'?	4a		Α		
D	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Actions.	200110	+c (EDAD)					
52	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		is (FBAN).	5a		Х		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?			5b		X		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c				
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the							
	any contributions that were not tax deductible as charitable contributions?			6a		Х		
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or	gifts					
	were not tax deductible?			6b				
7	Organizations that may receive deductible contributions under section 170(c).							
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices p	rovided to the payor?	7a		X		
b				7b				
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	ıs requ	uired					
	to file Form 8282?	 I	 İ	7c		Х		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	10	7e		Х		
e	 e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 							
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?							
	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?							
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the								
sponsoring organization have excess business holdings at any time during the year?								
9	Sponsoring organizations maintaining donor advised funds.							
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a				
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b				
10	Section 501(c)(7) organizations. Enter:	1	1					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b						
11	Section 501(c)(12) organizations. Enter:	11a	I					
a		11a						
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b						
12a	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	$\overline{}$?	12a				
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	İ	u				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		•					
а				13a				
	Note: See the instructions for additional information the organization must report on Schedule O.							
b	Enter the amount of reserves the organization is required to maintain by the states in which the		1					
	organization is licensed to issue qualified health plans	13b						
	Enter the amount of reserves on hand	13c						
				14a		X		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner					v		
	excess parachute payment(s) during the year?			15		X		
16	If "Yes," see instructions and file Form 4720, Schedule N.	inco	ne?	16		Х		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment If "Yes," complete Form 4720, Schedule O.	. II ICOF	IIE!	16				
	ii 165, Complete Form 4720, Conedule O.				~~~			

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

	to line ed, es, et res selen, decembe the smearhetenees, proceeded, et changes en consedit et see metablishe.			
0	Check if Schedule O contains a response or note to any line in this Part VI			Х
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 11 1a 11			
	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 1			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	_		
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		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	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached 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 Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in 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 independent			
	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 in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization'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 filed ▶CA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3))	only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	RANDI KORTVELY - 650-367-1405			
	871 FIFTH AVENUE, REDWOOD CITY, CA 94063			

Form 990 (2020) PETS IN NEED 94-6139667 Page **7**

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See 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 and/or Box 7 of Form 1099-MISC) 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.

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

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

(A) Name and title	(B) Average hours per	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of			
	week (list any hours for related organizations below line)	stee or director				tee)	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) AL MOLLICA	40.00								
EXECUTIVE DIRECTOR				Х			226,472.	0.	20,779.
(2) CHARLOTTE RUBIN	40.00								
MEDICAL DIRECTOR					Х		149,380.	0.	16,241.
(3) RANDI KORTVELY	40.00								
FINANCE AND OP DIRECTOR		<u> </u>		Х			127,627.	0.	19,149.
(4) PATRICIA SANTANA	40.00								
SHELTER OPERATIONS MANAGER					Х		103,185.	0.	16,283.
(5) ROB KALMAN	30.00								
PRESIDENT		Х		Х			0.	0.	0.
(6) WENDY CALVERT	15.00								
VICE PRESIDENT		Х		Х			0.	0.	0.
(7) PETER RADIN	15.00								
TREASURER		Х		Х			0.	0.	0.
(8) GALI HAGEL	15.00								
SECRETARY		Х		Х			0.	0.	0.
(9) KAREN KUDELKO	5.00								
BOARD MEMBER		Х					0.	0.	0.
(10) NANCY RYDE	5.00								
BOARD MEMBER		Х					0.	0.	0.
(11) ANGELA YOUNG	5.00								
BOARD MEMBER		Х					0.	0.	0.
(12) CHARLES BARTELS	5.00								
BOARD MEMBER		Х					0.	0.	0.
(13) DAVID LEVINE	5.00								
BOARD MEMBER		Х					0.	0.	0.
(14) ERIK OLIVER	5.00								
BOARD MEMBER		Х					0.	0.	0.
(15) VALERIE MCCARTHY	5.00								
BOARD MEMBER (AS OF 08/20)		Х					0.	0.	0.
(16) JOHN LOCKTON	5.00								
BOARD MEMBER (TO 03/2021)		Х					0.	0.	0.
									- 000 (acce)

Form 990 (2020) PETS IN NEED 94-6139667 Page 8
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)
(C) (D) (E) (F)

(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					n an	compensation compensation			(F) Estimated amount of other		
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC	3)	compens from t organiza and rela organiza		ation le tion ted
										$ \bot $			
										$ \bot $			
1b Subtotal c Total from continuation sheets to Part VI								606,664.		0.			452.
d Total (add lines 1b and 1c) 2 Total number of individuals (including but n							o re	606,664. eceived more than \$100,	000 of reportable	0.		72,	452.
compensation from the organization												Yes	No No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s.											3		х
4 For any individual listed on line 1a, is the su and related organizations greater than \$150											4	Х	
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	ccrue compen	satio	on fr	om	any	unre	elate	ed organization or individ	dual for services		5		Х
Section B. Independent Contractors 1 Complete this table for your five highest contractors	mpensated ind	lepe	nder	nt cc	ontra	acto	rs th	nat received more than \$	5100,000 of compe	 ensat	ion fro	m	
the organization. Report compensation for (A)	the calendar ye	ear e	ndin	ig w	ith c	or wi	thin	(B)			(0	;)	
Name and business	address	NO	NE					Description of s	ervices	C	ompei	nsatio	n
										—			
										—			
							\dashv			—			
2 Total number of independent contractors (in		ot lin	nited	d to t			ted	above) who received mo	ore than				
\$100,000 of compensation from the organiz	zation >				-	0					Form	990	(2020)

032008 12-23-20

94-6139667

Form 990 (2020)
Part VIII

Statement of Revenue

		Check if Schedule O contains a response of	or note to any line	e in this Part VIII			
				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
					function revenue	business revenue	sections 512 - 514
'0 '0	4 -	Fadavatad assurations do					000110110 0 12 0 11
nts		Federated campaigns 1a					
Sp. oc		Membership dues 1b					
S, (Fundraising events 1c					
a g	d	Related organizations 1d					
Contributions, Gifts, Grants and Other Similar Amounts	е	Government grants (contributions)					
rigin	f	All other contributions, gifts, grants, and					
the the		similar amounts not included above 1f	3,376,082.				
ΈÓ	g	Noncash contributions included in lines 1a-1f					
an S	h	Total. Add lines 1a-1f		3,376,082.			
			Business Code				
	2 9	ANIMAL CARE AND OTHER	900099	846,516.	846,516.		
Š		ADOPTION FEES	900099	190,640.	190,640.		
jer ue			700077	220,010.	250,020.		
n S	C						
ga Be	d						
Program Service Revenue	е						
Δ.		All other program service revenue					
\longrightarrow	g	Total. Add lines 2a-2f		1,037,156.			
	3	Investment income (including dividends, interes	st, and				
		other similar amounts)	🕨	170,054.			170,054.
	4	Income from investment of tax-exempt bond pr	roceeds 🕨				
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
		Less: rental expenses 6b					
		Rental income or (loss) 6c					
		Net rental income or (loss)					
		` '	(ii) Other				
	/ a	()	(ii) Other				
		assets other than inventory 7a					
_	b	Less: cost or other basis					
<u>ا</u> و		and sales expenses					
ĕ	С	Gain or (loss) 7c					
æ	d	Net gain or (loss)					
ther Revenue	8 a	Gross income from fundraising events (not					
₹		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 188a					
	b	Less: direct expenses 8b					
		Net income or (loss) from fundraising events					
		Gross income from gaming activities. See					
		Part IV, line 19 9a					
	h	Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
	io a	Gross sales of inventory, less returns	4,542.				
		and allowances 10a					
		Less: cost of goods sold10b	· .	4 540	4 540		
\rightarrow	С	Net income or (loss) from sales of inventory	D	4,542.	4,542.		
S			Business Code				
o a	11 a	MISC INCOME	900099	29,081.	29,081.		
ane	b						
Miscellaneous Revenue	c						
/lisc B	d	All other revenue					
_	е	Total. Add lines 11a-11d	>	29,081.			
	12	Total revenue. See instructions		4,616,915.	1,070,779.	0.	170,054.

032009 12-23-20

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Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a respons	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22	764,503.	764,503.		
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	421,116.	174,975.	165,407.	80,734
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	3,089,155.	2,791,888.	5,572.	291,695
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	154.	131.	7.	16
9	Other employee benefits	746,961.	654,443.	17,329.	75,189
0	Payroll taxes	253,239.	215,411.	11,201.	26,627
1	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	32,490.		32,490.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	17,954.		17,954.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	49,339.	27,695.	3,156.	18,488
13	Office expenses	292,034.	173,505.	7,439.	111,090
14	Information technology				
15	Royalties				
16	Occupancy	306,638.	272,286.	11,818.	22,534
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	29,928.	25,738.	1,496.	2,694
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	312,936.	269,125.	15,647.	28,164
23	Insurance	31,333.	27,011.	1,561.	2,761
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	ANIMAL SERVICES	298,629.	257,537.		41,092
b	SUPPLIES - ANIMAL CARE	296,314.	296,314.		
С	BUSINESS EXPENSES	213,421.	91,706.	6,137.	115,578
d	STAFF DEVELOPMENT	55,749.	44,785.	584.	10,380
е	All other expenses	3,043.	1,015.		2,028
5	Total functional expenses. Add lines 1 through 24e	7,214,936.	6,088,068.	297,798.	829,070
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form **990** (2020)

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Form 990 (2020)
Part X Balance Sheet

Ра	rt X	Balance Sneet					
		Check if Schedule O contains a response or r	note to any	/ line in this Part X	(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			1,607,518.	1	653,447
	2	Savings and temporary cash investments			2,708,728.	2	1,057,563
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net	59,148.	4	62,155		
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sui					
		controlled entity or family member of any of the	nese perso	ons		5	
	6	Loans and other receivables from other disqu					
		under section 4958(f)(1)), and persons describ	tion 4958(c)(3)(B)		6		
Ŋ	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use				8	
ğ	9	B			3,171.	9	5,706
	10a	Land, buildings, and equipment: cost or other	-				
		basis. Complete Part VI of Schedule D	10a	7,895,927.			
	b	Less: accumulated depreciation	10b	2,428,198.	5,464,499.	10c	5,467,729
	11	Investments - publicly traded securities			7,282,495.	11	9,769,594
	12	Investments - other securities. See Part IV, lin				12	
	13	Investments - program-related. See Part IV, lir			13		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must e			17,125,559.	16	17,016,194
	17	Accounts payable and accrued expenses			298,454.	17	489,043
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Comple			21		
ģ	22	Loans and other payables to any current or fo	rmer offic	er, director,			
<u>ii</u>		trustee, key employee, creator or founder, sul	ostantial c	ontributor, or 35%			
Liabilities		controlled entity or family member of any of the	nese perso	ons		22	
	23	Secured mortgages and notes payable to unr	elated thir	d parties	783,588.	23	745,289
	24	Unsecured notes and loans payable to unrela	ted third p	parties		24	
	25	Other liabilities (including federal income tax,	payables t	to related third			
		parties, and other liabilities not included on lin	nes 17-24).	. Complete Part X			
		of Schedule D			456,400.	25	456,400
	26	Total liabilities. Add lines 17 through 25			1,538,442.	26	1,690,730
		Organizations that follow FASB ASC 958, or	heck here	x X			
Ses		and complete lines 27, 28, 32, and 33.					
<u>a</u> u	27	Net assets without donor restrictions			12,331,940.	27	11,048,761
Ва	28	Net assets with donor restrictions			3,255,177.	28	4,276,703
<u>n</u>		Organizations that do not follow FASB ASC	958, che	ck here 🕨 🗌			
ř		and complete lines 29 through 33.					
S	29	Capital stock or trust principal, or current fund	ds			29	
set	30	Paid-in or capital surplus, or land, building, or				30	
As	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			15,587,117.	32	15,325,464
_	33	Total liabilities and net assets/fund balances			17,125,559.	33	17,016,194

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Pai	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1			915.			
2	Total expenses (must equal Part IX, column (A), line 25)	2			936.			
3	Revenue less expenses. Subtract line 2 from line 1							
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))							
5	Net unrealized gains (losses) on investments	5	2	336,	368.			
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	15	325,	464.			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII				X			
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.							
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?							
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b	Х				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,						
	consolidated basis, or both:							
	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	audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X				
	If the organization changed either its oversight process or selection process during the tax year, explain on School	edule O.						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit						
	Act and OMB Circular A-133?		За		Х			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b					
			Form	990	(2020)			

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

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

Open to Public

Inspection Name of the organization Employer identification number PETS IN NEED 94-6139667

Pa	rt I	Reason for Public C	Charity Status.	All organizations must o	omplete th	nis part.) S	ee instructions.	
		zation is not a private found						
1		· · · · · · · · · · · · · · · · · · ·	•		-	-	IVAVi).	
2	H	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)						
3	一	A hospital or a cooperative					i)	
4	H	A medical research organiza					•	the hospital's name
•		city, and state:	anon operated in cor	garrottori with a moopital	accombca	occilo	11 11 0(B)(1)(A)(III). Entor	the noophal o name,
5		An organization operated for	or the benefit of a col	lege or university owner	l or operat	ed by a go	vernmental unit describe	ad in
3		section 170(b)(1)(A)(iv). (C		lege of armiversity owner	or operat	ca by a go	vorminental and accomb	5 4 III
6		A federal, state, or local gov		ontal unit described in	coction 17	70/6\/4\/ A \/	(v)	
	X	An organization that normal	-				•	aublia dagaribad in
•		section 170(b)(1)(A)(vi). (Co	-	itiai part of its support ii	om a gove	minentari	unit of from the general p	Dublic described in
8		A community trust describe	•	1)(A)(vi) (Complete Par	+ 11 \			
9		An agricultural research org				ed in conju	unction with a land-grant	college
9		or university or a non-land-g				-	-	•
		university:	rant college or agrici	iliture (see iristructions).	Litter the i	iairie, city	, and state of the college	; OI
10		An organization that normal	Illy receives (1) more t	han 33 1/3% of its sunr	ort from c	ontribution	ns membershin fees and	d aross receipts from
		activities related to its exem	• • • • • • • • • • • • • • • • • • • •	• •			• •	•
		income and unrelated busin		•				*
		See section 509(a)(2). (Cor		icos scotion o i i taxy ii c	on buomice	oco doquii	od by the organization t	artor dario do, 1070.
11		An organization organized a	•	vely to test for public sa	fety See	section 50)9(a)(4).	
12	一	An organization organized a	•		•			purposes of one or
-		more publicly supported org	•	•	•		•	
		lines 12a through 12d that of	-					
а		Type I. A supporting orga	* *					aivina
_		the supported organization	•		•	-		
		organization. You must c		• • •				.pp=:9
b		Type II. A supporting orga			tion with its	s supporte	d organization(s), by hav	vina
-		control or management of	· ·					•
		organization(s). You mus			шо ролоо		mor or manage and eap	55.154
С		Type III functionally inte			in connect	tion with, a	and functionally integrate	ed with,
		its supported organization					• •	
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in co	nnection w	rith its supported organiz	zation(s)
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	uirement and an attentiv	/eness
		requirement (see instructi	ons). You must con	plete Part IV, Sections	A and D,	and Part	V.	
е		Check this box if the orga	nization received a v	vritten determination fro	m the IRS	that it is a	Type I, Type II, Type III	
		functionally integrated, or	Type III non-function	nally integrated supporti	ng organiz	ation.		
f	Ente	r the number of supported o	rganizations					
g		ride the following information Name of supported			I (iv) Is the ora:	anization listed	() A	(vi) Amount of other
	(1	organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount of monetary support (see instructions)	support (see instructions)
		0.9a.n.2a.io.n		above (see instructions))	Yes	No	Support (CCC motifications)	capport (000 mondonom)
					-			
					-			
	_							

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2,574,861.	1,763,250.	3,578,081.	6,762,171.	3,376,082.	18,054,445.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	2,574,861.	1,763,250.	3,578,081.	6,762,171.	3,376,082.	18,054,445.
	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						5,308,346.
6	Public support. Subtract line 5 from line 4.						12,746,099.
	ction B. Total Support						· · ·
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4	2,574,861.	1,763,250.	3,578,081.	6,762,171.	3,376,082.	18,054,445.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	147,779.	231,621.	261,289.	196,609.	170,054.	1,007,352.
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.)	43,283.	2,544.	2,046.	9,334.	29,081.	86,288.
11	Total support. Add lines 7 through 10						19,148,085.
12	Gross receipts from related activities,	etc. (see instructio	ns)			12	3,080,606.
13	First 5 years. If the Form 990 is for the					01(c)(3)	
	organization, check this box and stop	-		•			
Sec	ction C. Computation of Publi						
14	Public support percentage for 2020 (li	ine 6, column (f), di	vided by line 11, c	olumn (f))		14	66.57 %
15	Public support percentage from 2019	Schedule A, Part I	I, line 14			15	66.65 %
16a	16a 33 1/3% support test - 2020. 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 suppo	orted organization				X
b	b 33 1/3% support test - 2019. 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 qual	ifies as a publicly s	upported organiza	tion			
17a	17a 10% -facts-and-circumstances test - 2020. 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	s-and-circumstance	es test, check this	box and stop her	e. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pul	olicly supported or	ganization		>
b	10% -facts-and-circumstances test	- 2019. If the orga	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is 1	10% or
	more, and if the organization meets th	ne facts-and-circum	stances test, chec	k this box and st	op here. Explain i	n Part VI how the	
	organization meets the facts-and-circu	ımstances test. Th	e organization qua	lifies as a publicly	supported organiz	ation	▶□
18	Private foundation. If the organizatio	n did not check a b	oox on line 13, 16a	, 16b, 17a, or 17b	, check this box a	nd see instructions	>
							or 000 E7\ 0000

Schedule A (Form 990 or 990-EZ) 2020

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

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 business 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						
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŀ	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
(Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
ľ	• Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is						
12	regularly carried on 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 th	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organization	on,
	check this box and stop here						
Se	ction C. Computation of Publi	c Support Per	rcentage	·			
15	Public support percentage for 2020 (I	ine 8, column (f), c	livided by line 13, o	column (f))		15	%
16	Public support percentage from 2019	Schedule A, Part	III, line 15			16	%
Se	ction D. Computation of Inves						
17	Investment income percentage for 20)20 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
	Investment income percentage from					18	%
	33 1/3% support tests - 2020. If the					33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar						. .
k	33 1/3% support tests - 2019. If the						
	line 18 is not more than 33 1/3%, che	ck this box and st	t op here. The orga	nization qualifies	as a publicly suppo	orted organization	
20	Private foundation If the organization						

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Schedule A (Form 990 or 990-EZ) 2020

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
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3b		
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3с		
- 55		
4a		
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4b		
4c		
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9a		
- Ju		
9b		
9с		
_		
40-		
10a		
10b		

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

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Schedule A (Form 990 or 990-EZ) 2020

Sche	dule A (Form 990 or 990-EZ) 2020 PETS IN NEED			94-6139667	Page 6
Par		ng Orgar	nizations		
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on	Nov. 20, 1970 (explain in	Part VI). See inst	ructions.
	All other Type III non-functionally integrated supporting organizations must		•	•	
Secti	on A - Adjusted Net Income		(A) Prior Year	(B) Current (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			
Secti	on B - Minimum Asset Amount		(A) Prior Year	(B) Current (optiona	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
С	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other factors				
	(explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,				
	see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Secti	on C - Distributable Amount			Current \	′ear
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions).	6			
7	Check here if the current year is the organization's first as a non-functional	ally integrat	ed Type III supporting org	anization (see	

Schedule A (Form 990 or 990-EZ) 2020

instructions).

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations _{(continu}	ed)				
Secti	ection D - Distributions Current Year							
1	Amounts paid to supported organizations to accomplish exe		1					
2	Amounts paid to perform activity that directly furthers exemp							
	organizations, in excess of income from activity		2					
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	S	3				
4	Amounts paid to acquire exempt-use assets			4				
5	Qualified set-aside amounts (prior IRS approval required - pri	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	ne organization is responsive						
	(provide details in Part VI). See instructions.			8				
9	Distributable amount for 2020 from Section C, line 6			9				
10	Line 8 amount divided by line 9 amount			10				
		(i)	(ii)		(iii)			
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2020	s	Distributable Amount for 2020			
1	Distributable amount for 2020 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2020 (reason-							
	able cause required - explain in Part VI). See instructions.							
3	Excess distributions carryover, if any, to 2020							
a	From 2015							
b	From 2016							
с	From 2017							
d	From 2018							
<u>e</u>	From 2019							
f	Total of lines 3a through 3e							
g	Applied to underdistributions of prior years							
h	Applied to 2020 distributable amount							
<u>i</u>	Carryover from 2015 not applied (see instructions)							
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.							
4	Distributions for 2020 from Section D,							
	line 7: \$							
a	Applied to underdistributions of prior years							
b	Applied to 2020 distributable amount							
с	Remainder. Subtract lines 4a and 4b from line 4.							
5	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h							
	and 4b from line 1. For result greater than zero, explain in							
	Part VI. See instructions.							
7	Excess distributions carryover to 2021. Add lines 3j							
	and 4c.							
8	Breakdown of line 7:							
a	Excess from 2016							
b	Excess from 2017							
С	Excess from 2018							
d	Excess from 2019							
е	Excess from 2020							

Schedule A (Form 990 or 990-EZ) 2020

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

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2020

Employer identification number

	PET	S IN NEED	94-6139667			
Organizat	tion type (check or	ne):				
Filers of:		Section:				
Form 990	or 990-EZ	X 501(c)(3) (enter number) organization				
		4947(a)(1) nonexempt charitable trust not treated as a private foundation				
		527 political organization				
Form 990-	PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
•	-	covered by the General Rule or a Special Rule. 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule	. See instructions.			
General R	tule					
	-	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor's	•			
Special R	ules					
s a	ections 509(a)(1) a iny one contributo	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support to and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amoun line 1. Complete Parts I and II.	r 16b, and that received from			
C	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.					
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year						
but it mus	answer "No" on	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (For Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its For the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).				

 $\ \ \, \text{LHA} \ \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

Employer identification number

94-6139667

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$\$	Person X Payroll
(a)	(b)	(c) Total contributions	(d)
No. 2	Name, address, and ZIP + 4	\$\$.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	### Total contributions 179,613.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	Trumo, addi 655, and £ii + +	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Tullio, addi coo, and Ell TT	\$	Person Payroll Complete Part II for noncash contributions.)

Name of organization

Employer identification number

94-6139667

Partii	art ii workdash Property (see instructions). Use duplicate copies of Part II if additional space is needed.				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		_			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		_			
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		_			
		 \$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		_			
		 \$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		_			
		 \$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		_			

Name of or	rganization			Employer identification number			
PETS IN	NEED			94-6139667			
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional) through (e) and the following local charitable, etc., contributions of \$1,0	ine entry. For organizat	(8), or (10) that total more than \$1,000 for the year ions enter this info. once.)			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
		(e) Transfer	of gift				
	Transferee's name, address, a	nd ZIP + 4	Relation	ship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
			_				
		of gift					
	Transferee's name, address, and ZIP + 4		Relation	ship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift (c) Use of			(d) Description of how gift is held			
	(e) Transfer of gift						
	Transferee's name, address, a	nd ZIP + 4	Relation	ship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
-	(e) Transfer of gift						
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
J							

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Employer identification number

Name of the organization

PETS IN NEED 94-6139667

Par	t I Organizations Maintaining Donor Advised	Funds or Other	Similar Funds or	Accounts. Complete if the	ne
	organization answered "Yes" on Form 990, Part IV, line				
		(a) Donor advis	ed funds	(b) Funds and other accou	ınts
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 w	~			
	are the organization's property, subject to the organization's e				L No
6	Did the organization inform all grantees, donors, and donor ad			•	
	for charitable purposes and not for the benefit of the donor or	•			
Day	impermissible private benefit?			Yes	No
Par				IV, line 7.	
1	Purpose(s) of conservation easements held by the organization	_	_		
	Preservation of land for public use (for example, recreati	on or education)		istorically important land area	a
	Protection of natural habitat			ertified historic structure	
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contrib	oution in the form of a		
	day of the tax year.			Held at the End of th	ie Tax Year
	Total number of conservation easements			I I	
	Number of conservation easements on a certified historic struc			2c	
d	Number of conservation easements included in (c) acquired af	·			
_	listed in the National Register			. 2d	
3	Number of conservation easements modified, transferred, rele	ased, extinguished, or	terminated by the org	anization during the tax	
	year >				
4	Number of states where property subject to conservation ease		Alexander and Alexander		
5	Does the organization have a written policy regarding the period		,	□ v _{aa}	
6	violations, and enforcement of the conservation easements it I		nd onforcing concern		No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	anding of violations, a	nd emorcing conserva	ation easements during the ye	ear
7	Amount of expenses incurred in monitoring, inspecting, handli	ng of violations, and o	oforcing consequation	assaments during the year	
′	\$	rig or violations, and e	norchig conservation	easements during the year	
8	Does each conservation easement reported on line 2(d) above	satisfy the requiremen	its of section 170(h)(4)	(R)(i)	
•	and section 170(h)(4)(B)(ii)?				No
9	In Part XIII, describe how the organization reports conservation				
•	balance sheet, and include, if applicable, the text of the footnot				
	organization's accounting for conservation easements.	•			
Par	t III Organizations Maintaining Collections of	Art, Historical Tre	easures, or Other	Similar Assets.	
	Complete if the organization answered "Yes" on Form 9	990, Part IV, line 8.			
1a	If the organization elected, as permitted under FASB ASC 958	, not to report in its rev	enue statement and b	palance sheet works	
	of art, historical treasures, or other similar assets held for publ	ic exhibition, education	n, or research in furthe	erance of public	
	service, provide in Part XIII the text of the footnote to its finance	cial statements that de	scribes these items.		
b	If the organization elected, as permitted under FASB ASC 958	, to report in its revenu	e statement and balar	nce sheet works of	
	art, historical treasures, or other similar assets held for public e				
	provide the following amounts relating to these items:				
	(i) Revenue included on Form 990, Part VIII, line 1			• \$	
	(m) A			. .	
2	If the organization received or held works of art, historical treas	sures, or other similar	assets for financial gai	n, provide	
	the following amounts required to be reported under FASB AS	C 958 relating to these	e items:		
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) 2020

032051 12-01-20

PETS IN NEED <u> Page</u> **2** Schedule D (Form 990) 2020 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply): Public exhibition Loan or exchange program h Scholarly research Other Preservation for future generations С Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? No Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1c 1d d Additions during the year 1e Distributions during the year Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes Nο If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 3,014,569. 2,800,351, 2,654,477, 2,476,370 2,284,567. **1a** Beginning of year balance Contributions 1,017,600. 214,218. 145,874. 178,107. 191,803. Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses 4,032,169. 3,014,569. End of year balance 2,654,477. 2,476,370. Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment Permanent endowment 51.9200 % Term endowment The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization Yes Nο (i) Unrelated organizations 3a(i) (ii) Related organizations 3a(ii) **b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a, See Form 990, Part X, line 10,

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value				
1a Land		132,008.		132,008.				
b Buildings		6,956,380.	2,106,155.	4,850,225.				
c Leasehold improvements								
d Equipment		270,679.	233,269.	37,410.				
e Other		536,860.	88,774.	448,086.				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)								

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020 PETS IN NEED 94-6139667 Page 3
Part VII Investments - Other Securities.

Complete if the organization answered "Yes"	on Form 990, Part IV, line		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	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	d-of-vear market value
(1)	()		, ,
(1)		1	
(3)		1	
(3) (4)			
(5)			
(6)			
<u>(7)</u>			
(8)			
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets. Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	e 15.)	>	
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	<u>. </u>
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) PAYCHECK PROTECTION PROGRAM			456,400.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 25)	>	456,400.
2. Liability for uncertain tax positions. In Part XIII, provide		the organization's financial statements t	hat reports the
organization's liability for uncertain tax positions under		_	
,			nedule D (Form 990) 2020

032053 12-01-20

Sche	dule D (Form 990) 2020 PETS IN NEED			94-6139667	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Stateme	nts With R	evenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	-			
1	Total revenue, gains, and other support per audited financial statements			1	6,935,329.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	. 2a	2,336,368.		
b	Donated services and use of facilities	. 2b			
С	Recoveries of prior year grants	. 2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d				2,336,368.
3	Subtract line 2e from line 1			3	4,598,961.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
	Investment expenses not included on Form 990, Part VIII, line 7b		17,954.		
	Other (Describe in Part XIII.)	. 4b			
	Add lines 4a and 4b			4c	17,954.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)	\M/:4 a			4,616,915.
Par	t XII Reconciliation of Expenses per Audited Financial Statem		Expenses per F	teturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a			T . T	T 106 000
1	Total expenses and losses per audited financial statements			1	7,196,982.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 - 1			
а	Donated services and use of facilities			-	
b	Prior year adjustments				
C	Other losses				
d	Other (Describe in Part XIII.)				0.
	Add lines 2a through 2d			2e	7,196,982.
3	Subtract line 2e from line 1			3	7,130,302.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	40	17,954.		
	Investment expenses not included on Form 990, Part VIII, line 7b		17,554.		
	Other (Describe in Part XIII.) Add lines 4a and 4b			4c	17,954.
	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)				7,214,936.
Par	t XIII Supplemental Information.				, , , , , , , , , , , , , , , , , , , ,
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	IV lines 1b a	nd 2h: Part V line 4	· Part X line 2· F	art XI
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add	•		, , , , , , , , , , , , , , , , , , , ,	art / ti,
PART	X, LINE 2:				
THE	ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTIO	N			
501(C)(3) OF THE INTERNAL REVENUE CODE AND STATE INCOME TAXES UND	ER			
2370	1(D) OF THE CALIFORNIA REVENUE TAXATION CODE. IN ADDITION, TH	E			
00.01	NICE TO A COLUMN TO THE TAX TO THE ANALYSIS OF				
ORGA	NIZATION QUALIFIES FOR THE CHARITABLE CONTRIBUTION DEDUCTION	UNDER			
CECT	ION 170(B)(1)(A) OF THE INTERNAL REVENUE CODE AND HAS BEEN CL	X C C T E T E D			
DECI	TOW ITO DE THE INTERNAL REVENUE CODE AND HAS BEEN CE	ADDIFIED			
AS A	N ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION UNDER SECTION				
	COMMITTED THE IS NOT IT INTIMED TOOLDHITCH CHEEK BEGITCH				
509(A)(2) OF THE INTERNAL REVENUE CODE.				
THE	ORGANIZATION RECOGNIZES THE EFFECTS OF ITS INCOME TAX POSITIO	NS ONLY			
יי קד	HOSE POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED. T	HE.			
<u> </u>	1002 TOUTTONG AND MORE BIREDI THAN NOT OF BEING SUSTAINED, I				
ORGA	NIZATION HAS EVALUATED ITS TAX POSITIONS AND HAS CONCLUDED AS	OF APRIL			

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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.

► Attach to Form 990.

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

2020
Open to Public

Inspection

Name of the organization **Employer identification number** 94-6139667 PETS IN NEED Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection X Yes criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant non-cash noncash assistance or assistance FMV, appraisal, assistance other) Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table

94-6139667 PETS IN NEED Schedule I (Form 990) 2020 Page 2

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. Part III

(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
EMERGENCY ASSISTANCE PROGRAM - PROVIDE TEMPORARY					
AID TO THOSE PET OWNERS IN OUR COMMUNITY FACING					
FINANCIAL HARDSHIP DUE TO THE CORONAVIRUS					
PANDEMIC.	1087	646,415.	0.		
SECOND CHANCE FUND - ENSURES THAT SERIOUSLY ILL					
AND INJURED ANIMALS RECEIVE THE MEDICAL CARE THEY					
NEED TO SURVIVE AND THRIVE.	23	11,904.	0.		
CAUSE FOR BIG PAWS - SAVING BIG DOGS FROM BEING					
PUT DOWN.	18	17,434.	0.		
FOSTER CARE - ASSISTANCE FOR FOSTERS	83	24,029.	0.		
100000111110000000000000000000000000000		,025.	j.		
HUMANE EDUCATION FUNDS - PROVIDES FREE EDUCATION					
TO THE COMMUNITY.	65	35,077.	0.		

<u>Schedule I (Form 990)</u> PETS IN NEED 94-6139667

Part III Continuation of Grants and Other Assistance to Domestic Individuals (Schedule I (Form 990), Part III.)									
(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				
HOPE - FUNDING FOR SPAY AND NEUTERING AT									
FACILITIES IN THE CENTRAL VALLEY IN CALIFORNIA.	22.	25,944.	0.						
CROCKETT MEMORIAL FUND - FINANCIAL ASSISTANCE TO	1.0	1 047							
SENIORS WHO STRUGGLE TO AFFORD VETERINARY BILLS	19.	1,847.	0.						
SAVE OUR SENIORS - PAYS FOR MEDICAL EXPENSES									
ASSOCIATED WITH SENIOR ANIMALS AND THEIR OWNERS		1 244							
THAT ARE STRUGGLING TO PAY THEIR MEDICAL BILLS.	2.	1,244.	0.						
ECUMENICAL HUNGER PROGRAM - ASSIST LOCAL FAMILIES									
AND INDIVIDUALS WHO ARE EXPERIENCING ECONOMIC AND									
PERSONAL HARDSHIP.	3.	609.	0.						
			l .	l					

Page 2

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

➤ Attach to Form 990.

2020

Open to Public Inspection

Internal Revenue Service Name of the organization

PETS IN NEED

Part I Questions Regarding Compensation

Department of the Treasury

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

Employer identification number

94-6139667

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	☐ Independent compensation consultant ☐ Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 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	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		Х
	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		Х
	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7	Х	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958.6(c)2	a		

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

Schedule J (Form 990) 2020

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.

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Derients	(6)(1)-(0)	reported as deferred on prior Form 990
(1) AL MOLLICA	(i)	206,862.	19,610.	0.	0.	20,779.	247,251.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0,	0.
(2) CHARLOTTE RUBIN	(i)	147,880.	1,500.	0.	0.	16,241.	165,621.	0.
MEDICAL DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
PART I, LINE 7:
BONUSES GIVEN TO OFFICERS AND EMPLOYEES ARE DISCRETIONARY, AND BASED ON
PERFORMANCE.

Schedule J (Form 990) 2020

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047 Inspection

Name of the organization

PETS IN NEED

Employer identification number 94-6139667

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:
IN 2020, THE ORGANIZATION FORMED EMERGENCY ASSISTANCE PROGRAM (EAP) IN
RESPONSE TO THE CORONAVIRUS EMERGENCY PANDEMIC THAT HAS AFFECTED
ECONOMIES AND INCOMES ACROSS THE WORLD. AS AN EMERGENCY RESPONSE
PROGRAM, THE PURPOSE OF EAP WAS TO PROVIDE TEMPORARY AID TO THOSE PET
OWNERS IN THE ORGANIZATION'S COMMUNITY FACING FINANCIAL HARDSHIP DUE TO
THE CORONAVIRUS PANDEMIC. THE ORGANIZATION AIMED TO PREVENT UNNECESSARY
OWNER SURRENDERS TO ITS PARTNER SHELTERS AND THE SHELTERS IN THE
COMMUNITY BY PROVIDING FUNDING FOR ONE-TIME VETERINARY CARE GRANTS OF
UP TO \$1,500 PER HOUSEHOLD AND MONTHLY FOOD AND ESSENTIAL SUPPLY ORDERS
OF UP TO \$150 PER MONTH PER HOUSEHOLD. THE PROGRAM EXTENDED FROM MARCH
23, 2020, SHORTLY AFTER SHELTER IN PLACE ORDERS TOOK EFFECT UNTIL IT
SHUT DOWN ANY FURTHER FUNDING ON MAY 1, 2021. AT OVER A YEAR IN
OPERATION, THE PROGRAM WAS PRIVILEGED TO SERVE OVER 1,000 HOUSEHOLDS,
ORIGINALLY TARGETING THE SIX BAY AREA COUNTIES INVOLVED IN SHELTER IN
PLACE, BUT ULTIMATELY EXTENDING TO 12 COUNTIES IN NORTHERN CALIFORNIA.
EAP WAS ALSO HONORED TO EXPAND THE ORGANIZATION'S PARTNERSHIPS AND
REACH OF RESOURCES INCLUDING PARTNERSHIPS WITH FUNDING COLLABORATORS,
REFERRAL PARTNERS, VETERINARY HOSPITALS, AND LOCAL FOOD PANTRY PARTNERS
WITH WHOM THE ORGANIZATION KEPT PANTRIES STOCKED WHEN DONATIONS STOPPED
EARLY IN THE PANDEMIC. THE FOUNDATION THAT WAS BUILT FOR EAP HAS GIVEN
THE ORGANIZATION THE STRUCTURAL WHEREWITHAL TO ELEVATE PETS IN NEED'S
OUTREACH EFFORTS TO THE NEXT LEVEL OF SUPPORTING THE LOCAL COMMUNITY
FOLLOWING THE PROGRAM'S END.

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

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization PETS IN NEED	Employer identification number 94-6139667
990 PART III LINE 4A	
THE ORGANIZATION'S VOLUNTEERS ALSO WORK WITH CATS TO SOCIALIZE THEM AND	
FIND THEM SUITABLE HOMES. IF AN ANIMAL BECOMES ILL AFTER IT ARRIVES AT	
THE ORGANIZATION, A MEDICAL TEAM GOES TO WORK TO DO EVERYTHING THEY CAN	
TO HELP THE ANIMAL TO A SPEEDY RECOVERY.	
FORM 990, PART VI, SECTION B, LINE 11B:	
AFTER REVIEW BY MANAGEMENT, THE 1NFORMAT1ON 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.	
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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.	
FOR 990, PART XII, LINE 2C	
THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.	