#### EXTENDED TO MAY 16, 2022

Form **990** 

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

OMB No. 1545-0047

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.

Open to Public Inspection

<u> </u>	roi tii	e 2020 calendar year, or tax year beginning 000 1, 2020 and ending	DOM SO, ZUZI	·			
В	Check if	C Name of organization	D Employer identifi	cation number			
	applicab	ANIMAL PROTECTION SOCIETY OF ORANGE					
	Addr	ess COUNTY	1				
$\vdash$	Name	DAMC / EVED	23-71817	80			
F	chan	9					
H	return						
	Final return termi		919-241-				
_	ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	883,116.			
L	Amer return	MEBANE, NC 27302	H(a) Is this a group r	eturn			
	Appli tion	F Name and address of principal officer: DAVID SCRMIDI	for subordinates	? Yes X No			
	pend	<sup>ng</sup> 6311 NICKS ROAD, MEBANE, NC 27302	H(b) Are all subordinates in	ncluded? Yes No			
$\overline{\mathbf{L}}$	Tax-ex			list. See instructions			
		te: NWW.PAWS4EVER.ORG	H(c) Group exemption				
			/or of formation: 1962	A State of legal domicile: NC			
			rear of formation. 1902	A State of legal dofficile. 140			
P		Summary		D ==0			
ø	1	Briefly describe the organization's mission or most significant activities: PAWS4EVE	R IS DEDICATE	D TO			
Activities & Governance		CREATING AND GROWING LIFETIME RELATIONSHIPS	BETWEEN PETS	AND PEOPLE			
Ë	2	Check this box if the organization discontinued its operations or disposed of r	nore than 25% of its net as	ssets.			
Š	3		3	13			
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)		13			
త	200.000			26			
Ę.	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)		193			
≅	6	Total number of volunteers (estimate if necessary)					
Ac	7 a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.			
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.			
			Prior Year	Current Year			
Revenue	8	Contributions and grants (Part VIII, line 1h)	380,547.	488,353.			
	9	Program service revenue (Part VIII, line 2g)	84,551.	101,567.			
Š	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	96.	107,267.			
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	29,561.	21,249.			
	11		494,755.	718,436.			
_	_	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)					
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.			
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	303,510.	321,850.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.			
be	l b	Professional fundraising fees (Part IX, column (A), line 11e)  Total fundraising expenses (Part IX, column (D), line 25)  95,703.					
щ		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	227,358.	245,359.			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	530,868.	567,209.			
	1		-36,113.	151,227.			
_ 0	19	Revenue less expenses. Subtract line 18 from line 12					
ts or			Beginning of Current Year	End of Year			
set	20	Total assets (Part X, line 16)	604,402.	757,008.			
Net Asset Fund Balar	21	Total liabilities (Part X, line 26)	481,220.	482,599.			
캺	22	Net assets or fund balances. Subtract line 21 from line 20	123,182.	274,409.			
	art II	Signature Block					
Und	ler pen	alties of perjury, I declare that I have examined this return, including accompanying schedules and st	atements, and to the best of m	v knowledge and belief, it is			
		ct, and complete. Declaration of preparer (other that) officer / is pased on all information of which pre		,			
-	, 00110			er 2022			
٥.		Signature of officer	Date	0, 0000			
Sig		1	Duto				
Her	e	DAVID SCHMIDT, BOARD PRESIDENT					
		Type or print name and title	I D. I.	11 6711			
		Print/Type preparer's name Preparer's signature	Date Check	PTIN			
Pai	d	J. BRADLEY MOSER J. BRADLEY MOSER	02/08/22 if self-employ	ed P00024209			
Preparer Firm's name ► GILLIAM BELL MOSER LLP Firm's EIN ► 56							
	Only	Firm's address 301 N. ELM ST., SUITE 400	Timo ent	56-0587953			
	,	GREENSBORO, NC 27401	Dhoma no / 2	36) 230-0350			
_			Prione no. ( 3				
		RS discuss this return with the preparer shown above? See instructions		X Yes No			
0320	01 12-2	23-20 LHA For Paperwork Reduction Act Notice, see the separate instructions.		Form <b>990</b> (2020)			

Pai	Charlet & Cabadada O contains a grant case and take and line in this Double.
_	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:  PAWS4EVER IS DEDICATED TO CREATING AND GROWING LIFETIME RELATIONSHIPS
	BETWEEN PETS AND PEOPLE THROUGH ADOPTION, TRAINING, EDUCATION & CARE.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?  Yes X No
3	If "Yes," describe these new services on Schedule O.  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 expenses, and
	revenue, if any, for each program service reported.
4a	(Code: ) (Expenses \$ 306,894. including grants of \$ ) (Revenue \$ 18,252.)  THE PAWS 4EVER ADOPTION CENTER IS A LIMITED-ADMISSION SHELTER THAT
	SERVES AS A PLACEMENT PARTNER FOR ANIMALS TRANSFERRED FROM LOCAL COUNTY
	SHELTERS. IN FY 2020-2021, THE ADOPTION CENTER CARED FOR 233 ANIMALS
	AND FACILITATED ADOPTIONS FOR 222 ANIMALS. THE ADOPTION CENTER ALSO
	OPERATES LEGACY CARE, A LOVING HOME FOR PETS WHEN THEIR OWNERS CANNOT PROVIDE CARE. THROUGH THIS SERVICE, WE OFFER IMMEDIATE ADMISSION OF
	ANIMALS WHOSE OWNERS CAN NO LONGER PROVIDE CARE, AND ENROLLMENT FOR PET
	PARENTS WHO WANT TO PLAN AHEAD TO ENSURE CARE IF/WHEN NEEDED. WE
	CURRENTLY HAVE 35 ANIMALS ENROLLED IN OUR LONG-TERM CARE PROGRAM AND 3
	ANIMALS HAVE BEEN ADMITTED AND SUBSEQUENTLY ADOPTED THROUGH THE
	PROGRAM.
41	(Code: ) (Expenses \$ 62,662 • including grants of \$ ) (Revenue \$ 38,868 • )
4b	(Code: ) (Expenses \$ 62,662. including grants of \$ ) (Revenue \$ 38,868.)  THE DOG TRAINING PROGRAM OFFERS A COMPREHENSIVE ARRAY OF REWARD-BASED
	TRAINING OPPORTUNITIES FOR OUR COMMUNITY FOR AFFORDABLE PRICES,
	INCLUDING GROUP CLASSES, PRIVATE LESSONS, AND SPECIAL TRAINING
	OPPORTUNITIES FOR DOGS IN OUR ADOPTION CENTER. IN FY2020-2021, THE DOG
	TRAINING PROGRAM TRAINED MORE THAN 285 DOGS.
4c	(Code:) (Expenses \$ 42,170 • including grants of \$) (Revenue \$ \$ 44,455 • )
	THE PAWS4EVER RESALE STORE OFFERS UNIQUE, HIGH-QUALITY, SECOND-HAND
	HOUSEHOLD AND ANIMAL CARE RELATED ITEMS FOR SALE, WITH ALL PROCEEDS
	SUPPORTING THE PROGRAMS AT PAWS4EVER. ALL RESALE STORE ITEMS HAVE BEEN DONATED TO PAWS4EVER.
	DONATED TO PAWS4EVER.
4d	Other program services (Describe on Schedule O.)
-	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ► 411,726.  Form 990 (2020)
	FOITH <b>990</b> (2020)

Form 990 (2020) COUNTY 23-7181780 Page 3 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)? Х If "Yes," complete Schedule A 1 X Is the organization required to complete Schedule B, Schedule of Contributors? 2 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for Х public office? If "Yes," complete Schedule C, Part I 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect Х during the tax year? If "Yes," complete Schedule C, Part II 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or X similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to X provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space. X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete X 8 Schedule D, Part III 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? Х If "Yes," complete Schedule D, Part IV 9 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments Х or in quasi endowments? If "Yes," complete Schedule D, Part V 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Х Part VI 11a 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 X 11b c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total Х assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 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 Х Part X, line 16? If "Yes," complete Schedule D, Part IX X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses Х the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete Х Schedule D, Parts XI and XII 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? Х If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV Х 14b

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any Х foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to Х or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 17 column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I

18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

Х

X

Х

X

Х

17

18

19

20a

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Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
•	Schedule J	23		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<del></del>
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II</i>	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		<del></del>
_,	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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?			
00	"Yes," complete Schedule L, Part IV	28c		X
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<u> </u>
30	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		X
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		X
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		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
D	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?	330		
50	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	<u> </u>
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			<del>                                     </del>
4	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
па b				
C	Enter the humber of Forms with a monded in microscopic able.			
Ū	(gambling) winnings to prize winners?	1c		

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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 26								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х						
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)								
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X					
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b							
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a								
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X					
b	If "Yes," enter the name of the foreign country								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X					
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c							
ьа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	C-		X					
h	any contributions that were not tax deductible as charitable contributions?  If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6a							
D		6b							
7	were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).	OD							
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		х					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required								
	to file Form 8282?	7с		Х					
d	If "Yes," indicate the number of Forms 8282 filed during the year								
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e							
f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?								
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?								
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?								
8	8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the								
	sponsoring organization have excess business holdings at any time during the year?	8							
9	Sponsoring organizations maintaining donor advised funds.								
a	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:								
a	Initiation fees and capital contributions included on Part VIII, line 12  Cross respires included on Form 900 Part VIII, line 12 for public use of slub facilities.								
о 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities								
	Gross income from members or shareholders								
	Gross income from other sources (Do not net amounts due or paid to other sources against								
~	amounts due or received from them.)								
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	Is the organization licensed to issue qualified health plans in more than one state?	13a							
	Note: See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which the								
	organization is licensed to issue qualified health plans								
	Enter the amount of reserves on hand								
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X					
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			_ v					
	excess parachute payment(s) during the year?	15		X					
16	If "Yes," see instructions and file Form 4720, Schedule N.	40		Х					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		$\vdash^{\Delta}$					
	If "Yes," complete Form 4720, Schedule 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 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI					X				
Sec	tion A. Governing Body and Management									
			1.2		Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	13							
	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.		1 2							
b	Enter the number of voting members included on line 1a, above, who are independent	<b>1</b> b	13							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh					,,,				
	officer, director, trustee, or key employee?			2		Х				
3	Did the organization delegate control over management duties customarily performed by or under the					,,				
	of officers, directors, trustees, or key employees to a management company or other person?			3 4		X				
4	3 , 3 , 3 , 3 , 1 ,									
5	Did the organization become aware during the year of a significant diversion of the organization's as			5		X				
6	Did the organization have members or stockholders?			6		Х				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a					٦,				
	more members of the governing body?			7a		Х				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,		,			,,				
	persons other than the governing body?			7b		X				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	-	=		37					
а	The governing body?			8a	X					
b	Each committee with authority to act on behalf of the governing body?			8b	X					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re-			_		\ <sub>3,7</sub>				
<del></del>	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 F	Revenue	Code.)		.,	·				
40				40	Yes	No X				
	Did the organization have local chapters, branches, or affiliates?			10a						
D	If "Yes," did the organization have written policies and procedures governing the activities of such or and began to a group the direct policies and procedures governing the activities of such organization.			406						
44-	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	Х					
	Has the organization provided a complete copy of this Form 990 to all members of its governing box	ay before	filling the form?	11a	21					
	<ul> <li>Describe in Schedule O the process, if any, used by the organization to review this Form 990.</li> <li>Did the organization have a written conflict of interest policy? If "No," go to line 13</li> </ul>									
12a	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			12a 12b	X					
b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "?			IZD	21					
С	in Schedule O how this was done			12c	Х					
13	Did the organization have a written whistleblower policy?			13	X					
14	Did the organization have a written document retention and destruction policy?			14	X					
15	Did the process for determining compensation of the following persons include a review and approv			17						
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	•	ерепаеті							
а	The organization's CEO, Executive Director, or top management official			15a	Х					
	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).			100						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment wit	h a							
	taxable entity during the year?			16a		х				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluation									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic	-								
	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 ► NONE									
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	and 990-	Γ (Section 501(c)(3	s only	) avail	able				
	for public inspection. Indicate how you made these available. Check all that apply.			,						
	X Own website X Another's website X Upon request Other (explain on Schedule O)									
19	19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an									
	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 bo	ooks and	records >							
	KATHY MCVAY - 919-241-8438									
	6311 NICKS ROAD, MEBANE, NC 27302									

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#### Form 990 (2020) 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.
- 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.

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

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

(A)	(B)	(C)				про	nou	(D)	(E)	(F)	
Name and title	Average	Position (do not check mo		ition		one	Reportable	Reportable	Estimated		
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of	
	week (list any	_					<u> </u>	from the	from related organizations	other compensation	
	hours for	r direc				pa		organization	(W-2/1099-MISC)	from the	
	related	stee or	rustee			ensat		(W-2/1099-MISC)		organization	
	organizations	al tru	onal t		oloyee	comp				and related	
	below line)	Individual trustee or director	Institutional trustee	Officer of the order	Key employee	Highest compensated employee	Former			organizations	
(1) KATHRYN RUGGERI	40.00	_	_			1 0					
EXECUTIVE DIRECTOR				X				50,000.	0.	0.	
(2) DAVID SCHMIDT	5.00									_	
PRESIDENT		Х		Х				0.	0.	0.	
(3) KENDALL PAGE	5.00										
VICE PRESIDENT		Х		X				0.	0.	0.	
(4) LEIGH MATTHEWS	1.00										
TREASURER		Х		Х				0.	0.	0.	
(5) JILL GRANT	1.00										
SECRETARY		Х	4	Х				0.	0.	0.	
(6) PERRY DOWD	1.00										
DIRECTOR		Х						0.	0.	0.	
(7) CARLA JULIAN	1.00										
DIRECTOR		Х						0.	0.	0.	
(8) ROB JOHNSON	1.00							_	_	_	
DIRECTOR		Х						0.	0.	0.	
(9) JAYE KRELLER	1.00								_	_	
DIRECTOR		Х						0.	0.	0.	
(10) SALLY SCHATZ	1.00								_		
DIRECTOR		Х						0.	0.	0.	
(11) JEFF HOCKETT	1.00										
ASST. SECRETARY		Х						0.	0.	0.	
(12) KATIE STEMBER	1.00									•	
DIRECTOR		Х						0.	0.	0.	
(13) ELEANOR ARMSTRONG	1.00								•		
DIRECTOR	1 00	Х						0.	0.	0.	
(14) JILL MCCULLOUGH	1.00								•	•	
DIRECTOR		Х		_				0.	0.	0.	
	<u> </u>									- 000	

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Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	/ees	, and	d Hi	ighe	st C	compensated Employe	es (continued)				
(A)	(B)			(C)				(D)	(E)			(F)	
Name and title	Average	(do		Posi			one	Reportable	Reportable	9	Es	timate	d
	hours per	box	, unle	ess per	rson	is bo	th an	compensation	compensation			ount o	of
	week (list any	<del></del>			1 000	T	T	from	from related			other	4.5
	hours for	lirecto				L		the organization	organizatior (W-2/1099-MI			pensa om the	
	related	e or d	tee			sated		(W-2/1099-MISC)	(00-2/1099-00	30)		anizati	
	organizations	truste	al trus		ee/	mper		(11 2) 1000 111100)			·	d relate	
	below	Individual trustee or director	Institutional trustee	_	mplo)	Highest compensated employee	, <sub>b</sub>					nizatio	
	line)	Indivi	Instit	Officer	Key employee	Highe	Former						
		$\vdash$	├	$\vdash$									
		L											
		-											
		<u> </u>	_				<u> </u>						
		1											
		L											
		-		1	4		7	1					
		<u></u>						50 000		0			
1b Subtotal								50,000.		0.			0.
c Total from continuation sheets to Part V								50,000.		0.			0.
d Total (add lines 1b and 1c)								· · · · · · · · · · · · · · · · · · ·	000 - 1	_			<u> </u>
<ul><li>Total number of individuals (including but r compensation from the organization</li></ul>	ot limited to tr	iose	IISTE	ea ar	VOQ	e) w	no r	eceived more than \$100	J,000 of reportan	ые			0
compensation from the organization												Yes	No
3 Did the organization list any former officer,	director, trust	ee, l	кеу є	empi	loye	e, o	r hig	hest compensated emp	oloyee on				
line 1a? If "Yes," complete Schedule J for s	such individual										3		X
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$15	0,000? If "Yes,	" co	mple	ete S	Sch	edul	e J f	for such individual			4		_X
5 Did any person listed on line 1a receive or	=				-	-				3			
rendered to the organization? If "Yes," com	plete Schedul	e J f	or s	uch	pers	son					5		X
Section B. Independent Contractors		-l					4	U1	<b>\$400,000</b> -\$		-41 6		
<ol> <li>Complete this table for your five highest co the organization. Report compensation for</li> </ol>										npens	ation i	rom	
(A)	trio odieridar y	oui (	oriai	ng v	VICI 1	01 11	<u> </u>	(B)	year.		(C	2)	
Name and business	address	NO	INC	2				Description of s	services	С	omper		า
							$\dashv$						
2 Total number of independent contractors (		ot li	mite	d to	tho	se li	stec	d above) who received n	nore than				
\$100,000 of compensation from the organi	zation >				(	U							

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Form 990 (2020) COUNTY
Part VIII Statement of Revenue

		Check if Schedule O contains a response	or note to any lir	ne 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
S S	4 -	Fortunated community and					
lit ar		Federated campaigns 1a					
윤일		Membership dues 1b	- 11 <i>C</i>				
A,	С	Fundraising events 1c	5,116.				
直	d	Related organizations 1d					
i, S	е	Government grants (contributions) 1e	60,900.				
ij	f	All other contributions, gifts, grants, and					
후		similar amounts not included above 1f	422,337.				
들의	q	Noncash contributions included in lines 1a-1f 1g \$	16,424.				
Contributions, Gifts, Grants and Other Similar Amounts		Total. Add lines 1a-1f		488,353.			
			Business Code				
a l	2 2	RESALE STORE INCOME	900099	44,455.	44,455.		
Program Service Revenue	2 a	DOG TRAINING CENTER IN	900099	38,868.	38,868.		
ine je	D	ADOPTION CENTER INCOME	900099	18,244.	18,244.		
e a	С	ADDFITON CENTER INCOME	300033	10,244.	10,244.		
Re	d						
Š_	е						
<u>-</u>	f	All other program service revenue		101 -1-			
	g	Total. Add lines 2a-2f	<b></b>	101,567.			
	3	Investment income (including dividends, interest	est, and				
		other similar amounts)		42.			42.
	4	Income from investment of tax-exempt bond p	roceeds				
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a 12,156.					
		Less: rental expenses 6b 3,884.					
		Rental income or (loss) 6c 8,272.					
		· /		8,272.			8,272.
		Net rental income or (loss)  Gross amount from sales of (i) Securities	(ii) Other	0,212.			0,212.
	/ a						
		·   -	260,000.				
	b	Less: cost or other basis	150 505				
ğ		and sales expenses 7b 5,446.	152,725. 107,275.				
ther Revenue	С	Gain or (loss) 7c $-50$ .	107,275.				
<u>چ</u> ا	d	Net gain or (loss)	<u>,</u>	107,225.			107,225.
Je	8 a	Gross income from fundraising events (not					
ŏ		including \$ 5 , 116 . of					
		contributions reported on line 1c). See					
		Part IV, line 18	15,594.				
	b	Less: direct expenses 8b					
		Net income or (loss) from fundraising events	<b></b>	12,969.			12,969.
		Gross income from gaming activities. See					, =
	o u	Part IV, line 19 9a					
	<b>L</b>	Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns					
		and allowances 10a					
		Less: cost of goods sold10b					
$\perp$	С	Net income or (loss) from sales of inventory					
<u>s</u>			Business Code				
e ec	11 a	MISCELLANEOUS	900099	8.	8.		
en l	b						
Miscellaneous Revenue	С						
Ĩ,	d	All other revenue					
_		Total. Add lines 11a-11d		8.			
	12	Total revenue. See instructions		718,436.	101,575.	0.	128,508.

#### 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 respon	<u>'</u>		· · · · · · · · · · · · · · · · · · ·	
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	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		СХРСПЗСЗ	general expenses	схрензез
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	50,455.	34,814.	6,055.	9,586.
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	247,853.	171,019.	29,742.	47,092.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	23,542.	16,244.	2,825.	4,473.
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	7,010.		7,010.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	2,689.	2,151.	269.	269.
12	Advertising and promotion	175.	135.	2 402	40.
13	Office expenses	13,165.	7,372.	3,423.	2,370.
14	Information technology				
15	Royalties	CA CAO	61 006	1 271	1 271
16	Occupancy	64,648.	61,906.	1,371.	1,371.
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	21,269.	14,675.	6,594.	
20	Interest	41,409.	14,0/3.	0,394.	
21	Payments to affiliates	43,316.	38,118.		5,198.
22	Depreciation, depletion, and amortization	10,722.	7,934.	858.	1,930.
23	Other expenses. Itemize expenses not covered	10,122.	1,334.	0.50.	1,950.
24	above (List miscellaneous expenses on line 24e. If				
	line 24è amount exceeds 10% of line 25, column (A)				
а	amount, list line 24e expenses on Schedule 0.)  ADOPTION CENTER MEDICAL	38,641.	38,641.		
d h	FUNDRAISING EXPENSE	18,454.	50,041.		18,454.
ח	SUPPLIES	15,241.	13,717.	762.	762.
d	BANK FEES	6,088.	2,496.	304.	3,288.
	All other expenses	3,941.	2,504.	567.	870.
25	Total functional expenses. Add lines 1 through 24e	567,209.	411,726.	59,780.	95,703.
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)				
	<u> </u>				F 000 (0000)

Form 990 (2020)
Part X Balance Sheet

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	e to ar	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			138,351.	1	304,856.
	2	Savings and temporary cash investments			51,017.	2	199,737.
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net	372.	4	600.		
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	contributor, or 35%				
		controlled entity or family member of any of thes	e pers	ons		5	
	6	Loans and other receivables from other disquali					
		under section 4958(f)(1)), and persons described	d in sec	ction 4958(c)(3)(B)		6	
şţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			200.	8	985.
⋖	9	Prepaid expenses and deferred charges			1,510.	9	2,426.
	10a	Land, buildings, and equipment: cost or other		4 550 004			
		basis. Complete Part VI of Schedule D		1,779,881.	440.050		040 404
	b	Less: accumulated depreciation			412,952.	10c	248,404.
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, line 1		12			
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	604 400	15	757 000		
	16	Total assets. Add lines 1 through 15 (must equa			604,402.	16	757,008.
	17	Accounts payable and accrued expenses			10,317.	17	16,354.
	18	Grants payable	51,000.	18	51,000.		
	19	Deferred revenue	31,000.	19	31,000.		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I				21	
Liabilities	22	Loans and other payables to any current or form		A			
iii		trustee, key employee, creator or founder, subst				00	
Lia	00	controlled entity or family member of any of thes			359,003.	22	351,028.
	23 24	Secured mortgages and notes payable to unrelated Unsecured notes and loans payable to unrelated			60,900.	24	64,217.
	25	Other liabilities (including federal income tax, pa			00,300.	24	01,217
	25	parties, and other liabilities not included on lines					
		of Cobodula D				25	
	26	Total liabilities. Add lines 17 through 25			481,220.	26	482,599.
		Organizations that follow FASB ASC 958, che					
Ses		and complete lines 27, 28, 32, and 33.	OIX 1101				
au	27	Net assets without donor restrictions			83,390.	27	228,848.
Bal	28	Net assets with donor restrictions			39,792.	28	45,561.
pu L		Organizations that do not follow FASB ASC 9					
Ę		and complete lines 29 through 33.	•	·			
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds			29		
set	30	Paid-in or capital surplus, or land, building, or eq				30	
As	31	Retained earnings, endowment, accumulated in				31	
Net	32	Total net assets or fund balances	123,182.	32	274,409.		
_	33	Total liabilities and net assets/fund balances			604,402.	33	757,008.

### ANIMAL PROTECTION SOCIETY OF ORANGE

Form 990 (2020) COUNTY 23 – 7181780 Page 12

Pa	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		8,4					
2	Total expenses (must equal Part IX, column (A), line 25)	2	56	7,2	09.				
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							
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	27	4,4	09.				
Pa	rt XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII								
				Yes	No				
1	Accounting method used to prepare the Form 990: Cash X Accrual Other								
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>X</u>				
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a							
	separate basis, consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
b	Were the organization's financial statements audited by an independent accountant?		2b		_X_				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,							
	consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,							
	review, or compilation of its financial statements and selection of an independent accountant?		2c						
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule O.							
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audit							
	Act and OMB Circular A-133?		3a		X				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit							
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b						

Form **990** (2020)

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

### **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

ANIMAL PROTECTION SOCIETY OF ORANGE Employer identification number Name of the organization COUNTY 23-7181780 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

#### 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>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	375,892.	799,780.	437,756.	380,547.	488,353.	2,482,328.
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	375,892.	799,780.	437,756.	380,547.	488,353.	2,482,328.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						560,939.
6							1,921,389.
	ction B. Total Support					г т	
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4	375,892.	799,780.	437,756.	380,547.	488,353.	2,482,328.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	49.	11,734.	11,938.	11,965.	12 100	17 001
_	and income from similar sources	49.	11,734.	11,930.	11,905.	12,198.	47,884.
9	Net income from unrelated business						
	activities, whether or not the	9,143.					9,143.
40	business is regularly carried on	9,143.					9,143.
10	Other income. Do not include gain						
	or loss from the sale of capital	11,437.	1,700.	8,352.	19,798.	12,572.	53,859.
44	assets (Explain in Part VI.)	11,4376	1,700.	0,332.	10,700	12,372	2,593,214.
11		oto (oco inetructi	one)			12	558,047.
12 13	Gross receipts from related activities, First 5 years. If the Form 990 is for the			fourth or fifth tax			330,047.
10	organization, check this box and stor	hava			•	* * * *	
Sec	etion C. Computation of Publ		rcentage				
	Public support percentage for 2020 (I			column (f))		14	74.09 %
15	Public support percentage from 2019					15	70.22 %
	33 1/3% support test - 2020. If the o						
	stop here. The organization qualifies	•		•		•	
b	33 1/3% support test - 2019. If the c						
	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact	-					
	meets the facts-and-circumstances to		*	•			
b	10% -facts-and-circumstances tes	· ·	•				
	more, and if the organization meets the	_					
	organization meets the facts-and-circle	umstances test. Ti	he organization qu	alifies as a publicly	y supported organ	ization	<b>&gt;</b>
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17k	o, check this box a	and see instructions	s ▶□

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

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

Sec	qualify under the tests listed be ction A. Public Support	low, please com	plete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(a) 2019	(4) 2010	(a) 2020	(f) Total
	Gifts, grants, contributions, and	(a) 2016	(0) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
'	membership fees received. (Do not						
	include any "unusual grants.")						
2							
2	Gross receipts from admissions, merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the						
_	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
c	: Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
	Gross income from interest,						
	dividends, payments received on	\					
	securities loans, rents, royalties, and income from similar sources						
ŀ	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		+	-			
12	or loss from the sale of capital						
40	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)			1	<u> </u>	<u> </u>	<u>l</u>
14	First 5 years. If the Form 990 is for the	e organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	ion,
							<b>&gt;</b>
	ction C. Computation of Publi		<u> </u>			l l	
	Public support percentage for 2020 (li					15	<u>%</u>
	Public support percentage from 2019					16	%
<u>5e</u>	ction D. Computation of Inves					T I	
17						17	%
	Investment income percentage from 2					18	%
19a	33 1/3% support tests - 2020. If the	organization did r	not check the box	on line 14, and line	e 15 is more than	33 1/3%, and line 1	17 is not
	more than 33 1/3%, check this box ar	nd <b>stop here.</b> The	organization qual	ifies as a publicly s	supported organiz	ation	▶□
k	33 1/3% support tests - 2019. If the	organization did r	not check a box or	n line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che	ck this box and <b>st</b>	<b>top here.</b> The orga	anization qualifies a	as a publicly supp	orted organization	▶□
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	

#### 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.)

1		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	1.0		
	4c		
	40		
	_		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	iva		
	106		
^	10b	)O E 7	2000
rm 9	90 or 99	7U-EZ)	2020

	edule A (Form 990 or 990-EZ) 2020 COUNTY 25 - 71	.OI/O	U Pa	age <b>5</b>
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described 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></u>	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> 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,			
0	supervised, or controlled the supporting organization.	2		
Sec	etion 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			
<u> </u>	the supported organization(s).	1		
Sec	etion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
•	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
•	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.			
Sec	stion E. Type III Functionally Integrated Supporting Organizations	3		
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeatsee instructions			
1	The organization satisfied the Activities Test. Complete line 2 below.	<i>)</i> -		
a b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 below.			
C	The organization is the parent of each or its supported organizations. Complete time 3 below.  The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see it	nstructio	ne)	
2	Activities Test. Answer lines 2a and 2b below.	istruction	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		163	140
a	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		Zu		
	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			
u	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b		Ju		
-	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

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Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	Org	anizations				
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.						
	All other Type III non-functionally integrated supporting organizations must complete Sections A through E.						
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)			
1	Net short-term capital gain	1					
2	Recoveries of prior-year distributions	2					
3	Other gross income (see instructions)	3					
4	Add lines 1 through 3.	4					
5	Depreciation and depletion	5					
6	Portion of operating expenses paid or incurred for production or						
	collection of gross income or for management, conservation, or						
	maintenance of property held for production of income (see instructions)	6					
7	Other expenses (see instructions)	7					
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8					
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)			
1	Aggregate fair market value of all non-exempt-use assets (see						
	instructions for short tax year or assets held for part of year):						
а	Average monthly value of securities	1a					
b	Average monthly cash balances	1b					
С	Fair market value of other non-exempt-use assets	1c					
d	Total (add lines 1a, 1b, and 1c)	1d					
е	Discount claimed for blockage or other factors						
	(explain in detail in Part VI):						
2	Acquisition indebtedness applicable to non-exempt-use assets	2					
3	Subtract line 2 from line 1d.	3					
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,						
	see instructions).	4					
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
6	Multiply line 5 by 0.035.	6					
_7_	Recoveries of prior-year distributions	7					
8	Minimum Asset Amount (add line 7 to line 6)	8					
Sect	ion C - Distributable Amount			Current Year			
1	Adjusted net income for prior year (from Section A, line 8, column A)	1					
2	Enter 0.85 of line 1.	2					
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3					
4	Enter greater of line 2 or line 3.	4					
5	Income tax imposed in prior year	5					
6	Distributable Amount. Subtract line 5 from line 4, unless subject to						
	emergency temporary reduction (see instructions).	6					
7	Check here if the current year is the organization's first as a non-functionally	intear	ated 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 Org	anizations <sub>(continu</sub>	ıed)	
Secti	on 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	าร	3		
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in <b>Part VI</b> )		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which t	he organization is responsive	e		
	(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	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2020	าร	(iii) 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				
	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
<u>g</u>	Applied to underdistributions of prior years				
<u>h</u>	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: \$				
	Applied to underdistributions of prior years				
	Applied to 2020 distributable amount				
	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				
8	and 4c. Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

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,

Part VI

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Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME: MISCELLANEOUS INCOME 2016 AMOUNT: \$ 0. 2017 AMOUNT: 1,700. 2018 AMOUNT: 0. 1,307. 2019 AMOUNT: 8. 2020 AMOUNT: PAWSFEST NET INCOME 2016 AMOUNT: \$ 11,437. 2017 AMOUNT: 0. 2018 AMOUNT: 8,352. 2019 AMOUNT: 18,491. 12,564. 2020 AMOUNT: \$

#### **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.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

ANIMAL PROTECTION SOCIETY OF ORANGE COUNTY

Employer identification number 23-7181780

Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor adv	ised funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be	e used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	e conferring
	impermissible private benefit?		
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).	
	Preservation of land for public use (for example, recrea	ation or education) Preservation o	of a historically important land area
	Protection of natural habitat	Preservation of	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	n of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired		ture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the	ne organization during the tax
	year >		
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements in		
6	Staff and volunteer hours devoted to monitoring, inspecting,	, handling of violations, and enforcing cor	nservation easements during the year
	<b></b>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserv	ation easements during the year
	<b>▶</b> \$		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservat	·	
	balance sheet, and include, if applicable, the text of the footi	note to the organization's financial stater	nents that describes the
Dor	organization's accounting for conservation easements.  † III Organizations Maintaining Collections o	f Art Historical Transuras or (	Other Similar Assets
Par	Complete if the organization answered "Yes" on Form		Julier Sillillar Assets.
			and balance about made
ıa	If the organization elected, as permitted under FASB ASC 95 of art, historical treasures, or other similar assets held for pul	· ·	
		, ,	' '
	service, provide in Part XIII the text of the footnote to its fina		
D	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public	c exhibition, education, or research in fur	therafice of public service,
	provide the following amounts relating to these items:		<b>•</b> •
	(i) Revenue included on Form 990, Part VIII, line 1		<b>L A</b>
•		and the same of th	
2	If the organization received or held works of art, historical tre		ai gairi, provide
_	the following amounts required to be reported under FASB A	_	<b>▶</b> ¢
a	Revenue included on Form 990, Part VIII, line 1		
a	Assets included in Form 990, Part X		<b>&gt; &gt;</b>

#### ANIMAL PROTECTION SOCIETY OF ORANGE COUNTY

Schedule D (Form 990) 2020

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Pai	rt III Organizations Maintaining Co	llections of A	rt, His	torical Tr	easures,	or Othe	r Simila	r Asse	<b>ts</b> (contin	ued)
3	3 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):									
а	a Public exhibition d Loan or exchange program									
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's coll	ections and explai	n how th	ney further t	he organizat	ion's exer	npt purpo	se in Par	XIII.	
5	During the year, did the organization solicit or	receive donations	of art, hi	istorical trea	sures, or oth	er similar	assets			
	to be sold to raise funds rather than to be main	ntained as part of t	he orga	nization's c	ollection?			$\square$	Yes	☐ No
Pai	rt IV Escrow and Custodial Arrang	ements. Comple	ete if the	organizatio	n 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	n or other intermed	diary for	contribution	ns or other as	ssets not	included		_	
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII ar	nd complete the fo	llowing	table:						
									Amount	
С	Beginning balance						. 1c			
d	Additions during the year						1d			
е	Distributions during the year						. 1e			
f	Ending balance				······		. 1f		_	
2a	Did the organization include an amount on For	m 990, Part X, line	21, for	escrow or c	ustodial acco	ount liabili	ty?	L	Yes	└─ No
	If "Yes," explain the arrangement in Part XIII. C									
Pai	rt V Endowment Funds. Complete if t	he organization an	swered	"Yes" on Fo	orm 990, Par					
		(a) Current year	(b) F	rior year	(c) Two yea	rs back (	<b>d)</b> Three ye	ars back	(e) Four	years back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curre	nt year end baland	e (line 1	g, column (a	a)) held as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Term endowment %									
	The percentages on lines 2a, 2b, and 2c should									
3a	Are there endowment funds not in the possess	sion of the organiz	ation tha	at are held a	and administe	ered for th	ne organiza	ation	_	
	by:									Yes No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations									
b	If "Yes" on line 3a(ii), are the related organization								3b	
4 Do:	Describe in Part XIII the intended uses of the o		wment	funds.						
Pai	rt VI Land, Buildings, and Equipme									
	Complete if the organization answered	-i								
	Description of property	(a) Cost or o			t or other	١,,,	cumulated	<sup>2</sup>	(d) Book	value
		basis (investr	nent)		(other)	dep	reciation		0.0	701.
	Land				39,611.	1 1	.33,99	5		$\frac{0,701.}{5,616.}$
	Buildings			1,43	)	1,1		<del>'                                    </del>	105	,,ото.
	Leasehold improvements			Ω	34,236.		40,32	<u>,                                    </u>	13	3,912.
	Equipment				5,333.	- 3	$\frac{40,32}{857,15}$			$\frac{3,912}{3,175}$
	Other		V a=1:				,, <u>, , , , , , , , , , , , , , , , , ,</u>			$\frac{3,173.}{3,404.}$
rota	I. Add lines 1a through 1e. (Column (d) must equ	uai Form 990, Part	л, colur	ווח (ש), Ilne	ı uc.)				440	,, 404.

## ANIMAL PROTECTION SOCIETY OF ORANGE COUNTY

Schedule D (Form 990) 2020

23-7181780 Page 3

Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market	value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E) (F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"  (a) Description of investment			value
	(b) Book value	(c) Method of valuation: Cost or end-of-year market	value
(1)			
(2)			
(3)			
(4)			
(5) (6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15.	
(a)	Description	(b) Book v	/alue
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)	<b>&gt;</b>	
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line		
1. (a) Description of liability		(b) Book v	alue
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)  Tatal (Column (h) must equal Form 990, Part V, col. (P) lin	0.25 )		
Total. (Column (b) must equal Form 990, Part X, col. (B) line  Lipbility for uncertain tax positions. In Part XIII. provide		•	
2. Liability for uncertain tax positions. In Part XIII, provide organization's liability for uncertain tax positions under		to the organization's financial statements that reports the nere if the text of the footnote has been provided in Part X	

## ANIMAL PROTECTION SOCIETY OF ORANGE COUNTY

Schedule D (Form 990) 2020

23-7181780 Page 4

Pai	rt XI Reconciliation of Revenue per Audited Financial Sta	tements With Rever	ue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities			
С	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta	atements With Expe	nses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line			
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	41 1		
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1	.,	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b			
h	Other (Describe in Part XIII.)	4b		
~	Other (Describe III art All.)			
	Add lines 4a and 4b			
5	Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18			
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information.		5	
<b>5 Pa</b> Prov	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18  rt XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b and 2b;	5	ΚΙ,
<b>5 Pa</b> Prov	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information.	; Part IV, lines 1b and 2b;	5	ΚΙ,
<b>5 Pa</b> Prov	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18  rt XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b and 2b;	5	⟨1,
<b>5 Pa</b> Prov	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18  rt XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b and 2b;	5	KI,
<b>5 Pa</b> Prov	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18  rt XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b and 2b;	5	ΚI,
<b>5 Pa</b> Prov	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18  rt XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b and 2b;	5	<b>(</b> 1,
<b>5 Pa</b> Prov	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18  rt XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b and 2b;	5	KI,
<b>5 Pa</b> Prov	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18  rt XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b and 2b;	5	<b>(</b> 1,
<b>5</b> <b>Pa</b> Prov	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18  rt XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b and 2b;	5	<b>Κ</b> Ι,
<b>5</b> <b>Pa</b> Prov	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18  rt XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b and 2b;	5	ΚΙ,
<b>5 Pa</b> Prov	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18  rt XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b and 2b;	5	ΚΙ,
<b>5 Pa</b> Prov	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18  rt XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b and 2b;	5	ΚΙ,
<b>5 Pa</b> Prov	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18  rt XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b and 2b;	5	ΚΙ,
<b>5 Pa</b> Prov	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18  rt XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b and 2b;	5	ΚΙ,
<b>5 Pa</b> Prov	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18  rt XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b and 2b;	5	ΚΙ,
<b>5 Pa</b> Prov	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18  rt XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b and 2b;	5	ζΙ,
<b>5 Pa</b> Prov	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18  rt XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b and 2b;	5	ζΙ,
<b>5 Pa</b> Prov	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18  rt XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b and 2b;	5	ΚΙ,
<b>5 Pa</b> Prov	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18  rt XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b and 2b;	5	ΚΙ,
<b>5 Pa</b> Prov	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18  rt XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b and 2b;	5	ΚΙ,
<b>5 Pa</b> Prov	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18  rt XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b and 2b;	5	ΚΙ,
<b>5</b> <b>Pa</b> Prov	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18  rt XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b and 2b;	5	ζΙ,
<b>5</b> <b>Pa</b> Prov	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18  rt XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b and 2b;	5	ζΙ,
<b>5</b> <b>Pa</b> Prov	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18  rt XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b and 2b;	5	ΚΙ,

#### **SCHEDULE G**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Name of the organization

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

ANIMAL PROTECTION SOCIETY OF ORANGE

OMB No. 1545-0047

2020

Open to Public Inspection

**Employer identification number** 

Schedule G (Form 990 or 990-EZ) 2020

COUNTY					23-7181	780
Part I Fundraising Activities required to complete this part	• Complete if the organization answert.	ered "Y	es" or	n Form 990, Part IV,	line 17. Form 990-E2	Z filers are not
<ul> <li>1 Indicate whether the organization raise</li> <li>a Mail solicitations</li> <li>b Internet and email solicitations</li> <li>c Phone solicitations</li> <li>d In-person solicitations</li> <li>2 a Did the organization have a written of key employees listed in Form 990, F</li> <li>b If "Yes," list the 10 highest paid indicompensated at least \$5,000 by the</li> </ul>	e Solicitat f Solicitat g Special  or oral agreement with any individual cart VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of i tion of g fundra (includ	non-go govern ising of ding of	overnment grants nment grants events fficers, directors, true undraising services?	stees, or Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundra have cu or cont contribu	Did aiser istody trol of itions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total			<b>&gt;</b>			
List all states in which the organization or licensing.	on is registered or licensed to solicit	contrib	utions	s or has been notified	d it is exempt from re	egistration

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

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 **(b)** Event #2 (c) Other events (d) Total events PAWSFEST NONE (add col. (a) through 2020 col. (c)) (event type) (event type) (total number) Revenue 19,855. 1 Gross receipts 19,855 5,116 5,116. 2 Less: Contributions 14,739. 14,739 **3** Gross income (line 1 minus line 2) 4 Cash prizes 665. 665. 5 Noncash prizes Direct Expenses 6 Rent/facility costs 7 Food and beverages ..... 8 Entertainment 1,960. 9 Other direct expenses 1.960 **10** Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue ..... 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses ..... Yes Yes % Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? No **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? \_\_\_\_\_ Yes \_\_\_\_ No **b** If "Yes," explain:

#### ANIMAL PROTECTION SOCIETY OF ORANGE

Sch	nedule G (Form 990 or 990-EZ) 2020 COUNTY 23 -	7181	780	Page 3
	Does the organization conduct gaming activities with nonmembers?	$\overline{}$	Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:	_		
á	The organization's facility	. 13a		%
	o An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name ▶			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
k	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party ▶\$			
C	If "Yes," enter name and address of the third party:			
	Name			
	Address >			
16	Gaming manager information:			
	Name			
	Gaming manager compensation ▶ \$			
	Description of services provided			
	Description of services provided			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions:			
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	☐ No
k	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
	organization's own exempt activities during the tax year > \$			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and I	art III, li	nes 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			

### ANIMAL PROTECTION SOCIETY OF ORANGE

Schedule 0	G (Form 990 or 990-EZ)	COUNTY	23-7181780 Page 4
Part IV	G (Form 990 or 990-EZ)  Supplemental Info	rmation (continued)	

#### **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. Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

ANIMAL PROTECTION SOCIETY OF ORANGE COUNTY

Employer identification number 23-7181780

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
THROUGH ADOPTION, TRAINING, EDUCATION & CARE.
FORM 990, PART VI, SECTION B, LINE 11B:
THE 990 WILL BE REVIEWED AND APPROVED BY BOTH THE FINANCE COMMITTEE AND THE
FULL BOARD PRIOR TO FILING.
FORM 990, PART VI, SECTION B, LINE 12C:
BOARD MEMBERS SIGN CONFLICT OF INTEREST EACH YEAR. BOARD PRESIDENT AND
EXECUTIVE DIRECTOR DISCUSS POTENTIAL CONFLICTS OF INTEREST WITH BOARD
MEMBERS.
FORM 990, PART VI, SECTION B, LINE 15A:
BOARD OF DIRECTORS REVIEW AND APPROVE COMPENSATION FOR ALL EMPLOYEES IN
EXECUTIVE SESSION AFTER THE EXECUTIVE COMMITTEE COMPLETES ITS ANNUAL
REVIEW.
FORM 990, PART VI, SECTION C, LINE 19:
FORM 990, GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL
STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.