

** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

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

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

Department of the Treasury Internal Revenue Service

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

Open to Public

<u>A</u> I	For the	e 2021 calendar year, or tax year beginning	CT 1, 2021 and	ending S	EP 30, 20	22				
	Check if applicabl	C Name of organization			D Employ	er identifi	cation number			
Г	Addre		S INC							
F	Name chang		,		01-	0709158				
F	Initial return	Number and street (or P.O. box if mail is not de	livered to street address)	Room/suite	E Telepho		r			
F	Final	6817 NORWOOD AVENUE	iivorca to stroot address;	110011/3uito) 425-000				
	⊥return termir ated		7IP or foreign postal code		G Gross rece	ipts \$ 8,049,530.				
Г	Amen return	ded TACKGONTITE ET 32208			H(a) Is this					
F	Applic		IFER BARKER		1	bordinates				
	pendi	6717 NORWOOD AVENUE, JACKSONVILLE,			1		ncluded? Yes No			
Τ.	Tax-ex	empt status: X 501(c)(3) 501(c) ()	◄ (insert no.) 4947(a)(1)	or 527	1		list. See instructions			
		te: FCNMHP.ORG			H(c) Group	exemptio	n number 🕨			
K	orm of	organization: X Corporation Trust As	ssociation Other ►	L Year	of formation:	2002 N	State of legal domicile; FL			
Pa	art I	Summary								
	1	Briefly describe the organization's mission or most	significant activities: TO KEE	P DOGS AN	ID CATS IN	HOMES				
Governance		AND OUT OF SHELTERS								
r	2	Check this box if the organization disco	its net ass	sets.						
ove	3	Number of voting members of the governing body	(Part VI, line 1a)			3	8			
		Number of independent voting members of the government					8			
es &	5	Total number of individuals employed in calendar y					162			
Ĭ	6	Total number of volunteers (estimate if necessary)					81			
Activities &	7 a	Total unrelated business revenue from Part VIII, co					0.			
_	b	Net unrelated business taxable income from Form	990-T, Part I, line 11	<u></u>		7b	0.			
	١.				Prior Ye		Current Year			
ē	8					74,158.	2,284,100.			
ēn	9				6,4	50,865.	5,672,959.			
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4				1,196.	1,907.			
	ייון	Other revenue (Part VIII, column (A), lines 5, 6d, 8c				51,207.	79,447.			
_		Total revenue - add lines 8 through 11 (must equal			9,1	77,426.	8,038,413.			
	1	Grants and similar amounts paid (Part IX, column (0.	0.			
	1	Benefits paid to or for members (Part IX, column (A			л c	69,921.	4,579,401.			
ses	15	Salaries, other compensation, employee benefits (I			<u> </u>	58,000.	72,174.			
Expenses	loa	Professional fundraising fees (Part IX, column (A), I				30,000.	72,174.			
Ĕ	17	Total fundraising expenses (Part IX, column (D), line Other expenses (Part IX, column (A), lines 11a-11d.	, -		3 6	58,885.	3,005,558.			
	1	Total expenses. Add lines 13-17 (must equal Part II				86,806.	7,657,133.			
	1	Revenue less expenses. Subtract line 18 from line				90,620.	381,280.			
- JC	3	Tievende 1000 expenses. Cabitaet inte 10 from line	12	Be	ginning of Cu		End of Year			
ets	20	Total assets (Part X, line 16)				44,044.	4,642,594.			
Net Assets or	21	Total liabilities (Part X, line 26)			2,7	08,117.	2,262,070.			
-Net	22	Net assets or fund balances. Subtract line 21 from	line 20		2,0	35,927.	2,380,524.			
Pa	art II	Signature Block								
Und	ler pena	lities of perjury, I declare that I have examined this return,	including accompanying schedule	s and stateme	ents, and to th	e best of my	knowledge and belief, it is			
true	, correc	t, and complete. Declaration of preparer (other than office	er) is based on all information of wh	nich preparer	has any know	ledge.				
Sig	n	Signature of officer			Dat	:e				
Hei	е	JENNIFER BARKER, CEO								
		Type or print name and title	Г		2-1-					
		Print/Type preparer's name	Preparer's signature		Date	Check if	PTIN			
Paid		AMY BIBBY	AMY BIBBY	0	8/14/23	self-employ				
	parer	Firm's name FORVIS, LLP			Fire	n's EIN 📐	44-0160260			
Use	Only	Firm's address 500 RIDGEFIELD COURT		Phone no. (828) 254-2254						
_		ASHEVILLE, NC 28806			Ph	one no. (82				
Ma	v the ll	RS discuss this return with the preparer shown abo	ver/ See instructions				X Yes No			

Check if \$ 1 Briefly describe SEE SCHEDUL! 2 Did the organiz prior Form 990 If "Yes," descril 1"Yes," descril 4 Describe the or Section 501(c)(revenue, if any, 4a (Code: TO KEEP DOG: 4b (Code: 4b (Code:	ation undertake any sign or 990-EZ? be these new services or ation cease conducting, be these changes on Sch ganization's program service for each program service. 1) (Expenses \$ S AND CATS IN HOME:	ificant program services du n Schedule O. or make significant change: nedule O. rvice accomplishments for etions are required to report e reported. 6,627,175. including g S AND OUT OF SHELTER:	ring the year which s in how it conducts each of its three larg the amount of gran grants of \$	s, any program services? gest program services, as rests and allocations to others (Revenue)	measured by expenses, the total expenses	s, and
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4d Other program						

6,627,175.

Form **990** (2021)

4e Total program service expenses ▶

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
·	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
0	, ,	8		x
•	Schedule D, Part III	-		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
-	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
	Government on the my columnity, mile it in test, complete ochequie i, Faits I and ii			

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Form 990 (2021) FIRST COAST NO MORE HOMELES Part IV | Checklist of Required Schedules (continued)

1 011	continued)		Yes	Na
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		res	No
22	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	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	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		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			l
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	Х	
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			l
	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 line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	—
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	l		
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			x
00	Schedule N, Part II	32		_
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	22		x
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24		x
35.0	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	งอล		
D	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		l
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330		
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	<u> </u>		
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
		_	Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
132004	12-09-21	Form	990	(2021)

| 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 162			
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?	За		х
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		Х
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		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		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?	7c		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		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
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.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 11a			
a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
10-	amounts due or received from them.) Continue (0.47(-)/4) man avantable truste le ble avancienties filian Form (0.08) in lieu of Form (0.44).	10-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	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.	iou		
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			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

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			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 1a	4		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			x
3	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision	2		Α
3		3		x
4	of officers, directors, trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		х
6	Did the organization have members or stockholders?	6		х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	401		
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 body before filing the form?	11a		^
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	12a	Х	
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe	120		
·	on Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed FL Section 6104 requires an experiention to make its Forms 1002 (1004 or 1004 A. if applicable), 900, and 900 T (section 501(a)(i))	a artis	0.46!!=!	
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3) for public inspection, Indicate how you made those available. Check all that apply	orny)	avallal	JIE
	for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Wall Own website Another's website Wall Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finan	leir	
19	statements available to the public during the tax year.	a midil	Jal	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
_0	THE ORGANIZATION - (904)425-0005			
	6817 NORWOOD AVENUE, JACKSONVILLE, FL 32208			

Form **990** (2021)

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 the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organiz (A)	(B)	(C)						(D)	(E)	(F)
Name and title	Average			Pos	itior			Reportable	Reportable	Estimated
Traine and the	hours per					than o		compensation	compensation	amount of
	week	offi	cer an	dàd	irecto	r/trus	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	a)			ated		organization	(W-2/1099-MISC/	from the
	related	ıstee	truste		e.	bens		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tn	ional		ploye	t com	١.	1099-NEC)		and related organizations
	line)	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			Organizations
(1) YVONNE KLINE	40.00	_	_		_	- *				
CHIEF MEDICAL OFFICER						х		144,948.	0.	6,303.
(2) SARA MACKINZIE	40.00							·		,
VETERINARIAN						х		151,165.	0.	0.
(3) JENNIFER BARKER	40.00									
CHIEF EXECUTIVE OFFICER				Х				140,071.	0.	6,563.
(4) AUBREY KRICHBAUM	40.00									
VETERINARIAN						Х		139,548.	0.	5,363.
(5) GREGORY WOLF	40.00									
VETERINARIAN						Х		123,173.	0.	7,613.
(6) SURESH KAMPALLI	40.00									
VETERINARIAN						Х		124,022.	0.	4,180.
(7) SUSAN TOFFOLON	40.00									
CHIEF FINANCIAL OFFICER				Х				92,516.	0.	37.
(8) MARY COLEMAN	2.00									
PRESIDENT		Х		Х				0.	0.	0.
(9) LESLEY ROBERTS	2.00									
VICE-PRESIDENT		Х		Х				0.	0.	0.
(10) MIKE SCHNELL	2.00									
TREASURER		Х		Х				0.	0.	0.
(11) LISA CROWLEY	2.00									
SECRETARY		Х		Х				0.	0.	0.
(12) RENE KURZIUS	1.00									
BOARD MEMBER	1 00	Х						0.	0.	0.
(13) ANTHONY AUSTIN	1.00									
BOARD MEMBER	1 00	Х						0.	0.	0.
(14) ELIZABETH LAREY	1.00								_	
BOARD MEMBER	1 00	Х						0.	0.	0.
(15) LINDA ANN DI TEODORO BOARD MEMBER	1.00								0.	
DOWN HENDER		Х			\vdash			0.	U .	0.
		-								
					\vdash					
		-								

Form 990 (2021)

Form 990 (2021) FIRST COAST									01-07	09158	8	Р	age 8	
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)					
(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	tee or director	not cl , unles	ss per	ition more rson i irecto	Highest compensated than complete than compl	an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MIS 1099-NEC)	,	(F) Estimate amount of other compensat from the organization and relate organization			
		_												
										\dashv				
										\dashv				
										\exists				
										_				
1b Subtotal					<u> </u>		<u> </u>	915,443.		0.		30,	059.	
c Total from continuation sheets to Part V							•	0.		0.			0.	
2 Total number of individuals (including but r	ot limited to th						o re	915,443. eceived more than \$100,	000 of reportable	0.		30,	059.	
compensation from the organization												Yes	No No	
3 Did the organization list any former officer													.,	
line 1a? If "Yes," complete Schedule J for s 4 For any individual listed on line 1a, is the si											3		Х	
and related organizations greater than \$15	0,000? If "Yes,	" co	mple	ete S	Sche	dule	J f	or such individual			4	Х		
5 Did any person listed on line 1a receive or a											_		х	
rendered to the organization? If "Yes," con Section B. Independent Contractors	nplete Schedule	<u>9 J f</u>	or su	ich r	oers	on .				<u> </u>	5		Α	
Complete this table for your five highest co	mpensated ind	lepe	nder	nt co	ontra	actor	s th	nat received more than \$	100,000 of comp	ensat	ion fr	om		
the organization. Report compensation for	the calendar ye	ear e	ndin	ig w	ith c	or wi	thin T		ear.			<u> </u>		
(A) Name and business	address	NO	NE					(B) Description of s	ervices	C		C) nsatio	n	
										<u> </u>				
2 Total number of independent contractors (i	· ·	ot lin	nitec	d to t		e lis	ted	above) who received mo	ore than					
\$100,000 of compensation from the organi	zation										Form	990 (2021)	

Form 990 (2021) FIRST COAST

Part VIII Statement of Revenue

			Check if Schedule O contains	a response	or note to any lin	e in this Part VIII			
			Check ii Scheddle O contains	a response	or note to any iin	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded
							function revenue	business revenue	from tax under sections 512 - 514
									Sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1		Federated campaigns						
iz a			Membership dues						
S, C		С	Fundraising events	. 1c	21,288.				
ä		d	Related organizations	. 1d					
s, C		е	Government grants (contributions) 1e					
Sign		f	All other contributions, gifts, grants, a	nd					
he			similar amounts not included above	1f	2,262,812.				
를		a	Noncash contributions included in lines 1a-1f		402,079.				
Š		_	Total. Add lines 1a-1f	•		2,284,100.			
<u> </u>		<u> </u>	Total / Nad III los Ta Ti		Business Code	, , ,			
_	2	_	PROGRAM FEES		900099	5,672,959.	5,672,959.		
ice	_	_	TROCKEM TEED		300033	3,072,333.	3,072,333.		
er.		b							
n S		С							
ar Se		d							
Program Service Revenue		е							
٩			All other program service revenue						
		g	Total. Add lines 2a-2f			5,672,959.			
	3		Investment income (including divi	dends, intere	st, and				
			other similar amounts)		>	1,907.			1,907.
	4		Income from investment of tax-ex						
	5		Royalties						
			, T	(i) Real	(ii) Personal				
	6	а	Gross rents 6a						
			Less: rental expenses 6b						
			Rental income or (loss) 6c						
			Net rental income or (loss)						
			` ') Securities	(ii) Other				
	′	а	G. 555 G 541. 541. 541. 541. 541. 541. 541	, occurring	(ii) Othor				
			assets other than inventory 7a						
		D	Less: cost or other basis						
her Revenue			and sales expenses						
ève			Gain or (loss) 7c						
æ			Net gain or (loss)		<u> </u>				
he	8	а	Gross income from fundraising events						
ŏ			including \$ 21,28	8. of					
			contributions reported on line 1c).						
			Part IV, line 18	8a	0.				
		b	Less: direct expenses	8b	11,117.				
		С	Net income or (loss) from fundrais	ing events	_	-11,117.			-11,117.
	9	а	Gross income from gaming activit	ies. See					
			Part IV, line 19	9a					
		b	Less: direct expenses						
			Net income or (loss) from gaming						
	10	а	Gross sales of inventory, less retu	ırns					
		_	and allowances	I					
		h	Less: cost of goods sold						
$\overline{}$		<u>. </u>	Net income or (loss) from sales of	miveritory	Business Code				
Sn		_	INSURANCE PROCEEDS		900099	90,000.			90,000.
Miscellaneous Revenue	11		MISCELLANEOUS		900099	564.			564.
llan (en		~	HIDCHILLINEOUS		500099	504.			504.
Se Se		С							
Μis			All other revenue			00 - 00			
		e	Total. Add lines 11a-11d)	90,564.			
	12		Total revenue. See instructions		<u></u>	8,038,413.	5,672,959.	0.	81,354.

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

Do not	Check if Schedule O contains a respons include amounts reported on lines 6b.	(A) Total expenses	(B)	(C)	(D)
	9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
	ants and other assistance to domestic organizations				
an	d domestic governments. See Part IV, line 21				
	rants and other assistance to domestic				
	dividuals. See Part IV, line 22				
	rants and other assistance to foreign				
	ganizations, foreign governments, and foreign				
	dividuals. See Part IV, lines 15 and 16				
	enefits paid to or for members				
	ompensation of current officers, directors,	020 500	56,000	100 531	56.000
	ustees, and key employees	232,587.	56,028.	120,531.	56,028
	ompensation not included above to disqualified				
	rsons (as defined under section 4958(f)(1)) and				
	rsons described in section 4958(c)(3)(B)	2 866 080	2 204 002	160 400	000 653
	ther salaries and wages	3,766,278.	3,394,203.	162,422.	209,653
	ension plan accruals and contributions (include	26 002		26 002	
	ction 401(k) and 403(b) employer contributions)	36,983.	220 012	36,983.	10 000
	ther employee benefits	257,049.	239,013.	7,808.	10,228
	ayroll taxes	286,504.	246,921.	20,041.	19,542
	ees for services (nonemployees):	122 572	26 166	106 202	1 012
	anagement	133,572.	26,166.	106,393.	1,013
	egal	34 206		24 206	
	ccounting	34,206.		34,206.	
	bbbying	72 174			72 174
	ofessional fundraising services. See Part IV, line 17	72,174.			72,174
	vestment management fees				
-	ther. (If line 11g amount exceeds 10% of line 25,				
	lumn (A), amount, list line 11g expenses on Sch 0.)	6,735.	4,522.		2,213
	dvertising and promotion	59,921.	46,217.	2,055.	11,649
	ffice expenses		92,633.	7,915.	21,801
	formation technology	122,349.	92,033.	7,313.	21,001
	pyalties	251,493.	203,919.	25,226.	22,348
	ccupancy	10,956.	10,956.	23,220.	22,340
	avel	10,930.	10,930.		
	ayments of travel or entertainment expenses				
	r any federal, state, or local public officials	3,661.	3,661.		
	onferences, conventions, and meetings	71,039.	69,669.		1,370
	terest	, 1, 035.	05,005.		1,570
	ayments to affiliatesepreciation, depletion, and amortization	127,875.	103,644.	10,320.	13,911
		41,144.	100,044.	41,144.	10,511
	suranceher expenses not covered	,		,	
ab	ove. (List miscellaneous expenses not covered et al. (List miscellaneous expenses on line 24e. If e 24e amount exceeds 10% of line 25, column (A),				
	nount, list line 24e expenses on Schedule 0.)				
	ROGRAM SUPPLIES	1,910,166.	1,910,139.	27.	
b LI	CENSES AND PERMITS	115,405.	114,780.	625.	
c ME	ERCHANT FEES	98,654.	91,524.	152.	6,978
d DU	JES, SUBSCRIPTIONS AND	13,319.	10,201.		3,118
e All	l other expenses	5,063.	2,979.	1,496.	588
25 To	tal functional expenses. Add lines 1 through 24e	7,657,133.	6,627,175.	577,344.	452,614
26 Jo	int costs. Complete this line only if the organization		_		
rep	ported in column (B) joint costs from a combined				
ed	ucational campaign and fundraising solicitation.				
	eck here if following SOP 98-2 (ASC 958-720)				

Form **990** (2021)

Form 990 (2021)
Part X Balance Sheet

arı	LA	Balance Sneet					
		Check if Schedule O contains a response or n	ote to an	y line in this Part X	(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			1,389,852.	1	1,276,54
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			153,552.	3	48,55
	4	Accounts receivable, net			319,716.	4	270,92
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	stantial o	contributor, or 35%			
		controlled entity or family member of any of the	ese pers	onsL		5	
	6	Loans and other receivables from other disqui	alified pei				
		under section 4958(f)(1)), and persons describ	ed in sec	tion 4958(c)(3)(B)		6	
ا ب	7	Notes and loans receivable, net				7	
499619	8	Inventories for sale or use	80,947.	8	69,10		
₹	9	5				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	. 10a	4,671,491.			
	b	Less: accumulated depreciation		1,758,490.	2,765,134.	10c	2,913,00
	11	Investments - publicly traded securities			11	39,78	
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, lin		13			
	14	Intangible assets			14		
1	15	Other assets. See Part IV, line 11			34,843.	15	24,68
	16	Total assets. Add lines 1 through 15 (must ed			4,744,044.	16	4,642,59
	17	Accounts payable and accrued expenses	374,618.	17	168,94		
	18	Grants payable				18	
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complet			21		
,	22	Loans and other payables to any current or fo					
		trustee, key employee, creator or founder, sub	stantial o	contributor, or 35%			
		controlled entity or family member of any of the			223,765.	22	174,23
	23	Secured mortgages and notes payable to unre	elated thi		2,109,734.	23	1,918,88
	24	Unsecured notes and loans payable to unrelate	ed third	parties		24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lin	es 17-24)	. Complete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			2,708,117.	26	2,262,07
		Organizations that follow FASB ASC 958, c	heck her	e 🕨 🗓			
ß		and complete lines 27, 28, 32, and 33.					
E	27	Net assets without donor restrictions	1,814,285.	27	1,313,38		
3	28	Net assets with donor restrictions	221,642.	28	1,067,14		
2 │		Organizations that do not follow FASB ASC					
-		and complete lines 29 through 33.					
5	29	Capital stock or trust principal, or current fund			29		
3	30	Paid-in or capital surplus, or land, building, or				30	
2	31	Retained earnings, endowment, accumulated				31	
Net Assets of Fully balances	32	Total net assets or fund balances			2,035,927.	32	2,380,52
	33	Total liabilities and net assets/fund balances			4,744,044.	33	4,642,59

Form **990** (2021)

Pa	T XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		8,	038,	413.
2	Total expenses (must equal Part IX, column (A), line 25)	2		7,	657,	133.
3	Revenue less expenses. Subtract line 2 from line 1	3			381,	280.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		2,	035,	927.
5	Net unrealized gains (losses) on investments			-36,	683.	
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		2,	380,	524.
Pa	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
			_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		L	2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		L	2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		L	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	-	:			
	Act and OMB Circular A-133?		L	3а		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		
			F	orm	990	(2021)

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Nam	e of t	the organization						Employe	r identification number	
				HOMELESS PETS, INC				01-0709158		
Par	t I	Reason for Public (Charity Status.	(All organizations must o	complete t	his part.) S	ee instructior	ıs.		
The c	rgan	ization is not a private found	lation because it is: (For lines 1 through 12, c	heck 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 sect	ion 170(b)(1)(A)(ii). ((Attach Schedule E (Forn	n 990).)					
3		A hospital or a cooperative	hospital service orga	anization described in s	ection 170)(b)(1)(A)(ii	i).			
4		A medical research organiz	ation operated in co	njunction with a hospital	described	l in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,	
		city, and state:								
5		An organization operated for	or the benefit of a co	llege or university owned	d or operat	ed by a go	vernmental u	nit describ	ed in	
		section 170(b)(1)(A)(iv). (Complete Part II.)								
6		A federal, state, or local government	vernment or governn	nental unit described in	section 1	70(b)(1)(A)	(v).			
7		An organization that norma	Illy receives a substa	ntial part of its support f	rom a gov	ernmental	unit or from th	ne general	public described in	
		section 170(b)(1)(A)(vi). (C	omplete Part II.)							
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)					
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operat	ed in conju	ınction with a	land-grant	college	
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	e or	
		university:								
10	Х	An organization that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from c	ontribution	ns, membersh	ip fees, an	d gross receipts from	
		activities related to its exem	npt functions, subjec	t to certain exceptions;	and (2) no	more than	33 1/3% of it	s support f	rom gross investment	
		income and unrelated busing	ness taxable income	(less section 511 tax) from	om busine	sses acqui	red by the org	ganization a	after June 30, 1975.	
		See section 509(a)(2). (Co								
11	_	An organization organized a								
12		An organization organized a	•	· · · ·	-			•		
		more publicly supported or	-						Check the box on	
		lines 12a through 12d that	* *			-		-		
а				•	•	_				
		the supported organization		* * * * * * * * * * * * * * * * * * * *	a majority o	of the direc	tors or truste	es of the sı	upporting	
		organization. You must o	-							
b			•				_		-	
		control or management o			ame perso	ns that co	ntrol or mana	ge the sup	ported	
		organization(s). You mus	-						1 11	
С		☐ Type III functionally inte						ly integrate	ed with,	
		its supported organization		•				de el esse est		
d		☐ Type III non-functionally						•	` '	
		that is not functionally int	-		-		-	an attenti	veness	
		requirement (see instructi						U Toma III		
е		Check this box if the orga					Type I, Type	ii, Type iii		
	Ento	functionally integrated, or er the number of supported or				ation.				
'		vide the following information	•	od organization(s)						
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the org	anization listed ing document?	(v) Amount o	f monetary	(vi) Amount of other	
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see in	nstructions)	support (see instructions)	
				above (see instructions))		1				

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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
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						
Ü	furnished by a governmental unit to						
	the organization without charge						
1	·						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						
	ction B. Total Support		T	1	T	T	
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for th	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	601(c)(3)	
	organization, check this box and stop	here					>
Sec	ction C. Computation of Publi						
14	Public support percentage for 2021 (li	ine 6, column (f), d	livided by line 11,	column (f))		14	%
15	Public support percentage from 2020	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2021. If the o	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or m	nore, check this box	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				>
b	33 1/3% support test - 2020. If the o	organization did no	ot check a box on				
	and stop here. The organization quali						
17a	10% -facts-and-circumstances test		• •				
	and if the organization meets the facts	-					
	meets the facts-and-circumstances te		•	-	•		
h	10% -facts-and-circumstances test	_	•		-		
	more, and if the organization meets th	_					. 5, 6 6,
	organization meets the facts-and-circu						
18	Private foundation. If the organizatio						
		did flot officer a	207 011 1110 10, 10	a, 100, 11a, 01 111	S, 51100K (1113 DOX 6		(Form 990) 2021

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

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

Se	ction A. Public Support	now, picase compi	cto r art ii.j				
Cale	endar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1,173,243.	1,355,555.	1,510,229.	2,874,158.	2,284,100.	9,197,285.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	7,637,710.	7,704,967.	7,527,396.	6,450,865.	5,672,959.	34,993,897.
3	Gross receipts from activities that						
	are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization'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	8,810,953.	9,060,522.	9,037,625.	9,325,023.	7,957,059.	44,191,182.
7 <i>a</i>	Amounts included on lines 1, 2, and 3 received from disqualified persons				100,498.	56,025.	156,523.
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						0
	amount on line 13 for the year				100,498.	56,025.	156,523.
	Add lines 7a and 7b Public support. (Subtract line 7c from line 6.)				100,430.	30,023.	44,034,659.
	ction B. Total Support						11,031,033.
	endar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6	8,810,953.	9,060,522.	9,037,625.	9,325,023.	7,957,059.	44,191,182.
	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	, ,	, ,	, ,	1,309.	1,907.	
ŀ	Unrelated business taxable income				_,===	_,==.	-,
•	(less section 511 taxes) from businesses						
,	Add lines 10a and 10b				1,309.	1,907.	3,216.
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on					,	,
12	Other income. Do not include gain or loss from the sale of capital	17,216,	506.	1,133.	451,207.	90,564.	560,626.
13	assets (Explain in Part VI.)	8,828,169.	9,061,028.	9,038,758.	9,777,539.	8,049,530.	44,755,024.
	First 5 years. If the Form 990 is for the			•			
		· ·					
Se	ction C. Computation of Public						
15	Public support percentage for 2021 (lir	ne 8, column (f), di	vided by line 13, co	olumn (f))		15	98.39 %
16	Public support percentage from 2020	Schedule A, Part I	II, line 15			16	98.62 %
Se	ction D. Computation of Invest	tment Income	Percentage				
17	Investment income percentage for 202	21 (line 10c, colum	nn (f), divided by lin	e 13, column (f))		17	.01 %
18	Investment income percentage from 2	2020 Schedule A, F	Part III, line 17			18	%
198	a 33 1/3% support tests - 2021. If the	organization did no	ot check the box o	n line 14, and line	15 is more than 33	3 1/3%, and line 17	
ŀ	more than 33 1/3%, check this box and 33 1/3% support tests - 2020. If the	=	-		• •		
•	line 18 is not more than 33 1/3%, chec	· ·		•		•	
20	Private foundation. If the organization			•		· ·	

132023 01-04-22

Schedule A (Form 990) 2021

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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	За		
	3b		
	U.S		
	3с		
	4a		
	- iu		
	41		
	4b		
	4 -		
	4c		
	5a		
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	9b		
	9с		
	10a		
	10b	» 000'	2004
uie	A (Forn	11 23U)	202 I

Page 5

Pa	TIV 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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		-
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
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 Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			1
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
800	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)	!-		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			1
	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,			1
	how the organization was responsive to those supported organizations, and how the organization determined	_		
_	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			1
	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			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b				
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

FIRST COAST NO MORE HOMELESS PETS, INC

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organ	nizations	· Lg- ·	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ing trust on	Nov. 20, 1970 (explain in	Part VI). See instructions.	
	All other Type III non-functionally integrated supporting organizations mu		•		
Sect	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
_3	Other gross income (see instructions)	3			
_4	Add lines 1 through 3.	4			
_5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
	collection of gross income or for management, conservation, or				
	maintenance of property held for production of income (see instructions)	6			
_7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sect	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
a	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
c	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other factors				
	(explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
_3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,				
	see instructions).	4			
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
_6	Multiply line 5 by 0.035.	6			
_7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	tion C - Distributable Amount			Current Year	
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions).	6			
7	Check here if the current year is the organization's first as a non-function	ally integrate	ed Type III supporting orga	inization (see	
	instructional				

Schedule A (Form 990) 2021

Par	rt V	Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations _{(continu}	ed)	
Sect	ion D -	Distributions				Current Year
1	Amou	nts paid to supported organizations to accomplish exer	mpt purposes		1	
2		nts paid to perform activity that directly furthers exemp				
	organi	zations, in excess of income from activity			2	
3	Admin	istrative expenses paid to accomplish exempt purpose	s of supported organizations	s	3	
4		nts paid to acquire exempt-use assets			4	
5		ied set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6		distributions (describe in Part VI). See instructions.	, , , , , , , , , , , , , , , , , , ,		6	
7		annual distributions. Add lines 1 through 6.			7	
8		outions to attentive supported organizations to which the	ne organization is responsive			
		de details in Part VI). See instructions.	3		8	
9		outable amount for 2021 from Section C, line 6			9	
10		amount divided by line 9 amount			10	
			(i)	(ii)		(iii)
Secti	ion E -	Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2021	s	Distributable Amount for 2021
1	Distrib	outable amount for 2021 from Section C, line 6				
2	Under	distributions, if any, for years prior to 2021 (reason-				
	able c	ause required - explain in Part VI). See instructions.				
3	Exces	s distributions carryover, if any, to 2021				
a	From 2	2016				
b	From 2	2017				
С	From 2	2018				
d	From 2	2019				
е	From 2	2020				
f	Total	of lines 3a through 3e				
g	Applie	ed to underdistributions of prior years				
h	Applie	ed to 2021 distributable amount				
i	Carryo	over from 2016 not applied (see instructions)				
	Remai	inder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distrib	outions for 2021 from Section D,				
	line 7:	\$				
a	Applie	ed to underdistributions of prior years				
		ed to 2021 distributable amount				
	Remai	inder. Subtract lines 4a and 4b from line 4.				
5		ining underdistributions for years prior to 2021, if				
		subtract lines 3g and 4a from line 2. For result greater				
		ero, explain in Part VI. See instructions.				
6		ining underdistributions for 2021. Subtract lines 3h				
		o from line 1. For result greater than zero, explain in				
		1. See instructions.				
7		s distributions carryover to 2022. Add lines 3j				
•	and 4					
8		down of line 7:				
		s from 2017				
		s from 2018				
		s from 2019				
		s from 2020				
		s from 2021				

Schedule A (Form 990) 2021

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

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

Employer identification number

2021

F1	RST COAST NO MORE HOMELESS PETS, INC	01-0709158		
Organization type (check	one):			
Filers of:	Section:			
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization			
	4947(a)(1) nonexempt charitable trust not treated as a private foundation			
	527 political organization			
Form 990-PF	501(c)(3) exempt private foundation			
	4947(a)(1) nonexempt charitable trust treated as a private foundation			
	501(c)(3) taxable private foundation			
	is covered by the General Rule or a Special Rule . c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	e. See instructions.		
-	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling y one contributor. Complete Parts I and II. See instructions for determining a contributor			
Special Rules				
sections 509(a)(1) contributor, durin	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, an g the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Z, line 1. Complete Parts I and II.	d that received from any one		
For an organization	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from	any one		
*	g the year, total contributions of more than \$1,000 exclusively for religious, charitable, so	•		
•	ional purposes, or for the prevention of cruelty to children or animals. Complete Parts I (e b) instead of the contributor name and address), II, and III.	ntering		
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year **Supplies**				
ū	hat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (F	• •		
	e 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF; ng requirements of Schedule B (Form 990).	Part I, line 2, to certify		
LHA For Paperwork Reduc	tion Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.	Schedule B (Form 990) (2021)		

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$158,987.	Person X Payroll
(a)	(b)	(c)	(d)
No4	Name, address, and ZIP + 4	\$122,800.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$101,200.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$100,000.	Person X Payroll

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
10	Name, address, and ZIP + 4	* \$ 28,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$\$	Person X Payroll

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 14	Name, address, and ZIP + 4	Total contributions - \$\$ \$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15	- Trume, dudices, and En 1 1	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 16	Name, address, and ZIP + 4	Total contributions - \$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 17	Name, address, and ZIP + 4	Total contributions - \$\$ 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18	Humo, address, and Zif T T	\$109,574.	Person Payroll Moncash X (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 20	Name, address, and ZIP + 4	Total contributions \$ 89,938.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 21	Name, address, and ZIP + 4	Total contributions \$\$ 35,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions \$	Person Payroll Complete Part II for noncash contributions.
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions \$	Person Payroll Complete Part II for noncash contributions.
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions \$	Person Payroll Complete Part II for noncash contributions.

Name of organization Employer identification number

FIRST COAST NO MORE HOMELESS PETS, INC

01-0709158

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.									
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received							
	PET FOOD & RELATED PRODUCTS									
18										
		\$\$	09/30/22							
(a)		(c)								
No. from	(b)	FMV (or estimate)	(d)							
Part I	Description of noncash property given	(See instructions.)	Date received							
19	PET FOOD & RELATED PRODUCTS									
										
		\$\$	09/30/22							
(a)		(c)								
No.	(b)	FMV (or estimate)	(d)							
from Part I	Description of noncash property given	(See instructions.)	Date received							
	COMPUTER ADMINISTRATIVE SERVICES									
20										
		\$	09/30/22							
(a)		/ /								
No.	(b)	(c) FMV (or estimate)	(d)							
from Part I	Description of noncash property given	(See instructions.)	Date received							
raiti	PET FOOD & RELATED PRODUCTS									
21										
		\$ 35,000.	09/30/22							
(a)										
No.	(b)	(c) FMV (or estimate)	(d)							
from	Description of noncash property given	(See instructions.)	Date received							
Part I										
(a)										
No.	(b)	(c) FMV (or estimate)	(d)							
from	Description of noncash property given	(See instructions.)	Date received							
Part I		, , ,								
3/153 11_11		\$	Schedule B (Form 990) (

Name of organization **Employer identification number** FIRST COAST NO MORE HOMELESS PETS, INC 01 - 0709158Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Schedule D (Form 990) 2021

Ivam	e of the organization FIRST COAST NO MORE HOMELES	SS PETS INC				Employ	er identificatio 01-0709158	
Par			r Si	milar Funds or	Acc	ounts.		
	organization answered "Yes" on Form 990, Part IV, lin				,		Complete ii ti	
	3	(a) Donor ad	vised	funds	(b)	Funds a	and other accou	ınts
1	Total number at end of year	(=,/ = = = = = = = = = = = = = = = = = =						
_	Aggregate value of contributions to (during year)							
2								
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	-					,	
_	are the organization's property, subject to the organization's						L Yes	L No
6	Did the organization inform all grantees, donors, and donor a							
	for charitable purposes and not for the benefit of the donor of							
Par	impermissible private benefit?						Yes	No
				on Form 990, Par	t IV, III	ne /.		
1	Purpose(s) of conservation easements held by the organization		ily).					
	Preservation of land for public use (for example, recrea	ition or education)	Н	Preservation of a h				a
	Protection of natural habitat			Preservation of a	certifie	d histori	c structure	
	Preservation of open space							
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation con	tribut	tion in the form of a	cons			
	day of the tax year.					Hei	ld at the End of th	ie iax year
а					├	2a		
b					⊢	2b		
С	Number of conservation easements on a certified historic stru	ucture included in (a)				2c		
d	Number of conservation easements included in (c) acquired a							
	listed in the National Register				L	2d		
3	Number of conservation easements modified, transferred, rel	leased, extinguished,	or te	rminated by the oro	ganiza	tion duri	ng the tax	
	year >							
4	Number of states where property subject to conservation eas	sement is located	_					
5	Does the organization have a written policy regarding the per	riodic monitoring, insp	pection	on, handling of				
	violations, and enforcement of the conservation easements it	t holds?					Yes	No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations	s, and	l enforcing conserv	ation	easemer	nts during the y	ear
	>							
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and	d enfo	orcing conservation	ease	ments dı	uring the year	
	> \$							
8	Does each conservation easement reported on line 2(d) above	e satisfy the requiren	nents	of section 170(h)(4	l)(B)(i)			
	and section 170(h)(4)(B)(ii)?						Yes	No
9	In Part XIII, describe how the organization reports conservation	on easements in its re	evenı	ue and expense sta	temer	nt and		
	balance sheet, and include, if applicable, the text of the footr	note to the organization	on's f	inancial statements	s that	describe	s the	
	organization's accounting for conservation easements.							
Pai	t III Organizations Maintaining Collections of		ſrea	sures, or Othe	r Sin	nilar A	ssets.	
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.						
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its	rever	nue statement and	balan	ce sheet	works	
	of art, historical treasures, or other similar assets held for public	olic exhibition, educat	tion, (or research in furth	erance	of publ	ic	
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that	desc	ribes these items.				
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its reve	enue	statement and bala	ance s	heet wor	rks of	
	art, historical treasures, or other similar assets held for public	exhibition, education	n, or	research in furthera	ance o	f public :	service,	
	provide the following amounts relating to these items:							
	(i) Revenue included on Form 990, Part VIII, line 1					> \$_		
	(ii) Assets included in Form 990, Part X					> \$_		
2	If the organization received or held works of art, historical tre							
	the following amounts required to be reported under FASB A	SC 958 relating to th	ese if	ems:				
а	Revenue included on Form 990, Part VIII, line 1					> \$_		
	Assets included in Form 990, Part X					S		

132051 10-28-21

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

	- Carlo D (1 01111 000) 2021	NO MORE HOMELESS					709158	Р	age 2
Pai	rt III Organizations Maintaining Co	llections of Art, F	listorical Tre	easures, o	r Other	Similar Ass	ets _{(contii}	nued)	
3	Using the organization's acquisition, accession	n, and other records, c	heck any of the	following that	make sigi	nificant use of i	ts		
	collection items (check all that apply):	_							
а	Public exhibition	d	Loan or exc	hange progra	am				
b	Scholarly research	е [Other						
С	Preservation for future generations								
4	Provide a description of the organization's colle	ections and explain ho	w they further th	ne organizatio	n's exemp	ot purpose in P	art XIII.		
5	During the year, did the organization solicit or r	receive donations of a	rt, historical trea	sures, or othe	er similar a	ssets			
	to be sold to raise funds rather than to be main	ntained as part of the o	organization's co	llection?			Yes		No
Pai	rt IV Escrow and Custodial Arrange	ements. Complete	if the organization	n answered '	"Yes" on F	orm 990, Part	IV, line 9, or		
	reported an amount on Form 990, Part		· ·						
	Is the organization an agent, trustee, custodiar	or other intermediary	for contribution	s or other ass	sets not in	cluded			
	on Form 990, Part X?						Yes		No
b	If "Yes," explain the arrangement in Part XIII ar								
-		ia complete and ionem	g table:				Amoun	t	
С	Beginning balance					1c			
d	Additions during the year					1d			
e	Distributions during the year					1e			
f						1f			
2a	Ending balance Did the organization include an amount on For						Yes	$\overline{}$	No
	_				•	· · · · · · · · · · · · · · · · · · ·	163		
	If "Yes," explain the arrangement in Part XIII. C rt V Endowment Funds. Complete if t					<u></u>			
			(b) Prior year	(c) Two yea		: d) Three years ba	nck (e) Four	r vears	hack
10	-	(a) carrone year	(b) i noi year	(O) Two you	TO DOOR (C	ay Till do your o be	tok (C) i ou	youro	buon
1a	Beginning of year balance								
b	Contributions								
C	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 currer	•	ne 1g, column (a)) held as:					
а	Board designated or quasi-endowment		ó						
b	Permanent endowment	%							
С	Term endowment %								
	The percentages on lines 2a, 2b, and 2c should								
За	Are there endowment funds not in the possess	sion of the organization	n that are held a	nd administer	ed for the	organization	ı		
	by:							Yes	No
	(i) Unrelated organizations						3a(i)		
	(ii) Related organizations								
b	If "Yes" on line 3a(ii), are the related organization	ons listed as required	on Schedule R?				3b		
4	Describe in Part XIII the intended uses of the o	rganization's endowm	ent funds.						
Pai	rt VI Land, Buildings, and Equipme	nt.							
	Complete if the organization answered	"Yes" on Form 990, Pa	art IV, line 11a. S	See Form 990	, Part X, lir	ne 10.			
	Description of property	(a) Cost or othe	r (b) Cost	t or other	(c) Acc	cumulated	(d) Boo	k valu	ie
		basis (investmen		(other)		eciation			
1a	Land			68,750.				68,	750.
b	Buildings		3	,558,517.		814,057.	2	744,	460.
	Leasehold improvements					·			

Schedule D (Form 990) 2021

84,597.

15,194.

2,913,001.

e Other

d Equipment

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

791,053.

153,380.

875,650.

168,574.

Part VII Investments - Other Securities.	,		r age o
Complete if the organization answered "Yes"	on Form 990, Part IV, line		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(G)			
(H) Tetal (Col. (h) must squal Form 000, Port V, sol. (P) line 12.)			
Part VIII Investments - Program Related. Complete if the greenisation angusted "Yee"	on Form 000 Dort IV line	11a Saa Farm 000 Part V line 12	
Complete if the organization answered "Yes" (a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of year market value
·	(b) DOOK Value	(S) Method of Valuation. Cost of end-t	n year market value
<u>(1)</u>			
(2)			
(3)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.		•	
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line	. 15 \		
Part X Other Liabilities.			
Complete if the organization answered "Yes" 1. (a) Description of liability	on Form 990, Part IV, line	THE OF THE SEE FORM 990, PART X, line 25.	(b) Book value
<u> </u>			(b) DOOR VAIGE
(1) Federal income taxes		+	
(2)		+	
		+	
(4) (5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X, col. (B) line	25)	b	
 Liability for uncertain tax positions. In Part XIII, provide 	,		it reports the
organization's liability for uncertain tax positions under			

Schedule D (Form 990) 2021

PART XI, LINE 4B - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSE -11,117.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

Schedule D (Form 990) 2021

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

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.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization **Employer identification number** FIRST COAST NO MORE HOMELESS PETS, INC 01-0709158 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. X Mail solicitations Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events С In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or X Yes key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) NEWPORT ONE - 21 RAILROAD Yes No AVE, DUXBURY, MA 02332 Х DIRECT MAIL 225,551 72,174 153,377. 225,551 72 174 153 377. Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

132081 10-21-21

Schedule G (Form 990) 2021

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

		of fundraising event contributions and gr	oss income on Form 990-	EZ, lines 1 and 6b. List	events with gross receip	its greater than \$5,000.
		<u> </u>	(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			THIRD PARTY EVENTS			col. (c))
ē			(event type)	(event type)	(total number)	"
Revenue	1	Gross receipts	21,288.			21,288.
_	2	Less: Contributions	21,288.			21,288.
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
(0	5	Noncash prizes				
benses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
_	8	Entertainment				
	9	Other direct expenses				11,117.
	10	Direct expense summary. Add lines 4 through	h 9 in column (d)		>	11,117.
_	11	1				-11,117.
Pa	ırt I		answered "Yes" on Form	990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.	T		T	T
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
<u>~</u>	1	Gross revenue				
ses	2	Cash prizes				
Expenses	3	Cash prizes Noncash prizes				
Direct Expenses						
Direct Expenses	3	Noncash prizes Rent/facility costs				
Direct Expenses	3	Noncash prizes		Yes %	Yes %	
Direct Expenses	3 4 5	Noncash prizes Rent/facility costs			Yes %	
Direct Expenses	3 4 5	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	Yes % No		No No	
Direct Expenses	3 4 5 6 7	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through	Yes% No h 5 in column (d)	No No	No No	
	3 4 5 6 7 8	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through	Yes% No h 5 in column (d) from line 1, column (d)	No No	No No	
9	3 4 5 6 7 8	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7	Yes% No h 5 in column (d) from line 1, column (d) ucts gaming activities:	No No	No	
9	3 4 5 6 7 8 Entries	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through the gaming income summary. Subtract line 7 atter the state(s) in which the organization conduction the organization licensed to conduct gaming and th	Yes% No h 5 in column (d) from line 1, column (d) ucts gaming activities: ctivities in each of these s	No States?	No	
9	3 4 5 6 7 8 Entries	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7	Yes% No h 5 in column (d) from line 1, column (d) ucts gaming activities: ctivities in each of these s	No States?	No	
9	3 4 5 6 7 8 Entries	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through the gaming income summary. Subtract line 7 atter the state(s) in which the organization conduction the organization licensed to conduct gaming and th	Yes% No h 5 in column (d) from line 1, column (d) ucts gaming activities: ctivities in each of these s	No States?	No	
9 a b	3 4 5 6 7 8 En: Is 1 Is 1 If "	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through the gaming income summary. Subtract line 7 atter the state(s) in which the organization conduction the organization licensed to conduct gaming and th	Yes	states?	No	Yes No
9 a b	3 4 5 6 7 8 En: Is 1 Is 1 If "	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 Iter the state(s) in which the organization conduct organization licensed to conduct gaming and "No," explain: ere any of the organization's gaming licenses re-	Yes	states?	No	Yes No

scn	edule G (Form 990) 2021 FIRST COAST NO MORE HOMELESS PETS, INC	0/09158	5	Page 3
11	Does the organization conduct gaming activities with nonmembers?	N	es/	No
12	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?	🔲 Y	es/	No
13	Indicate the percentage of gaming activity conducted in:			
	ı The organization's facility			<u>%</u>
	An outside facility	13b		<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	🔲 Ү	es/	☐ No
b	olf "Yes," enter the amount of gaming revenue received by the organization \$\bigs\\$ and the amount of gaming revenue retained by the third party \$\bigs\\$			
c	If "Yes," enter name and address of the third party:			
	1 105, Cited hame and address of the tillid party.			
	Name			
	Address ►			
16	Gaming manager information:			
	Name			
	Gaming manager compensation \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	Y	es/	☐ No
b	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	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	Part III, line	s 9, 9	b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			

Schedule G	G (Form 990)	FIRST	COAST NO MORE HOMELESS PETS, INC	01-0709158	Page 4
Part IV	G (Form 990) Supplemental Inform	ation	(continued)		
			(continued)		

SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

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

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

➤ Attach to Form 990.

► 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

FIRST COAST NO MORE HOMELESS PETS, INC

Employer identification number 01-0709158

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
	The organization?	5a		X
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			v
	The organization?	6a		X
b	Any related organization?	6b		
_	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	_		v
	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			Х
•	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Λ
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	a		
	Bennauous secuou 53 4958-NCD			

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

Schedule J (Form 990) 2021

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

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

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

	(B) Breakdown of W	V-2 and/or 1099-MISO compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) YVONNE KLINE	(i)	144,948.	0.	0.	0.	6,303.	151,251.	0.
CHIEF MEDICAL OFFICER	(ii)	0.	0.	0.	0.	0.	0,	0,
(2) SARA MACKINZIE	(i)	151,165.	0.	0.	0.	0.	151,165.	0,
VETERINARIAN	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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

SCHEDULE L

Department of the Treasury

Internal Revenue Service Name of the organization

(Form 990)

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Inspection

Employer identification number

FIRST COAST NO MORE HOMELESS PETS, INC 01-0709158 Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (b) Relationship between disqualified (d) Corrected? (a) Name of disqualified person (c) Description of transaction person and organization Yes No 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

Loans to and/or From Interested Persons. Part II

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization

reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(0) 0000		an to or the zation?	(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee? (i)		(i) W agreer	(i) Written greement?	
			То	From			Yes	No	Yes	No	Yes	No	
JOE STRASSER	FORMER B	PROPERTY	Х		300,000.	83,114.		Х	Х		Х		
JOE STRASSER	FORMER B	PROPERTY	Х		200,000.	91,123.		Х	Х		Х		
Total		ı	1	1	▶ \$	174 237.							

Grants or Assistance Benefiting Interested Persons. Part III

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

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

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

Schedule L (Form 990) 2021

SEE PART V FOR CONTINUATIONS

Schedule L (Form 990) 2021 FIRST CO	AST NO MORE HOMELESS PETS, INC	С	01-070915	58	Page 2	
Part IV Business Transactions Involv						
Complete if the organization answered	_	8b or 28c				
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organiz	aring of zation's nues?	
				Yes	No	
				1	1	
D. IV. O. I. III.						
Part V Supplemental Information.						
Provide additional information for response	onses to questions on Schedule L (see i	nstructions).				
SCHEDULE L, PART II, LOANS TO AND FROM	INTERESTED PERSONS:					
(A) NAME OF DEDGON, TOP GEDAGGED						
(A) NAME OF PERSON: JOE STRASSER						
(B) RELATIONSHIP WITH ORGANIZATION: FOR	OMED DOADD MEMBED					
(b) RELATIONSHIP WITH ORGANIZATION: FOR	RMER BOARD MEMBER					
(A) NAME OF DEDGON, TOP GEDAGGED						
(A) NAME OF PERSON: JOE STRASSER						
/D) DELAMIONGUID MIMU ODGANIZAMION. BOI	OMED DOADD MEMBED					
(B) RELATIONSHIP WITH ORGANIZATION: FOR	RMER BOARD MEMBER					
					-	

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization Employer identification number FIRST COAST NO MORE HOMELESS PETS, INC 01-0709158

Par	t I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of det noncash contribut	•	ınts	
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (PET FOOD AND)	Х	2	280,119.				
26	Other (COMPUTER AND)	Х	1	89,938.	FMV			
27	Other							
28	Other ()							
29	Number of Forms 8283 received by the organiz	zation during	the tax year for co	ontributions				
	for which the organization completed Form 828	33, Part V, D	onee Acknowledg	ement 29				
					ſ	Ye	s	No
30a	During the year, did the organization receive by	/ contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it			
	must hold for at least three years from the date of the initial contribution, and which isn't required to be used for							
	exempt purposes for the entire holding period?					<u> </u>		
	b If "Yes," describe the arrangement in Part II.							
31						<u>x</u>		
32a	2a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash							
	Ontributions.						X	
	of If "Yes," describe in Part II.							
33	f the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,							
	describe in Part II.							

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

Schedule M (Form 990) 2021

Schedule M (Form 990) 2021

132142 11-17-21

SCHEDULE 0 (Form 990)

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 Form 990-EZ.

OMB No. 1545-0047

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

Inspection

Employer identification number Name of the organization FIRST COAST NO MORE HOMELESS PETS, INC 01-0709158 LINE 1, DESCRIPTION OF ORGANIZATION MISSION: THE MISSION OF FIRST COAST NO MORE HOMELESS PETS IS TO MAKE VETERINARY CARE AFFORDABLE AND ACCESSIBLE TO ALL AS WE SAVE LIVES BY KEEPING DOGS AND CATS IN HOMES AND OUT OF SHELTERS. PROVIDE LOW-COST SPAY/NEUTER SERVICES WITH EMPHASIS ON FERAL/COMMUNITY CATS, AND DELIVER A BROAD RANGE OF RELATED PROGRAMS AND SERVICES FORM 990, PART VI, SECTION B, LINE 11B: A COPY OF THE FORM 990 IS REVIEWED BY EMPLOYEE OFFICERS AND KEY STAFF PRIOR TO SUBMISSION WITH THE IRS. FORM 990, PART VI, SECTION B, LINE 12C: EACH BOARD MEMBER IS REQUIRED TO DISCLOSE ANNUALLY ANY INTERESTS WHICH MAY CONFLICT WITH THEIR RESPONSIBILITY TO THE ORGANIZATION. BOARD MEMBERS ARE RESPONSIBLE FOR IDENTIFYING POTENTIAL CONFLICTS AS THEY ARISE. FORM 990, PART VI, SECTION B, LINE 15: THE BOARD OF DIRECTORS REVIEWS AND APPROVES ALL COMPENSATION INCREASES FOR KEY EMPLOYEES FORM 990, PART VI, SECTION C, LINE 19: THE BOARD OF DIRECTORS PROVIDES A COPY OF ITS ANNUAL FORM 990 TO ANY INTERESTED PARTY UPON REQUEST. IN ADDITION THE ORGANIZATION HAS COPIES OF ITS FORM 990. ANNUAL REPORT. AND FINANCIAL STATEMENTS ON ITS WEBSITE.

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

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021		Page 2
Name of the organization FIRST	COAST NO MORE HOMELESS PETS, INC	Employer identification number 01-0709158
FORM 990, PART XII, LINE 20	S:	
THE PROCESS HAS NOT CHANGEI	D FROM THE PRIOR YEAR.	