

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

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

A F	or the	2022 calendar year, or tax year beginning 00	TT 1, 2022 and	ending S	EP 30, 2023		
B c	heck if pplicable	C Name of organization			D Employer ide	ntific	cation number
	Addres		, INC				
	Name change		,	•	01-0709	158	
	Initial return Final	Number and street (or P.O. box if mail is not del 6817 NORWOOD AVENUE	ivered to street address)	mber			
	∟return/ termin- ated		7IP or foreign postal code		G Gross receipts \$		9,187,270.
	Ameno return		zii oi ioreigii postai code		H(a) Is this a gro	un re	
	Application	,	FER BARKER		for subordin		
	pendin	6717 NORWOOD AVENUE, JACKSONVILLE,			H(b) Are all subordina		····· — —
T	ax-exe	empt status: X 501(c)(3) 501(c)()	(insert no.) 4947(a)(1)	or 527	-		list. See instructions
	Vebsit		(<u> </u>	H(c) Group exem		
			sociation Other	L Year	of formation: 2002		State of legal domicile: FL
	rt I	Summary		,	-	•	<u> </u>
	1	Briefly describe the organization's mission or most	significant activities: TO KEE	P DOGS A	ND CATS IN HOM	ES	
Activities & Governance		AND OUT OF SHELTERS					
rnai	2	Check this box if the organization discor	ntinued its operations or dispos	sed of more	than 25% of its ne	t ass	ets.
ove.	3	Number of voting members of the governing body	(Part VI, line 1a)			3	9
Ğ	4	Number of independent voting members of the gov				4	9
δ	5	Total number of individuals employed in calendar y	ear 2022 (Part V, line 2a)			5	142
Vitie	6	Total number of volunteers (estimate if necessary)				6	130
Ę	7 a	Total unrelated business revenue from Part VIII, col	umn (C), line 12			7a	0.
_	b	Net unrelated business taxable income from Form	990-T, Part I, line 11			7b	0.
				_	Prior Year		Current Year
Φ	8	Contributions and grants (Part VIII, line 1h)			2,284,1	$\overline{}$	2,880,433.
Revenue	ı	Program service revenue (Part VIII, line 2g)	5,672,9	$\overline{}$	6,246,445.		
ě		Investment income (Part VIII, column (A), lines 3, 4,			1,9	$\overline{}$	-12,819.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c,	9c, 10c, and 11e)		79,4		12,538.
		Total revenue - add lines 8 through 11 (must equal			8,038,4	_	9,126,597.
	l	Grants and similar amounts paid (Part IX, column (0.	0.
	ı	Benefits paid to or for members (Part IX, column (A			4 550 4	0.	0.
es		Salaries, other compensation, employee benefits (F			4,579,4	-	4,931,255.
Expenses	ı	Professional fundraising fees (Part IX, column (A), li			72,1	/4.	94,184.
Ϋ́		Total fundraising expenses (Part IX, column (D), line	'		2 005 5	F 0	2 ((4 020
		Other expenses (Part IX, column (A), lines 11a-11d,			3,005,5	$\overline{}$	3,664,029. 8,689,468.
	l	Total expenses. Add lines 13-17 (must equal Part I)			7,657,1 381,2		437,129.
	19	Revenue less expenses. Subtract line 18 from line	12		eginning of Current Y	-	End of Year
ts o	200	Total assets (Dort V. line 16)			4,642,5	_	4,985,450.
Sse	20 21				2,262,0	$\overline{}$	2,142,396.
Net Assets or Fund Balances	22	Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from	lino 20		2,380,5	-	2,843,054.
	rt II	Signature Block	III IE 20		_,,-		=,===,===.
Und	er pena	Ities of perjury, I declare that I have examined this return,	including accompanying schedule:	s and statem	ents, and to the best of	of mv	knowledge and belief, it is
		t, and complete. Declaration of preparer (other than office					,
			,				
Sign	า	Signature of officer			Date		
Her		JENNIFER BARKER, CEO					
		Type or print name and title					
		Print/Type preparer's name	Preparer's signature		Date Chec	ck	PTIN
Paid		AMY BIBBY	AMY BIBBY	0	08/14/24 self-	employe	P00445891
Prep	arer	Firm's name FORVIS MAZARS, LLP			Firm's EIN	- 4	44-0160260
Use	Only	Firm's address 500 RIDGEFIELD COURT					
		ASHEVILLE, NC 28806			Phone no.	(828	8) 254-2254
May	the IF	RS discuss this return with the preparer shown abo	ve? See instructions				X Yes No

Check Schedule Contains a response or note to any line in this Part III	Form	1990 (2022) FIRST COAST NO MORE HOMELESS PETS, INC	01-0709158 Page 2
1 Brody sescribe the organization indetake any significant program services during the year which were not listed on the prior Form 950 or 990 E27	Pa	rt III Statement of Program Service Accomplishments	
1 Brilly describe the organization's mission: SRE SCHEDULE 0; 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990 EZ? If Yes, 'describe these new services on Schedule 0. Did the organization recess conducting, or make significant changes in how it conducts, any program services? If Yes, 'describe these new services conducting, or make significant changes in how it conducts, any program services? If Yes, 'describe these changes on Schedule 0. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section \$01(p(s)) and \$01(p(s)) describes a complishments for each of its three largest program services, as measured by expenses. Section \$01(p(s)) and \$01(p(s)) describes a complishments for each of its three largest program services, as measured by expenses. Section \$01(p(s)) and \$01(p(s)) describes a complishment of respect the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service program service scribes. To KEEP DOSS AND CATS TH NONES AND OUT OF SHELTERS 4b (Code:) (Secress S		Check if Schedule O contains a response or note to any line in this Part III	X
prior Form 990 or 990 E27 Yes X No If *Yes,* (describe these new services on Schedule O.	1	Briefly describe the organization's mission:	
prior Form 990 or 990 E27 Yes X No If *Yes,* (describe these new services on Schedule O.			
3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?	2	prior Form 990 or 990-EZ?	Yes X No
4c (Code:) (Expenses S	3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
4a (Code:) (Expenses \$	4	Describe the organization's program service accomplishments for each of its three largest program services, as me Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,	
4b (Code:) (Expenses \$	4a		\$ 6,246,445.)
4c (Code:) (Expenses \$ including grants of \$) (Revenue \$) 4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) 4e Total program service expenses 7,318,283.			·,
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4e Total program service expenses 7,318,283.	Tu		1
	40		
	70	Total program solving expenses	Earm 990 (2022)

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	X	
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		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	Ť		
•	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,	Ť		
•	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	<u> </u>		
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
	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	X	
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	X	
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
		20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
-1	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
	democracy government on traiting, conditing try, into it: II res. complete scriedule i, Parts Fano II	<u> </u>		

Form 990 (2022) FIRST COAST NO MORE HOMELES Part IV Checklist of Required Schedules (continued)

	i (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		162	NO
	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		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	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%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	Х	<u> </u>
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			x
	"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		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200		x
20	"Yes," complete Schedule L, Part IV	28c 29	х	
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		
30	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	"		
02	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- J		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	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		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
_	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			للم
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	-		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
232004	12-13-22	Form	990	(2022)

| 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 142			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
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).			77
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	7c		х
d	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year 7d	70		**
e	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?	88		
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:			
а	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:			
a	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
40	amounts due or received from them.)	40		
	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. Is the organization licensed to issue qualified health plans in more than one state?	13a		
а	Note: See the instructions for additional information the organization must report on Schedule O.	134		
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, or any disqualified or other person 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.		000	

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.

800	check it Schedule O contains a response or note to any line in this Part VI.			Δ
360	tion A. Governing Body and Management		Vaa	No
4.	Enter the number of voting members of the governing body at the end of the tax year	9	Yes	No
ıa	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing	4		
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.	9		
b	Enter the number of voting members included of time 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			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			l
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		1	Ι
			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,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		77
		11a		Х
b			37	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b		12b	Х	
С	, , , , , , , , , , , , , , , , , , , ,		.,,	
	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
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?			
_	The organization's CEO, Executive Director, or top management official	15a	X	
b	, , ,	15b	Х	
40	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	40		Х
	taxable entity during the year?	16a		
р	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	401		
800	exempt status with respect to such arrangements?	16b		
17	List the states with which a copy of this Form 990 is required to be filed FL Section 6104 varyives an experientian to make its Forms 1003 (1004 or 1004 A. if applicable), 200, and 200 T (section 501(a))	o ordi A	ove:let	ala
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)	s only)	avallal	oie
	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)			
40	(ــا د:	-:-1	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	u iinan	ual	
00	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records THE ORGANIZATION - (904)425-0005			
	6817 NORWOOD AVENUE, JACKSONVILLE, FL 32208			

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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's **former** 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.

(A) Name and title	(B) Average hours per week	box	not c	Pos heck	ition	than of s both	one n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	In stit utional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) JENNIFER BARKER	40.00									
CHIEF EXECUTIVE OFFICER				Х				183,000.	0.	18,740.
(2) YVONNE KLINE	40.00									
CHIEF MEDICAL OFFICER					Х			163,430.	0.	24,330.
(3) SURESH KAMPALLI	40.00	1								
VETERINARIAN						Х		135,000.	0.	24,074.
(4) AUBREY KRICHBAUM	40.00	_								
VETERINARIAN						Х		142,834.	0.	9,098.
(5) SARA MACKINZIE	40.00									
VETERINARIAN						Х		134,000.	0.	227.
(6) GREGORY WOLF	40.00	-							_	
VETERINARIAN						Х		120,900.	0.	2,803.
(7) MARY COLEMAN	2.00									
PRESIDENT		Х		Х				0.	0.	0.
(8) LESLEY ROBERTS	2.00									
VICE-PRESIDENT		Х		Х				0.	0.	0.
(9) MIKE SCHNELL	2.00									
TREASURER		Х		Х				0.	0.	0.
(10) LISA CROWLEY	2.00									
SECRETARY		Х		Х				0.	0.	0.
(11) RENE KURZIUS	1.00	1								
BOARD MEMBER		Х						0.	0.	0.
(12) ANTHONY AUSTIN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(13) ELIZABETH LAREY	1.00									
BOARD MEMBER		Х						0.	0.	0.
(14) LINDA ANN DI TEODORO	1.00	1								
BOARD MEMBER		Х						0.	0.	0.
(15) LISA DAVIS	1.00									
BOARD MEMBER		Х						0.	0.	0.
										Form 990 (2022)

Form 990 (2022)

Part VII Section A. Officers, Directors, Trust	tees, Key Emp	oloye	ees,	and	l Hig	hes	t C	ompensated Employee	s (continued)	-
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average hours per week	box,	not ch unles	Posi neck r ss per	ition more son is	than o s both r/trust	an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
1b Subtotal								879,164.	0.	79,272.
c Total from continuation sheets to Part VII								0.	0.	0.
d Total (add lines 1b and 1c)								879,164.	0.	79,272.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

5 X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A)	(B)	(C)
Name and business address	Description of services	Compensation
PATTERSON VETERINARY SUPPLY, INC.	DISTRIBUTOR OF VETERINARY	
P.O. BOX 978738, DALLAS, TX 75397-8738	SUPPLIES	977,349.
IDEXX LABORATORIES, INC.	VETERINARY SUPPLIES AND	
ONE IDEXX DRIVE, WESTBROOK, ME 04092	DIAGNOSTICS	344,925.
FLORIDA BLUE		
P.O. BOX 660299, DALLAS, TX 75266-0299	HEALTH BENEFITS PROVIDER	265,137.
COMPASS MSP, LLC.		
P.O. BOX 844769, BOSTON, MA 02284-4769	IT MANAGEMENT SERVICES	168,395.
ZOETIS	DISTRIBUTOR OF MEDICATIONS AND	
P.O. BOX 419022, BOSTON, MA 02241-9022	VACCINES	163,476.
2 Total number of independent contractors (including but not limited to those liste	d above) who received more than	
\$100,000 of compensation from the organization 8		
		= 000 (assa)

Form **990** (2022)

Form 990 (2022) FIRST COAST
Part VIII Statement of Revenue

		Check if Schedule O contains a respons	e or note to any lin	e in this Part VIII			
			<u> </u>	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded
					function revenue	business revenue	from tax under sections 512 - 514
ω ω	4	a Federated campaigns1a					
Contributions, Gifts, Grants and Other Similar Amounts							
ij g			8,070.				
fts, Ar			0,070.				
ig ig							
ns, Sim		e Government grants (contributions) 1e					
utio er (1	f All other contributions, gifts, grants, and	2 072 262				
듗됨		similar amounts not included above 1f	2,872,363.				
ont od (g Noncash contributions included in lines 1a-1f 1g	467,764.	0 000 400			
<u>0 g</u>		h Total. Add lines 1a-1f		2,880,433.			
			Business Code				
e S	2	a PROGRAM FEES	900099	6,246,445.	6,246,445.		_
Program Service Revenue	- 1	b					
S	•	С					
am		d	_				
og B		e	_				
P	1	f All other program service revenue					
		g Total. Add lines 2a-2f		6,246,445.			
	3	Investment income (including dividends, inte					
		other similar amounts)		23,400.			23,400.
	4	Income from investment of tax-exempt bond					
	5	Royalties	-				
		(i) Real	(ii) Personal				
	6 :	a Gross rents 6a					
		b Less: rental expenses 6b					
		c Rental income or (loss) 6c					
		d Net rental income or (loss)					
		a Gross amount from sales of (i) Securities	(ii) Other				
	'	assets other than inventory 7a	()				
		b Less: cost or other basis					
Φ			,				
ğ			_				
her Revenue				-36,219.			-36,219.
Ä		d Net gain or (loss)		-30,219.			-30,219.
	8	a Gross income from fundraising events (not					
Ò		including \$ 8,070. of					
		contributions reported on line 1c). See	26 415				
	_	· · · · · · · · · · · · · · · · · · ·	36,415.				
			3b 24,454.	11 001			11 001
		c Net income or (loss) from fundraising events		11,961.			11,961.
	9 :	a Gross income from gaming activities. See					
		· · · · · · · · · · · · · · · · · · ·)a				
)b				
		c Net income or (loss) from gaming activities					
	10	a Gross sales of inventory, less returns					
		and allowances1	0a				
	- 1	b Less: cost of goods sold1	0b				
\square	(c Net income or (loss) from sales of inventory					
_ω			Business Code				
no e	11 :	a MISCELLANEOUS	900099	577.			577.
ane Dut	ı	b					
Miscellaneous Revenue		С					
lisc B		d All other revenue					
2	(e Total. Add lines 11a-11d		577.			
	12	Total revenue. See instructions		9,126,597.	6,246,445.	0.	-281.

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

	Check if Schedule O contains a respons	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
3	Grants and other assistance to foreign				
Ū	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
•	trustees, and key employees	183,000.	73,200.	36,600.	73,200
6	Compensation not included above to disqualified	,	,	,	,
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	4,166,933.	3,717,500.	228,348.	221,085
8	Pension plan accruals and contributions (include	, ,	, ,	,	,
•	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	271,579.	194,774.	71,283.	5,522
0	Payroll taxes	309,743.	272,123.	19,234.	18,386
1	Fees for services (nonemployees):	,	,	,	,
· a	Management	152,580.	19,825.	95,027.	37,728
b	Legal	,	,	,	,
c	Accounting	151,470.		151,470.	
d	Lobbying	,		,	
e	Professional fundraising services. See Part IV, line 17	94,184.			94,184
f	Investment management fees	, -			,,
g	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A), amount, list line 11g expenses on Sch O.)	40,850.			40,850
2	Advertising and promotion	10,610.	5,192.		5,418
3	Office expenses	85,348.	63,269.	8,419.	13,660
4	Information technology	136,066.	105,986.	8,187.	21,893
5	Royalties	, -	,	, -	,,
6	Occupancy	254,208.	209,274.	24,112.	20,822
7	- · l	19,936.	19,936.	, -	,
8	Payments of travel or entertainment expenses	, -	,		
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	47,377.	35,077.	12,300.	
20	lata and	70,243.	69,135.	,	1,108
.o !1	Payments to affiliates	, -	,		,,
22	Depreciation, depletion, and amortization	168,142.	130,160.	33,241.	4,741
3	Inquirongo	56,750.		56,750.	
.5	Other expenses. Itemize expenses not covered			,	
•	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	PROGRAM SUPPLIES	2,143,887.	2,143,887.		
b	MERCHANT FEES	129,168.	119,756.	1,204.	8,208
C	LICENSES AND PERMITS	117,879.	116,154.	1,725.	- , 200
d	BAD DEBT	48,552.	,	48,552.	
e	All other expenses	30,963.	23,035.	1,159.	6,769
25	Total functional expenses. Add lines 1 through 24e	8,689,468.	7,318,283.	797,611.	573,574
<u>.5</u> 26	Joint costs. Complete this line only if the organization	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	., , 3 •	,	,-,-
.5	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form **990** (2022)

Form 990 (2022) Part X Balance Sheet

Par	tΧ	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			1,276,540.	1	488,675
	2	Savings and temporary cash investments				2	22,50
	3	Pledges and grants receivable, net	48,552.	3			
	4	Accounts receivable, net			270,924.	4	240,44
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	stantial c	contributor, or 35%			
		controlled entity or family member of any of the	ons		5		
	6	Loans and other receivables from other disqui					
		under section 4958(f)(1)), and persons describ		6			
y.	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use			69,104.	8	81,61
As	9	5				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	5,181,142.			
	b	Less: accumulated depreciation		1,849,915.	2,913,001.	10c	3,331,22
	11	Investments - publicly traded securities			39,784.	11	735,14
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, lin				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			24,689.	15	85,82
	16	Total assets. Add lines 1 through 15 (must ed			4,642,594.	16	4,985,45
	17	Accounts payable and accrued expenses	168,947.	17	281,33		
	18	Grants payable		18			
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complet				21	
s l	22	Loans and other payables to any current or fo					
<u> 116</u>		trustee, key employee, creator or founder, sub	stantial c	contributor, or 35%			
Liabilities		controlled entity or family member of any of the			174,237.	22	122,56
֡֞֜֞֞֡֞֞֜֞֡֡֡֞֡֡	23	Secured mortgages and notes payable to unre			1,918,886.	23	1,738,49
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lin	-				
		of Schedule D	•	L		25	
	26	Total liabilities. Add lines 17 through 25		l	2,262,070.	26	2,142,39
		Organizations that follow FASB ASC 958, c					
es		and complete lines 27, 28, 32, and 33.		_			
auc	27	Net assets without donor restrictions			1,313,384.	27	2,259,68
gai	28	Net assets with donor restrictions			1,067,140.	28	583,366
<u> </u>		Organizations that do not follow FASB ASC					
፲		and complete lines 29 through 33.	,	_			
<u></u>	29	Capital stock or trust principal, or current fund			29		
200	30	Paid-in or capital surplus, or land, building, or				30	
AS	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			2,380,524.	32	2,843,05
_	33	Total liabilities and net assets/fund balances			4,642,594.	33	4,985,450

Form **990** (2022)

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		126,	
2	Total expenses (must equal Part IX, column (A), line 25)	2	8	689,	
3	Revenue less expenses. Subtract line 2 from line 1	3		437,	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2	380,	524.
5	Net unrealized gains (losses) on investments	5		25,	400.
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	843,	053.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990:				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.				
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?				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?		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:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	c 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?				
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	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				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		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		
			Form	990	(2022)

232012 12-13-22

SCHEDULE A

(Form 990)

<u>Total</u>

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Attach to Form 990 or Form 990-EZ.

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2022

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

				OMELESS PETS, INC				01-0709158
Pa	ırt I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions.	
The	organ	ization is not a private found	ation because it is: (I	For lines 1 through 12, cl	neck only	one box.)		
1	\bigcap	A church, convention of ch)(A)(i).	
2	一	A school described in sect i					X X7	
3	Ħ	A hospital or a cooperative				/h)/1\/Δ\/ii	i)	
4	H	A medical research organization					•	the hospital's name
7	ш	city, and state:	ation operated in con	ijanotion with a noopital	accombca	III SCCIIO	11 17 0(b)(1)(A)(iii). Entor	the noopital o name,
_		An organization operated for	or the benefit of a col	logo or university ewned	or operat	od by a go	vornmental unit describe	nd in
5				lege of diliversity owned	or operat	ed by a go	verninental unit describe	5U III
_		section 170(b)(1)(A)(iv). (C					, ,	
6	\vdash	A federal, state, or local gov	-					
7		An organization that norma		ntial part of its support fr	om a gove	ernmental i	unit or from the general	public described in
		section 170(b)(1)(A)(vi). (C						
8	\square	A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Part	t II.)			
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(i	ix) operate	ed in conju	inction with a land-grant	college
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of the college	or
		university:						
10	Х	An organization that norma	lly receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membership fees, and	d gross receipts from
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its support f	rom gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	m busines	ses acquii	red by the organization a	after June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)					
11		An organization organized a	and operated exclusi	vely to test for public sat	ety. See	section 50)9(a)(4).	
12		An organization organized a	•	•	•			purposes of one or
		more publicly supported or	•	•	-		•	
		lines 12a through 12d that						
а		Type I. A supporting orga	• •					aivina
<u> </u>		the supported organization	· · · · · · · · · · · · · · · · · · ·		•	-		
		organization. You must o			majority C	i tile direc	tors or trustees or the st	аррогинд
L		¬ -			ion with it	a aunnarta	d organization(s) by bay	ina
b	'	Type II. A supporting org	•					-
		control or management o			arne perso	ns mai coi	itroi or manage the supp	Jortea
		organization(s). You mus						
С	· L		= ::				• •	ed with,
		its supported organization						
d								` '
		that is not functionally int		• ,	•		•	veness
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.	
е		Check this box if the orga	anization received a v	vritten determination from	m the IRS	that it is a	Type I, Type II, Type III	
		functionally integrated, or						
f	Ente	er the number of supported o	organizations					
g		vide the following information			(iv) Is the oras	inization listed		T () A
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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 the	ne organization's fi	rst, second, third,	fourth, or fifth tax y	year as a section 5	01(c)(3)	
_	organization, check this box and stor						
	ction C. Computation of Publi					Г	
	Public support percentage for 2022 (I			column (f))		14	<u>%</u>
	Public support percentage from 2021	•				15	%
16a	33 1/3% support test - 2022. If the o	-			14 is 33 1/3% or m	ore, check this box	< and
	stop here. The organization qualifies		•				
b	33 1/3% support test - 2021. If the contract the state of						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact		•	•		· ·	
	meets the facts-and-circumstances te	-			-	7	
b	10% -facts-and-circumstances test						10% or
	more, and if the organization meets the				-		
40	organization meets the facts-and-circu		-	•	• • •		H
18	Private foundation. If the organization	in did not check a	box on line 13, 16a	a, 100, 17a, 0r 17b	o, check this box ai		
						ochedule A	(Form 990) 2022

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

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

Se	ction A. Public Support		·				
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1,355,555.	1,510,229.	2,874,158.	2,284,100.	2,880,433.	10,904,475.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	7,704,967.	7,527,396.	6,450,865.	5,672,959.	6,246,445.	33,602,632.
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	9,060,522.	9,037,625.	9,325,023.	7,957,059.	9,126,878.	44,507,107.
	Amounts included on lines 1, 2, and	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7, 1 7, 1 7, 1 7, 1	7 7 7 7 7 7 7 7	7 7 7 7 7 7	
	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 Add lines 7a and 7b			100,498.	56,025.		156,523.
	Public support. (Subtract line 7c from line 6.)			100,130.	30,023.		44,350,584.
	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	9,060,522.	9,037,625.	9,325,023.	7,957,059.	9,126,878.	44,507,107.
	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources			1,309.	1,907.	-12,819.	-9,603.
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b			1,309.	1,907.	-12,819.	-9,603.
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	506.	1,133.	451,207.	90,564.	12,538.	555,948.
13	Total support. (Add lines 9, 10c, 11, and 12.)	9,061,028.	9,038,758.	9,777,539.	8,049,530.	9,126,597.	45,053,452.
14	First 5 years. If the Form 990 is for the	ne organization's fire	st, second, third, fo	ourth, or fifth tax ye	ear as a section 50	01(c)(3) organizatio	n,
	ction C. Computation of Publi						
	Public support percentage for 2022 (li	, , , , , , , , , , , , , , , , , , , ,	,	olumn (f))		15	98.44 %
_	Public support percentage from 2021					16	98.39 %
	ction D. Computation of Inves						0.0
	Investment income percentage for 20					17	.00 %
	Investment income percentage from 2					18	.01 %
198	a 33 1/3% support tests - 2022. If the						
k	more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the						nd X
	line 18 is not more than 33 1/3%, che	ck this box and sto	p here. The organ	nization qualifies as	a publicly suppo	rted organization	
20	Drivate foundation If the organization	n did not obook o b	ov on line 14 10e	or 10h shook this	hay and acc inc	ruotiono	

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Schedule A (Form 990) 2022

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
_		
1		
2		
3a		
O.		
3b		
0-		
3c		
4-		
4a		
AL		
4b		
4c		
40		
5a		
Ja		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		
ıle A (Forn	n 990)	2022

Pa	t IV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described 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			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	2		
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations			<u> </u>
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		. 55	
-	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	_		
Sec	supported organizations played in this regard. 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. <i>Complete</i> line 3 <i>below</i> .			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structior	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		<u> </u>
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а				
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	OI-		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	zations			
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.					
	All other Type III non-functionally integrated supporting organizations must complete Sections A through E.					
Sect	on 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	on 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				
С	Fair market value of other non-exempt-use assets	1c				
	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	on 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-functional	ally integrated	Type III supporting orga	nization (see		
	instructions).			,		

Schedule A (Form 990) 2022

Par	rt V Type III Non-Functionally Integrat	ed 509	(a)(3) Supporting Orga	anizations _{(contin}	ued)	
Secti	ion D - Distributions					Current Year
1	Amounts paid to supported organizations to accom	plish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly further	ers exemp	ot purposes of supported			
	organizations, in excess of income from activity	•			2	
3	Administrative expenses paid to accomplish exemp	t purpose	es of supported organization	S	3	
4	Amounts paid to acquire exempt-use assets				4	
5	Qualified set-aside amounts (prior IRS approval requ	uired - pr	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instruc	•			6	
7	Total annual distributions. Add lines 1 through 6.				7	
8	Distributions to attentive supported organizations to	o which th	he organization is responsive	9		
	(provide details in Part VI). See instructions.		3		8	
9	Distributable amount for 2022 from Section C, line	 6			9	
10	Line 8 amount divided by line 9 amount				10	
			(i)	(ii)	1	(iii)
Secti	tion E - Distribution Allocations (see instructions)		Excess Distributions	Underdistributio Pre-2022	ns	Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6	6				
2	Underdistributions, if any, for years prior to 2022 (re	eason-				
	able cause required - explain in Part VI). See instruc	ctions.				
3	Excess distributions carryover, if any, to 2022					
а	From 2017					
b	From 2018					
С	From 2019					
d	From 2020					
е	From 2021					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2022 distributable amount					
ī	Carryover from 2017 not applied (see instructions)					
ī	Remainder. Subtract lines 3g, 3h, and 3i from line 3	f.				
4	Distributions for 2022 from Section D,					
	line 7:					
a	Applied to underdistributions of prior years					
	Applied to 2022 distributable amount					
5	Remaining underdistributions for years prior to 2022	2. if			\neg	
-	any. Subtract lines 3g and 4a from line 2. For result					
	than zero, explain in Part VI. See instructions.	J				
6	Remaining underdistributions for 2022. Subtract line	es 3h				
·	and 4b from line 1. For result greater than zero, exp					
	Part VI. See instructions.	лан н				
7	Excess distributions carryover to 2023. Add lines					
•	and 4c.	, o _j				
8	Breakdown of line 7:					
	Excess from 2018					
	Excess from 2019					
	Excess from 2020					
	Excess from 2021 Excess from 2022					
е	EAUGOO HUHI ZUZZ					

Schedule A (Form 990) 2022

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

Schedule of Contributors

Attach to Form 990 or Form 990-PF.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

(Form 990)

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

Employer identification number

FI	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.)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rul	le. See instructions.				
General Rule						
-	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling yone contributor. Complete Parts I and II. See instructions for determining a contributor?	•				
Special Rules						
sections 509(a)(1) contributor, during	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
contributor, during literary, or educat	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.					
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year\$						
Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).						

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	itional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1			Person X Payroll
(a)	(b)	(c)	(d)
No. 2	Name, address, and ZIP + 4		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	Training data doop dita En 1 1	\$\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. <u>4</u>	Name, address, and ZIP + 4		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	Nume, audi 655, and ZIF + 4	\$5,000.	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		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if ac	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	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
8		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$\$	Person X Payroll
(a) No.	(b)	(c) Total contributions	(d) Type of contribution
10	Name, address, and ZIP + 4	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$\$	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
12		\$\$	Person X Payroll

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			
13		\$\$	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
14	Name, audress, and ZIF + 4	\$ 5,000.	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		\$\$,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a)	(b)	(c)	(d)			
No. 16	Name, address, and ZIP + 4	### Total contributions 1	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
17	Humo, audi 655, and £if T T	\$\$	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			
18		\$\$	Person X Payroll			

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 X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
20		\$\$	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
21		\$\$	Person X Payroll			
(a)	(b)	(c)	(d)			
No. 22	Name, address, and ZIP + 4	Total contributions \$\$ 5,000.	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			
23		\$\$	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
24		\$\$	Person X Payroll			

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			
25		\$15,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a)	(b)	(c)	(d)			
No. 26	Name, address, and ZIP + 4	* \$ 186,061.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
27	- Nume, address, and En 1 1	- \$\$	Person X Payroll			
(a)	(b)	(c)	(d)			
No. 28	Name, address, and ZIP + 4	Total contributions - \$\$	Person X Payroll			
(a)	(b)	(c)	(d) Type of contribution			
No. 29	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			
30	Humo, addi 655, and Eif T T	\$10,000.	Person X Payroll Noncash (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			
31		\$\$	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
32		\$\$	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
33		\$\$	Person X Payroll			
(a)	(b)	(c)	(d)			
No. 34	Name, address, and ZIP + 4	* 17,514.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
35		\$ 76,056.	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			
36		\$\$	Person X Payroll			

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		
37		- \$\$6,430.	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		
38		- - \$\$	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
39		- \$\$	Person X Payroll		
(a)	(b)	(c) Total contributions	(d) Type of contribution		
No. 40	Name, address, and ZIP + 4	\$10,000.	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		
41		- \$\$10,000.	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		
42		- \$\$	Person X Payroll Noncash (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			
43		\$\$	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
44		\$\$	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
45		\$\$	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
46	Name, address, and ZIF + 4	\$ \$ 20,000.	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			
47		\$\$	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			
48		\$\$	Person X Payroll			

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 50	Name, address, and ZIP + 4	Total contributions \$ 5,000.	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
51	- Hume, dudices, and En 1 1	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 52	Name, address, and ZIP + 4	### Total contributions \$ 96,064.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4	\$	Person Payroll Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
140.	Haine, addi 655, and Air T T	\$	Person Payroll Occupate 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 Pa	art II if additional space is needed.	
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
Part I	FOOD FOR PET FOOD BANK	(2.2	
52	FOOD FOR FEI FOOD BANK		
		\$96,064.	09/30/23
(a)		(c)	4.00
No. from	(b)	FMV (or estimate)	(d)
Part I	Description of noncash property given	(See instructions.)	Date received
	-		
		\$	
(a) No.	(b)	(c)	(d)
from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
Part I	Description of Honouch property given	(See instructions.)	Buto roscirou
	-		
(a)		(c)	
No.	(b)	FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions.)	Date received
(a)		(c)	
No.	(b)	FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions.)	Date received
raiti			
		\$	
(a)		(c)	
No.	(b)	FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions.)	Date received
		\$	

Name of o	rganization	Employer identification number	
FIRST CO	DAST NO MORE HOMELESS PETS, INC		01-0709158
Part III		through (e) and the following line ent haritable, etc., contributions of \$1,000 or	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the year try. For organizations less for the year. (Enter this info. once.)
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(a) Transfer of gif	<u> </u>
	Transferee's name, address, ar	(e) Transfer of gif	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, ar	(e) Transfer of gif	ft Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, ar	(e) Transfer of gif	ft 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

Name of the organization

FIRST COAST NO MORE HOMELESS PETS, INC

Employer identification number 01 - 0709158

Par			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6. (a) Donor advised funds	(b) Funds and other accounts
	-	(a) Donor advised lunds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		ad 6 da
5	Did the organization inform all donors and donor advisors in v	-	
6	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a for charitable purposes and not for the benefit of the donor o		
		, , , ,	
Par		ganization answered "Yes" on Form 990. F	
1	Purpose(s) of conservation easements held by the organization		arti, iiio i
·	Preservation of land for public use (for example, recrea		a historically important land area
	Protection of natural habitat		a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form o	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after July 25,2006, and not on a	
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	organization during 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, inspection, handling of	
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	ervation easements during the year
7	Amount of expenses insurred in monitoring inspecting hand	lling of violations, and enforcing conservat	ion occoments during the year
,	Amount of expenses incurred in monitoring, inspecting, hand	and emorcing conservat	ion easements during the year
8	Does each conservation easement reported on line 2(d) abov	re satisfy the requirements of section 170/b	n)(4)(B)(i)
•	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
•	balance sheet, and include, if applicable, the text of the footr	•	
	organization's accounting for conservation easements.		
Par		f Art, Historical Treasures, or Otl	her Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statement ar	nd balance sheet works
	of art, historical treasures, or other similar assets held for pub	olic exhibition, education, or research in fu	rtherance of public
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that describes these items	s.
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement and b	alance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	erance of 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-	asures, or other similar assets for financial	gain, provide
	the following amounts required to be reported under FASB A	SC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		\$
	Assets included in Form 990, Part X		\$
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.	Schedule D (Form 990) 2022

Par	t III Organizations Maintaining C	ollections of Ar	t, Hist	orical Tre	asures, or	Other S	Similar	Assets	(contin	nued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check	any of the f	ollowing that i	make sigr	nificant us	se of its			
	collection items (check all that apply):										
а	Public exhibition	c	ı 🗌	Loan or exc	hange prograr	m					
b	Scholarly research	e		Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	n how th	ey further th	ne organization	n's exemp	t purpos	e in Part	XIII.		
5	During the year, did the organization solicit of	r receive donations	of art, his	storical treas	sures, or other	similar as	ssets				_
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran		ete if the	organizatio	n answered "\	es" on F	orm 990,	Part IV, I	ine 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.									
1a	Is the organization an agent, trustee, custodi		,					_	_		,
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing t	able:							
	Amount										
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f		1		
	Did the organization include an amount on F					•	·?	L	Yes		∐ No
	If "Yes," explain the arrangement in Part XIII.										
Pai	t V Endowment Funds. Complete							oro book	(a) Four	. vooro	hook
		(a) Current year	(D) F	Prior year	(c) Two years	back (C	d) Three ye	ars Dack	(e) Four	years	Dack
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
_	and programs										
f	Administrative expenses										
g	End of year balance				<u> </u>						
2	Provide the estimated percentage of the curr			g, column (a))) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С		.%									
_	The percentages on lines 2a, 2b, and 2c sho	•									
За	Are there endowment funds not in the posse	ssion of the organiza	ation tha	t are held ar	nd administere	d for the			1	Yes	No
	organization by:								0-0	162	No
	(i) Unrelated organizations								3a(i)		
L	(ii) Related organizations	tions listed as requir		obodulo DO					3a(ii)		
									3b		
Par	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		wmenti	urius.							
	Complete if the organization answere). Part IV	/. line 11a. S	ee Form 990.	Part X. lir	ne 10.				
	Description of property	(a) Cost or o			or other		cumulated	<u> </u>	(d) Boo	k valu	^
	Description of property	basis (investr			(other)		eciation	-	(u) 600	n valui	-
12	Land	,		22270	68,750.	25/51				68	750.
	Land Buildings			3	,565,467.		928,4	45.	2	637,	
	Buildings				, . = = , = = , .		, -			· ,	
d	Equipment	I			935,337.		519,1	.13.		416,	224.
	Other				611,588.		402,3			209,	
	. Add lines 1a through 1e. (Column (d) must e	*	X colum	n (R) line 1					3	331,	
. 514	Trias in loo Ta tin oagit To. (Column (a) must e	iquai ruiiii 330, Part	A, COIUII	iii (D), IIIIC T	<i></i>			····			

Schedule D (Form 990) 2022

	ORE HOMELESS PETS, I	NC (01-0709158	Page 3
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or er	nd-of-year market	value
(1) Financial derivatives				
(2) Closely held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"	on Form 990, Part IV, line	I1c. See Form 990, Part X, line 13.		
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or er	nd-of-year market	value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.				
Complete if the organization answered "Yes"	on Form 990, Part IV, line	I1d. See Form 990, Part X, line 15.		
(a)	Description		(b) Book v	value
(1)				
(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"	on Form 990, Part IV, line	l1e or 11f. See Form 990, Part X, line 2	5.	
1. (a) Description of liability			(b) Book v	value
(1) Federal income taxes				
(2)				
(3)			1	
(4)			1	
(5)				
(6)			1	
(7)			1	
(8)			1	
(9)			†	
	. 05)		+	
Total. (Column (b) must equal Form 990, Part X, col. (B) line Liability for uncertain tax positions. In Part XIII. provide	•		that reports the	
2. Liability for uncertain tax positions. In Part XIII, provide	the text of the footnote to	the organization's financial statements	that reports the	

X organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII Schedule D (Form 990) 2022

Complete if the organization answered "Yes" on Form 990, Part				0 186 555
1 Total revenue, gains, and other support per audited financial statements	s		1	9,176,555
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1			
a Net unrealized gains (losses) on investments		25,400.		
b Donated services and use of facilities				
c Recoveries of prior year grants				
d Other (Describe in Part XIII.)	2d	104.		
e Add lines 2a through 2d			2e	25,504
3 Subtract line 2e from line 1			3	9,151,051
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
a Investment expenses not included on Form 990, Part VIII, line 7b				
b Other (Describe in Part XIII.)	4b	-24,454.		
c Add lines 4a and 4b			4c	-24,454
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	e 12.)		5	9,126,597
Part XII Reconciliation of Expenses per Audited Financia		xpenses per F	teturn.	
Complete if the organization answered "Yes" on Form 990, Part				0 714 025
1 Total expenses and losses per audited financial statements			1	8,714,025
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	اما			
a Donated services and use of facilities				
b Prior year adjustments				
c Other losses		104		
d Other (Describe in Part XIII.)		104.		104
e Add lines 2a through 2d			2e	9 712 921
3 Subtract line 2e from line 1			3	8,713,921
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1			
a Investment expenses not included on Form 990, Part VIII, line 7b		-24,454.		
b Other (Describe in Part XIII.)				24 454
c Add lines 4a and 4b			4c	-24,454 8,689,467
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, I Part XIII Supplemental Information.	ine 18.)		5	0,009,407
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provi			, r arr x, iii	16 Z, 1 alt Al,
THE ORGANIZATION HAS BEEN GRANTED EXEMPTION FROM FEDERAL	AND STATE INCOME			
TAXES UNDER THE PROVISIONS OF SECTION 501(C)(3) OF THE IN	TERNAL REVENUE			
CODE. ACCORDINGLY, THE ACCOMPANYING FINANCIAL STATEMENTS	DO NOT REFLECT A			
PROVISION OR LIABILITY FOR FEDERAL AND STATE INCOME TAXES	. THE			
ORGANIZATION HAS DETERMINED THAT THERE ARE NO MATERIAL UN	RECOGNIZED TAX			
BENEFITS OR OBLIGATIONS AS OF SEPTEMBER 30, 2022.				
PART XI, LINE 2D - OTHER ADJUSTMENTS:				
UNIDENTIFIED VARIANCE	104.			

PART XI, LINE 4B - OTHER ADJUSTMENTS:

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

2022

Open to Public Inspection

Name of the organization FIRST COAS	T NO MORE HOMELESS PETS, IN	IC			01-070915	sation number
Part I Fundraising Activities required to complete this part	Complete if the organization answer	ered "Y	'es" or	n Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
Indicate whether the organization rais	sed funds through any of the following and solicitates and solicitates and solicitates are solicitated and solicitates. The solicitates are solicitated and so	tion of tion of fundra (includ	non-g gover aising ding of onal fo	overnment grants nment grants events fficers, directors, trus undraising services?	etees, or	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or cor contrib	ntrol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
NEWPORT ONE - 21 RAILROAD		Yes	No			
AVE, DUXBURY, MA 02332	DIRECT MAIL		Х	288,934.	94,184.	194,750.
Total 3 List all states in which the organization or licensing.	on is registered or licensed to solicit (288,934. s or has been notified	94,184. It is exempt from re	194,750. gistration

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

Schedule G (Form 990) 2022

		of fundraising Events . Complete if the	~			
			(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			THIRD PARTY EVENTS			col. (c))
Φ			(event type)	(event type)	(total number)	GOI. (C))
Revenue	1	Gross receipts	44,485.			44,485.
	2	Less: Contributions	8,070.			8,070.
	3	Gross income (line 1 minus line 2)	36,415.			36,415.
	4	Cash prizes				
(O	5	Noncash prizes				
beuse	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
_	8	Entertainment				
	9	Other direct expenses				24,454.
	10	Direct expense summary. Add lines 4 through	. ,			24,454.
Pa	11 rt I			000 Det IV line 10 en		11,961.
Г		Gaming. Complete if the organization s \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	990, Part IV, line 19, or	reported more than	
		\$15,000 Off Form 990-EZ, line oa.		(b) Pull tabs/instant	T	(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
ш	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No	No No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
_		to the entertainty in the entertainty and the				
а	ls t	ter the state(s) in which the organization conducted the organization licensed to conduct gaming actions.	ctivities in each of these s	states?		Yes No
IJ		No," explain:				
		ere any of the organization's gaming licenses re			year?	Yes No
	_	D-27-22			0-1	dule G (Form 990) 2022

Sch	edule G (Form 990) 2022 FIRST COAST NO MORE HOMELESS PETS, INC	1-0/09128	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No 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?	Yes	No
13	Indicate the percentage of gaming activity conducted in:		
а	ı The organization's facility	13a	%
	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?	Yes	☐ No
b	olf "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$		
c	If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
	Mandatory distributions:		
а	s Is the organization required under state law to make charitable distributions from the gaming proceeds to	Yes	□ No
L	retain the state gaming license?		L NO
L	 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 lines 9	9h 10h
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	r art III, III 100 0,	05, 105,
	ros, ros, ros, and ros, de approaction not promote any additional minoritation coefficients.		
		·	

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)

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.

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

2022

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

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 naven listed on Form 200. Part VII. Costian A line to with respect to the filing			
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:			
•	Describes a service of a service of service	4a		Х
		4b		X
		4c		X
·	Participate in or receive payment from an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	The second of the second and provide the applicable amounts for each term in that in.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		Х
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:			
а	The organization?	6a		X
	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2022

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) JENNIFER BARKER	(i)	167,000.	16,000.	0.	5,286.	13,454.	201,740.	0.
CHIEF EXECUTIVE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) YVONNE KLINE	(i)	159,135.	4,295.	0.	4,887.	19,443.	187,760.	0.
CHIEF MEDICAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) SURESH KAMPALLI	(i)	135,000.	0.	0.	4,619.	19,455.	159,074.	0.
VETERINARIAN	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) AUBREY KRICHBAUM	(i)	142,834.	0.	0.	1,890.	7,208.	151,932.	0.
VETERINARIAN	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(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

(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

2022

Open To Public Inspection

Name of the organization							Emp	oloyer	ident	ificati	on nu	mber
									9158			
					on 501(c)(4), and sec							
Complete if the	he organization an	swered "Yes" on	Form 9	90, Pa	art IV, line 25a or 25b	, or Form 990-EZ, Pa	ırt V, li	ne 40	b.			
1 (a) Name of disqualified	ed person (b)	Relationship bet			ified (c	e) Description of trans	sactio	n		<u> </u>		cted?
- (a) Name of disquame	od person	person and o	rganiza	ation	,,	, Description of train		··		<u> </u>	es	No
											_	
										_		
										-	\rightarrow	
										+	\rightarrow	
										+	+	
2 Enter the amount of t	ray incurred by the	organization man	agore	or dica	usalified persons duri	ng the year under						
	•	· ·	Ū		•	•		\$				
3 Enter the amount of t					nanization							
• Enter the amount of t	an, ir arry, orr iir o z	., 45070, 1011115410	ou by		jamzaron			Ψ				
Part II Loans to a	and/or From In	terested Pers	sons.	ı								
Complete if the	he organization an	swered "Yes" on	Form 9	90-EZ	Part V, line 38a or F	orm 990, Part IV, line	e 26; c	or if th	e orga	nizatio	on	
reported an a	amount on Form 99	00, Part X, line 5, 0	6, or 22	2.	•	, ,						
(a) Name of	(b) Relationshi			an to or	(e) Original	(f) Balance due	(g)		(h) Ap	proved ard or	1 (' <i>)</i> '	Vritten
interested person	with organization	of loan		zation?	principal amount	<u>_</u> '		default? com		nittee?	agree	ement?
			То	From			Yes	No	Yes	No	Yes	No
JOE STRASSER	FORMER B	PROPERTY	Х		300,000.	52,691.		Х	Х		Х	
JOE STRASSER	FORMER B	PROPERTY	Х		200,000.	69,871.		Х	Х		Х	
			<u> </u>									-
			<u> </u>									-
			1									-
			1									
			1									1
			+									
			1									1
Total			1		\$	122,562.						
	Assistance Be	enefiting Inter	este	d Per		,						
Complete if the	he organization an	swered "Yes" on	Form 9	90, Pa	ırt IV, line 27.							
(a) Name of intereste		(b) Relationship			(c) Amount of	(d) Type	of		(e) Purp	ose o	f
		interested per	son an		assistance	assistano	ce		-	assist	ance	
		the organiz	ation									

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

Schedule L (Form 990) 2022

SEE PART V FOR CONTINUATIONS

Schedule L (Form 990) 2022 FIRST CO	AST NO MORE HOMELESS PETS, IN	С	01-070915	8	Page 2
Part IV Business Transactions Invol					<u> </u>
	d "Yes" on Form 990, Part IV, line 28a, 2	8b or 28c			
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	I organi	aring of zation's nues?
				Yes	No
Part V Supplemental Information.					
Provide additional information for resp	oonses to questions on Schedule L (see	instructions).			
SCHEDULE L, PART II, LOANS TO AND FROM	M INTERESTED PERSONS:				
(A) NAME OF PERSON: JOE STRASSER					
(B) RELATIONSHIP WITH ORGANIZATION: FO	NDWED BOADN WEWBED				
(B) REMITOREMENT WITH ORGANIZATION. 1	SKILL BOIND HIMBER				
(A) NAME OF PERSON: JOE STRASSER					
(D) DELAMIONGUID MINU ODGANIZAMION D	DANED DOLDE WEWDER				
(B) RELATIONSHIP WITH ORGANIZATION: FO	DRMER BOARD MEMBER				

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2022

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Inspection
Employer identification number

	FIRST COAST NO MOR	RE HOMELES	SS PETS, INC			01-0	70915	8	
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		(d Method of d noncash contrib	etermin	_	
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 RE)	Х	2	96,06	4.FMV				
26	Other ()								
27	Other ()								
28	Other ()								
29	Number of Forms 8283 received by the organization completed Form 82								
	.oor the organization completed Form 02	55,1 alt v, L	Jones A Control Wickey	ement 29				Yes	No
30a	During the year, did the organization receive by	v contributio	n any property rep	orted in Part I lines 1 thro	ough 28	that it			110
	must hold for at least 3 years from the date of	•		•	•	triat it			
	exempt purposes for the entire holding period'	_		or ion croquired to be de			30a		Х
h	If "Yes," describe the arrangement in Part II.	•					OCA		
31	Does the organization have a gift acceptance	policy that re	equires the review o	of any nonstandard contri	butions?		31		Х
	Does the organization hire or use third parties		•	•			\ \frac{1}{2}		
JEG	contributions?						32a		х
b	If "Yes," describe in Part II.								
33	If the organization didn't report an amount in o	column (c) fo	r a type of property	for which column (a) is c	hecked,				
	describe in Part II.								
HA	For Paperwork Reduction Act Notice, see	the Instruct	tions for Form 990).		Schedule I	M (Forr	n 990)	2022

232141 09-09-22

232142 09-09-22

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

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

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

FIRST COAST NO MORE HOMELESS PETS, INC	01-0709158
FORM 990, PART III, 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) 2022

Name of the organization FIRST COAST NO MORE HOMELESS PETS, INC	Employer identification number 01-0709158
FORM 990, PART XII, LINE 2C:	
THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.	