Form	99	D
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Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public

Inspection

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

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

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990	for instructions and the latest information.	
tax year beginning	, 2021, and ending	

A	For the	e 2021 calene	dar year, or tax year beginning , 2021, a	and end	ling			, 20				
в	Check i	if applicable:	C Name of organization Gateway Pet Guardians				D Emple	oyer identification number				
	Address	s change	Doing business as	26-0	096240							
	Name c	change	Number and street (or P.O. box if mail is not delivered to street address)	E Telepł	none number							
	Initial re	eturn	725 N 15th St	(618)687-8007							
	Final ret	turn/terminated										
	Amende	ed return	G Gross	receipts \$1,553,079.								
	Applica	plication pending F Name and address of principal officer: H(a) Is this a group return for subordinate										
			Alisha Vianello, 725 N 15th St, East Saint Louis	_								
<u> </u>		empt status:	X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or	r 🔄 527				st. See instructions.				
J			atewaypets.org			H(c) Group ex						
_		organization: 🗙		ear of for	mation:	2004	M State	of legal domicile: IL				
Ρ	art	Summa										
	1		cribe the organization's mission or most significant activities									
лç			pion a thriving pet welfare community to the ov									
rna			trict-East St. Louis, Cahokia Heights, W									
ove	2		$box \triangleright \square$ if the organization discontinued its operations or b	-			1 . 1					
Ō	3		voting members of the governing body (Part VI, line 1a).				3	9				
es é	4		independent voting members of the governing body (Part V per of individuals employed in calendar year 2021 (Part V, lir		-		4	28				
vitio	5 6		per of volunteers (estimate if necessary)	-			6	819				
Activities & Governance	7a		ated business revenue from Part VIII, column (C), line 12				7a	0.				
-	b		ted business taxable income from Form 990-T, Part I, line 12				7b	0.				
					· ·	Prior Yea	_	Current Year				
	8	Contributio	ons and grants (Part VIII, line 1h)			1,114,		1,176,574.				
Revenue	9		ervice revenue (Part VIII, line 2g)			158,		372,833.				
evel	10	•	t income (Part VIII, column (A), lines 3, 4, and 7d)			1007	100.	3727033.				
č	11		nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			-12,	764.	3,672.				
	12		ue-add lines 8 through 11 (must equal Part VIII, column (A),			1,260,		1,553,079.				
	13	Grants and	d similar amounts paid (Part IX, column (A), lines 1–3) .									
	14	Benefits pa	aid to or for members (Part IX, column (A), line 4)									
S	15	Salaries, ot	her compensation, employee benefits (Part IX, column (A), line	s 5–10)		457,	076.	1,010,785.				
Expenses	16a	Profession	al fundraising fees (Part IX, column (A), line 11e)									
adx	b	Total fundr	raising expenses (Part IX, column (D), line 25) ►221	,810.								
ш	17	Other expe	enses (Part IX, column (A), lines 11a–11d, 11f–24e)			632,	828.	711,672.				
	18		nses. Add lines 13–17 (must equal Part IX, column (A), line 2	-		1,089,	904.	1,722,457.				
	19	Revenue le	ess expenses. Subtract line 18 from line 12			170,	389.	-169,378.				
Net Assets or Fund Balances					Begir	nning of Curr	ent Year	End of Year				
sset: Valar	20		ts (Part X, line 16)			-	800.	806,416.				
et A: nd E	21		ties (Part X, line 26)				854.	288,848.				
ΖĽ	22 art II		or fund balances. Subtract line 21 from line 20			686,	946.	517,568.				
		Signatu	ire Block									

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

			06	5/16/2022			
Sign	Signature of officer	Date	Date				
Here	Alisha Vianello, Executive Director						
	Type or print name and title						
Paid	Print/Type preparer's name	Preparer's signature	Date	Check 🗙 if	PTIN		
Preparer	Linda A Howdeshell CPA	06/23/2022					
Use Only	Firm's name Linda A. Howdes	Firm	Firm's EIN ► 47-4590864				
	Firm's address ► 9208 Lodge Pole	6 Phor	Phone no. (314)740-3983				
May the IRS	discuss this return with the preparer s	shown above? See instructions			🗙 Yes 🗌 No		
F D	d. Dealers from And Marthan and the second	La la charadhana BAA			- 000 (2020)		

For Paperwork Reduction Act Notice, see the separate instructions. BAA

Form 99	90 (2021) Page 2
Part	III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	To provide affordable, accessible, quality pet resources and
	champion a thriving pet welfare community to the over 55,000 people
	who live in the East Side Pet District-East St. Louis, Cahokia
	Heights, Washington Park and Fairmont City.
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 O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O.
1	Describe the organization's program service accomplishments for each of its three largest program services, as measured by

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: _____) (Expenses \$ 1,024,455. including grants of \$ ______0.) (Revenue \$ 206,754.) Intake, Shelter, Foster and Adoption Programs: GPG takes in stray and surrendered animals from residents in the East Side Pet District. These include East St. Louis, Cahokia Heights, Washington Park and Fairmont City (zip codes 62201-62207). GPG partners with the local animal control facility, St. Clair County Animal Services to intake animals as well as intakes directly from individuals. 90% of the animals in GPG care were in foster homes in 2021, which greatly expands GPG's animal intake capacity and provides a secure home for the pet while they await adoption. GPG intake has doubled in the past two years, with intake of 556 dogs and cats in 2019 and 1,139 dogs and cates in 2021. GPG utilizes volunteers in a variety of positions to save funding to help more animals. In 2021, volunteers gave 12,500 hours of service which saved the organization over \$335,000 in labor expenses.

4b (Code: _____) (Expenses \$ 347,957. including grants of \$ ______0.) (Revenue \$ 166,079.) Community Program: At GPG, we firmly believe that every family should be able to have the companionship of a pet even if they have financial restrictions. In 2021: 406 owned pets were spayed/neutered at no cost to the owner, 1,517 pets received free or low cost life-saving vaccines and 738 pets received free or low cost microchips. In addition 322 community cats were sterilized, vaccinated and microchipped and 328 owned pets received medical care. GPG started an affordable grooming spa at the end of 2021 and 136 pets received grooming. GPG also has a low-cost pet supply store where pet owners can purchase pet food for 25 cents per pound and get much needed supplies for their pet for an affordable price. GPG has become a community partner providing services that were previously never provided in East St. Louis and provides them at a a price that is affordable and attainable for pet owners in need.

4c	(Code:) (Expenses \$	including gra	nts of \$) (Revenue \$)
4d	Other progra	m services (Describe on S	chedule O.)			
	(Expenses \$	including	grants of \$) (Revenue \$)	
4e	Total program	n service expenses 🕨	1,372,412.			
			DEV/ 05/04/00			000

Form 99	0 (2021)		F	Page 3
Part	V 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	×	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions .	2	×	L
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		×
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		×
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? <i>If "Yes," complete Schedule C, Part III</i> .	5		×
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6		×
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8		×
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? <i>If "Yes," complete Schedule D, Part IV</i> .	9		×
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> .	10		×
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	×	
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? <i>If "Yes," complete Schedule D, Part VII</i>	11b		×
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? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		×
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? <i>If "Yes," complete Schedule D, Part IX</i>	11d		×
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		×
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)? <i>If "Yes," complete Schedule D, Part X</i>	11f		×
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	×	
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		×
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		×
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		×
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i>			
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	14b		×
16	for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15		×
17	assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	16		×
18	Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17		×
19	Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		×
6 0	If "Yes," complete Schedule G, Part III	19		×
20a b	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a 20b		×
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	200		×

Part	V Checklist of Required Schedules (continued)			
		_	Yes	Ν
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		:
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? <i>If "Yes," complete Schedule J</i> .			
04-	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23		
24a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		1
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		<u> </u>
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		
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? <i>If "Yes," complete Schedule L, Part I</i>	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		
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? <i>If "Yes," complete Schedule L, Part III</i>	20		
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,	21		F
а	Part IV, instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
u	"Yes," complete Schedule L, Part IV	28a		
b c	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28b 28c		
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	200		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		
81	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		┢
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .	33		
4	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		F
5a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		┝
b	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		
6	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		
87	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		
8	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		
Part	V Statements Regarding Other IRS Filings and Tax Compliance	00		L
	Check if Schedule O contains a response or note to any line in this Part V		Yes	Г
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		162	F
b c	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable10Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	×	[

2a Enser the number of employees reported on Form W-3, Transmital of Wage and Tax 2a 28 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X Mote: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. 3a 2 3b b If at least one is reported on line 2a, idd the organization haves of 51,000 or more during the year? 3a 2 3b b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule 0 3b 3c 3c d At any time during the calendary year, did the organization have an interest in, or a signature or other authority year. 3a 2 3b 3c 3c d May time during the calendary year, did the organization have an interest in, or a signature or other authority year. 3a 2 3b 3c	Form 99				Page 5
Statements, filed for the calendar year ending with or within the year covered by this returns? 28 28 Note: If the sum of lines 1 and 2a is greater than 280, you may be required to <i>e-line</i> . See instructions. 20 30 3a Did the organization have unrelated business gross income of 8.0, poor orme during the year? 30 30 11 "Yes," that it flud a form 980-71 for this year? 30 30 30 30 4.1 "Yes," enter the name of the foreign country ≥- 36 30 30 5.2 See instructions for filling requirements for finding country ≥- 36 30 30 5.2 Bit instructions for filling requirements for finding re	Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 20 X 3a Did the organization have unrelated business gross income of \$1.000 or more during the year? 3a 3a b If "Yes," has tilled a ferm 900-T for this way? 1/m 0.000 or more during the year? 3a 3a b If "Yes," has tilled a fermion of \$1.000 or more during the year? 4a 3a 3a b If "Yes," enter the name of the foreign country year way? Note: Status account is a toring requirements for FinCEN form 114, Report of Foreign Bank and Financial Accounts (FARR), Sa 5a 2 b Did any taxable party notify the organization hat was not is a party to a prohibited tax shelter transaction? 5a 2 c If "Yes," did the organization in and ware not tax deductible as charitable contributions on and party for goods and services provided to the payo? 5a 2 c Does the organization necesses of 37 made party as a contribution and party for goods and services provided to the payo? 7a 7a c D' I'Yes," indicate the number of forms 8282 filed during the year? 7a 7a 7a d I'Yes," indicate the number of forms 8282 filed during the year? 7a 7a 7a 7a 7a<	2a				
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-#i6. See instructions. Image: Comparison of the sum of	b		2b	x	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a 2 b H**ex, "has titled a form 990-T for this year? H**O**O for the 3b, provide a nexplanation on Schedule O 3a 2 4a At any time during the calendar year, did the organization have an interest in, or a signature or other attorn() ver, a fanancial account in a foreign country yeak as a bank account, securities account, or other financial accounts? 4a 2 b H**ex," enter the name of the foreign country yeak as a bank account, securities account, or other financial accounts? 5a 3 b Bid any taxable party notify the organization tax the was or is a party to a prohibid tax shelf transaction and ying transactin and ying transaction and ying transaction and ying t	-				
b If "Yes," has it field a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule 0 3b a At any time during the calendary serv, 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 > b If "Yes," enter the name of the foreign country b 5a > > c Did any taxable party nonling the enganization that it was or is a party to a prohibited tax shelfer transaction is a party to a prohibited tax shelfer transaction is a party to a prohibited tax shelfer transaction at any time during the tax year? . Sa b Did any taxable party nonling the enganization that it was or is a party to a prohibited tax shelfer transaction at any time during the tax year? . Sa c Does the organization shelf wave annual gross receipts that the normality greater than \$100,000, and did the organization shelf wave annual gross receipts that the organization factore way apyment in excess of \$75 made party is a contribution and party for goods and services provided to the pary? .	3a		3a		×
4a At any time during the calendar year, did the organization have an interest in, or a signature or other automity over a financial account)? 4a b 1**Yes," enter the name of the foreign county years of the second second, second second, or other financial account? b 1**Yes," enter the name of the foreign county years c 3b b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c 11**Yes," of the organization have annual gross receipts that are normally greater than \$100,000, and did the organization notucible with every solicitation an express statement that such contributions of grits were not tax deductibles? c Does the organization notucible with every solicitation an express statement that such contributions of grits were not tax deductibles? c Did the organization notify the donor of the value of the goods or services provided? c Did the organization notify the donor of the value of the goods or services provided? d 1***es," did the organization notify the donor of the value of the goods or services provided? d 1***es," did the organization sel, exchange, or otherwise dispose of tangible personal poneptify for which it was required to life form 8282? d 1***es," did the organization mote ary premiums, directly or indirectly, on a personal benefit contract? f Did the organization sel, exchange, or otherwise dispose of tangible p	b		3b		
a financial account in a foreign country is an ki account, securities account, or other financial account? 4a 2 b If "Yes," enter the name of the foreign country is a security a prohibited tax shelter transaction at any time during the tax year? 5a 2 5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5b 2 5b Did any taxable party notify the organization flat if was or is a party to a prohibited tax shelter transaction? 5c 2 6b T'Yes," to line 5a or 5b, did the organization flat if was or is a party to a prohibited tax shelter transaction? 5c 3c 7 Organization solid: any contributions that were not tax deductible as charitable contributions or gifts were not tax deductible as charitable contributions or gifts were not tax deductible contributions under section 170(c). 7c 7c 7 Organization neceive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 7a 7c 7b If 'Yes," indicate the number of Forms 8282 field during the year 7d 7c 7c 7 Uf the organization notify the control of the value of the goods or services provided? 7t 7c 7d 7c If 'Yes," indicate the number of Forms 8282 field during the year? 7d 7d 7d 7d 7 Did the organization notify the organization notify the donor of the value of	4a				
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FEAR). See See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FEAR). See Debt de organization aperty to a prohibited tax shelter transaction and transaction and the vary of the tax year? See Debt be organization include weight and the very solicitation and xpress statement that such contributions? See If 'Yes,'' did the organization include with every solicitation and xpress statement that such contributions of gifts were not tax deductible as charitable contributions. See Organizations shat may receive deductible contributions under section 170(c). Did the organization notify the donor of the value of the goods or services provided? Tai Did the organization secies any function and party to a prohibite personal property for which it was required to line form 8282? Tai Tai Did the organization receive a payment in excess of \$76 made party as a contribution of particely to rolariset, to rolariset, to rolariset, and the organization receive a contribution of qualified intellectry, to a presonal benefit contract? Tai Tai Did the organization receive a contribution of qualified intellectry, to a presonal benefit contract? Tri Tri Tri Did the organization receive any during the year, pay premiums, directly or indirectly, on a presonal benefit contract? Tri Tri Tri			4a		×
5a Vas the organization a party to a prohibited tax shelter transaction a ray time during the tax year? 5a 25a 2	b				
b) Did any taxable party notify the organization that it was or is a party to a prohibited tax shelt transaction? 5b > 5c 6) Dees the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solid any contributions with ever not tax deductible as charitable contributions or gifts were not tax deductible of the organization solid any contributions or gifts were not tax deductible? 5c 7) Organizations that may receive deductible contributions under section 170(c). a) Did the organization neceive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 7a > b) If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b 7c c) Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 7c 7c c) Did the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7t 7c c) Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7t 7d d) If "Yes," indicate the number of cars, beas, anjenge, or the values, did the organization face form 8282? 7d 7d g) Did the organization receive any funds, directly or indirectly, no pay peranization face form 828? 7d 7d g) Sponsoring organization make wexes business holdine	52		50		×
c If "Yes" to line Sa or 50, did the organization file Form 8886-17. 5c Ga 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? 5c 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 adductible contributions under section 170(c). 10 10 a Did the organization neceive a agreent in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a 7a c Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7d 7d 7d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7d 7d 7d If the organization receive any funds, directly or indirectly, to a parsonal benefit contract? 7d 7d 7d If the organization realization maintaining door advised funds. 8 8 8 9 Sponsoring organization make any taxable distributions under section 4966? 9a 9b 9a 9b 9 Did the sponsoring organization make any	_				×
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 b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O. 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? 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? If "Yes," complete Form 4720, Schedule O. 17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 			142		×
 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? 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 "Yes," complete Form 4720, Schedule O. 17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 					
 excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 4720, Schedule O. 					
 If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 			15		×
 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 2 16 2 17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 					
If "Yes," complete Form 4720, Schedule O. 17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	16		16		×
17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17	-		-		
activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17				
If "Yes," complete Form 6069.			17		
		If "Yes," complete Form 6069.			

)			F	Page D
Governance, Management, and Disclosure. For each "Yes" response to lines 2 response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change				
Check if Schedule O contains a response or note to any line in this Part VI			 	×
Governing Body and Management				
			Yes	No
r the number of voting members of the governing body at the end of the tax year .	1a	9		
ere are material differences in voting rights among members of the governing body, or				

1a	Enter the number of voting members of the governing body at the end of the tax year	1a	9			
	If there are material differences in voting rights among members of the governing body, or					
	if the governing body delegated broad authority to an executive committee or similar					
	committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent .	1b	9			
2	Did any officer, director, trustee, or key employee have a family relationship or a business any other officer, director, trustee, or key employee?		snip with			••
3	Did the organization delegate control over management duties customarily performed by or		· · ·	2		×
3	supervision of officers, directors, trustees, or key employees to a management company or c			3		~
4	Did the organization make any significant changes to its governing documents since the prior For			4		××
5	Did the organization make any significant changes to its governing documents since the phore of Did the organization become aware during the year of a significant diversion of the organizati			5		×
6	Did the organization become dware during the year of a significant diversion of the organization bave members or stockholders?			6		×
7a	Did the organization have members, stockholders, or other persons who had the power to		r appoint	•		
	one or more members of the governing body?			7a		×
b	Are any governance decisions of the organization reserved to (or subject to approva	ıl by) n	nembers,			
	stockholders, or persons other than the governing body?			7b		×
8	Did the organization contemporaneously document the meetings held or written actions ur	ndertake	en during			
	the year by the following:					
а	The governing body?			8a	×	
b	Each committee with authority to act on behalf of the governing body?			8b	×	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cann					
<u></u>	the organization's mailing address? If "Yes," provide the names and addresses on Schedule			9		×
Secti	on B. Policies (This Section B requests information about policies not required by th	e inter	nai Reven	ue Co	sae.)	
					Vaa	No
102	Did the organization have local chapters, branches, or affiliates?			102	Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	 If such (chapters	10a	Yes	No X
10a b	If "Yes," did the organization have written policies and procedures governing the activities of				Yes	
b	If "Yes," did the organization have written policies and procedures governing the activities of affiliates, and branches to ensure their operations are consistent with the organization's exert	npt purp	ooses?	10b		
	If "Yes," did the organization have written policies and procedures governing the activities of affiliates, and branches to ensure their operations are consistent with the organization's exemption has the organization provided a complete copy of this Form 990 to all members of its governing body before the organization provided accomplete copy of this Form 990 to all members of its governing body before the organization provided accomplete copy of this Form 990 to all members of its governing body before the organization provided accomplete copy of this Form 990 to all members of its governing body before the organization provided accomplete copy of the form 990 to all members of its governing body before the organization provided accomplete copy of the form 990 to all members of its governing body before the organization provided accomplete copy of the form 990 to all members of its governing body before the organization provided accomplete copy of the form 990 to all members of its governing body before the organization provided accomplete copy of the form 990 to all members of its governing body before the organization provided accomplete copy of the form 990 to all members of its governing body before the organization provided accomplete copy of the form 990 to all members of its governing body before the organization provided accomplete copy of the form 990 to all members of its governing body before the organization provided accomplete copy of the form 990 to all members of its governing body before the organization provided accomplete copy of the form 990 to all members of its governing body before the organization provided accomplete copy of the form 990 to all members of its governing body before the organization provided accomplete copy of the form 990 to all members of its governing body before the organization provided accomplete copy of the organization provided acc	npt purp ore filing	ooses?		Yes	
b 11a	If "Yes," did the organization have written policies and procedures governing the activities of affiliates, and branches to ensure their operations are consistent with the organization's exert	npt purp ore filing).	ooses? the form?	10b		
b 11a b	If "Yes," did the organization have written policies and procedures governing the activities of affiliates, and branches to ensure their operations are consistent with the organization's exem Has the organization provided a complete copy of this Form 990 to all members of its governing body before Describe on Schedule O the process, if any, used by the organization to review this Form 990 to a schedule of the process.	npt purp ore filing). 	ooses? the form?	10b 11a	×	
b 11a b 12a	If "Yes," did the organization have written policies and procedures governing the activities of affiliates, and branches to ensure their operations are consistent with the organization's exemption has the organization provided a complete copy of this Form 990 to all members of its governing body beto Describe on Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	npt purp fore filing). ve rise to	the form?	10b 11a 12a	×	
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the activities of affiliates, and branches to ensure their operations are consistent with the organization's exemption of the organization provided a complete copy of this Form 990 to all members of its governing body beto Describe on Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give Did the organization regularly and consistently monitor and enforce compliance with the <i>describe on Schedule O how this was done</i>	npt purp fore filing). ve rise to policy?	boses? the form? conflicts? If "Yes,"	10b 11a 12a 12b 12c	×	
b 11a b 12a c 13	If "Yes," did the organization have written policies and procedures governing the activities of affiliates, and branches to ensure their operations are consistent with the organization's exem Has the organization provided a complete copy of this Form 990 to all members of its governing body before Describe on Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give Did the organization regularly and consistently monitor and enforce compliance with the <i>describe on Schedule O how this was done</i>	npt purp ore filing). ve rise to policy?	the form? conflicts? If "Yes," 	10b 11a 12a 12b 12c 13	×××××	
b 11a b 12a b c 13 14	If "Yes," did the organization have written policies and procedures governing the activities of affiliates, and branches to ensure their operations are consistent with the organization's exem Has the organization provided a complete copy of this Form 990 to all members of its governing body bef Describe on Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give Did the organization regularly and consistently monitor and enforce compliance with the <i>describe on Schedule O how this was done</i>	npt purp ore filing). ve rise to policy?	booses? the form? conflicts? If "Yes," . . .	10b 11a 12a 12b 12c	×××××	×
b 11a b 12a c 13	If "Yes," did the organization have written policies and procedures governing the activities of affiliates, and branches to ensure their operations are consistent with the organization's exem Has the organization provided a complete copy of this Form 990 to all members of its governing body bef Describe on Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give Did the organization regularly and consistently monitor and enforce compliance with the <i>describe on Schedule O how this was done</i>	npt purp ore filing). 	the form? the form? conflicts? If "Yes," proval by decision?	10b 11a 12a 12b 12c 13	×××××	×
b 11a b 12a b c 13 14	If "Yes," did the organization have written policies and procedures governing the activities of affiliates, and branches to ensure their operations are consistent with the organization's exem Has the organization provided a complete copy of this Form 990 to all members of its governing body bef Describe on Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give Did the organization regularly and consistently monitor and enforce compliance with the <i>describe on Schedule O how this was done</i>	npt purp ore filing). 	the form? the form? conflicts? If "Yes," proval by decision?	10b 11a 12a 12b 12c 13	×××××	×
b 11a b 12a b c 13 14	If "Yes," did the organization have written policies and procedures governing the activities of affiliates, and branches to ensure their operations are consistent with the organization's exemption of the organization provided a complete copy of this Form 990 to all members of its governing body before Describe on Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give Did the organization regularly and consistently monitor and enforce compliance with the <i>describe on Schedule O how this was done</i>	npt purp fore filing). ve rise to policy? and app on and o	boses? the form? conflicts? If "Yes," proval by decision?	10b 11a 12a 12b 12c 13 14	× × × ×	×
b 11a b 12a c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the activities of affiliates, and branches to ensure their operations are consistent with the organization's exemption of the organization provided a complete copy of this Form 990 to all members of its governing body before Describe on Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give Did the organization regularly and consistently monitor and enforce compliance with the <i>describe on Schedule O how this was done</i>	npt purp fore filing). 	boses? the form? conflicts? If "Yes," proval by decision? 	10b 11a 12a 12b 12c 13 14 15a	× × × × ×	×
b 11a b 12a c 13 14 15 a	If "Yes," did the organization have written policies and procedures governing the activities of affiliates, and branches to ensure their operations are consistent with the organization's exemption of the organization provided a complete copy of this Form 990 to all members of its governing body before Describe on Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give Did the organization regularly and consistently monitor and enforce compliance with the <i>describe on Schedule O how this was done</i>	npt purp fore filing). 	the form? the form? conflicts? If "Yes," the form? If "Yes," the form? If "Yes," the form? If "Yes," the form? If "Yes," If "Yes," the form? If "Yes," If "Yes," If "Yes," If "Second Second	10b 11a 12a 12b 12c 13 14 15a	× × × × ×	×
b 11a b 12a c 13 14 15 a b 16a	If "Yes," did the organization have written policies and procedures governing the activities of affiliates, and branches to ensure their operations are consistent with the organization's exemplate on Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give Did the organization have a written whistleblower policy? <i>If "No," go to line 13</i> Did the organization have a written whistleblower policy? <i>If "No," go to line 13</i>	npt purp ore filing). 	boses? the form? conflicts? If "Yes," conflicts? If "Yes," conflicts? If "Yes," conflicts? If "Yes," conflicts? conflicts? If "Yes," conflicts?	10b 11a 12a 12b 12c 13 14 15a 15b	× × × × ×	
b 11a b 12a c 13 14 15 a b 16a	If "Yes," did the organization have written policies and procedures governing the activities of affiliates, and branches to ensure their operations are consistent with the organization's exemuses the organization provided a complete copy of this Form 990 to all members of its governing body before Describe on Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give Did the organization regularly and consistently monitor and enforce compliance with the <i>describe on Schedule O how this was done</i>	npt purp ore filing). 	boses? the form? conflicts? If "Yes," proval by decision? angement aluate its guard the	10b 11a 12a 12b 12c 13 14 15a 15b	× × × × ×	
b 11a b 12a c 13 14 15 a b 16a b	If "Yes," did the organization have written policies and procedures governing the activities of affiliates, and branches to ensure their operations are consistent with the organization's exemplate on Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give Did the organization have a written whistleblower policy? <i>If "No," go to line 13</i> Did the organization have a written whistleblower policy? <i>If "No," go to line 13</i>	npt purp ore filing). 	boses? the form? conflicts? If "Yes," proval by decision? angement aluate its guard the	10b 11a 12a 12b 12c 13 14 15a 15b	× × × × ×	

- 17 List the states with which a copy of this Form 990 is required to be filed >
- Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 - Other (explain on Schedule O) Own website Another's website X Upon request
- Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 19 and financial 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 > Amy Gascon, 725 N 15th St, East Saint Louis, IL 62205 (618)687-8007

Section A. Governing Body and

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

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

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

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

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

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

				(0	C)					
(A)	(B)				ition			(D)	(E)	(F)
Name and title	Average		do not check more tl oox, unless person is					Reportable	Reportable	Estimated amount
	hours per week	hours officer and a director/trustee) col		compensation from the	compensation from related	of other compensation				
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1)Angela Schaefer	2.00									
President		×		×				0.	0.	0.
(2) Jenny Dolce	3.00									
Treasurer		×		×				0.	0.	0.
(3) LaKeisha Coleman Secretary	1.00	×		×				0.	0.	0.
(4) Kristen Burger	1.00									
Vice President Development		×		×				0.	0.	0.
(5) Laura Placio Board member	1.00	×						0.	0.	0.
(6) Laura Nelson	1.00									
Board member		×						0.	0.	0.
(7) Sophya Raza Board member	1.00	×						0.	0.	0.
(8) Ann Scharenberg Board member	1.00	×						0.	0.	0.
(9) MaryAnn Taylor Crate Board member	1.00	×						0.	0.	0.
(10) Emily Stuart Executive Director	50.00	-		×				72,115.	0.	0.
(11)		-								
(12)		-								
(13)		-								
(14)					\vdash					
										F 000 (2024)

Part	VII Section A. Officers, Directors,	rustees,	Key I	Eml	pio	yee	es, an	a۲	lignest Compe	nsated	Emplo	yees (d	contin	iuea)
					(0	C)								
	(A)	(B)				sition			(D)	(E)			(F)	
	Name and title	Average					e than c i is both		Reportable	Report		Estima	ted amo	ount
		hours	office	er and			or/trust		compensation	compen			f other	
		per week (list any	Individual trustee or director	Ins	ç	<u>ک</u>	Hiç en	Fo	from the organization (W-2/	from re organizatio			pensatio	วท
		hours for	dire	titu	Officer	Key employee	ghes	Former	1099-MISC/	1099-N			ization a	and
		related	oto	tion		npl	st cc yee	Ť	1099-NEC)	1099-1	NEC)	related of	organiza	ations
		organizations below	l Tru	altr		byee	duc							
		dotted line)	stee	Institutional trustee			ens							
				l Å			Highest compensated employee							
(15)														
<u></u>		+	-											
(16)														
<u></u>		+	-											
(17)														
<u></u>		+	1											
(18)														
(10)			-											
(19)														
(10)		+	-											
(20)														
(20)			-											
(21)														
(21)			-											
(22)														
(22)		+	-											
(02)														
(23)		+	-											
(0.4)														
(24)		+	-											
(05)														
(25)		+	-											
46	Culstatel								70 115		0			
1b									72,115.		0.			0.
C	Total from continuation sheets to Part				•				E0 115					
d 2	Total (add lines 1b and 1c)	 En at limitar	· ·			tod			72,115.	a than ¢1	0.	of		0.
2	reportable compensation from the organ			IUSE	115	leu	above	*) vv		e man pi	00,000	01		
	reportable compensation norm the organ												Vee	
•	Did the eventimation list any former	-ffican din		.		- 1			lavea av bielaa				Yes	No
3	Did the organization list any former employee on line 1a? <i>If "Yes," complete</i>									-	ensated			
												3		×
4	For any individual listed on line 1a, is the													
	organization and related organizations	greater th	an \$	150,	,000)?	ryes	s,	complete Sched	aule J TC	or such			
_	individual		• •	•	•		•••	•			· ·	4		×
5	Did any person listed on line 1a receive of								•					
	for services rendered to the organization	? If "Yes," (compi	ete	Scr	neal	ule J f	or s	such person .		· ·	5		
Secti	on B. Independent Contractors													
1	Complete this table for your five high													
	compensation from the organization. Rep	ort compen	Isatio	n tor	r the	e ca	lenda	r ye	ear ending with or	within th	e organ	ization'	s tax y	year.
	(A)								(B)			(C)		
	Name and business add	lress							Description of serv	/ices	(Compens	ation	

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

	90 (202	1								Page 9
Part	: VIII	Statement of Rev								
		Check if Schedule	Осо	ntains a re	espor	ise or note to ar	ny line in this Pa	art VIII		<u> </u>
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
່ ເ	1a	Federated campaig	ns .		1a					
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues			1b		-			
ng G	с	Fundraising events			1c		-			
fts, r A		Related organization			1d					
nila	е	Government grants			1e	95,140.				
ns, Sir	f	All other contribution								
er		and similar amounts no	ot inclu	uded above	1f	1,081,434.				
ibu Oth	g	Noncash contribution					-			
nd o		lines 1a-1f			1g	\$ 300.				
ar Co	h	Total. Add lines 1a-	-1f .			🕨	1,176,574.			
						Business Code				
e Ce	2a	Adoption fees				900099	206,754.	206,754.	0.	0.
e Z	b	Clinic income				900099	166,079.	166,079.	0.	0.
Program Service Revenue	с									
am	d									
л В С	е									
Pro	f	All other program se								
	g	Total. Add lines 2a-					372,833.			
	3	Investment income	•	•						
		other similar amoun	ts).			🕨				
	4	Income from investn	nent o	of tax-exen	npt bo	ond proceeds ►				
	5	Royalties				<u> </u>				
				(i) Rea	l	(ii) Personal				
	6a	Gross rents	6a							
	b	Less: rental expenses	6b							
	С	Rental income or (loss)	6c							
	d	Net rental income o	r (los	s)		🕨				
	7a	Gross amount from		(i) Securi	ties	(ii) Other				
		sales of assets								
		other than inventory	7a				_			
ne	b	Less: cost or other basis								
C		and sales expenses .	7b				_			
Jev		Gain or (loss)	7c							
Other Reve		Net gain or (loss)			. <u> </u>	<u> </u>				
the	8a	Gross income from		ndraising						
0		events (not including								
		of contributions rep								
		1c). See Part IV, line			8a		-			
		Less: direct expense			8b					
		Net income or (loss)			g eve	ents 🕨				
	9a	Gross income f								
	_	activities. See Part I			9a		-			
		Less: direct expense			9b	ļ				
		Net income or (loss)				es 🕨				
	10a	Gross sales of ir returns and allowan								
					10a		-			
		Less: cost of goods			10b					
	С	Net income or (loss)	Troff	sales of ir	ivento	-				
sno	44-	Miggellenser				Business Code	2 670	2 (72)		
Miscellaneous Revenue		Miscellaneous				900099	3,672.	3,672.	0.	0.
llar /en	b									
scellaneo Revenue	С Б									
Mis	d		• •		• •	L	2 670			
	e	Total. Add lines 11a					3,672.	276 505		
	12	Total revenue. See	instr	uctions		<u> </u>	1,553,079.	376,505.	0.	0.

Part IX Statement of Functional Expenses

Check if Schedule O contains a response or note to any line in this Part IX **(D)** Fundraising expenses (B) Program service expenses Do not include amounts reported on lines 6b. 7b. (A) Total expenses (C) Management and general expenses 8b, 9b, and 10b of Part VIII. 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members Compensation of current officers, directors, 5 trustees, and key employees 72,115. 57,459. 5,369. 9,287. 6 Compensation not included above to disgualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . Other salaries and wages 7 20,335. 743,575. 596,832. 126,408. Pension plan accruals and contributions (include 8 section 401(k) and 403(b) employer contributions) Other employee benefits 9 122,875. 96,217. 6,123. 20,535. 10 Payroll taxes 72,220. 58,118. 2,350. 11,752. Fees for services (nonemployees): 11 Management а Legal b С Accounting d Lobbying Professional fundraising services. See Part IV, line 17 е Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, column a (A), amount, list line 11g expenses on Schedule O.) . 142,246. 52,320. 86,650. 3,276. 12 Advertising and promotion 14,703. 10,455. 651. 3,597. 13 Office expenses 355,782. 315,907. 8,269. 31,606. 14 Information technology 31,095. 21,780. 2,806. 6,509. 15 Royalties Occupancy 64,724. 52,263. 7,501. 4,960. 16 Travel 3,213. 3,206. 4. 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 19 Conferences, conventions, and meetings . 8,206. 5,408. 2,365. 20 Interest 21 Payments to affiliates 23,418. 19,048. 2,760. 1,610. 22 Depreciation, depletion, and amortization . 23 Insurance 21,888. 16,594. 4,174. 1,120. Other expenses. Itemize expenses not covered 24 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.) a Miscellaneous 16,339. 12,627. 3,337. Sales tax 13,114. 13,114. 0. b 7,000. c Grantmaking 7,000. 0. d Repairs and maintenance 9,944. 9,024. 581. All other expenses е Total functional expenses. Add lines 1 through 24e 25 1,722,457. 1,372,412. 128,235. 221,810. Joint costs. Complete this line only if the 26 organization reported in column (B) joint costs from a combined educational campaign and

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

fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)

3.

433.

375.

339.

0.

0.

Form 990 (2021)

Part X Balance Sheet Check if Schedule O contains a response or note to any line in	n this Part X
Check if Schedule O contains a response or note to any line ii	n this Part X
	(A) (B) Beginning of year End of year
1 Cash—non-interest-bearing	301,992. 1 180,408
2 Savings and temporary cash investments	
3 Pledges and grants receivable, net	
4 Accounts receivable, net	
5 Loans and other receivables from any current or former officer, d	
trustee, key employee, creator or founder, substantial contributor, o	
controlled entity or family member of any of these persons	
6 Loans and other receivables from other disqualified persons (as o	
under section 4958(f)(1)), and persons described in section 4958(c))(3)(B) . 6
2 7 Notes and loans receivable, net 	7
 7 Notes and loans receivable, net	16,722. 8 8,989
Ý 9 Prepaid expenses and deferred charges	6,907. 9 9,698
10a Land, buildings, and equipment: cost or other	
	9,175.
b Less: accumulated depreciation 10b 62	2,196. 550,778. 10c 536,979
11 Investments—publicly traded securities	
12 Investments—other securities. See Part IV, line 11	
13 Investments—program-related. See Part IV, line 11	
14 Intangible assets	
15 Other assets. See Part IV, line 11	
16 Total assets. Add lines 1 through 15 (must equal line 33)	
17 Accounts payable and accrued expenses	
18 Grants payable	
19 Deferred revenue	
20 Tax-exempt bond liabilities	
21 Escrow or custodial account liability. Complete Part IV of Schedule	
 22 Loans and other payables to any current or former officer, d trustee, key employee, creator or founder, substantial contributor, controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties 	
controlled entity or family member of any of these persons	
- 20 Occured mongages and notes payable to unrelated third parties	
24 Unsecured notes and loans payable to unrelated third parties .25 Other liabilities (including federal income tax, payables to relate	
parties, and other liabilities not included on lines 17–24). Complete	
of Schedule D	
26 Total liabilities. Add lines 17 through 25	
	200,054. 20 200,040
and complete lines 27, 28, 32, and 33.	
27 Net assets without donor restrictions	531,946. 27 458,063
28 Net assets with donor restrictions	
Organizations that do not follow FASB ASC 958, check here	
and complete lines 29 through 33.	
Organizations that follow FASB ASC 958, check here ► × and complete lines 27, 28, 32, and 33. 27 Net assets without donor restrictions 28 Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here ► and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funct 32 Total net assets or fund balances	29
30 Paid-in or capital surplus, or land, building, or equipment fund	
31 Retained earnings, endowment, accumulated income, or other func	
32 Total net assets or fund balances	
Z 33 Total liabilities and net assets/fund balances	

REV 05/24/22 PRO

Form **990** (2021)

Form 9	90 (2021)			Pa	ge 12
Par	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	1,5	53,0	79.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,7	22,4	57.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1	69,3	78.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6	86,9	46.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	5	17,5	68.
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: 🗌 Cash 🛛 Accrual 🗌 Other				
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain c	vn		
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		×
	If "Yes," check a box below to indicate whether the financial statements for the year were co	npiled o	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	×	
	If "Yes," check a box below to indicate whether the financial statements for the year were aud	ited on	a		
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ov	ersight	of		
	the audit, review, or compilation of its financial statements and selection of an independent account	ant? .	2c	×	
	If the organization changed either its oversight process or selection process during the tax year, e	xplain c	on 📃		
	Schedule O.	-			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	orth in th	ie		
	Single Audit Act and OMB Circular A-133?		3a		×
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not un	dergo th			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such		3b		
	REV 05/24/22 PRO		 For	m 990	(2021)
					· · · · · · · · · · · · · · · · · · ·

SCHEDULE A (Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

•	•	
	rtment of the al Revenue	

(E) Total Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

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

2021 **Open to Public** Inspection

Name	of the organization					Employer identification	number
	teway Pet Guardians 26-0096240						
Par			-	-		,	ons.
The c 1 2 3 4	 A church, convention of church A school described in section A hospital or a cooperative ho A medical research organizati hospital's name, city, and state 	hes, or association 170(b)(1)(A)(ii). spital service orgon on operated in co	on of churches descri (Attach Schedule E (F janization described in	bed in se orm 990) n section	ection 17(.) 170(b)(1	0(b)(1)(A)(i).)(A)(iii).	iii). Enter the
5	An organization operated for section 170(b)(1)(A)(iv). (Com	the benefit of a	college or university	owned o	r operate	ed by a government	al unit described in
6 7	☐ A federal, state, or local gover X An organization that normally described in section 170(b)(1	receives a subs	tantial part of its sup				n the general public
8	A community trust described	in section 170(b)	(1)(A)(vi). (Complete I	Part II.)			
9	An agricultural research organ or university or a non-land-gra university:	ant college of agr	iculture (see instructio	ons). Ente	r the nam	ne, city, and state of	the college or
10	An organization that normally receipts from activities related support from gross investment acquired by the organization activity of the organization activity.	I to its exempt fun it income and uni after June 30, 197	nctions, subject to ce related business taxal 75. See section 509(a	rtain exce ble incom i)(2). (Cor	eptions; a le (less se nplete Pa	and (2) no more than action 511 tax) from art III.)	33 ¹ /3% of its
11	An organization organized and	•	•	-			
12	An organization organized and one or more publicly supporte the box on lines 12a through 1	d organizations d	escribed in section 50)9(a)(1) o	r section	509(a)(2). See secti	on 509(a)(3). Check
а	Type I. A supporting organization supporting organization. Y	n(s) the power to	regularly appoint or e	lect a ma	jority of t		
b	Type II. A supporting orga control or management of organization(s). You must	the supporting o	rganization vested in	the same			
с	Type III functionally integrite supported organization						ally integrated with,
d	Type III non-functionally that is not functionally inte requirement (see instruction	grated. The orga	nization generally mus	st satisfy	a distribu	ition requirement an	
е	Check this box if the organ functionally integrated, or						e II, Type III
f	Enter the number of supported	0					
g	Provide the following informatio						
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	rganization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
(A)							
(B)							
(C)							
(D)							

Part IISupport 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.)

Secti	on A. Public Support	. ,		<i>.</i> •	•	,	
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")		0.41 0.07	006 667	1 114 400	1 176 574	4 601 265
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	572,535.	841,097.	986,667.	1,114,492.	1,1/6,5/4.	4,691,365.
3	The value of services or facilities furnished by a governmental unit to the organization without charge	62,837.	59,569.	0.	0.	0.	122,406.
4	Total. Add lines 1 through 3	635,372.	900,666.	986,667.	1,114,492.	1,176,574.	4,813,771.
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						4,813,771.
-	on B. Total Support			I		I	
	dar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	635,372.	900,666.	986,667.	1,114,492.	1,176,574.	4,813,771.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	20.	135.	105.	100.	0.	360.
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						4,814,131.
12	Gross receipts from related activities, etc					12	
13	First 5 years. If the Form 990 is for the	•			•		
	organization, check this box and stop he						🕨 🗌
Secti	on C. Computation of Public Suppor	•					
14	Public support percentage for 2021 (line					14	99.99%
15	Public support percentage from 2020 Sch					15	99.99%
16a	33 ¹ / ₃ % support test-2021. If the organization qua						
b	33 ¹ / ₃ % support test—2020. If the organi						
D	this box and stop here. The organization						
17a	10%-facts-and-circumstances test-20	•		•			
174	10% or more, and if the organization means the organization meets the organization	neets the facts facts-and-circ	-and-circumstaumstances tes	ances test, ch st. The organiz	eck this box a zation qualifies	as a publicly	Explain in supported
b	10%-facts-and-circumstances test — 2 (15 is 10% or more, and if the organization in Part VI how the organization meets the organization .	on meets the fa e facts-and-cir	acts-and-circu cumstances te	mstances test, est. The organi	check this bo zation qualifie	x and stop he s as a publicly	re. Explain supported ▶ □
18	Private foundation. If the organization						
	instructions						

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.)

b 33 ¹ / ₃ % support tests – 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 ¹ / ₃ %, and	Secti	on A. Public Support						
a Gross request bit on admission, mechanics g Gross requests from admission, mechanics g Gross request from admission admission, mechanics	Calen	dar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
2 Gross receipts from admissions, mechandles shot a revises performed, or facilities fundated to the organization's banefit any proces	1							
solid or services performed, or facilities fundated in any activity that is related to the organization's tar-event purpose								
tunished in any activity that is related to the organization's bare-keep duposes	2	Gross receipts from admissions, merchandise						
a Gross receipts from activities that are not an unvelated trade or business under section 513 Image: trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf Image: trade or business under section 513 5 The value of services or facilities furnished by a governmental unit to the organization's benefit and either paid to organization without charge		furnished in any activity that is related to the						
3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues lexical of the organization's benefit and either paid to or expended on its behalf		organization's tax-exempt purpose						
unrelated trade or business under section 513	3							
organization's benefit and either paid to or expended on its behalf								
organization's benefit and either paid to or expended on its behalf	4	Tax revenues levied for the						
or expended on its behalf	-	organization's benefit and either paid to						
5 The value of services or facilities furnished by a governmental unit to the organization without charge								
furnished by a governmental unit to the organization without charge	5							
organization without charge	•							
6 Total. Add lines 1 through 5								
7a Amounts included on lines 1, 2, and 3 received from disqualified persons. Image: Construction of the state of \$5,000 b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year Image: Construction of the state of \$5,000 c Add lines 7a and 7b Image: Construction of the year c Add lines 7a and 7b Image: Construction of Constructio	6							
received from disqualified persons								
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year Image: Construct on the state of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Image: Construct on the state of \$5,000 or 1% of the amount on line 13 for the year c Add lines and 7b Image: Construct on the state on the year c Add lines and 7b Image: Construct on the year c Add lines and 7b Image: Construct on the year Section B. Total Support Calendar year (or fiscal year beginning in) Image: Construct on the year Calendar year (or fiscal year beginning in) (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total 9 Amounts from line 6 Image: Construct on the year Image: Construct on the year Image: Construct on the year 10a Gross income from lines dividends, payments received on securities loans, rents, royatites, and income from similar sources Image: Construct on the year Image: Construct on the year b Unrelated business taxable income (less section 511 taxes) from businesses activities not included on line 10b, whether or on the business regularly carried on loss from the sale of capital assets (Explain in Part VI) Image: Construct on the construct on the year Image: Construct on the	, u							
received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	Ь							
persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b 3 Public support. (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total 9 Amounts from line 6 10 Gross income from interest, dividends, payments received on securities loans, rents, rovatiles, and income fiess section 511 taxes) from businesses acquired after June 30, 1975. c Add lines 10a and 10b 11 Net income from unrelated business acativities not include gain or lobs, from the sale of capital assets (Explain in Part VI.) (Explain in Part VI.)	b							
or 1% of the amount on line 13 for the year								
c Add lines 7a and 7b								
8 Public support. (Subtract line 7c from line 6.)	<u> </u>	-						
Section B. Total Support Calendar year (or fiscal year beginning in) ► 9 (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total 9 Amounts from line 6								
Section B. Total Support Calendar year (or fiscal year beginning in) ▶ 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . Image: Colspan="2">Image: Colspan="2">Colspan="2" Of the colspan="2"	Ŭ							
Calendar year (or fiscal year beginning in) ► (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total 9 Amounts from line 6	Secti							
9 Amounts from line 6			(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 2 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 13 Total support. (Add lines 9, 10c, 11, and 12.)			(,	(0) = 0 = 0	(0) = 0.10	(0) = = = = =	(-)	()
payments received on securities loans, rents, royalties, and income from similar sources. Image: constraint of the securities loans, rents, royalties, and income from similar sources. b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Image: constraint of the securities and the securities acquired after June 30, 1975 c Add lines 10a and 10b Image: constraint of the securities not included on line 10b, whether or not the business is regularly carried on Image: constraint of the securities and include 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) Image: constraint of the securities of the securities and the securities of the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here 13 Total support. (Add lines 9, 10c, 11, and 12.) Image: constraint of Public Support Percentage 15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) Image: constraint of the section D. Computation of Investment Income Percentage 17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) Image: constraint of the section did not check abox on line 14, and line 15 is more than 331/a%, and line 17 is not more than 331/a%, check this box and stop here. The organization qualifies as a publicly supported organization or beans 21/a%, and line 18 is not more than 331/a%, check thi	10a	1						
royatties, and income from similar sources . Image: context of the sources acquired after June 30, 1975		, ,						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on loss from the sale of capital assets (Explain in Part VI.)								
section 511 taxes) from businesses acquired after June 30, 1975 acquired after June 30, 1975 c Add lines 10a and 10b acquired after June 30, 1975 acquired after June 30, 1975 11 Net income from unrelated business activities not include do line 10b, whether or not the business is regularly carried on acquired after June 30, 1975 acquired after June 30, 1975 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) acquired after June 30, 1975	b	Unrelated business taxable income (less						
acquired after June 30, 1975								
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.)								
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.) 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here 15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 15 16 Public support percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 17 17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 17 18 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 17 19 33'a% support tests-2021. If the organization did not check the box on line 14, and line 15 is more than 33'a%, and line 17 is not more than 33'a%, check this box and stop here. The organization qualifies as a publicly supported organization □ 19 33'a% support tests-2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33'a%, and line 18 is not more than 33'a%, check this box and stop here. The organization qualifies as a publicly supported organization □	с	Add lines 10a and 10b						
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.)	11							
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.)	••							
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Image: Capital assets (Explain in Part VI.) 13 Total support. (Add lines 9, 10c, 11, and 12.) Image: Capital assets (Explain in Part VI.) Image: Capital assets (Explain in Part VI.) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Image: Capital assets (Capital assets) (f), divided by line 13, column (f)) <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>								
loss from the sale of capital assets (Explain in Part VI.)	12	Other income Do not include gain or						
 (Explain in Part VI.)								
13 Total support. (Add lines 9, 10c, 11, and 12.)								
and 12.) and 12.) and 12.) and 12.) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here and 12.) Section C. Computation of Public Support Percentage and 13. b 15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 15 % 16 Public support percentage for 2020 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 17 % 18 Investment income percentage from 2020 Schedule A, Part III, line 17 18 % 19a 33 ¹ / ₃ % support tests-2021. If the organization did not check the box on line 14, and line 15 is more than 33 ¹ / ₃ %, and line 17 is not more than 33 ¹ / ₃ %, check this box and stop here. The organization qualifies as a publicly supported organization b 33 ¹ / ₃ % support tests-2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 ¹ / ₃ %, and line 18 is not more than 33 ¹ / ₃ %, check this box and stop here. The organization qualifies as a publicly supported organization b	13	Total support. (Add lines 9, 10c, 11,						
organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 15 % 16 Public support percentage from 2020 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 17 % 18 Investment income percentage from 2020 Schedule A, Part III, line 17 18 % 19a 331/s% support tests—2021. If the organization did not check the box on line 14, and line 15 is more than 331/s%, and line 17 is not more than 331/s%, check this box and stop here. The organization qualifies as a publicly supported organization ▶ b 331/s% support tests—2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/s%, and line 18 is not more than 331/s%, check this box and stop here. The organization qualifies as a publicly supported organization ▶								
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line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization 🕨			-	-	-		-	
	b							
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions 🕨		line 18 is not more than 33 ¹ /3%, check this b	box and stop h	nere. The organ	ization qualifies	as a publicly s	upported or	ganization 🕨 🗌
	20	Private foundation. If the organization di	d not check a	box on line 14	, 19a, or 19b, o	check this box	and see ins	tructions 🕨 🗌

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b 5c

6

7

8

9a

9b

9c

10a

10b

Section B. Type I Supporting Organizations

- 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.
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part **VI** how providing such benefit carried out the purposes of the supported organization(s) that operated. supervised, or controlled the supporting organization.

Section C. Type II Supporting Organizations

1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the 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).

Section 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 supported organizations played in this regard. 3

Section E. Type III Functionally Integrated Supporting Organizations

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). 1
- а The organization satisfied the Activities Test. Complete **line 2** below.
- The organization is the parent of each of its supported organizations. *Complete line 3 below.* b
- С The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- Did substantially all of the organization's activities during the tax year directly further the exempt purposes of а 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.
- **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.
- Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.
- Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each b of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

2a

2b

3a

3b

Yes No

Yes No

1

2

1

Yes No

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
Sect	ion A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C-Distributable Amount	•		Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
		<u> </u>		

Schedule A (Form 990) 2021

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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Schedule A (Form 990) 2021

Schedu	le A (Form 990) 2021			Page 7
Part	V Type III Non-Functionally Integrated 509(a)(3	B) Supporting Organi	zations (continued)	1
Sect	ion D-Distributions			Current Year
1	Amounts paid to supported organizations to accomplish of		1	
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	empt purposes of suppo	orted 2	
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations 3	
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required-	–provide details in Part	VI) 5	
6	Other distributions (describe in Part VI). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions.	h the organization is res	ponsive 8	
9	Distributable amount for 2021 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		1()
Sect	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required – <i>explain in Part VI</i>). See instructions.			
3	Excess distributions carryover, if any, to 2021			
а	From 2016			
b	From 2017			
С	From 2018			
d	From 2019			
е	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI.</i> See instructions.			
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in</i> Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а	Excess from 2017			
b	Excess from 2018			
С	Excess from 2019			
d	Excess from 2020			
е	Excess from 2021			

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Schedule A (Form 990) 2021

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

Schedule	В
(Form 990)	

Schedule of Contributors

OMB No. 1545-0047

► Attach to Form 990 or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information.



Internal Revenue Service Name of the organization

Department of the Treasury

Gateway Pet Guardians

Galeway	FEL	Guaruran
ragnization	type	(check one)

Organization type (check one):

Filers of:	Section:				
Form 990 or 990-EZ	✗ 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				

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% 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.

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

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).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. REV 05/24/22 PRO BAA

	Form 990) (2021)		Page 2
Name of or	ganization 7 Pet Guardians		nployer identification number 5-0096240
Part I	Contributors (see instructions). Use duplicate co		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$95,140.	Person ⊠ Payroll □ Noncash □
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 109,120.	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		\$\$\$	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
.5		\$\$	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		\$\$	PersonXPayrollNoncash(Complete Part II for noncash contributions.)

	(Form 990) (2021)	r –	Page 2
	rganization y Pet Guardians		nployer identification number 6-0096240
Part I	Contributors (see instructions). Use duplicate co		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
.7			Person×PayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$\$	PersonPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person □ Payroll □ Noncash □ (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	PersonPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021) Page 3 Name of organization Employer identification number Gateway Pet Guardians 26-0096240

Part II Nonca

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		s	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		second states and stat	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		s	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		s \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	

Schedule B (Form 990) (2021)			Page 4		
Name of or	-			Employer identification number		
Gateway Part III	Pet Guardians 26-0096240 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc. contributions of \$1,000 or less for the year. (Enter this information once. See instructions.)					
	Use duplicate copies of Part III if a	dditional space is nee	ded.			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
_	(e) Trans Transferee's name, address, and ZIP + 4		ofer of gift Relationship of transferor to transferee			
(a) No						
(a) No. from Part I	(b) Purpose of gift (c) Use of gift (d) Description of how gift			(d) Description of how gift is held		
	(e) Transf Transferee's name, address, and ZIP + 4			r of gift 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) Transt Transferee's name, address, and ZIP + 4		fer of gift Relatio	onship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee					

	EDULE D	Supplementa	al Financial S	tatements			OMB No. 1545-0047
(Forn	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.		2021				
	 Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information. 		Open to Public Inspection				
	of the organization			in the latest morning		yer id	entification number
Gat	eway Pet Gu	lardians			26-0	096	240
Par	t I Organi	zations Maintaining Donor Advis	sed Funds or Oth	ner Similar Fund	s or <i>l</i>	Acco	ounts.
	Comple	ete if the organization answered "	Yes" on Form 990	, Part IV, line 6.			
_			(a) Donor ad	vised funds		(b) F	unds and other accounts
1		at end of year					
2		ue of contributions to (during year) .					
3 4		ue of grants from (during year)					
5		ization inform all donors and donor a	dvisors in writing t	hat the assets he	ld in c	lonor	advised
•	•	organization's property, subject to the	•				
6	only for charita	zation inform all grantees, donors, an able purposes and not for the benefit ermissible private benefit?		onor advisor, or for	r any o	other	
Par	t II Conse	rvation Easements.					
	Comple	ete if the organization answered "	Yes" on Form 990	, Part IV, line 7.			
1	 Preservation Protection 	conservation easements held by the o of land for public use (for example, recrea of natural habitat		Preservation of			lly important land area historic structure
2		n of open space s 2a through 2d if the organization hel	d a qualified conser	vation contribution	in the	forn و	of a conservation
-		he last day of the tax year.			u		Held at the End of the Tax Year
а		of conservation easements				2a	
b		restricted by conservation easements			.	2b	
с	-	nservation easements on a certified his				2c	
d		nservation easements included in (our are listed in the National Register .	c) acquired after 7	/25/06, and not o	na	2d	
3	Number of cor tax year ►	nservation easements modified, trans	ferred, released, ex	tinguished, or term	ninateo	d by i	he organization during the
4 5	Does the orga	tes where property subject to conserv anization have a written policy rega enforcement of the conservation eas	arding the periodic	monitoring, insp		, har	ndling of
6	Staff and volunt	teer hours devoted to monitoring, inspect	ting, handling of viola	tions, and enforcing	conse	ervatio	on easements during the yea
7	Amount of expe ► \$	enses incurred in monitoring, inspecting	g, handling of violatic	ons, and enforcing c	conser	vatior	n easements during the yea
8	Does each cor and section 17	iservation easement reported on line 2 '0(h)(4)(B)(ii)?					
9	balance sheet,	scribe how the organization reports co and include, if applicable, the text of accounting for conservation easemer	the footnote to the				
Par		zations Maintaining Collections ete if the organization answered "			Other	Sim	ilar Assets.
1a	of art, historic	tion elected, as permitted under FASI al treasures, or other similar assets le in Part XIII the text of the footnote to	held for public exh	ibition, education,	or re	searc	h in furtherance of public
b	art, historical t provide the fol	tion elected, as permitted under FAS reasures, or other similar assets held lowing amounts relating to these item	for public exhibition s:	, education, or res	earch	in fur	therance of public service
2	(ii) Assets incluing the organization	cluded on Form 990, Part VIII, line 1 uded in Form 990, Part X ation received or held works of art,	historical treasures	, or other similar a		. 1	▶ \$
		unts required to be reported under FA					•
a b	Assets include	ded on Form 990, Part VIII, line 1 . d in Form 990, Part X	· · · · · · · ·		· ·		► \$ ► \$

Schedu	e D (Form 990) 2021								Page 2
Part	III Organizations Maintaining	Collectio	ns of Art, His	torical T	reasures	, or Ot	her Similar As	sets (con	tinued)
3	Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):								
а	Public exhibition d Loan or exchange program								
b	Scholarly research								
с	Preservation for future generations	Preservation for future generations							
4	Provide a description of the organization XIII.		tions and expla	ain how th	ney further	the org	ganization's exen	npt purpos	e in Part
5	During the year, did the organization solicit or receive donations of art, historical treasures, or other similar						🗌 No		
Part	IV Escrow and Custodial Arra	angement	6.						
	Complete if the organization 990, Part X, line 21.	answered	"Yes" on For	m 990, F	Part IV, line	e 9, or	reported an arr	ount on I	orm
1a	Is the organization an agent, trustee included on Form 990, Part X?							t □ Yes	□ No
b	If "Yes," explain the arrangement in P								
			·	0			A	nount	
с	Beginning balance					10	;		
d	Additions during the year					10	I		
е	Distributions during the year .					1e	•		
f	Ending balance					1f			
2a	Did the organization include an amound	nt on Form	990, Part X, line	e 21, for e	scrow or cu	ustodia	l account liability	? 🗌 Yes	🗌 No
b	If "Yes," explain the arrangement in P	art XIII. Che	ck here if the e	xplanatior	n has been	provide	ed on Part XIII .		
Par									
	Complete if the organization	answered	"Yes" on For	<u>m 990, F</u>	Part IV, line	e 10.			
		(a) Current	year (b) Pri	or year	(c) Two year	rs back	(d) Three years back	(e) Four y	ears back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities and								
	programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of t	the current y	ear end baland	e (line 1g	, column (a)) held	as:		
а	Board designated or quasi-endowment	nt 🕨	%						
b	Permanent endowment ►	%							
С	Term endowment ►%								
	The percentages on lines 2a, 2b, and								
3a	Are there endowment funds not in the	e possessio	n of the organi	zation tha	at are held	and ad	ministered for th		
	organization by:								es No
	(i) Unrelated organizations			• • • •		· ·		3a(i)	
_	., .							3a(ii)	
b	If "Yes" on line 3a(ii), are the related o					• •		3b	
4	Describe in Part XIII the intended uses		inization's endo	owment fu	unds.				
Part			«Х/ад» для Пал				0		- 10
	Complete if the organization								
	Description of property		ost or other basis (investment)		r other basis ther)		Accumulated epreciation	(d) Book	value
1a	Land		0.						0.
b	Buildings			5	08,293.		26,516.	482	L,777.
С	Leasehold improvements								
d	Equipment			9	90,882.		35,680.	55	5,202.
е	Other								
Total.	Add lines 1a through 1e. (Column (d) n	nust equal F	orm 990, Part 2	X, column	(B), line 10)c.) .	🕨	536	5,979.

Investments-Other Securities. Part VII 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 (b) Book value (c) Method of valuation: (including name of security) Cost or end-of-year market value (1) Financial derivatives . . . (2) Closely held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ► Part VIII Investments-Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (b) Book value (a) Description of investment (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) . Other Assets. Part IX Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ► Other Liabilities. Part X Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) . ► . . 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedu	ıle D (Form 990) 2021				Page 4
Part				Returr).
	Complete if the organization answered "Yes" on Form 990,	, Part IV	/, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	s		1	1,553,079.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1	· · .		3	1,553,079.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	1,553,079.
Part				er Retu	ırn.
	Complete if the organization answered "Yes" on Form 990,				
1	Total expenses and losses per audited financial statements			1	1,722,457.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments				
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1	· · .		3	1,722,457.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, li	ine 18.)		5	1,722,457.
Part	XIII Supplemental Information.				
	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this par				

Schedule D (Fo	orm 990) 2021	Page 5
Part XIII	Supplemental Information (continued)	

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.



с	Open to P
Gateway Pet Guardians26-Pt VI, Line 11b: Form 990 is reviewed by the Executive Director, Boardand Treasurer before providing a copy of the 990 to the full board.Pt VI, Line 12c: The conflict of interest policy is included in the bythe organization and requires the board to annually submit any conflictPt VI, Line 15a: Salary and benefits resources available to the board,as, salary surveys of comparable positions are utilized to evaluate theof the Executive Director. Tax filings are reviewed for local rescue offor comparable salaries.Pt VI, Line 15b: Salary and benefits resources available to the board,as, salary surveys of comparable positions are utilized to evaluate the	Inspection
Pt VI, Line 11b: Form 990 is reviewed by the Executive Director, Board and Treasurer before providing a copy of the 990 to the full board. Pt VI, Line 12c: The conflict of interest policy is included in the by the organization and requires the board to annually submit any conflict Pt VI, Line 15a: Salary and benefits resources available to the board, as, salary surveys of comparable positions are utilized to evaluate the of the Executive Director. Tax filings are reviewed for local rescue of for comparable salaries. Pt VI, Line 15b: Salary and benefits resources available to the board, as, salary surveys of comparable positions are utilized to evaluate the of salaries.	loyer identification number
and Treasurer before providing a copy of the 990 to the full board. Pt VI, Line 12c: The conflict of interest policy is included in the by the organization and requires the board to annually submit any conflic Pt VI, Line 15a: Salary and benefits resources available to the board, as, salary surveys of comparable positions are utilized to evaluate the of the Executive Director. Tax filings are reviewed for local rescue of for comparable salaries. Pt VI, Line 15b: Salary and benefits resources available to the board, as, salary surveys of comparable positions are utilized to evaluate the salaries.	-0096240
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as, salary surveys of comparable positions are utilized to evaluate the of the Executive Director. Tax filings are reviewed for local rescue of for comparable salaries. Pt VI, Line 15b: Salary and benefits resources available to the board, as, salary surveys of comparable positions are utilized to evaluate the	ts of interest.
of the Executive Director. Tax filings are reviewed for local rescue of for comparable salaries. Pt VI, Line 15b: Salary and benefits resources available to the board, as, salary surveys of comparable positions are utilized to evaluate the	as well
for comparable salaries. Pt VI, Line 15b: Salary and benefits resources available to the board, as, salary surveys of comparable positions are utilized to evaluate the	e compensation
Pt VI, Line 15b: Salary and benefits resources available to the board, as, salary surveys of comparable positions are utilized to evaluate the	organizations
as, salary surveys of comparable positions are utilized to evaluate the	
	as well
of the other key employees. Tax filings are reviewed for local rescue	e compensation
	organizations
for comparable salaries.	

Additional information from your 2021 Federal Exempt Tax Return

Form 990: Return of Organization Exempt from Income Tax

Line 13 col (B)	lt	Itemization Statement		
Description		Amount		
Supplies		257,324.		
Postage and shipping		50,163.		
Printing		1,037.		
Bank and credit card fees		7,383.		
	Total	315,907.		

Form 990: Return of Organization Exempt from Income Tax

Line 13 col (C)	Itemization Statement	
Description		Amount
Supplies		3,556.
Postage and shipping		27.
Printing		1,041.
Bank and credit card fees		3,645.
	Total	8,269.

Form 990: Return of Organization Exempt from Income Tax Line 13 col (D)

Itemization Statement

Description	Amount	
Supplies	4,592.	
Postage and shipping	3,564.	
Printing	4,211.	
Bank and credit card fees	19,239.	
Total	31,606.	