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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)

Department of the Treasury Internal Revenue Service Go

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

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

For the 2024 calendar year, or tax year beginning 01/01/2024 and ending 12/31/2024 Α C Name of organization NIKE ANIMAL RESCUE FOUNDATION D Employer identification number Check if applicable: R ~ Address change Doing business as 77-0099174 Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Name change Room/suite Initial return PO BOX 26587 510-224-1563 Final return/terminated City or town, state or province, country, and ZIP or foreign postal code San Jose, CA 95159 G Gross receipts \$ 473,358  $\square$ Amended return H(a) Is this a group return for subordinates? See Yes Vo Application pending F Name and address of principal officer: Howard Solovei PO BOX 26587, San jose, CA 95159 H(b) Are all subordinates included? Yes No Tax-exempt status: ✓ 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or 527 If "No," attach a list. See instructions. Website: https://narfrescue.org J H(c) Group exemption number Form of organization: Corporation Trust Association 🖌 Other Non-Profit κ L Year of formation: 1985 **M** State of legal domicile: CA Part I Summary 1 Briefly describe the organization's mission or most significant activities: Nike Animal Rescue Foundation (NARF) is dedicated to protecting the dogs and cats in our community. We provide medical care and locate quality, permanent homes for Activities & Governance these animals. We strive to eliminate animal overpopulation through spay and neuter programs and public education. Our (Continued on Schedule O, Statement 1) 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 3 11 4 Number of independent voting members of the governing body (Part VI, line 1b) . . . 4 11 . 5 5 Total number of individuals employed in calendar year 2024 (Part V, line 2a) 0 . . 6 6 Total number of volunteers (estimate if necessary) . . . . . . . 20 7a Total unrelated business revenue from Part VIII, column (C), line 12 . . 7a 0 b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0 Prior Year **Current Year** 52,099 8 100,816 Revenue 9 Program service revenue (Part VIII, line 2g) . . . . . . . . . . . 6,802 5,453 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . . 10 64,582 44,466 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . 0 0 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 123,483 150,735 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . . . 13 10,000 0 14 Benefits paid to or for members (Part IX, column (A), line 4) . . . 0 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 0 0 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) . . . . . . 0 0 b Total fundraising expenses (Part IX, column (D), line 25) 5,319 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 213,321 255,068 . . . . . 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 223,321 255,068 19 Revenue less expenses. Subtract line 18 from line 12 . . . . . -99,838 -104,333 Assets or d Balances **Beginning of Current Year** End of Year 20 Total assets (Part X, line 16) 1,285,200 1,310,086 21 Total liabilities (Part X, line 26) . . . . . . . . . . 21,691 -28,569 Net ⊿ Fund 22 Net assets or fund balances. Subtract line 21 from line 20 1,263,509 1,338,655 Part II Signature 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.

Sign Here	Signature of officer Howard Solovei, Treasurer Type or print name and title			Dat	te			
Paid Proporor	Preparer's name         Preparer's signature         Date				Check if self-employed	PTIN		
Preparer Use Only	Firm's name	Firm's EIN						
	Firm's address	Phone no.						
May the IRS	May the IRS discuss this return with the preparer shown above? See instructions							

For Paperwork Reduction Act Notice, see the separate instructions.

Form 99	0 (2024)			Page <b>2</b>
Part I				
		response or note to any line in this F		
1	Briefly describe the organization's missi in our community. We provide medical ca overpopulation through spay and neuter and provide medical care while waiting to	re and locate quality, permanent homes programs and public education. Our vol	for these animals. We strive to e unteers rescue and shelter cats a	liminate animal nd dogs in need
	(Continued on Schedule O, Statement 2)			
2	Did the organization undertake any sigr prior Form 990 or 990-EZ?			e Ves Vo
3	If "Yes," describe these new services or Did the organization cease conductin services?	g, or make significant changes in	how it conducts, any progran	n Ves 🗹 No
	If "Yes," describe these changes on Sch			
4	Describe the organization's program se expenses. Section 501(c)(3) and 501(c) the total expenses, and revenue, if any,	(4) organizations are required to repo		
4a	(Code:) (Expenses \$	188,550 including grants of \$	0) (Revenue \$	0)
iu	Veterinary services for foster animals. Me	edical assistance to dogs and cats.		
		×		
4b		34,815 including grants of \$	<u>o</u> ) (Revenue \$	0)
	Food and supplies for animals in foster ca	are.		
4c	(Code: ) (Expenses \$	including grants of \$	0) (Revenue \$	5,453 )
10	Find adoption families for dogs and cats.			3,433 )
4d	Other program services (Describe on Sc	chedule O.)		
	(Expenses \$ 0 including g		e\$ 0)	
4e	Total program service expenses	223,365	•	

Form 99	0 (2024)		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		~
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	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	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</i> "Yes," <i>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, VII, 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)? If "Yes," complete Schedule D, Part X	11f		~
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 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? If "Yes," complete Schedule F, Parts I and IV.	14b		~
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15		~
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	16		~
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17		~
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .	18		~
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19		~
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		~
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		~

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Part	V Checklist of Required Schedules (continued)			
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	Yes	No V
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J.	23		~
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		~
b c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	24d 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>	27		~
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	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 30	Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	29 30		~ ~
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	31 32		v v
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		~
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		~
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35a 35b		~
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		~
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		r
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O	38	~	
Part	V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
1a b c	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable1a0Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable1b00010010101112131415161718191010101112131415151617181919101010111213141515161717181919101010101111121314141515161717181919101010101010111213141515161617171817181819191010101010<		Yes	No
	reportable gaming (gambling) winnings to prize winners?	1c	~	

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Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return <b>2a</b>			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		~
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		~
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		~
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		~
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		~
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	-		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7c		
d e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization receive any funds, directly of indirectly, to pay premiums on a personal benefit contract?	76 7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . <b>10b</b>			
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
a b	Gross income from other sources. (Do not net amounts due or paid to other sources			
5	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand	4.4 -		
14a b	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		~
b 15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	140		
	excess parachute payment(s) during the year?	15		~
	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		~
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes," complete Form 6069.			

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.	See ir	nstruc	ctions.
0	Check if Schedule O contains a response or note to any line in this Part VI		• •	. 🗸
Secti	on A. Governing Body and Management			1
4			Yes	No
<b>1</b> a	Enter the number of voting members of the governing body at the end of the tax year <b>1a</b> 11 If there are material differences in voting rights among members of the governing body, or	-		
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent . <b>1b</b> 11			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	-		
	any other officer, director, trustee, or key employee?	2		~
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person? .	3		~
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		~
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		~
6	Did the organization have members or stockholders?	6		~
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
h	one or more members of the governing body?	7a		~
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	76		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	7b		~
0	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 cannot be reached at			-
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		~
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Rever	ue C	ode.)	)
		-	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		~
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	~	
b 12a	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>	12a		~
ıza b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a		
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			+
	describe on Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		~
14	Did the organization have a written document retention and destruction policy?	14		~
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		~
b	Other officers or key employees of the organization	15b		~
40	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	10-		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	16a		~
U	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure	100	1	<u> </u>
17	Liet the states with which a copy of this Form 900 is required to be filed None			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A if applicable) 990 and 990-	Τ (222	tion	501/0

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

✓ Own website ☐ Another's website ☐ Upon request ☐ Other (explain on Schedule O)

**19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 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. Howard Solovei, (510)235-1614

Form 990 (2024)

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

• 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.

		(C)								
(A)	(B)	Position		(D)	(E)	(F)				
Name and title	Average	box, unless pers			(do not check more than one box, unless person is both an				Reportable	Estimated amount
	hours				officer and a director/trustee)					
	per week				1	<u> </u>	from the	from related	compensation	
	(list any hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	nplc	Former	organization (W-2/ 1099-MISC/	organizations (W-2/ 1099-MISC/	from the organization and
	related	dual	ecto		mp	st c	₽°,	1099-NEC)	1099-NEC)	related organizations
	organizations below		nal t		oye	omp				
	dotted line)	stee	ust		(D)	ens				
			ee			Highest compensated employee				
Ann Keady	2.00									
President	0.00	~		~				0	0	0
Howard Solovei	2.00									
Treasurer	0.00	~		V				0	0	0
Dr Barbara Lee	2.00									
Secretary	0.00	~		V				0	0	0
Jennifer Rakow	2.00									
Vice President	0.00	~		~				0	0	0
Kathy O'Bryan	6.00									
Director of Operations - Cats	0.00	~		~				0	0	0
Christine Sies	2.00									
Director of Operations - Dogs	0.00	~						0	0	0
Maggie Polston	2.00									
Director	0.00	~						0	0	0
Linda Pope	2.00									
Director of Dog Operations, North Pike WA	0.00	~						0	0	0
Belinda Wilder	2.00									
Director	0.00	~						0	0	0
Jocelyn Rodriguez	2.00	-								
Director	0.00	~						0	0	0
Kim Paige	2.00	_								
Director	0.00	~						0	0	0
		-								
		1								
										<u> </u>

Part	VI Section A. Officers, Directors, 1	rustees,	Key I	Em	ploy	yee	s, an	d F	lighest Compe	nsated	Emplo	yees (	contir	nued)
			(C)											
	(A)	(B)	Position (do not check more than (					(D)	(E)			(F)		
	Name and title	Average					e than c is both		Reportable	Reportable		Estima	ated am	ount
		hours					or/trust		compensation	compen		of other compensation		
		per week (list any	or Inc	Ins	ç	Кe	en Hig	Fo	from the organization (W-2/		from related organizations (W-2/		pensati om the	on
		hours for	Individual t or director	titu	Officer	Key employee	ploy	Former	1099-MISC/	ັ1099-№	1ISĊ/	organ	ization	
		related organizations	ctor	tion		nplo	/ee	<b>`</b>	1099-NEC)	1099-1	NEC)	related	organiza	ations
		below	Individual trustee or director	altr		yee	mpe							
		dotted line)	tee	Institutional trustee			Highest compensated employee							
				e e			ted							
			]											
			]											
			1											
			1											
			1											
			1											
			1											
			1											
			1											
			1											
1b	Subtotal								0		0			0
с	Total from continuation sheets to Part	VII, Sectio	n A											
d	Total (add lines 1b and 1c)								0		0			0
2	Total number of individuals (including			d t	o t	thos	e list	ted	above) who re	eceived	more t	han \$	100,00	00 of
	reportable compensation from the organi	zation							0					
													Yes	No
3	Did the organization list any former of	officer, dire	ector,	tru	stee	e, k	ey e	mpl	loyee, or highes	st compe	ensated			
	employee on line 1a? If "Yes," complete S	Schedule J	for si	ıch	indi	ividu	ıal					3		~
4	For any individual listed on line 1a, is the													
	organization and related organizations	greater th	an \$1	150,	000	)? li	f "Yes	s,"	complete Sched	dule J fo	or such			
	individual			•	•							4		~
5	Did any person listed on line 1a receive o	r accrue co	ompe	nsa	tion	froi	m any	' un	related organizat	tion or ind	dividual			
	for services rendered to the organization?	? If "Yes," c	compl	ete	Sch	nedu	ıle J f	or s	such person .			5		~
Secti	on B. Independent Contractors													
1	Complete this table for your five high	nest comp	ensat	ed	inde	eper	ndent	со	ontractors that r	eceived	more t	han \$	100,00	00 of
	compensation from the organization. Repo	ort compen	satio	n foi	r the	e ca	lenda	r ye	ar ending with or	within th	e organ	ization	's tax	year.
	(A)								(B)			(C)		
	Name and business add	ress							Description of serv	vices	(	Compens	sation	
None														
								-			-			

<sup>2</sup> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0

Part VIII Statement of Revenue

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

					<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Contributions, Gifts, Grants, and Other Similar Amounts	1a b c	Federated campaigns          Membership dues          Fundraising events	1a 1b 1c	0 0 9,777				
An An	d	Related organizations	1d	0				
Gif ilar	e	Government grants (contributions)	1e	0				
ns, Sim	f	All other contributions, gifts, grants,	_					
er (		and similar amounts not included above	1f	91,039				
là th	g	Noncash contributions included in						
nd C		lines 1a-1f	1g	\$ 0				
ar C	h	Total. Add lines 1a-1f			100,816			
				Business Code				
Program Service Revenue	2a	Adoption Services Revenue		812910	5,453	5,453	0	0
le v	b							
jram Ser Revenue	С							
ran ?ev	d							
бо Ц	е							
ā	f	All other program service revenue .			0	0	0	0
	g	Total. Add lines 2a–2f			5,453			
	3	Investment income (including divid other similar amounts)			50 557	50 557		
		-		-	53,557	53,557	0	0
	4 5	Income from investment of tax-exemp			0	0	0	0
	5	Royalties	•	(ii) Personal	0	0	0	0
	6a	Gross rents 6a	0	0				
	b	Less: rental expenses <b>6b</b>	0	0				
	c	Rental income or (loss) 6c	0	0				
	d		-		0	0	0	0
	7a	Gross amount from (i) Securitie		(ii) Other				
		sales of assets						
		other than inventory <b>7a</b> 313	,532	0				
Ð	b	Less: cost or other basis						
Revenue		and sales expenses . <b>7b</b> 322	,623	0				
e ve	с	Gain or (loss) 7c -9	,091	0				
г Щ	d	Net gain or (loss)			-9,091	-9,091	0	0
Othe	8a	Gross income from fundraising						
0		events (not including \$9,777						
		of contributions reported on line						
			8a					
	b	•	8b	-				
	c	Net income or (loss) from fundraising	eve	nts				
	9a	Gross income from gaming activities. See Part IV, line 19 .	•					
			9a					
		• •	9b					
	C 10a	Net income or (loss) from gaming act Gross sales of inventory, less	livilie	·S				
	IVa		10a					
	h		10a					
		Net income or (loss) from sales of inv		rv				
s				Business Code				
Miscellaneous Revenue	11a							
scellaneo Revenue	b							
elle »Ve	c							
ns sci	d	All other revenue			0	0	0	0
Σ	е	Total. Add lines 11a–11d			0			
	12	Total revenue. See instructions .			150,735	49,919	0	0
								Form <b>990</b> (2024)

	X Statement of Functional Expenses				Page 10
Section	501(c)(3) and 501(c)(4) organizations must compl				
	Check if Schedule O contains a response				
	include amounts reported on lines 6b, 7b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service	Management and	<b>(D)</b> Fundraising
	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
	and domestic governments. See Part IV, line 21	0	0		
	Grants and other assistance to domestic		0		
	individuals. See Part IV, line 22	0	0		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16	0	0		
	Benefits paid to or for members	0	0		
	Compensation of current officers, directors,				
	trustees, and key employees	0	0	0	0
	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .	_			
	· · · · · · · · ·	0	0	0	0
	Other salaries and wages	0	0	0	0
	section 401(k) and 403(b) employer contributions	0	0	0	•
	Other employee benefits	0	0	0	0 0
	Payroll taxes	0	0	0	0
	Fees for services (nonemployees):				
	Management	0	0	0	0
	Legal	0	0	0	0
	Accounting	786		786	0
d	Lobbying	0	0	0	0
	Professional fundraising services. See Part IV, line 17	0			0
	Investment management fees	12,551	0	12,551	0
-	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A), amount, list line 11g expenses on Schedule O.)	735	0	735	0
	Advertising and promotion	829	0	829	0
	Office expenses	-2,474	0	-2,474	0
	Royalties	2,739	0	2,739	0
		4,650	0	4,650	0
	Travel	40	0	40	0
	Payments of travel or entertainment expenses	10	Ū	10	
	for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings .	0	0	0	0
	Interest	0	0	0	0
	Payments to affiliates	0	0	0	0
	Depreciation, depletion, and amortization .	0	0	0	0
	Insurance	6,528	0	6,528	0
	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column				
	(A), amount, list line 24e expenses on Schedule O.)				
	Notorinory Caro	100 550	100 550		
	Veterinary Care Pet Food and Supplies	188,550 34,815	188,550 34,815	0	0
	Fundraising direct costs	5,319	34,815	0	5,319
d			0	0	5,319
	All other expenses				
	Total functional expenses. Add lines 1 through 24e	255,068	223,365	26,384	5,319
26	Joint costs. Complete this line only if the				0,017
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here if if				
	following SOP 98-2 (ASC 958-720)				

Form 990 (2024)

	n 990 (2	•			Page 11
Ρ	art X				_
		Check if Schedule O contains a response or note to any line in this Pa	(A) Beginning of year		••••• ••• <u>□</u> (B) End of year
	1	Cash-non-interest-bearing	24,842	1	32,242
	2	Savings and temporary cash investments	0	2	0
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	0	4	0
	5	Loans and other receivables from 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	0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	0
ts	7	Notes and loans receivable, net	0	7	0
Assets	8	Inventories for sale or use	0	8	0
¥	9	Prepaid expenses and deferred charges	0	9	0
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D <b>10a</b>			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments-publicly traded securities	1,260,358	11	1,277,844
	12	Investments-other securities. See Part IV, line 11	0	12	0
	13	Investments-program-related. See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets. See Part IV, line 11	0	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 33)	1,285,200		1,310,086
	17	Accounts payable and accrued expenses	21,691	17	-28,569
	18	Grants payable	0	18	0
	19	Deferred revenue	0	19	0
	20	Tax-exempt bond liabilities	0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.	0	21	0
Liabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
ab		controlled entity or family member of any of these persons	0	22	0
	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 25	Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third	0	24	0
		parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	21,691	26	-28,569
seou		Organizations that follow FASB ASC 958, check here $\checkmark$ and complete lines 27, 28, 32, and 33.			
ılar	27	Net assets without donor restrictions	1,224,448	27	1,319,121
å	28	Net assets with donor restrictions	39,061	28	19,534
Fund Balances		Organizations that do not follow FASB ASC 958, check here D and complete lines 29 through 33.			
Net Assets or	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SS	31	Retained earnings, endowment, accumulated income, or other funds .		31	
ťΑ	32	Total net assets or fund balances	1,263,509	32	1,338,655
Ne	33	Total liabilities and net assets/fund balances	1,285,200	33	1,310,086
			.,		.,,

Form **990** (2024)

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         Part XII       Financial Statements and Reporting       10	150 253 -100 1,263 153 23 23 1,333	0,735 5,068 4,333 3,509 5,623 0 3,856 0 8,655 
1       Total revenue (must equal Part VIII, column (A), line 12)       1       1         2       Total expenses (must equal Part IX, column (A), line 25)       2       3         3       Revenue less expenses. Subtract line 2 from line 1       3       4         4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       5         6       Donated services and use of facilities       6       7         7       8       Prior period adjustments       7         8       Prior period adjustments       9       0         9       Other changes in net assets or fund balances (explain on Schedule O)       9       9         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       9       10         Part XII       Financial Statements and Reporting       9       10         Part XII       Financial Statements and Reporting       0       10         Part XII       Financial statements compiled or reviewed by an independent accountant?       2         1       Accounting method used to prepare the Form 990: 🖸 Cash       Accrual       Other         If the organization's financial statements compiled or reviewed by an independent accountant?       2       2a         1 <th>150 253 -100 1,263 155 20 20 1,333</th> <th>0,735 5,068 4,333 3,509 5,623 0 3,856 0 8,655</th>	150 253 -100 1,263 155 20 20 1,333	0,735 5,068 4,333 3,509 5,623 0 3,856 0 8,655
2 Total expenses (must equal Part IX, column (A), line 25) 2   3 Revenue less expenses. Subtract line 2 from line 1 3   4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4   5 Net unrealized gains (losses) on investments 5   6 Donated services and use of facilities 6   7 Investment expenses 7   8 Prior period adjustments 7   9 0 10   Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 9   10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 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   Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 10   11 Accounting method used to prepare the Form 990:  Cash Accrual   12 Were the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a   11 Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. 2a   15 Separate basis Consolidated basis Both consolidated and separate basis   15 Were the organization's financial statements audited by an independent accountant? 2b   16 "Yes," check a box	25 -10 1,26 15 2 2 1,33	5,068 4,333 3,509 5,623 0 3,856 0 8,655
3       Revenue less expenses. Subtract line 2 from line 1       3         4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4         5       Net unrealized gains (losses) on investments       5         6       Donated services and use of facilities       6         7       Investment expenses       6         7       8       Prior period adjustments       7         8       Prior period adjustments       7       8         9       Other changes in net assets or fund balances (explain on Schedule O)       9       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         22, column (B))       .       10       10         Part XII       Financial Statements and Reporting         Check if Schedule O contains a response or note to any line in this Part XII       10         Part XII       Financial statements compiled or reviewed by an independent accountant?         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," explain on Schedule O.       2a       If "Yes," check a box below to indicate whether the financial statements for the yea	-10- 1,26: 15: 2: 1,33:	4,333 3,509 5,623 0 3,856 0 8,655
4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	1,26 15 2 1,33	3,509 5,623 0 3,856 0 8,655
5       Net unrealized gains (losses) on investments       5         6       Donated services and use of facilities       6         7       Investment expenses       7         8       Prior period adjustments       7         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))       9         10       PartXII       Financial Statements and Reporting       10         PartXII       Financial Statements and Reporting       10         PartXII       Financial Statements and Reporting       10         PartXII       Financial Statements and Reporting       10         PartXII       Financial Statements and Reporting       10         PartXII       Financial Statements and Reporting       10         PartXII       Financial Statements and Reporting       10         PartXII       Financial Statements and Reporting       10         PartXII       Financial Statements and Reporting       10         PartXII       Financial Statements and Reporting       10         PartXII       Financial Statements and Reporting       20         PartY if the organization changed its method of accounting from a pr	15 2 1,33	5,623 0 3,856 0 8,655
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))       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         Part XII       Financial Statements and Reporting       10         Check if Schedule O contains a response or note to any line in this Part XII       10         Part XII       Financial Statements and Reporting       10         If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.       2a         Vere 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 compiled or reviewed on a separate basis, consolidated basis, or both.       2a         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	2:	0 0 3,856 0 8,655
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))       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         Part XII       Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII       10         Part XII       Financial statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII       10         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," explain on Schedule O.       2a         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 compiled or reviewed on a separate basis, consolidated basis, or both.       2a         Separate basis       Consolidated basis       Both consolidated and separate basis       2b         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a	1,33	0 3,856 0 8,655
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))       9         10       Part XII       Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII       10         1       Accounting method used to prepare the Form 990:        Cash       Accrual       Other         1       f the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.       2a         2a       Were the organization's financial statements compiled or reviewed by an independent accountant?       2a         1       "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both.       2a         1       Separate basis       Consolidated basis       Both consolidated and separate basis         b       Were the organization's financial statements audited by an independent accountant?       2b	1,33	3,856 0 8,655
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)).       9         10       Part XII       Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII       10         1       Accounting method used to prepare the Form 990:        Cash       Accrual       Other         1       the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.       2a         2a       Were the organization's financial statements compiled or reviewed by an independent accountant?       2a         1       "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis       Consolidated basis, or both.         1       Separate basis       Consolidated basis       Both consolidated and separate basis         2b       If "Yes," check a box below to indicate whether the financial statements for the year were audited on a       2b	1,33	0 8,655
10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       10         Part XII       Financial Statements and Reporting       10         Check if Schedule O contains a response or note to any line in this Part XII       10         1       Accounting method used to prepare the Form 990:        Cash       Accrual       Other         1       the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.       2a         2a       Were the organization's financial statements compiled or reviewed by an independent accountant?       2a         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis       Both consolidated and separate basis       2b         b       Were the organization's financial statements audited by an independent accountant?       2b		8,655
32, column (B))       10         Part XII       Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII       1         1       Accounting method used to prepare the Form 990:        Cash       Accrual       Other         1       Accounting method used to prepare the Form 990:        Cash       Accrual       Other         1       Accounting method used to prepare the Form 990:        Cash       Accrual       Other         1       Accounting method used to prepare the Form 990:        Cash       Accrual       Other         1       Accounting method used to prepare the Form 990:        Cash       Accrual       Other         1       the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.       2a         2a       Were the organization's financial statements compiled or reviewed by an independent accountant?       2a         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate 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 audited on a       2b		
Part XII       Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII		
Check if Schedule O contains a response or note to any line in this Part XII       Check if Schedule O contains a response or note to any line in this Part XII         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," explain on 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 compiled or reviewed on a separate basis, consolidated basis, or both.       2a         Betwee the organization's financial statements audited by an independent accountant?       2a         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate 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 audited on a       2b		
<ul> <li>Accounting method used to prepare the Form 990:  Cash Accrual Other Other.</li> <li>If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.</li> <li>Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both.</li> <li>Separate basis Oconsolidated basis Both consolidated and separate basis</li> <li>Were the organization's financial statements audited by an independent accountant?</li></ul>		
<ol> <li>Accounting method used to prepare the Form 990:  Cash  Accrual Other_ Other_ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.</li> <li>Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both.</li> <li>Separate basis Oconsolidated basis Both consolidated and separate basis</li> <li>Were the organization's financial statements audited by an independent accountant?</li></ol>	Yes	NO
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.       2a         Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both.       2a         Both consolidated and separate basis       2a         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both.       2a         Is were the organization's financial statements audited by an independent accountant?		
<ul> <li>Schedule O.</li> <li>2a Were the organization's financial statements compiled or reviewed by an independent accountant?</li></ul>		
<ul> <li>2a Were the organization's financial statements compiled or reviewed by an independent accountant?</li></ul>		
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both.       Separate basis       Consolidated basis       Both consolidated and separate basis         b       Were the organization's financial statements audited by an independent accountant?       2b         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		~
<ul> <li>reviewed on a separate basis, consolidated basis, or both.</li> <li>Separate basis Consolidated basis Both consolidated and separate basis</li> <li>b Were the organization's financial statements audited by an independent accountant?</li> <li>If "Yes," check a box below to indicate whether the financial statements for the year were audited on a</li> </ul>		
<ul> <li>Separate basis Consolidated basis Both consolidated and separate basis</li> <li>Were the organization's financial statements audited by an independent accountant?</li> <li>If "Yes," check a box below to indicate whether the financial statements for the year were audited on a</li> </ul>		
<b>b</b> Were the organization's financial statements audited by an independent accountant? <b>2b</b> If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		~
Separate basis Consolidated basis Both consolidated and separate basis		
<b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of		
the audit, review, or compilation of its financial statements and selection of an independent accountant? . 2c		
If the organization changed either its oversight process or selection process during the tax year, explain on		
Schedule O.		
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the		
Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		~
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		
required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits . 3b		Í -

Form **990** (2024)

SCHEDULE A (Form 990)

(A)

(B)

(C)

(D)

# **Public Charity Status and Public Support**

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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.

2024 **Open to Public** Inspection

Name of the o	rganization
---------------	-------------

Name of the organization				Employer identification	number	
NIKE ANIMAL RESCUE FOUNDATION	NIKE ANIMAL RESCUE FOUNDATION 77-0099174					
Part I Reason for Public Cha	rity Status. (All	l organizations mus	t complete this p	oart.) See instruction	ons.	
The organization is not a private foundation	ation because it i	s: (For lines 1 through	12, check only or	ie box.)		
1 🗌 A church, convention of churc	hes, or associati	on of churches descri	bed in section 17	0(b)(1)(A)(i).		
2 A school described in section	170(b)(1)(A)(ii).	(Attach Schedule E (F	orm 990).)			
3 A hospital or a cooperative ho						
4 🗌 A medical research organization	•	onjunction with a hosp	oital described in <b>s</b>	ection 170(b)(1)(A)	iii). Enter the	
hospital's name, city, and stat						
5 An organization operated for section 170(b)(1)(A)(iv). (Com		college or university	owned or operate	d by a government	al unit described in	
6 🗌 A federal, state, or local gover	nment or govern	mental unit described	in section 170(b)	(1)(A)(v).		
<ul> <li>7 An organization that normally described in section 170(b)(1)</li> </ul>			port from a gover	nmental unit or from	the general public	
8 🗌 A community trust described i	n <b>section 170(b</b> )	(1)(A)(vi). (Complete I	Part II.)			
9 An agricultural research organ or university or a non-land-gra university:						
10 An organization that normally receipts from activities related support from gross investmen acquired by the organization a	to its exempt fu t income and uni	nctions, subject to ce related business taxal	rtain exceptions; a ple income (less se	nd (2) no more than ection 511 tax) from	33 <sup>1</sup> / <sub>3</sub> % of its	
11 An organization organized and	l operated exclus	sively to test for public	safety. See secti	on 509(a)(4).		
12 An organization organized and one or more publicly supported the box on lines 12a through 12	d organizations d	escribed in section 50	<b>09(a)(1)</b> or <b>section</b>	509(a)(2). See secti	on 509(a)(3). Check	
a <b>Type I.</b> A supporting organ the supported organization supporting organization. <b>Y</b>	n(s) the power to	regularly appoint or e	lect a majority of t			
<b>b Type II.</b> A supporting orga control or management of organization(s). You must	the supporting o	rganization vested in	the same persons			
c					ally integrated with,	
d Dype III non-functionally that is not functionally inte requirement (see instruction	grated. The orga	nization generally mus	st satisfy a distribu	ition requirement an		
e Check this box if the orgar functionally integrated, or					e II, Type III	
f Enter the number of supported						
g Provide the following informatio	n about the supp	orted organization(s).				
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
			Yes No			

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<br/>Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Secti	on A. Public Support			, p.			
	dar year (or fiscal year beginning in)	<b>(a)</b> 2020	<b>(b)</b> 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	67,928	43,374	38,443	52,099	100,816	302,660
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0		0
4	Total. Add lines 1 through 3	67,928	43,374	38,443	52,099	100,816	302,660
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						302,660
	on B. Total Support	(a) 2020	<b>(b)</b> 0001	<b>(a)</b> 2022	(4) 0000	(0) 2024	(f) Total
Calen 7	dar year (or fiscal year beginning in) Amounts from line 4	(a) 2020 67,928	(b) 2021 43,374	(c) 2022 38,443	(d) 2023 52,099	(e) 2024 100,816	(f) Total 302,660
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from						
•		74,230	99,686	56,511	46,407	53,557	330,391
9	Net income from unrelated business activities, whether or not the business is regularly carried on .	0	0	0	0	0	0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	0	0	0	0	0	0
11	Total support. Add lines 7 through 10						633,051
12	Gross receipts from related activities, etc		,			12	34,237
13 Secti	First 5 years. If the Form 990 is for the organization, check this box and stop he on C. Computation of Public Support	re		, third, fourth,	•	ear as a sectio	n 501(c)(3) · · · □
14	Public support percentage for 2024 (line 6			11. column (fl)		14	47.81 %
15	Public support percentage from 2023 Sch					15	44.09 %
16a	331/3% support test-2024. If the organi	ization did not	check the boy	k on line 13, ar	nd line 14 is 33		
b	box and <b>stop here</b> . The organization qua <b>33</b> <sup>1</sup> / <sub>3</sub> % <b>support test</b> - <b>2023.</b> If the organi	zation did not	check a box o	n line 13 or 16	a, and line 15	is 33 <sup>1</sup> /3% or m	ore, check
	this box and <b>stop here</b> . The organization			Ū.			
17a	<b>10%-facts-and-circumstances test</b> — <b>20</b> 10% or more, and if the organization me Part VI how the organization meets the organization	eets the facts- facts-and-circu	and-circumsta umstances tes	ances test, che st. The organiz	eck this box a ation qualifies	nd <b>stop here</b> . as a publicly	Explain in supported
b	<b>10%-facts-and-circumstances test</b> — <b>26</b> 15 is 10% or more, and if the organizatio in Part VI how the organization meets the organization	on meets the fa	cts-and-circur cumstances te	mstances test, est. The organi	check this bo zation qualifies	x and <b>stop he</b> s as a publicly	r <b>e</b> . Explain supported
18	Private foundation. If the organization	did not check	a box on line	13, 16a, 16b	, 17a, or 17b,	check this bo	x and see
	instructions						· · · 🗌
						Schedule A	(Form 990) 2024

## 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.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	<b>(e)</b> 2024	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	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						
с	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Secti	on B. Total Support			•			
Calen	dar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	<b>(e)</b> 2024	(f) Total
9	Amounts from line 6						
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						
С	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						
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	e organization	's first, second	l, third, fourth,	, or fifth tax ye	ar as a seo	ction 501(c)(3)
	organization, check this box and stop he						[
Secti	on C. Computation of Public Suppor	-					
15	Public support percentage for 2024 (line a					15	%
16	Public support percentage from 2023 Scl					16	%
Secti	on D. Computation of Investment In		-				
17	Investment income percentage for 2024 (			-		17	%
18	Investment income percentage from 2023					18	%
19a	331/3% support tests-2024. If the organ						
	17 is not more than $33^{1/3}$ %, check this box	-	-	-		-	
b	331/3% support tests-2023. If the organiz						
	line 18 is not more than 33 <sup>1</sup> / <sub>3</sub> %, check this	-	-	-			
20	Private foundation. If the organization di	d not check a	box on line 14	, 19a, or 19b,	check this box	and see ins	tructions .

Schedule A (Form 990) 2024

## Part IV Supporting Organizations

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

## Section A. All Supporting Organizations

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

Yes No

1

2

3a

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.

## 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.

Yes No

1

2

1

3

2a

2b

3a

3b

Yes No

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

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

Schedule A (Form 990) 2024

Schedu	le A (Form 990) 2024			Page <b>7</b>
Part	V Type III Non-Functionally Integrated 509(a)(3	B) Supporting Organi	zations (continued)	
Sect	on D-Distributions			Current Year
1	Amounts paid to supported organizations to accomplish e		1	
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	orted	
	organizations, in excess of income from activity		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 <b>Part</b>	<i>VI</i> ) 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 <b>Part VI</b> ). See instructions.	h the organization is res	sponsive 8	
9	Distributable amount for 2024 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	)
Sect	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1	Distributable amount for 2024 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2024 (reasonable cause required — <i>explain in Part VI</i> ). See instructions.			
3	Excess distributions carryover, if any, to 2024			
а	From 2019			
b	From 2020			
С	From 2021			
d	From 2022			
е	From 2023			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2024 distributable amount			
i	Carryover from 2019 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2024 from Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2024 distributable amount			
C	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in <b>Part VI</b></i> . See instructions.			
6	Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7	<b>Excess distributions carryover to 2025.</b> Add lines 3j and 4c.			
8	Breakdown of line 7:			
а	Excess from 2020			
b	Excess from 2021			
С	Excess from 2022			
d	Excess from 2023			
е	Excess from 2024			

Schedule A (Form 990) 2024

Part VISupplemental 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 O (Form 990)	
(Rev. December 2024)	

Department of the Treasury

Internal Revenue Service

## Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

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In	sr	e	ct	in	n		

Name of the organization	Employer identification number
NIKE ANIMAL RESCUE FOUNDATION	77-0099174
Form 990, Part VI, Section B, Line 11b - A copy of this filing is distributed to the board for review.	
XXX	
Form 990, Part VI, Section C, Line 19 - Form 990 made available on its website.	

#### Schedule O, Statement 1

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#### NIKE ANIMAL RESCUE FOUNDATION

EIN: 77-0099174

Part I, Line 1

#### **Activity Or Mission Description**

#### Description

volunteers rescue and shelter cats and dogs in need and provide medical care while waiting to find their forever homes. Awaiting permanent homes, our foster homes allow us to give adopters a more complete background about their personality, in addition to how they get along with children and other animals. We are a NO KILL animal rescue organization.

### Schedule O, Statement 2

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#### NIKE ANIMAL RESCUE FOUNDATION

EIN: 77-0099174

Part III, Line 1

#### **Mission Description**

#### Description

complete background about their personality, in addition to how they get along with children and other animals. We are a no-kill animal rescue organization.