Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

A	For the	2013 calendar year, or tax year beginning January 1 , 2015, and endin	5 56661		dentification number
В	Check if	applicable: C Name of organization Pet Community Center Inc			
	Address	change Doing Business As			5-1524886
	Name ch	Doom(s)	uite	E Telephone r	number
	Initial reti	PO Box 148846		(61	5) 512-5001
Ħ	Terminat	City or town state or province country, and ZIP or foreign postal code			
H	Amended			G Gross recei	pts \$ XXXXXXXXXX
H			H(a) Is this a	group return for subc	rdinates? Yes Vo
	Applicati	5.1 Political 9			cluded? Yes No
		Same as above			t. (see instructions)
_		npt status.	H(c) Groun	exemption nu	mber ▶
J	Website		1		legal domicile: TN
K	THE RESERVE OF THE PERSON NAMED IN	rganization. V Corporation 11135 1125 1135 1135 1135 1135 1135	2011		
۲	art I	Summary			
	1	Briefly describe the organization's mission or most significant activities:	anding not	auerne nulatio	\n
Se		Pet Community Center is dedicated to strengthening the human-animal bond and to	enaing per i	overpopulatio	JII.
Activities & Governance			- £ u = 4h =	- 050/ of ito	not goods
le.	2	Check this box ▶☐ if the organization discontinued its operations or disposed	of more tha	n 25% of its	net assets.
90	3	Number of voting members of the governing body (Part VI, line 1a)	: • • •	. 3	6
∞ŏ	4	Number of independent voting members of the governing body (Part VI, line 1b)	. 4	6
ies	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)		. 5	1
₹	6	Total number of volunteers (estimate if necessary)		. 6	45
Act	7a	Total unrelated business revenue from Part VIII, column (C), line 12		. 7a	0
	b	Net unrelated business taxable income from Form 990-T, line 34		. 7b	0
Revenue			Prior Y	fear	Current Year
	8	Contributions and grants (Part VIII, line 1h)		52562	281374
	9	Program service revenue (Part VIII, line 2g)		1543	7620
Ver	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		16	17
Re	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		3578	-3703
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		57699	285308
_	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)			
		Benefits paid to or for members (Part IX, column (A), line 4)			
	14	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)			15938
es	15	Professional fundraising fees (Part IX, column (A), line 11e)			
Expenses	16a	Professional fundralising fees (Part IX, column (A), line 25)			
Š	b	Total fundraising expenses (Part IX, column (D), line 25) ► 5434		44813	93583
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		44813	109521
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		12886	175787
_	19	Revenue less expenses. Subtract line 18 from line 12	Beginning of 0		End of Year
6	Ses	50 13000 Var	Dogmaning of C		191804
Net Assets or	[20	Total assets (Part X, line 16)		17642	-1693
t As	g 21	Total liabilities (Part X, line 26)		47040	193497
2,	∄ 22	Net assets or fund balances. Subtract line 21 from line 20		17642	193497
F	art II	Signature Block			
u	Inder pen	alties of perjury, I declare that I have examined this return, including accompanying schedules and sta	tements, and to	the best of my	knowledge and belief, it is
tr	rue, corre	atties of perjury, I declare that I have examined this retain, including accomplete. Declaration of preparer (other than officer) is based on all information of which preparer.	rei nas any kno	wicago.	
		Maralie (Olim			
S	ign	Signature of officer	ı	Date	/111
	ere	natalie Corwin, President and CEO		2/20	/19
		Type or print name and title			
_		Print/Type preparer's name Preparer's signature	Date	Check] if PTIN
16.00	aid			self-emple	
	repar		F	irm's EIN ▶	
U	Ise Or	lly Firm's name	P	hone no.	
-	1 1	Firm's address ► RS discuss this return with the preparer shown above? (see instructions)			Yes No
N	ay the	IKS discuss this return with the preparer shown above. (eee included in the			Form 990 (2013)

Part	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:
	Pet Community Center is dedicated to strengthening the human-animal bond and to ending pet overpopulation.
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.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured to
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other
	the total expenses, and revenue, if any, for each program service reported.
	(0000)/[0
4a	(Code:) (Expenses \$ 72444 including grants of \$ 49030) (Revenue \$ 26126)
	Feline Fix is a trap-neuter-return program which provides low cost and free spay/neuter services to free roaming cats - one of the
	top producers of pet overpopulation in our community. This program seeks to impact shelter euthanasia by sterilizing free roaming cats. Cats also receive a rabies vaccination and left ear tip at the time of surgery. In 2013, the program served a record
	of 1,412 cats. Metro Animal Care and Control reported a 12% decrease in cat intake since the inception of our program.
	AANDANAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA
4b	
4b	(Code:) (Expenses \$ 21032 including grants of \$ 3,025) (Revenue \$ 7,620)
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Part I	V Checklist of Required Schedules		Yes	No
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	\dashv	103	
1	complete Schedule A	1	1	
2	to the association 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	3		✓
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(n)	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 Revenue Procedure 98-19? If "Yes," complete Schedule C,	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets: " res,	8		1
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 pagatistion services? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted by the organization, directly or through a related organization, hold assets in temporarily restricted by the organization, directly or through a related organization, hold assets in temporarily restricted by the organization, directly or through a related organization, hold assets in temporarily restricted by the organization organization organization.	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule B, 1 and 11, 11, 11, 11, 11, 11, 11, 11, 11, 11			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 107 if res,	11a		1
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% of more	11b		1
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% of more	11c		1
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	11d	-	1
1	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X is Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization of the organization	11e		1
	Did the organization obtain separate, independent audited financial statements for the tax year? If Yes, complete	12a	-	/
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If Yes, and If	12b	_	1
13	to the experience a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	148	-	1
14 a	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
t	fundraising, business, investment, and program service activities outside the ornical states, and program service activities outside the ornical states and the ornical states are activities of the ornical states and the ornical states are activities of the ornical states and the ornical states are activities of the ornical states are activities are activities of the ornical states are activities are a	141		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 or grants of other assistance to see	15	_	1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 or aggregate grants of other	16	-	1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	17	-	1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	18	1	
19	Did the organization report more than \$15,000 of gross income from gaming activities of Part VIII, into Sur	19	-	1
20	and the contract one or more hospital facilities? If "Yes," complete scriedule 11.	20		
	 a Did the organization operate one of more neophal residue of the organization attach a copy of its audited financial statements to this return? b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 			90 (2013)

Part I	V Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
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		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		1
С	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		1
25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		1
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		1
31	conservation contributions? If "Yes," complete Schedule M	30		1
32	Part I	31		1
	complete Schedule N, Part II	32		1
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	or IV, and Part V, line 1	34		1
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		1
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		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
38	Part VI	37		1
	19? Note. All Form 990 filers are required to complete Schedule O	38 For	m 99	0 (2013

Check if Schedule O contains a response or note to any line in this Part V Yes No 1a Enter the number reported in Box of Form 1096, Enter O-I find applicable b Chi the organization comply with backup withholding rules for reportable payments to vendors and reportable garning (garnbling) winnings to prize winners? Enter the number of Forms W-2G included in line 1a. Enter O-I find applicable. 1b 0 0 b Chi the organization comply with backup withholding rules for reportable payments to vendors and reportable garning (garnbling) winnings to prize winners? Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the callendir year ending with or within the year covered by this return Statements, filed for the callendir year ending with or within the year covered by this return Statements, filed for the callendir year ending with or within the year covered by this return Statements, filed for the callendir year ending with or within the year covered by this return Statements, filed for the callendir year ending with or within the year covered by this return Statements, filed for the callendir year day the organization for the year file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to efficie (see instructions) A try the during the calendar year, did the organization file all required federal employment tax returns? A try the during the calendar year, did the organization file all required federal employment tax returns? A try the during the calendar year, did the organization file all required federal employment and the file of the called the file of the property over, a financial account; b If Yes, "the file of the organization country is under a state and the file of the property over, a financial federal employment or the submitted for the called the property over, a financial federal employment or the submitted file of the property over, a financial federal employment organiza	Part \	Statements Regarding Other IRS Filings and Tax Compliance			
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9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year. b If "Yes," enter the amount of tax-exempt interest received or accrued during the year. b Is the organization licensed to issue qualified health plans in more than one state? 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		exceptation have excess business holdings at any time during the year:	8	-	
Did the organization make any taxable distributions under section 4500? b Did the organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b if "Yes," enter the amount of tax-exempt interest received or accrued during the year. 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 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		On a serior expenient one maintaining donor advised funds.			1,
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the organization is licensed to issue qualified health plans					
the organization is licensed to issue qualified nearth plans c Enter the amount of reserves on hand c Enter the amount of reserves on hand 13c 14a	1	Enter the amount of reserves the organization is required to maintain by the states			
c Enter the amount of reserves on hand		the organization is licensed to issue qualified nearth plans			
for indeer tenning services during the tax year			1/	la	-
by # "Vee " has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . 145		for indeer tenning services during the tax year	-	-	-
	14	by the "Ves" has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .			190 (20

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below,			
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S Check if Schedule O contains a response or note to any line in this Part VI			
Section	on A. Governing Body and Management	<u> </u>	· ·	
0001	on ru dovorning body and management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 6			
	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			
L	committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent . 1b 6			
р 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		1
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		1
6	Did the organization have members or stockholders?	0		V
7a	one or more members of the governing body?	7a		1
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:		,	
а	The governing body?	8a 8b	V	1
р	Each committee with authority to act on behalf of the governing body?	OD		V
9	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		1
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.)	
-			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		1
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	401		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b	1	-
11a	16 All the consideration to review this Form 000	Ha	V	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	1	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	1	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
-	describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13	1	-
14	Did the organization have a written document retention and destruction policy?	14	1	-
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The state of the s	15a	1	
a b	and the supposition	15b		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a	-	1
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Cont	ion C. Disclosure	1.00		
17	List the states with which a copy of this Form 990 is required to be filed TN			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	n 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 in Schedule O)	torost	nolic	v and
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of in	101001	Polic	y, and
	financial statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records	of th	е	
20	organization: ► Natalie Corwin, PO Box 148846, Nashville, TN 37214 (615) 512-5001			
	Matane Colwin, FO DOX 140040, Mashanio, The Office Association		00	0

Form 990 (2013	8)			_
Part VII	Compensation of Officers, Di	irectors, Trustees, Key Employees,	Highest Compensated Employees, an	IC
Designation of the last of the	Independent Contractors			_

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

compensated employees; and former such person	ons.	<u> </u>						ted one ourron	officer director	or trustee.
Ompensated employees; and former such personal Check this box if neither the organization nor	any related	dorga	niza	(C) CC	mper	nsan	ted any curren	t officer, director,	Of truotoo.
(A) Name and Title	(B) Average hours per	box. I	ot che	Positeck r	ion nore	9		(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	week (list any hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Jourdan Parenteau	20	1		1				0	0	0
Chair	5	<u> </u>		Ť						
(2) Anna Henley	+	1		1				0	0	0
Secretary (3) Kelly Tipler	5									
		1		1				0	0	0
Treasurer (4) Beth Demonbreun	20									0
Director		1	_	_	_	_	-	0	0	0
(5) Diana Springfield	5								0	0
Director		1	-	-	-	-	+	(0	
(6) Sarah Krause	5	- ,							0	0
Director		1	+-	-	-	-	+	 	,	
(7) Natalie Corwin	40	-		1	1			13500	0	2438
President & CEO		+-	+	-	-	+	+	13300	-	
(8)		-								
(9)										
(10)		-								
(11)		-		T						
(12)		-		T	T					
(13)			T							
(14)		-		1			1			Form 990 (201:

Part V	Section A. Officers, Directors, Trust	ees, Key E	mploy	ees	, ar	nd H	ighes	t C	ompensated E	mployees (conti	nued)			
						c) ition			(D)	(E)		(F)		
	(A)	(B) Average		ot ch	eck	more	than o		Reportable	Reportable		Estima	ated	
	Name and title	hours per					or/trust		compensation	compensation from related		amour		
		week (list any hours for	악	Ins	Off	Ke	em	For	the	organizations	C	ompen	sation	
		related	livid	titut	Officer	y em	hest	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	١.	from organiz		
		organizations below dotted	ual to	iona		Key employee	con		(VV-2/1099-WIOO)			and re	lated	
		line)	Individual trustee or director	Institutional trustee		100	npen				1	organiz	ations	
			ő	tee			Highest compensated employee							
(15)														
						-								
				-	-	+	-	-			1			
				_	_	-		-			+			
(18)											-			
(19)														
(20)			1			T								
(21)				T	T	T		T						
			1	+	t	+	+	\dagger			T			
			-	+	+	+	-	+	-		+			
(23)				1	1	_	-	-	1		+-			
(24)			-								1			
(25)			-											
1b	Sub-total		٠					>	1350	0	-			2438
c	Total from continuation sheets to Par	t VII, Secti	on A			٠			1350	0	+			2438
_	Total (add lines 1b and 1c)			thos		· ·	· ·	(9)			000 of	f		
2	Total number of individuals (including bi reportable compensation from the organ	nization >	0	LIIOS		5100	abo		***************************************				Yes	No
	I I I I I I I I I I I I I I I I I I I	officer dire	otor	or	trus	stee	, key	em	nployee, or hig	hest compens	ated		163	140
3	laves on line 122 If "Ves " complete	Schedule	J for	suci	n ın	aivi	uuai					3		1
4	For any individual listed on line 1a, is the organization and related organization:	ne sum of r s greater 1	han	\$15	0,0	00?	If "Y	es,	" complete So	chedule J for s	such			,
	· - t - t - t - t - t	more there was a w-										4		1
5	Did any person listed on line 1a receive for services rendered to the organization	or accrue n? If "Yes,"	comp	plet	e S	che	dule .	J foi	r such person			5		1
Secti	on B. Independent Contractors		-4	ada		ado	at con	tra	otors that rece	ived more than	\$100,0	000 o	f	
1	Complete this table for your five highes compensation from the organization. R year.	eport comp	pensa	tion	for	the	cale	nda	r year ending v	vith or within the	orga	nizati	on's t	ax
	(A) Name and business a	ddress							(B) Description of		C	(C) ompen		
	Name and pushess of							#						
								1						
								-						
2	Total number of independent contra	ctors (inclu	iding	but	no	ot li	mited	to	those listed	above) who				
-	received more than \$100,000 of comp	ensation fro	om the	e or	gan	ızat	on					Fo	m 99	0 (201

Part	VIII	Check if Schedule O contains	roc	nonce or note to	any line in this I	Part VIII		П
		Crieck ii Schedule O Contains a	ares	porise or note to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts its	1a	Federated campaigns	1a					
irar	b	Membership dues	1b					
Contributions, Gifts, Grants and Other Similar Amounts	C	Fundraising events	1c	32062				
Gift	d	Related organizations	1d					
ns,	e	Government grants (contributions)	1e	2275				
er S	f	All other contributions, gifts, grants, and similar amounts not included above						
혈			1f	247037				
nd	g	Noncash contributions included in lines 1a-			281374			
	h	Total. Add lines 1a–1f	· ·	Business Code	2013/4			
eun	2a	Spay & Neuter - pets		541940	7620	7620		
Rev	b			347340	7020			
e	c							
2	d							
S	e							
Program Service Revenue	f	All other program service revenu	e.					
9	g	Total. Add lines 2a-2f		>	7620			
	3	Investment income (including						
		and other similar amounts) .			17			17
	4	Income from investment of tax-exer						
	5	Royalties		(ii) Personal				
				(ii) r disorial				
	6a	Gross rents		1				
	b	Less: rental expenses Rental income or (loss)		 				
	d			▶				
	7a	Gross amount from sales of (i) Securit		(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses .						
	C	Gain or (loss)						
	d	Net gain or (loss)		▶				
•								
evenue	8a	Gross income from fundraising						
9,6		events (not including \$ 320						
		of contributions reported on line 1. See Part IV, line 18		4000				
Other F	h	Less: direct expenses						
ō		Net income or (loss) from fundra			-3703			-3703
		Gross income from gaming activi		010110	0.00			
		See Part IV, line 19						
	b	Less: direct expenses						
	C	Net income or (loss) from gamin	g act	tivities >				
	10a	Gross sales of inventory,	less					
		returns and allowances	. 8					
	b		. k)				
	С	Net income or (loss) from sales	of inv					
		Miscellaneous Revenue		Business Code				
	11a			-				
	b							
	C	All other revenue						
	d	All other revenue						
	12	Total revenue. See instructions			285308	7620		-368

Part IX Statement of Functional Expenses

Section	n 501(c)(3) and 501(c)(4) organizations must com				
	Check if Schedule O contains a respon-				
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in the United States. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members	13500	10800	1350	1350
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages				
9	Other employee benefits	1087	871	108	108
10	Payroll taxes	1351	1081	135	135
11	Fees for services (non-employees):				
а	Management				
b	Legal				
С	Accounting		(T)		
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other, (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	4790	2387		2403
13	Office expenses	5966	1747	2781	1438
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	1092	1092		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	1205	450	755	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .				
23	Insurance				
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	Traps	2082	2082		
b	Veternary Services	78448	78448		
c					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	109521	98958	5129	5434
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720) if the only if the organization in				

Par	t X	Balance Sheet Check if Schedule O contains a response or note to any line in this Par	tX		🗆
		Check if Schedule O contains a response of note to any line was	(A) Beginning of year		(B) End of year
		Cash—non-interest-bearing		1	182448
	1	Cash—non-interest-bearing Savings and temporary cash investments		2	
-	2	Savings and temporary cash investments		3	
	3	Pledges and grants receivable, net		4	
	4	Accounts receivable, net			
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
		Complete Part II of Schedule L			
	6	Loans and other receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 436(c)(9), voluntary employees' beneficiary sponsoring organizations of section 501(c)9) voluntary employees' beneficiary		6	
92		organizations (see instructions). Complete Part II of Schedule L		7	
Assets	7	Notes and loans receivable, net		8	
As	8	Inventories for sale or use		9	9356
	9	Prepaid expenses and deferred charges			
1	10a	Land buildings and equipment: cost or			
1		other basis. Complete Part VI of Schedule D		10c	
	b	Less: accumulated depreciation 10b		11	
- 1	11	Investments—publicly traded securities		12	
	12	Investments—other securities. See Part IV, line 11		13	
1	13	Investments—program-related. See Part IV, line 11		14	
	14	Intangible assets		15	
	15	Other assets. See Part IV, line 11		16	191804
	16	Total assets. Add lines 1 through 15 (must equal line 34)		17	
	17	A		18	
	18	Cronte payable		19	
	19	Deferred revenue		20	
	20	Tax-exempt bond liabilities		21	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.			
S	22	Loans and other payables to current and former officers, directors,			
Liabilities		Loans and other payables to current that formation the compensated employees, and trustees, key employees, highest compensated employees, and		22	
Ģ.		disqualified persons. Complete Part II of Schedule L		23	
Ë	23	Secured mortgages and notes payable to unrelated third parties		24	
	24				
	25	Other liabilities (including federal income tax, payables to related third			
		Other liabilities (including rederal income tax, payartes, and other liabilities not included on lines 17-24). Complete Part X		25	-1693
		of Schedule D		26	-169
700000000	26	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ □ an	d		
		Organizations that follow SFAS 117 (ASC 950), check has a			
ĕ		complete lines 27 through 29, and lines 33 and 34.		27	
an	27	Unrestricted net assets		28	
33	28	Temporarily restricted net assets		29	
P	29	Permanently restricted net assets . Permanently restricted net assets	d		
, and		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ an			
70		complete lines 30 through 34.		30	
y.	30	Capital stock or trust principal, or current funds		31	
Q.	31	Paid-in or capital surplus, or land, building, or equipment fund		32	19349
Not Accets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds.		33	
10	33	Total net assets or fund balances		34	19180
	34	Total liabilities and net assets/fund balances			Form 990 (201

-			-	-
P	ac	A	7	2

Part	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)		2	85308
2	Total expenses (must equal Part IX, column (A), line 25)		1	09521
3	Revenue less expenses. Subtract line 2 from line 1		1	75787
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))			17642
5	Net unrealized gains (losses) on investments			
6	Donated services and use of facilities			
7	Investment expenses			
8	Prior period adjustments			68
9	Other changes in net assets or fund balances (explain in Schedule O)			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	33, column (B))		1	93497
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," explain in			
	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:			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b		1
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			
	separate basis, consolidated basis, or both:			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight			
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		1
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	l		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number Name of the organization 45-1524886 Pet Community Center Inc Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 ☐ An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. d Type III-Non-functionally integrated c Type III-Functionally integrated b Type II e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and Yes No (iii) below, the governing body of the supported organization? 11g(i) 11g(ii) (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? . . 11g(iii) Provide the following information about the supported organization(s). (vii) Amount of monetary (iv) Is the organization (v) Did you notify (vi) Is the (iii) Type of organization (ii) EIN (i) Name of supported organization in col. in col. (i) listed in your the organization in col. (i) of your support (described on lines 1-9 organization (i) organized in the governing document? above or IRC section 115.2 support? (see instructions)) Yes No No Yes Yes (A) (B) (C) (D) (E)

Schedule A (Form 990 or 990-EZ) 2013 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Calendar year (or fiscal year beginning in) (a) 2019 (b) 2010 (c) 2011 (c	otal	(f) Tota	013	(0) 2	1 2012	(4)	(10044	T		n A. Public Support	Section
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 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 4 Total. Add lines 1 through 3. 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). 6 Public support. Subtract line 5 from line 4. 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 50 organization, check this box and stop here. The organization qualifies as a publicly supported organization to check the box on line 13 or 16a, and line 15 is 33¹a% or more, check box and stop here. The organization qualifies as a publicly supported organization to check this box and stop here. The organization qualifies as a publicly supported organization to check this box and stop here. The organization qualifies as a publicly supported organization.	0101	(1) 1010	010	(6) 2	12012	(a)	(c) 2011	(b) 2010	(a) 2009	ar year (or fiscal year beginning in) 🕨	Calenda
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	>										18
18 Private foundation. If the organization did not check a box of fine to, votations										instructions	

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

(Complete only if you checked the box on line 9 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			311, piouso o	omproto i dit	,	
Caler	dar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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						
ra	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						
c	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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether						
	or not the business is regularly carried on						
40							
12	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,						
0.0000	and 12.)						
14	First five years. If the Form 990 is for th	e organization	's first, second	d, third, fourth	, or fifth tax ye	ear as a sectio	n 501(c)(3)
	organization, check this box and stop her	e					▶ 🗆
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2013 (line 8					15	%
16	Public support percentage from 2012 Sch			<u></u>	<u></u>	16	%
	on D. Computation of Investment Inc	The second secon			(5)	T .= T	
17	Investment income percentage for 2013 (I					17	%
18	Investment income percentage from 2012					18 221 mg	% and line
19a	331/3% support tests—2013. If the organi 17 is not more than 331/3%, check this box a						
h	33 ¹ / ₃ % support tests—2012. If the organiz					- 5	-
b	line 18 is not more than 331/3%, check this b						
20	Private foundation. If the organization die						

Part IV	orm 990 or 990-EZ) 2013 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and
rait iv	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).
31 (00 gr-pht), 20 pr	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Financial Statements

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

► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Pet Co	munity Center Inc 45-1524886
Par	Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 6.
	(a) Donor advised funds (b) Funds and other accounts
1	otal number at end of year
2	ggregate contributions to (during year) .
3	ggregate grants from (during year)
4	ggregate value at end of year
5	bid the organization inform all donors and donor advisors in writing that the assets held in donor advised unds are the organization's property, subject to the organization's exclusive legal control?
6	old the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose onferring impermissible private benefit?
Part	Conservation Easements.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).
	Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Preservation of a certified historic structure
	1 Protection of natural matrice
	Preservation of open space complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation
2	pasement on the last day of the tax year. Held at the End of the Tax Year
	otal number of conservation easements
a	otal number of conservation easements
b	otal acreage restricted by conservation easements
C	Number of conservation easements included in (c) acquired after 8/17/06, and not on a
d	istoric structure listed in the National Register
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the
3	ax year ►
4	Number of states where property subject to conservation easement is located
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of
•	riolations, and enforcement of the conservation easements it holds?
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year
•	b.
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year
	> \$
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)
	i) and section 170(h)(4)(B)(ii)?
9	n Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the
	organization's accounting for conservation easements.
Par	Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.
1a	f the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of
	public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
b	f the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
	i) Revenues included in Form 990, Part VIII, line 1
	(ii) Assets included in Form 990, Part X
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
a	Revenues included in Form 990, Part VIII, line 1
h	Assets included in Form 990, Part X

Part	III Organizations Maintaining	Collections of	Art, Hist	orical T	reasures, c	or Otl	ner Similar A	ssets (continued)
3	Using the organization's acquisition, a	accession, and ot	her record	ds, chec	k any of the	follow	ring that are a	significant use of its
	collection items (check all that apply):							
а	☐ Public exhibition		d [Loan	or exchange	progr	ams	
b	☐ Scholarly research		е [Other				
	☐ Preservation for future generations							
4	Provide a description of the organizat	ion's collections a	and expla	in how th	ney further th	e org	anization's exe	mpt purpose in Part
	XIII.							
5	During the year, did the organization	solicit or receive	donations	of art,	historical trea	asures	s, or other simi	lar
	assets to be sold to raise funds rather	than to be mainta	ined as p	art of the	organization	n's co	llection?	☐ Yes ☐ No
Part	IV Escrow and Custodial Arra	ngements.						
	Complete if the organization	answered "Yes"	" to Forn	1 990, P	art IV, line 9	, or r	eported an ar	nount on Form
	990, Part X, line 21.							
1a		custodian or oth	er interm	ediary fo	or contributio	ns or	other assets r	not
	included on Form 990, Part X?							☐ Yes ☐ No
b	If "Yes," explain the arrangement in Pa	art XIII and comple	ete the fol	lowing to	able:			
							/	Amount
C	Beginning balance					10		
d	Additions during the year					1d		
e	Distributions during the year					1e		
f	Ending balance					1f		
2a	Did the organization include an amoun	nt on Form 990, P	art X, line	21? .				Yes No
b	If "Yes," explain the arrangement in Pa	art XIII. Check her	e if the ex	planatio	n has been p	rovide	ed in Part XIII .	<u>U</u>
Par	t V Endowment Funds.							
	Complete if the organization		" to Forn	n 990, P	art IV, line 1	0.		
		(a) Current year	(b) Pric	or year	(c) Two years	back	(d) Three years ba	ck (e) Four years back
1a	Beginning of year balance							
b	Contributions							
C	Net investment earnings, gains, and							
	losses							
d	Grants or scholarships							
e								
	programs							
f	Administrative expenses							
g	End of year balance				L			
2	Provide the estimated percentage of t	he current year er	nd balanc	e (line 1g	, column (a))	held a	as:	
а	Board designated or quasi-endowment	nt 🕨	%					
b	Permanent endowment							
C	Temporarily restricted endowment							
	The percentages in lines 2a, 2b, and 2	c should equal 10	00%.	Ale	at ava bald a		iniatored for t	bla a
3a	Are there endowment funds not in the	e possession of the	ne organiz	zation th	at are neid al	na aa	ministered for i	Yes No
	organization by:							-
	(i) unrelated organizations							. 3a(i)
020	(ii) related organizations			 		• • 10		. 3a(ii)
b	If "Yes" to 3a(ii), are the related organ							. 30
4	Describe in Part XIII the intended use		on s endo	WITHERILL	unus.			
Par	Land, Buildings, and Equip Complete if the organization	ment.	" to Forr	n 000 E	Part IV line	110 (See Form 990	Part Y line 10
					or other basis		Accumulated	(d) Book value
	Description of property	(a) Cost or o (investre			other)		epreciation	(a) DOOK Value
	Lond			· · · · · ·				
1a	Land	.						
b	Buildings	.						
c	Leasehold improvements	.						
d	Equipment	.						
e Total	Other	nust equal Form 0	90 Part	K. colum	n (B), line 10(c).)		

art VII	Investments—Other Securities.				
	Complete if the organization answer	ed "Yes" to Fori	(b) Book value	(c) Me	thod of valuation:
	(a) Description of security or category (including name of security)		(b) Book value	Cost or end	d-of-year market value
Financial	derivatives			-	
	eld equity interests				

A)					
B) C)					
D)					
E)					
F)					
(G)					
(H)					
	b) must equal Form 990, Part X, col. (B) line 12.)				
art VIII	Investments—Program Related. Complete if the organization answer	ed "Yes" to For	m 990, Part IV, lin	ne 11c. See Forn	n 990, Part X, line 13.
	(a) Description of investment		(b) Book value	(C) M	ethod of valuation: nd-of-year market value
)					
)					
)					
)					
)					
			-		
7)					
5) 7) 3) 9)	25 COO Dark V col (P) line 121				
7) 3) 9) V tal. (Column	(b) must equal Form 990, Part X, col. (B) line 13.) ▶				
7) 3)	Other Assets. Complete if the organization answe	ered "Yes" to Fo	rm 990, Part IV, lir	ne 11d. See For	m 990, Part X, line 15.
7) 3) 3) 1) 1) Part IX	Other Assets. Complete if the organization answe	red "Yes" to Fo	rm 990, Part IV, lir	ne 11d. See For	m 990, Part X, line 15.
o) (i) (ii) (iii) (iii) (iii) (iii) (iii)	Other Assets. Complete if the organization answe	red "Yes" to Fo	rm 990, Part IV, lir	ne 11d. See For	m 990, Part X, line 15.
() (S) (S) (S) (S) (S) (S) (S) (S) (S) (Other Assets. Complete if the organization answe	red "Yes" to Fo	rm 990, Part IV, lir	ne 11d. See For	m 990, Part X, line 15.
O) S) S) Stal. (Column Part IX S) S) S)	Other Assets. Complete if the organization answe	ered "Yes" to Fo	rm 990, Part IV, lir	ne 11d. See For	m 990, Part X, line 15.
7) (5) (5) (6) (7) (7) (8) (8) (8) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	Other Assets. Complete if the organization answe	ered "Yes" to Fo	rm 990, Part IV, lir	ne 11d. See For	m 990, Part X, line 15.
) (i) (i) (i) (ii) (iii)	Other Assets. Complete if the organization answe	red "Yes" to Fo	rm 990, Part IV, lir	ne 11d. See Fori	m 990, Part X, line 15.
)))))) Part IX)))))))))))))))))	Other Assets. Complete if the organization answe	red "Yes" to Fo	rm 990, Part IV, lir	ne 11d. See For	m 990, Part X, line 15. (b) Book value
)))) al. (Column al. (Column al. (Solumn al. (Solum	Other Assets. Complete if the organization answe	red "Yes" to Fo	rm 990, Part IV, lir	ne 11d. See For	m 990, Part X, line 15. (b) Book value
))))))))))))))))))))))))))))))))))))))	Other Assets. Complete if the organization answe	escription			m 990, Part X, line 15. (b) Book value
7) 8) 8) 9) 10) Part IX 11) 12) 13) 44) 55) 66) 77) 8) 9) otal. (Co	Other Assets. Complete if the organization answer (a) D	(B) line 15.)			
(1) (2) (3) (4) (4) (5) (6) (7) (8) (9) (6)	Other Assets. Complete if the organization answer (a) D fumn (b) must equal Form 990, Part X, col. Other Liabilities. Complete if the organization answer	(B) line 15.)			
(Column Part IX (S) (S) (S) (S) (S) (S) (S) (S) (S) (S)	Other Assets. Complete if the organization answer (a) D wmn (b) must equal Form 990, Part X, col. Other Liabilities. Complete if the organization answer line 25.	(B) line 15.) ered "Yes" to Fo			
)))))) Part IX))))))))))))))))))	Other Assets. Complete if the organization answer (a) D fumn (b) must equal Form 990, Part X, col. Other Liabilities. Complete if the organization answer line 25. (a) Description of liability	(B) line 15.)	orm 990, Part IV, li		
)))) al. (Column Part IX))) b)) b) b) f) part IX Part IX Part IX	Other Assets. Complete if the organization answer (a) Description of liability Income taxes	(B) line 15.) ered "Yes" to Fo			
)))) al. (Column Part IX)))) (S)) (S) (S) (S) (S) (T) (S) (S) (T) (S) (T) (T) (T) (T) (T) (T) (T) (T) (T) (T	Other Assets. Complete if the organization answer (a) D fumn (b) must equal Form 990, Part X, col. Other Liabilities. Complete if the organization answer line 25. (a) Description of liability	(B) line 15.) ered "Yes" to Fo	orm 990, Part IV, li		
)))) al. (Column Part IX)) (Column Part IX)) (Column Part IX) (Column Part IX) (Column Part IX) (T) (T) (T) (T) (T) (T) (T) (T) (T) (Other Assets. Complete if the organization answer (a) Description of liability Income taxes	(B) line 15.) ered "Yes" to Fo	orm 990, Part IV, li		
)))) al. (Column Part IX))) (S) (S) (S) (S) (S) (S) (S) (S)	Other Assets. Complete if the organization answer (a) Description of liability Income taxes	(B) line 15.) ered "Yes" to Fo	orm 990, Part IV, li		
(1) Federa (2) Direct (3) (4) (5)	Other Assets. Complete if the organization answer (a) Description of liability Income taxes	(B) line 15.) ered "Yes" to Fo	orm 990, Part IV, li		
(1) Federa (2) Direct (3) (6)	Other Assets. Complete if the organization answer (a) Description of liability Income taxes	(B) line 15.) ered "Yes" to Fo	orm 990, Part IV, li		
7) 8) 9) tal. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) otal. (Co Part X (1) Federa (2) Direct (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answer (a) Description of liability Income taxes	(B) line 15.) ered "Yes" to Fo	orm 990, Part IV, li		
7) 3) 3) b) tal. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) otal. (Co Part X (1) Federa (2) Direct (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answer (a) D fumn (b) must equal Form 990, Part X, col. Other Liabilities. Complete if the organization answer line 25. (a) Description of liability Income taxes	(B) line 15.) ered "Yes" to Fo	orm 990, Part IV, li		

Part	XI Reconciliation of Revenue per Audited Financial Stateme	nts With Revenue per	Return.
	Complete if the organization answered "Yes" to Form 990, P	art IV, line 12a.	
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains 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
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
C	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	12.)	5
Part	XII Reconciliation of Expenses per Audited Financial Statem	ents With Expenses p	er Return.
COLUMN TO SERVICE SERV	Complete if the organization answered "Yes" to Form 990, F	art IV, line 12a.	
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
C	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
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.)		
	Add lines 4a and 4b		4c
C	Add illies ad alid ab		10
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lines)	e 18.)	5
5 Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIIII Supplemental Information.	e 18.)	5
5 Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. Let the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 p; Part V, line 4; Part X, line
5 Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIIII Supplemental Information.	e 18.)	5 p; Part V, line 4; Part X, line
5 Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. Let the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 p; Part V, line 4; Part X, line
5 Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. Let the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 p; Part V, line 4; Part X, line
5 Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. Let the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 c; Part V, line 4; Part X, line information.
5 Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	e 18.)	5 c; Part V, line 4; Part X, line information.
5 Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	e 18.)	5 c; Part V, line 4; Part X, line information.
5 Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	e 18.)	5 c; Part V, line 4; Part X, line information.
5 Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	e 18.)	5 c; Part V, line 4; Part X, line information.
5 Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	e 18.)	5 c; Part V, line 4; Part X, line information.
5 Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	e 18.)	5 c; Part V, line 4; Part X, line information.
5 Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	e 18.)	5 c; Part V, line 4; Part X, line information.
5 Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	e 18.)	5 c; Part V, line 4; Part X, line information.
5 Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	e 18.)	5 c; Part V, line 4; Part X, line information.
5 Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	e 18.)	5 c; Part V, line 4; Part X, line information.
5 Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	e 18.)	5 c; Part V, line 4; Part X, line information.
5 Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	e 18.)	5 c; Part V, line 4; Part X, line information.
5 Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	e 18.)	5 c; Part V, line 4; Part X, line information.
5 Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	e 18.)	5 c; Part V, line 4; Part X, line information.
5 Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	e 18.)	5 c; Part V, line 4; Part X, line information.
5 Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	e 18.)	5 c; Part V, line 4; Part X, line information.
5 Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	e 18.)	5 c; Part V, line 4; Part X, line information.
5 Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	e 18.)	5 c; Part V, line 4; Part X, line information.
5 Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	e 18.)	5 c; Part V, line 4; Part X, line information.
5 Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	e 18.)	5 c; Part V, line 4; Part X, line information.

Schedule D (Fo	om 990) 2013	Page 5
Part XIII		
raitAm	oupple	

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Upper to Pull Inspection

Employer identification number

OMB No. 1545-0047

2013

Open to Public Inspection

45 4504000

et Co	mmunity Center Inc	Opposite if the		tion once	ored "Vee" to E	orm 990 Part IV I	ine 17
Par	Fundraising Activities.	. Complete if the	complete	auon answ this part	ereu res lor	omi 990, Fait IV, I	
	Form 990-EZ filers are Indicate whether the organization	on raised funde	hrough any	of the follo	wing activities. C	heck all that apply.	
1	Mail solicitations	on raised fullus i	e [Solicitati	on of non-governi	ment grants	
a	Internet and email solicitation	one	fΓ	Solicitati	on of government	grants	
b		ліз			undraising events		
C	Phone solicitations		9 -	J Opeoidi i	and along or one		
d	In-person solicitations Did the organization have a wr	tten or oral agre	ement with	any individ	dual (including off	icers, directors, trus	tees
2a	or key employees listed in Form	990 Part VII) o	r entity in co	onnection v	with professional f	undraising services	Yes V No
b	If "Yes," list the ten highest pai compensated at least \$5,000 b	d individuals or	entities (fun	draisers) p	ursuant to agreem	nents under which th	ne fundraiser is to be
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	ndraiser have or control of butions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Tota 3	List all states in which the or registration or licensing.	ganization is reg	istered or li	Þ	solicit contributio	ns or has been noti	fied it is exempt from
						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	

Pa	ırt II	Fundraising Events. Con than \$15,000 of fundraisin gross receipts greater tha	ng event contributions	on answered "Yes" to F and gross income on F	Form 990, Part IV, line Form 990-EZ, lines 1 ar	18, or reported more and 6b. List events with
-		gross receipts greater and	(a) Event #1 Rock n Roll Pup (event type)	(b) Event #2 Marathon (event type)	(c) Other events Hairball (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	14714	10339	11309	36362
Re	2	Less: Contributions Gross income (line 1 minus	12814	10339	8909	32062
	3	line 2)	1900		2400	4300
	4	Cash prizes				
	5	Noncash prizes				
sesuec	6	Rent/facility costs	425		3208	3633
Direct Expenses	7	Food and beverages			377	377
Ö	8	Other direct expenses .		1366	2400	2400 1593
	10	Direct expense summary. Ac	dd lines 4 through 9 in c			8003
Pa	11 rt III	Net income summary. Subtra Gaming. Complete if the than \$15,000 on Form 9	e organization answer	red "Yes" to Form 990	▶ 0, Part IV, line 19, or r	eported more
Revenue		than \$10,000 cm c	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
	1	Gross revenue				
Ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses .	☐ Yes %	☐ Yes %	☐ Yes %	
	6	Volunteer labor	□ No	□ No	□ No	
	7	Direct expense summary. Ac			•	
_	8	Net gaming income summar	y. Subtract line 7 from I	ine 1, column (d)		
9	a Is		perate gaming activities	ming activities: s in each of these states		🗌 Yes 🗌 No
10		Vere any of the organization's of		d, suspended or termina		

Schedu	le G (Form 990 or 990-EZ) 2013		Р	age 3
11	Does the organization operate gaming activities with nonmembers?	□ Y	es 🗌	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity		2000	
	formed to administer charitable gaming?	□ Y	es 🗌	No
13	Indicate the percentage of gaming activity operated in:			
а	The organization's facility			%
b	An outside facility			%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and			
	records:			
	Name ►			
	A. 1			
	Address ▶			
45-	Does the organization have a contract with a third party from whom the organization receives gaming			
158	revenue?	ПУ	es 🗆	No
h	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the			
	amount of gaming revenue retained by the third party > \$			
С	to the state of th			
	,			
	Name ▶			
	Address ▶			
16	Gaming manager information:			
	Name ►			
	Name			
	Gaming manager compensation ▶ \$			
	Description of services provided ▶			
	□ Director/officer □ Employee □ Independent contractor			
	TO US WERE			
17	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to			
а	retain the state gaming license?	\Box	es 🗆	No
b	and the state of t	ш.	00	, 110
D	spent in the organization's own exempt activities during the tax year ▶ \$			
Part	Supplemental Information, Provide the explanations required by Part I, line 2b, columns (iii) a	nd (v	, and	
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide	de any	/	
	additional information (see instructions).			

SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

45-1524886 Pet Community Center Inc FORM 990M PART VI, LINE 8 - EXPLANATION OF NO CONTEMPORANEOUSLY DOCUMENTATION OF MEETINGS N/A - THERE ARE NO COMMITTEES WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY. FORM 990M PART VI, LINE 11B - FORM 990 REVIEW PROCESS THE 990 IS REVIEWED BY THE CEO AND MEMBERS OF THE GOVERNING BODY PRIOR TO FILING. FORM 990M PART VI, LINE 12C - CONFLICT OF INTEREST POLICY NEW MEMBERS MUST SIGN THE CURRENT WRITTEN CONFLICT OF INTEREST POLICY UPON APPOINTMENT TO THE BOARD. EACH YEAR EVERY BOARD MEMBER IS REQUIRED TO SIGN A COPY OF THE POLICY. BOARD MEMBERS ARE REQUIRED TO DISCLOSE POSSIBLE CONFLICTS WHEN SUCH EXISTS OR WHEN A NEW MEMBER IS BROUGHT ONTO THE BOARD. CONFLICT OF INTEREST IS AN AGENDA ITEM ONCE PER YEAR WHEN NEW MEMBERS ARE ELECTED TO THE BOARD. IT IS THE POLICY OF THE AGENCY TO DISCUSS WITH THE APPROPRIATE INDIVIDUALS ITEMS THAT MAY CAUSE AN ISSUE FOR THE AGENCY. IF NECESSARY, LEGAL COUNSEL WILL REVIEW THESE SITUATIONS. FORM 990M PART VI, LINE 15 - COMPENSATION THE CEO COMPENSATION IS REVIEWED BY THE FINANCE COMMITTEE WITH RECOMMENDATIONS FORWARDED TO THE BOARD OF DIRECTORS FOR APPROVAL. FORM 990M PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICALLY AVAILABLE THE DOCUMENTS ARE NOT MADE AVAILABLE. FORM 990M PART XII, LINE 1 - ACCOUNTING METHOD WITH THE GROWTH OF ALL PROGRAMS AND PLANNING FOR FUTURE OPERATIONS, THE AGENCY HAS SWITCHED FROM CASH ACCOUNTING TO ACCRUAL ACCOUNTING.