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EXTENDED TO NOVEMBER 15, 2023 Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. OMB No. 1545-0047

B Checc appli A Cr Cr Cr Cr Cr Fi re te at	able: ANIMAL PROTECTION SOCIETY OF FRIDAY dress nge ne ne nge al arring and the street (or P.0. box if mail is not delivered to street address) Doing business as Number and street (or P.0. box if mail is not delivered to street address) Room/s P O BOX 1355 City or town, state or province, country, and ZIP or foreign postal code Code	D Employer identificat 91-1717047 uite E Telephone number	
appli Ad Ad Ad Cr Nk Cr Cr In re te at	able: ANIMAL PROTECTION SOCIETY OF FRIDAY tress HARBOR Doing business as Doing business as al Number and street (or P.0. box if mail is not delivered to street address) P O P O City or town, state or province, country, and ZIP or foreign postal code	91–1717047 uite E Telephone number	
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Ar re Ar tio			-2158
re Ap		G Gross receipts \$	674,101.
tič		H(a) Is this a group retu	
P	ding	for subordinates?	
	SAME AS C ABOVE	H(b) Are all subordinates inclu	ded? Yes No
I Tax		527 If "No," attach a lis	t. See instructions
J We		H(c) Group exemption r	
		/ear of formation: 1987 M S	State of legal domicile: WA
Part			
• ·	Briefly describe the organization's mission or most significant activities: OUR MISS		
Governance	COMPASSIONATE CARE AND BRIGHTER FUTURES FOR H		
aria 2		1 1	s.
Š S			
	Number of independent voting members of the governing body (Part VI, line 1b)		(
es 5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)		10
Activities &	Total number of volunteers (estimate if necessary)		65
7 Act	a Total unrelated business revenue from Part VIII, column (C), line 12		0.
-+	b Net unrelated business taxable income from Form 990-T, Part I, line 11	Prior Year	0 . Current Year
e e	Contributions and grants (Part VIII, line 1h)	499,894.	453,626.
	Program service revenue (Part VIII, line 2g)	27,545.	46,303.
Revenue		125,037.	-14,766.
ין		90,302.	98,020.
1		742,778.	583,183.
1		0.	0.
1		0.	0.
se 1		253,830.	342,738.
benses	a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
×	b Total fundraising expenses (Part IX, column (D), line 25) 35,859.	20E 100	222 062
^m 1	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	285,198.	332,063.
1		539,028.	674,801.
1	Revenue less expenses. Subtract line 18 from line 12	203,750.	<u>-91,618</u>
tt Assets or nd Balances 8 8		Beginning of Current Year	End of Year
2 Sset		4,236,880.	4,551,481.
		198,223.	641,812.
		4,038,657.	3,909,669.
Part	I Signature Block nalties of perjury, I declare that I have examined this return, including accompanying schedules and sta		

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer			Date							
Here	PEGGY CREGOR, PRESIDENT										
	Type or print name and title										
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN							
Paid	TERRY D SODDERS CPA			self-employed P00003151							
Preparer	Firm's name AIKEN & SANDERS I	NC PS		Firm's EIN 91-0870697							
Use Only	Firm's address 324 S MAIN ST UNI	ТА									
	MONTESANO, WA 985	63-4502		Phone no. 360 - 533 - 3370							
May the I	RS discuss this return with the preparer shown abo	ove? See instructions		Yes No							
232001 12-1	32001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2022)										

Form	ANIMAL PROTECTION SOCIETY OF FRIDAY 990 (2022) HARBOR 91-1717047 Page
Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
	Briefly describe the organization's mission: OUR MISSION IS TO PROVIDE COMPASSIONATE CARE AND BRIGHTER FUTURES FOR HOMELESS ANIMALS.
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. Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported. (Code:) (Expenses \$543,425. including grants of \$) (Revenue \$165,920.
	PROVIDE A SAFE HAVEN FOR ANIMAL CARE, THRIFT STORE, AND LOW-COST CLINIC.
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)
40	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
44	Other program services (Describe on Schedule O.)
4d	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 543, 425.
	Form 990 (202

91-1717047	Page 3
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Part IV Checklist of Required Schedules Yes No. 1 Is the organization decision 501(52) or 4947(6(1) (other than a private foundation? 1 X 2 Is the organization encogen in ductor indired policial campaign activities on behalf of or in opposition to candidates for obligit offen? 1 X 3 Did the organization encogen in ductor indired policial campaign activities on behalf of or in opposition to candidates for obligit offen? 3 X 4 Section 601(63) organizations. Did the organization engage in lobbing activities or hew a section 501(b) diduction in effect during that any end? 5 X 6 Did the organization mathina molecular down axisted function are arry smaller function activities or the distribution or invectment of amounts in such functs or ascentral the ductors asseed? 6 X 7 X 8 Did the organization mathina molecular downsating. Soft amounts in such functs or ascentral the ductors of the such asseed? 7 X 8 Did the organization mathina molecular downsating. Soft amounts in such functs or ascentral the such assee? 7 X 9 Did the organization mathina collection of vinks of att, historial researce. 7 X 8 Did the organization. 8 X 9 </th <th></th> <th>990 (2022) HARBOR 91–1717</th> <th>047</th> <th>Р</th> <th>age 3</th>		990 (2022) HARBOR 91–1717	047	Р	age 3
1 Is the organization described in sectors 501(k) or 4947(k)(1) (other than a private foundation)? I X 2 Is the organization regords in complete Schedule 0, Schedule or Contribution? Site instructions 2 X 3 XX 3 X 4 Sectors 501(k)(3) organization and red to inder the inder to inde	Par	t IV Checklist of Required Schedules			
If Yes, "complete Schedule A 1 X 2 Is the organization required to complete Schedule 0, Service and the organization regupe in direct or indirect organization regupes in terms or indirect organization regupes in terms or indirect organization regupes in terms organization regupes in terms organization regupes in terms organization regupes in terms organization indirect organization indirect organization regupes in terms organization indirect organization indindirect organization indirect organization indirect organization				Yes	No
2 Is the organization regues of Schedule () Schedule of Controlutory See instructions 2 X 3 DD the organization regues in direct or index to particular campage activities on behall of or in opposition to candidates for public officie? If 'Yes,' complete Schedule () Part I 3 X 4 Section 501(c)(3) organizations. Did the organization image in lobbing activities, or have a section 501(h) election in effect during the taxy eff 'Y'res,' complete Schedule () Part I 4 X 5 Is the organization ascients of 010(c)(3) organization and receives membership dues, assessments, or similar amounts a definice In Park (): Proc. () Sectify I''res,' complete Schedule () Part I 5 X 6 Did the organization martian and vision at unhador account I''res,' complete Schedule () Part I 7 X 7 Did the organization martian activities? If 'Yes,' complete Schedule () Part I 7 X 8 Did the organization reques of works of at, libetorial treasures, or debin regulation directive? 8 X 9 Did the organization answer to any of the following questions is 'Yes,' fram complete Schedule 0, Part I 9 X 9 Did the organization regont an amount for and, buildings, and equipment in Part X, line 10'''' Yes,' complete Schedule 0, Part X 10 X 10 Did the organiza	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
Did the organization engage in direct or indirect political campage activities on behalf of or in opposition to candidates for public of CPC in Yrags, "complete Schedule C, Part II. Image: Complete Schedule C, Part II. Image: CPL indirect indirect policy indirect policy indirect policy indirect policy indirect policy. Image: CPL indirect policy indirect policy indirect policy indirect policy. Is the organization ascing policy indirect policy indirect policy. Image: CPL indirect policy indirect policy. Image: CPL indirect policy. Image: CPL indirect policy. Is the organization ascing policy. Image: CPL indirect		If "Yes," complete Schedule A			
public office <i>If Vest, * complete Schedule C, Part I</i> 3 X 4 Section 50(kg) organizations. Dt the organization engage in lobbying activities, or have a section 501(c)(d), soft(c)(d), soft(c	2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
4 Section 501(q)3 organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Vac," complete Schedule, C. Pet II	3				
during the tax year? If Yes,* complete Schedule C, Part II 4 X 5 Is the organization a section 50 (IcK), 50 (IcK			3		<u> </u>
5 Is the organization ascention 501(e)(4), 001(e)(5), or 501(e)(6) organization that neceves membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-197 if "Yes," complete Schedule C, Part II 5 X 6 Did the organization marketing any dome advised funds or any similar funds or accounts for which domors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which domors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which domors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which domors have the right to provide advice on the distribution or investment of amounts in such funds or account failed in preserve open space. 7 X 8 Did the organization marking to collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 8 X 10 Did the organization, riport an amount in Part X, time 21, for secrow or custodial account liability, serve as a custodian for amounts not liabed in Part X. or provide credit conselling, debt management, credit repair, or debt negotiation services? 9 X 10 Did the organization report an amount for investments - other securities in Part X, line 12, If Yes," complete Schedule D, Part V 10 X 10 Did the organization report an amount for other assets in Part X, line 23, If Yes," complete Schedule D, Part V 11 X 10	4				
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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? If "Yes," complete Schedule I. Parts I and II 21 X					
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 X					<u> </u>
domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II			206		
uomestic government on Part IX, column (A), line 17 // "Yes," complete Schedule I, Parts I and II	21				v
	000000			990	

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Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			37
	Schedule J	23		X
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			x
	Schedule K. If "No," go to line 25a	24a		<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
Ь	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	<u>24u</u>		<u> </u>
254	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		_ <u></u>
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
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? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			37
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			v
05 -	Part V, line 1	34		X X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<u>35a</u>		
a	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 acetion 512(b)(12)2. ((IV) a line sector b) 0. (a) (IV) a line sector b) 0. (b) (IV)	35b		
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	350		
36		36		x
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	- 50		<u> </u>
07	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	• • • • • •	38	х	
Pa	Note: All Form 990 filers are required to complete Schedule O rt 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			
		_	Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 4			
b				
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			

 1c
 X

 Form
 990 (2022)

HARBOR

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Par	Part V Statements Regarding Other IRS Filings and Tax Compliance	(continued)								
						Yes	No			
2a	2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Sta	tements,								
	filed for the calendar year ending with or within the year covered by this return		2a	10						
b	b If at least one is reported on line 2a, did the organization file all required federal employm	nent tax retur	ms?		2b	Х	<u> </u>			
3a	3a Did the organization have unrelated business gross income of \$1,000 or more during the	e year?			3a		X			
b	b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation	b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O								
4a	4a At any time during the calendar year, did the organization have an interest in, or a signat	ture or other a	author	ty over, a						
	financial account in a foreign country (such as a bank account, securities account, or oth	her financial a	accour	nt)?	4a		X			
b	b If "Yes," enter the name of the foreign country									
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank an		ccoun	ts (FBAR).						
		-			5a		X			
	, , , , , , , , , , , , , , , , , , , ,				5b		X			
	, 5				5c		<u> </u>			
ъа	6a Does the organization have annual gross receipts that are normally greater than \$100,00		-		6 -		x			
h	any contributions that were not tax deductible as charitable contributions?			aifta	6a					
D	were not tax deductible?			8	6b					
7					55					
		r goods and se	rvices r	rovided to the navor?	7a		x			
					7b					
	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for				-					
	to file Form 8282?				7c		X			
d	d If "Yes," indicate the number of Forms 8282 filed during the year		7d							
е	e Did the organization receive any funds, directly or indirectly, to pay premiums on a perso	onal benefit c	ontrac	t?	7e					
f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal	benefit contr	act?		7f					
g	g If the organization received a contribution of qualified intellectual property, did the organ	ization file Fo	orm 88	99 as required?	7g		 			
h	5				7h					
8		nd maintained	d by th	e						
_					8					
9					0-					
a ⊾					9a 0h		<u> </u>			
ь 10		person?			9b					
			10a							
	 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 		10b							
	11 Section 501(c)(12) organizations. Enter:									
	a Gross income from members or shareholders		11a							
	b Gross income from other sources. (Do not net amounts due or paid to other sources aga									
	amounts due or received from them.)		11b							
12a	12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 ir	n lieu of Form	1041 i	?	12a					
b	b If "Yes," enter the amount of tax-exempt interest received or accrued during the year		12b							
13	13 Section 501(c)(29) qualified nonprofit health insurance issuers.									
а	a Is the organization licensed to issue qualified health plans in more than one state?				13a					
_	Note: See the instructions for additional information the organization must report on Sch									
b	b Enter the amount of reserves the organization is required to maintain by the states in wh			I						
_	organization is licensed to issue qualified health plans		13b							
	c Enter the amount of reserves on hand		13c	1	14-		X			
	14a Did the organization receive any payments for indoor tanning services during the tax yeab If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation				14a 14b					
15										
	excess parachute payment(s) during the year?				15		x			
	If "Yes," see the instructions and file Form 4720, Schedule N.									
16		et investmen	t incor	ne?	16		х			
	If "Yes," complete Form 4720, Schedule O.									
17		age in any ad	ctivities	6						
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?				17					
	If "Yes," complete Form 6069.									
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Pa	rt VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and fo	ra"No" r	espon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
19	Enter the number of voting members of the governing body at the end of the tax year 1a	9	100	110
14	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 0.			
L		9		
b	Enter the number of voting members included on line 1a, above, who are independent 1b	判		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			v
	officer, director, trustee, or key employee?	2		<u> </u>
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		<u> </u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	. 4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	. 5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	<u></u>		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	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	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	114		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		х
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes." <i>describe</i>	. 120		
U		12c		
40	on Schedule O how this was done Did the organization have a written whistleblower policy?		Х	
13			X	
14	Did the organization have a written document retention and destruction policy?	. 14	л	
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?		v	
a	The organization's CEO, Executive Director, or top management official		X	v
b	Other officers or key employees of the organization	15b		X
	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			37
	taxable entity during the year?	<u>16a</u>		X
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		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
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)	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X 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, a	Ind finant	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	THE ORGANIZATION - (360) 378-2158			
	P O BOX 1355, FRIDAY HARBOR, WA 98250			
232006	5 12-13-22	Form	990	(2022)
	7			. /

Form 990 (2022)

Part VII	Compensation of Officers, Directors, Tru	stees, Key Employees, Highest Compensated
	Employees, and Independent Contractor	Ϋ́S

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

HARBOR

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.

week (list arry hours for related organizations below line) etc. etc. etc. etc. etc. etc. etc. etc.	(A) Name and title	(B) Average hours per		(C) Position (do not check more than one box, unless person is both an					(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
(1) CRISTIN C FELSO 40.00 x 76,872. 0. 0. PRECUTIVE DIRECTOR x x x 0. 0. 0. PRESTIDENT x x x 0. 0. 0. (3) PEGGY CREGOR 2.00 x x 0. 0. 0. (4) AMY SAXE-EYLER 2.00 x x 0. 0. 0. TREASURER 2.00 x x 0. 0. 0. SECERTARY x x 0. 0. 0. 0. (6) ANYONIA BAILY 1.00 x 0. 0. 0. 0. DIRECTOR x 0. 0. 0. 0. 0. (8) JON ZERBY 1.00 x 0. 0. 0. 0. DIRECTOR x 0. 0. 0. 0. 0. (9) CLAUDIA SALQUIST 1.00 x 0. 0. 0. 0. DIRECTOR x 0. 0. 0. 0. 0. 0.		week (list any hours for related organizations below	offi	cer an	id a d	irecto	r/trus	tee)	from the organization (W-2/1099-MISC/	from related organizations (W-2/1099-MISC/	other compensation from the organization and related
(2) PEGGY CREGOR 3.00 x x x 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.		40.00							76 070	0	0
PRESIDENT X X X 0. 0. 0. 0. (3) PROSY GERLOCK 2.00 X X 0. 0. 0. 0. (4) AMY SAXE-EYLER 2.00 X X X 0. 0. 0. TREASURER 2.00 X X X 0. 0. 0. (5) LUCINDA PIERCE 2.00 X X 0. 0. 0. 0. SCRETARY X 0. 0. 0. 0. 0. 0. 0. G1 ANTONIA BAILY 1.00 X X 0. 0. 0. 0. 0. DIRECTOR 1.00 X 0. 0. 0. 0. 0. DIRECTOR 1.00 X 0. 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. UPIECTOR 1.00 X 0. 0.		2 00			X				/6,8/2.	0.	0.
(3) PEGGY GERLOCK 2.00 X X 0. 0. 0. (4) AWY SAXE-EYLER 2.00 X X 0. 0. 0. (5) LUCINDA PIERCE 2.00 X X 0. 0. 0. (6) ANTONIA BAILY 1.00 X 0. 0. 0. 0. DIRECTOR 1.00 X 0. 0. 0. 0. (3) JERETOR 1.00 X 0. 0. 0. 0. DIRECTOR 1.00 X 0. 0. 0. 0. UICETOR 1.00 X 0. 0. 0. 0. UICETOR 1.00 X 0. 0. 0. 0. UICETOR 1.00 X 0. 0. 0. 0. UICE		3.00	v		v				0	0	0
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(7) TOM CABLE 1.00 X 0. 0. 0. DIRECTOR X 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. (9) CLAUDIA SALQUIST 1.00 X 0. 0. 0. DIRECTOR X 0. 0. 0. 0.	(6) ANTONIA BAILY	1.00									
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		1.00	v						0	0	0
	DIRECTOR								0.	0.	0.
			-								Form 990 (2022)

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Form 990 (2022)

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	990 (2022) HARBOR						a la a a		owners at a Fundaus	91-17	/1/()47	P	age 8
<u>I u</u>	t VII Section A. Officers, Directors, Trus (A) Name and title	(B) (B) Average hours per week	(do box	not c , unle	(C Pos heck ss per	C) itior more rson i) than s boti	one n an	(D) Reportable compensation	(E) Reportable compensatio		am	(F) timate	of
		(list any hours for related organizations below line)	ny for stions tutional trustee tutional trustee		Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MIS 1099-NEC)	s	com fr orga and	other pensa om th anizat d relat inizat	ation le tion ted
			-											
			-											
			-											
			-											
											_			
	Subtotal Total from continuation sheets to Part VI								76,872.		0.			0.
<u>d</u> 2	Total (add lines 1b and 1c) Total number of individuals (including but n compensation from the organization	ot limited to th							76,872. eceived more than \$100,	000 of reportable	0.			0.
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s			•		-		-		•	[3	Yes	No X
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	im of reportabl),000? <i>If</i> "Yes,	e cc " co	mpe mple	ensa ete S	tion Sche	and dule	oth d J i	ner compensation from the for such individual	ne organization		4		x
5 Sec	Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes," <i>com</i> tion B. Independent Contractors					-			-			5		x
1	Complete this table for your five highest control the organization. Report compensation for the organization for the second seco								n the organization's tax y		ensat			
	(A) Name and business	address	N	ONE	3				(B) Description of s	ervices	C	(C omper		'n
2	Total number of independent contractors (in \$100,000 of compensation from the organiz	•	ot lir	niteo	d to	thos (ted	above) who received mo	pre than				

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			2022) HARBOR				91-1717	047 Page 9
Pa	rt V	111						
			Check if Schedule O contains a response	or note to any lin		(B)	(0)	
					(A) Total revenue	(D) Related or exempt	(C) Unrelated	(D) Revenue excluded
							business revenue	from tax under
								sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1		Federated campaigns 1a					
Gra			Membership dues 1b					
ts,			Fundraising events 1c	55,765.				
i Gif			Related organizations 1d	72 004				
ns,			Government grants (contributions) 1e	72,994.				
er (f	All other contributions, gifts, grants, and	224 967				
-je H			similar amounts not included above 1f	324,867.				
ont		-	Noncash contributions included in lines 1a-1f		152 626			
<u>ם</u> כ		h	Total. Add lines 1a-1f		453,626.			
	-		CUELMED INCOME	Business Code 812900	46,303.	46,303.		
Program Service Revenue	2		SHELTER INCOME	012900	40,303.	40,303.		
er v		b						
n S /eni		с						
Jrar Be∖		d						
roç		e						
ш.			All other program service revenue		46,303.			
		g	Total. Add lines 2a-2f		40,303.			
	3		Investment income (including dividends, intere		7,091.			7,091.
			other similar amounts)		7,091.			7,091.
	4		Income from investment of tax-exempt bond p					
	5		Royalties	(ii) Personal				
	•			(II) Personal				
	6		Gross rents 6a					
			Less: rental expenses 6b					
			Rental income or (loss)					
			Gross amount from sales of (i) Securities	(ii) Othor				
	1	а		(ii) Other				
		•	assets other than inventory 7a					
ø		D	Less: cost or other basis and sales expenses					
evenue		_						
eve			· · · · ·		-21,857.			-21,857.
r R			Gross income from fundraising events (not	·····	-21,057.			-21,057.
Other	8	а	including \$55,765. of					
0			contributions reported on line 1c). See					
				0.				
		h	Part IV, line 18 8a Less: direct expenses 8b					
			Net income or (loss) from fundraising events	21,357.	-21,597.			-21,597.
			Gross income from gaming activities. See		21,557.			21,55,6
	3	a	Part IV, line 19					
		h	Less: direct expenses 9b					
			Net income or (loss) from gaming activities	'I				
			Gross sales of inventory, less returns					
	10	u		162,860.				
		b		47,464.				
			Net income or (loss) from sales of inventory		115,396.	115,396.		
		-		Business Code				
sno	11	а	MISCELLANEOUS	459900	4,221.	4,221.		
nec		b			,	,		
ella 3Vel		č						
Miscellaneous Revenue			All other revenue					
Σ			Total. Add lines 11a-11d		4,221.			
	12		Total revenue. See instructions		583,183.	165,920.	0.	-36,363.
23200		13-						Form 990 (2022)

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Form 990 (2022) HARBOR
Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All othe	r organizations must con	nplete column (A).	
	Check if Schedule O contains a respons				
	not include amounts reported on lines 6b, 8b, 9b, 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 domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	76 070	2 011	12 200	20 7/0
•	trustees, and key employees	76,872.	3,844.	42,280.	30,748.
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
7	persons described in section 4958(c)(3)(B)	217,161.	217,161.		
7 8	Other salaries and wages Pension plan accruals and contributions (include	211,1010	<u> </u>		
0	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	17,731.	13,312.	2,558.	1,861.
10	Payroll taxes	30,974.	23,255.	4,469.	<u> 1,861.</u> 3,250.
11	Fees for services (nonemployees):	/ -		,	
	Management				
b	Legal				
с	Accounting	4,322.	3,625.	697.	
	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	4,432.		4,432.	
g	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion	4,372.	3,667.	705.	
13	Office expenses	3,868.	3,667. 3,244.	624.	
14	Information technology				
15	Royalties				
16	Occupancy	69,026.	69,026.		
17	Travel	4,150.	4,150.		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	3,894.		3,894.	
21	Payments to affiliates	1 1 2 - 2 1			
22	Depreciation, depletion, and amortization	142,704.	119,700.	23,004.	
23	Insurance	8,300.	6,962.	1,338.	
24	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 0.)				
а	ANIMAL CARE	59,756.	59,756.		
b	MISCELLANEOUS	8,329.	4,607.	3,722.	
c	TAXES AND LICENSE	7,794.		7,794.	
d	SUPPLIES	6,817.	6,817.		
е	All other expenses	4,299.	4,299.		
25	Total functional expenses. Add lines 1 through 24e	674,801.	543,425.	95,517.	35,859.
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)				Earm 990 (2022)

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Form **990** (2022)

ANIMAL	PROTECTION	SOCIETY	OF	FRIDAY
HARBOR				

Form 990 (2022)

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Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or no	te to any l	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			393,236.	1	278,890.
	2	Savings and temporary cash investments			2		
	3	Pledges and grants receivable, net			3	850.	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current o					
		trustee, key employee, creator or founder, subs	tantial co	ntributor, or 35%			
		controlled entity or family member of any of the	se person	is		5	
	6	Loans and other receivables from other disqual	fied perso	ons (as defined			
		under section 4958(f)(1)), and persons describe	d in sectio	on 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	11,461
	9	B				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D Less: accumulated depreciation	10a	4,434,847.			
	b	Less: accumulated depreciation	10b	519,021.	3,322,089.	10c	3,915,826
	11	Investments - publicly traded securities		L		11	
	12	Investments - other securities. See Part IV, line	11		521,555.	12	344,454
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equ			4,236,880.	16	4,551,481
	17	Accounts payable and accrued expenses	13,086.	17	3,808		
	18	Grants payable		18			
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
es	22	Loans and other payables to any current or form					
Ē		trustee, key employee, creator or founder, subs					
Liabilities		controlled entity or family member of any of the	-			22	
	23	Secured mortgages and notes payable to unrela		· · · · · · · · · · · · · · · · · ·	105 105	23	638,004
	24	Unsecured notes and loans payable to unrelate			185,137.	24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on line	s 17-24). (Complete Part X			
		of Schedule D			100 000	25	641 010
	26	Total liabilities. Add lines 17 through 25	<u></u> .		198,223.	26	641,812
ç		Organizations that follow FASB ASC 958, che	eck here	X			
nce	07	and complete lines 27, 28, 32, and 33.			4,038,657.	07	3,869,669
alaı	27				4,030,037.	27	40,000
а В	28	Net assets with donor restrictions				28	40,000
S		Organizations that do not follow FASB ASC 9	58, cnec				
ъ Г	00	and complete lines 29 through 33.				20	
ets	29	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or en				29	
Asse	30			a the set of second a		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in			4,038,657.	31 32	3,909,669.
Ź	32 33	Total net assets or fund balances			4,236,880.	32	4,551,481
	33	Total liabilities and het assets/TUND balances			-,430,000.	33	Form 990 (2022

ANIMAL PROTECTION SOCIETY OF FRIDA	ANIMAL	PROTECTION	SOCIETY	OF	FRIDAY
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Form	1990 (2022) HARBOR	91-1	L717047	Pag	_{je} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	583		
2	Total expenses (must equal Part IX, column (A), line 25)	2	674		
3	Revenue less expenses. Subtract line 2 from line 1	3	-91	,61	L8.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,038	<u> </u>	
5	Net unrealized gains (losses) on investments	5	-47	,29	<u> </u>
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8	9	, 92	20.
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	3,909	,66	<u>59.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>X</u>
	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	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2022)

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(Fo	SCHEDULE A (Form 990) Department of the Treasury Internal Revenue Service Name of the organization			omplete if the organ 494 At Go to www.irs.gov/	rity Status an hization is a section 501 47(a)(1) nonexempt cha ttach to Form 990 or Fo Form990 for instruction	(c)(3) orga ritable tru orm 990-E ns and the	anization st. Z. latest inf	or a section		OMB No. 1545-0047
Nam	e of t	he organizati			ION SOCIETY (OF FRI	IDAY			identification number
Pa	rt I	Reason	HARB for Public ((All organizations must c	omploto th	nic part) S			1-1717047
									15.	
1 2 3 4		 rganization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 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 organizati	on operated fo	or the benefit of a col	llege or university owned	or operat	ed by a go	overnmental u	nit describe	ed in
6 7 8		A federal, sta An organizati section 170(A community	te, or local gov on that normal b)(1)(A)(vi). (Co trust describe	lly receives a substan omplete Part II.) ed in section 170(b)(nental unit described in antial part of its support fr (1)(A)(vi). (Complete Part	rom a gove t II.)	ernmental	unit or from th		
9		-	-		in section 170(b)(1)(A)(i ulture (see instructions).		-		-	-
10	X	An organizati activities relation	ted to its exem Inrelated busir	npt functions, subjec	than 33 1/3% of its supp t to certain exceptions; a (less section 511 tax) fro	and (2) no	more than	33 1/3% of it	s support f	rom gross investment
11 12 a b	 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. 							Check the box on giving upporting ving		
c		Type III fur its supporte	ed organization	n(s) (see instructions)	g organization operated). You must complete F	Part IV, Se	ctions A,	D, and E.		
d		that is not f	unctionally int	egrated. The organiz	porting organization oper- cation generally must sati nplete Part IV, Sections	isfy a distr	ibution rec	quirement and	Ŭ,	
e		functionally	integrated, or	Type III non-function	written determination from nally integrated supporting	ng organiz	ation.		II, Type III	[]
T ~				about the supporte	d organization(s)					
<u> </u>		i) Name of supp		(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	inization listed	(v) Amount o	f monetary	(vi) Amount of other
		organization			(described on lines 1-10 above (see instructions))	Yes	No No	support (see ir	nstructions)	support (see instructions)
<u>Tota</u>										

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Part II	Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
	(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization

fails to qualify under the tests listed below, please complete Part III.)

Schedule A (Form 990) 2022

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						
Se	ction B. Total Support		T	1	1		1
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	,		,			12	
13	First 5 years. If the Form 990 is for the	ne organization's fi	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3)	
0	organization, check this box and sto				<u></u>	<u></u>	
	ction C. Computation of Publi						
	Public support percentage for 2022 (I		•				%
15	Public support percentage from 2021					15	. %
16a	33 1/3% support test - 2022. If the o				14 is 33 1/3% or r	nore, check this bo	ix and
	stop here. The organization qualifies		U U			,	
Ľ	33 1/3% support test - 2021. If the						
	and stop here. The organization qua		• • •				
1/8	10% -facts-and-circumstances test						
	and if the organization meets the fact			-	-	t VI how the organi	zation
	meets the facts-and-circumstances te	-		• • • •		47a and line 45 is	
k	10% -facts-and-circumstances test		-				10% 01
	more, and if the organization meets the						
40	organization meets the facts-and-circle						······
18	Private foundation. If the organization	THUR HOL CHECK a		a, 100, 17a, 0f 17	D, CHECK THIS DOX :		s (Form 990) 2022
							11 UTT 330/ 2022

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HARBOR

Schedule A (Form 990) 2022 Part III Support Schedule for Organizations Described in Section 509(a)(2)

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(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.) Section A. Public Support

Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	377,466.	352,869.	495,735.	499,894.	453,626.	2179590.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	83,377.	45 277.	34 611.	27 545.	46,303.	237 113.
2	Gross receipts from activities that	00,011		54,011.	27,545.	40,505.	237,113.
3	are not an unrelated trade or bus- iness under section 513	83,598.	81 151	58 0/1	139 003	162,860.	524 653
		05,550.	01,151.	30,041.	155,005.	102,000.	524,055.
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
F	The value of services or facilities						
5	furnished by a governmental unit to						
	the organization without charge		470 207		666 442	660 700	2041256
	Total. Add lines 1 through 5	544,441.	4/9,29/.	588,38/.	666,442.	662,789.	2941356.
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
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						0.
c	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)						2941356.
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	544,441.	479,297.	588,387.	666,442.	662,789.	2941356.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources		132,470.			7,091.	
b	Unrelated business taxable income					,	
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	· · · · · · · · · · · · · · · · · · ·		132,470.		15,594.	7 001	155,155.
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is	5,258.	5,500.		15,594.	7,091.	
12	regularly carried on Other income. Do not include gain or loss from the sale of capital	J,230.	5,500.			4 221	10,758.
40	assets (Explain in Part VI.)	549,699.	617 267	588,387.	682 036	<u>4,221.</u> 674,101.	<u>4,221.</u> 3111490.
	Total support. (Add lines 9, 10c, 11, and 12.)	-				•	
14	First 5 years. If the Form 990 is for the	0		, ,			n,
500	check this box and stop here ction C. Computation of Publi		contago	<u></u>			
	•			olumn (f))		15	94.53 %
	Public support percentage for 2022 (I Public support percentage from 2021		•			16	<u>94.53 %</u> 94.97 %
<u>16</u> Sec	ction D. Computation of Inves	(1			10	
	Investment income percentage for 20		•	ne 13. column (f))		17	4.99 %
	Investment income percentage from a					18	4.61 %
18 19a	1 33 1/3% support tests - 2022. If the			on line 14 and line			
	more than 33 1/3%, check this box ar	nd stop here. The	organization qualif	ies as a publicly s	upported organizat	tion	X
b	33 1/3% support tests - 2021. If the	•					na
00	line 18 is not more than 33 1/3%, che			•		•	
	Private foundation. If the organization	n did not check a	box on line 14, 19a	a, or 190, check th	is box and see inst		
23202	23 12-09-22					Schedule A	(Form 990) 2022

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Schedule A (Form 990) 2022

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? // "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?
- 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 disgualified 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.)

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10a 10b Schedule A (Form 990) 2022

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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

Yes No

 Schedule A (Form 990) 2022
 HARBOR

 Part IV
 Supporting Organizations (continued)

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			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
800	the supported organization(s). tion D. All Type III Supporting Organizations	1		
			V.	
4	Did the exercitation provide to each of its supported exercitations, by the last day of the fifth month of the		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			
0	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	2		
3	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described on line 2, above, did the organization's supported organizations have a	-		
-	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations	0		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below.</i>			
с	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	1 <u>s).</u>	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
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	0h		
3	these activities but for the organization's involvement. Parent of Supported Organizations. Answer lines 3a and 3b below.	2b		
з а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
a	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
23202	5 12-09-22 Schedul		n 990)	2022
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	ANIMAL PROTECTION SOCIES	ГҮ ОҒ	' FRIDAY	
Sche	edule A (Form 990) 2022 HARBOR			91-1717047 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orgai	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on	Nov. 20, 1970 (explain	in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	complete	e Sections A through E.	
Sec	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally	y integrat	ed Type III supporting or	ganization (see

instructions).

Schedule A (Form 990) 2022

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_	Schedule A (Form 990) 2022 HARBOR 91-1717047 Page 7					
Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)					
Secti	on D - Distributions				Current Year	
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported				
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations		3		
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
6	Other distributions (describe in Part VI). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	e organization is responsive				
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2022 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	IS	(iii) Distributable Amount for 2022	
1	Distributable amount for 2022 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2022 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2022					
а	From 2017					
b	From 2018					
C	From 2019					
d	From 2020					
e	From 2021					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2022 distributable amount					
i	Carryover from 2017 not applied (see instructions)					
<u>i</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2022 from Section D,					
	line 7: \$					
a	Applied to underdistributions of prior years					
b	Applied to 2022 distributable amount					
C	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2022, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2022. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2023. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
	Excess from 2018					
	Excess from 2019					
	Excess from 2020					
	Excess from 2021					
е	Excess from 2022					

Schedule A (Form 990) 2022

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Schedule A	(Form 990) 2022	ANIMAL HARBOR	PROTECTION	SOCIETY	OF	FRIDAY	91-1717047 Page 8
Part VI	Supplemental Inform Part IV, Section A, lines 1,	nation. Prov 2, 3b, 3c, 4b, ines 2 and 3; F	4c, 5a, 6, 9a, 9b, 9c, ⁻ Part IV, Section E, lines	11a, 11b, and 1 [.] s 1c, 2a, 2b, 3a,	1c; Par and 3l	t IV, Section B, b; Part V, line 1;	17a or 17b; Part III, line 12; lines 1 and 2; Part IV, Section C, Part V, Section B, line 1e; Part V,
232028 12-09-2	2			0.1			Schedule A (Form 990) 2022

Schedule B

(Form	990)
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Department of the Treasury

Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OF FRIDAY

OMB No. 1545-0047

Employer identification number

91-1717047

	NIMAL IARBOR	PROTECTION	SOCIETY
rganization type (check	cone):		

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is the set of the parts unless totaling the year for an *exclusively* for the parts unless totaling \$5,000 or more during the year for an *exclusively* set is the set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless total set of the parts unless the set of the parts unless total set

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2022)

Schedule	B (Form 990) (2022)			Page
	rganization L PROTECTION SOCIETY OF FRIDAY R			yer identification number -1717047
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ns	(d) Type of contribution
1	HANS & CYNTHIA KOCH 1961 MITCHELL BAY RD FRIDAY HARBOR, WA 98250	\$10,1	<u>25.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ns	(d) Type of contribution
2	ROBERT & MELISSA MCDOWELL PO BOX 2598 FRIDAY HARBOR, WA 98250	\$35,5	<u>00.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ns	(d) Type of contribution
3	RICHARD HALL 756 HIGH HARO DRIVE FRIDAY HARBOR, WA 98250	\$10,0	<u>00.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ns	(d) Type of contribution
4	ANN HOLBROOK 5840 ROCHE HARBOR RD FRIDAY HARBOR, WA 98250	\$10,0	00.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ns	(d) Type of contribution
5	SAN JUAN ISLAND COMMUNITY FOUNDATION PO BOX 1352 FRIDAY HARBOR, WA 98250	\$17,3	<u>40.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ns	(d) Type of contribution
6	HONEYWELL CHARITABLE FOUNDATION PO BOX 928 FRIDAY HARBOR, WA 98250	\$17,3	<u>40.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Schedule B (Form 990) (2022)

Schedule	B (Form 990) (2022)		Page
	rganization L PROTECTION SOCIETY OF FRIDAY		Employer identification number
HARBO			91-1717047
Part I	Contributors (see instructions). Use duplicate copies of Part I if add	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
7	ROGER & CLAUDIA SALQUIST		Person X Pavroll
	PO BOX 2302	\$27,0	
	FRIDAY HARBOR, WA 98250		noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
8	A.F. SHANCE FAMILY LLC		Person X Pavroll
	671 TERRACE DRIVE		
	FRIDAY HARBOR, WA 98250		noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
9	POHLAD FAMILY FUND		Person X
	981 HANNAH RD	\$34,0	00. Payroll Noncash (Complete Part II for
	FRIDAY HARBOR, WA 98250		noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
10	PHIL JOHNSON & PEGGY GERLOCK		Person X
	<u>PO BOX 1909</u>	\$	
	FRIDAY HARBOR, WA 98250		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
11_	DON POLLARD & DAVID RALSTON		Person X
	<u>PO BOX 250</u>	\$15,0	
	FRIDAY HARBOR, WA 98250		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
12	KIM MILLER		Person X
	89 BLACK RD	\$11,0	
	FRIDAY HARBOR, WA 98250		(Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

	B (Form 990) (2022)		-	Page 2
	rganization L PROTECTION SOCIETY OF FRIDAY		Employer identification number	
HARBO			91	-1717047
Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	l space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
<u>13</u>	MARTHA SALOT 475 PERRY PL UNIT 8 FRIDAY HARBOR, WA 98250	\$11,0	00.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
		\$		Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ns	(d) Type of contribution
		\$		Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
		\$		Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
		\$		Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
		\$		Person Payroll Payroll Payroll Payroll Payroll Part II for noncash contributions.)
223452 11-1	D-22			Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

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Name of organization Employeer identification number ANIMAL PROPERTION SOCTETY OF PRIDAY 91-1717047 Part II Noncash Property (see instructions), Use duplicate copies of Part II radiational space is needed. 0 (n) (n) (n) Non. (n) (n) Part II Description of noncash property given (n) (n) (n) (n) (n) Description of noncash property given FMV (or estimate) (n) Description of noncash property given FMV (or estimate) (n) Description of noncash property given (n) (n) Description of noncash property given FMV (or estimate) (n) Description of noncash property given (n) (n) Description of noncash	Schedule B	(Form 990) (2022)		Page 3
HARBOR 91-1717047 Part II Noncash Property (see instructions). Use duplicate copies of Part II Fadditional space is needed. (a) (b) (c) (d) Part I Description of noncash property given (c) (d) (c) (d) No. (b) (c) (d) (c) (d) No. (b) (c) Part I Description of noncash property given (c) (d) No. (c) (d) No. Description of noncash property given (c) (d) No.				Employer identification number
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Schedule B (Form 990) (2022)

Schedule E	3 (Form 990) (2022)			Page 4							
Name of or				Employer identification number							
	PROTECTION SOCIETY OF	FRIDAY									
HARBOR				91-1717047							
Part III	from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations										
	completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.)										
	Use duplicate copies of Part III if additional s	space is needed.	<u> </u>								
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) De:	scription of how gift is held							
Part I											
F		(e) Transfer of gi	 ft								
		., -									
	Transferee's name, address, a	nd ZIP + 4	Relationship of tr	ansferor to transferee							
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(a) No.											
from	(b) Purpose of gift	(c) Use of gift	(d) De:	scription of how gift is held							
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Γ	(e) Transfer of gift										
	Transferee's name, address, a	nd ZIP + 4	Relationship of tr	ansferor to transferee							
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(a) No.			<u> </u>								
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Γ		(e) Transfer of gi	ft								
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50	HEDULE D	Supplement	al Financial Statement	s	ŀ	OMB No. 1545-0047			
	orm 990) Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.								
Denart	ment of the Treasury		Open to Public						
Interna	Revenue Service	Inspection							
Nam	e of the organizati		identification number 1 – 1 7 1 7 0 4 7						
Par	t I Organiza	Complete if the							
		n answered "Yes" on Form 990, Part IV, lir							
			(a) Donor advised funds	(b) F	Funds and	other accounts			
1		nd of year							
2		f contributions to (during year)							
3 4		f grants from (during year)							
4 5		t end of year on inform all donors and donor advisors in		sed funds					
•	-	n's property, subject to the organization's	-			Yes No			
6		on inform all grantees, donors, and donor a							
		oses and not for the benefit of the donor o	, , , , , , , , , , , , , , , , , , ,	0					
Par	impermissible priv	ate benefit?				Yes No			
		ation Easements. Complete if the or		Part IV, line	e 7.				
1		ervation easements held by the organizati of land for public use (for example, recrea		f a historica	ally import	ant land area			
		f natural habitat	Preservation o						
		of open space							
2	Complete lines 2a	through 2d if the organization held a quali	fied conservation contribution in the form	of a conse	ervation ea	sement on the last			
	day of the tax year				Held a	t the End of the Tax Year			
а									
b	b Total acreage restricted by conservation easements 2b								
c									
d	d Number of conservation easements included in (c) acquired after July 25,2006, and not on a 2d historic structure listed in the National Register 2d								
3		vation easements modified, transferred, re	leased extinguished or terminated by the	····· <u> </u>		the tax			
•	year			o ga nzaci	ion danng				
4		where property subject to conservation eas	sement is located						
5	Does the organiza	tion have a written policy regarding the pe	riodic monitoring, inspection, handling of						
	,	orcement of the conservation easements i				Yes No			
6	Staff and voluntee	r hours devoted to monitoring, inspecting,	handling of violations, and enforcing con-	servation ea	easements	during the year			
7	Amount of expens	 es incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	tion easem	oonte durir	a the year			
•	Amount of expens	es incurred in monitoring, inspecting, nanc	and enorcing conserva	allon easem		ig the year			
8	Does each conser	vation easement reported on line 2(d) abov	ve satisfy the requirements of section 170	(h)(4)(B)(i)					
	and section 170(h)	(4)(B)(ii)?				Yes No			
9	In Part XIII, describ	be how the organization reports conservati	on easements in its revenue and expense	statement	t and				
		d include, if applicable, the text of the footr	note to the organization's financial statem	ents that d	lescribes t	he			
Par		ounting for conservation easements. Ations Maintaining Collections of	f Art Historical Treasures or O	ther Simi	ilar Ass	ets			
1 41		the organization answered "Yes" on Form							
1 a		elected, as permitted under FASB ASC 95		and balance	e sheet wo	orks			
	•	asures, or other similar assets held for pul							
	service, provide in	Part XIII the text of the footnote to its final	ncial statements that describes these iten	ns.					
b	If the organization	elected, as permitted under FASB ASC 95	i8, to report in its revenue statement and	balance sh	neet works	of			
		ures, or other similar assets held for public	e exhibition, education, or research in furt	herance of	public ser	vice,			
	•	ng amounts relating to these items:			۴				
		ded on Form 990, Part VIII, line 1							
2	.,	ed in Form 990, Part X received or held works of art, historical tre	asures, or other similar assets for financia		Ф vide				
-		ints required to be reported under FASB A		. gain, prov					
а	-	on Form 990, Part VIII, line 1	-		\$				
		Form 990, Part X							
		eduction Act Notice, see the Instruction				lule D (Form 990) 2022			
232051	09-01-22		28						

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4	o						
C		Λ	F	Λ	Λ	Λ	7 NTTM7 T

ANTMAL	PROTECTION	SOCIETY	OF	FRIDAY
	TROTECTION	DOCTRII	OT.	TRIDAT

Sche	dule D (Form 990) 2022 HARBOR	INCIDENTION				91-	-171	7047	Page 2
Par		ollections of Art	t, Historical Tre	asures, or O	ther S	imilar As	sets	(continu	ied)
3	Using the organization's acquisition, accessi	on, and other records	s, check any of the f	ollowing that ma	ake signi	ficant use o	of its		
	collection items (check all that apply):								
а	Public exhibition	d	Loan or exc	hange program					
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	llections and explain	how they further th	e organization's	s exempt	purpose in	Part X	III.	
5	During the year, did the organization solicit o								
	to be sold to raise funds rather than to be ma							Yes	No
Par	t IV Escrow and Custodial Arran		ete if the organizatio	n answered "Ye	s" on Fo	rm 990, Pai	rt IV, lin	ie 9, or	
	reported an amount on Form 990, Pa								
1a	Is the organization an agent, trustee, custodi								
	on Form 990, Part X?							Yes	No
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	owing table:						
							/	Amount	
	Beginning balance					1c			
	Additions during the year					1d			
-	Distributions during the year					1e			
f	Ending balance					1f		N	
	Did the organization include an amount on F				•		🗀	Yes	No
Par	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete i								
1 41		(a) Current year	(b) Prior year	(c) Two years b		Three years	hack	(a) Four y	/ears back
10	Paginning of year balance	521,555.	459,696.			375,6			782,912.
	b Contributions -66,488. 61,859. 103,991. 139,996. 5,67								
	c Net investment earnings, gains, and losses -66,488. 61,859. 103,991. 139,996. 5,6 d Grants or scholarships								
	Other expenditures for facilities								
e		110,613.		80,1	17	79,7	793		112,971.
f	Administrative expenses					/			,_,_
		344,454.	521,555.	459,6	96.	435,8	322.		375,619.
g 2	End of year balance Provide the estimated percentage of the curr	,				,	•		,
ے a	Board designated or quasi-endowment	,	%) field as.					
b	Permanent endowment	%							
c	Term endowment 100								
U	The percentages on lines 2a, 2b, and 2c sho								
3a	Are there endowment funds not in the posse		tion that are held an	d administered	for the				
	organization by:	eeren er une ergannia							Yes No
	(i) Unrelated organizations							3a(i)	X
	(ii) Related organizations							3a(ii)	X
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Schedule R?					3b	
4	Describe in Part XIII the intended uses of the								
Par	t VI Land, Buildings, and Equipm								
	Complete if the organization answere	d "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990, Pa	art X, line	e 10.			
	Description of property	(a) Cost or of	ther (b) Cost	or other	(c) Accu	imulated	(d) Book	value
		basis (investm	nent) basis	(other)	depre	ciation	-	-	
1a	Land			1,401.					,401.
	Buildings		3,51	8,734.	45	1,315.	3	,067	,419.
	Leasehold improvements								
	Equipment		33	4,712.	6	7,706.		267	,006.
	Other								
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part 2	X. column (B), line 1)c.)			3	,915	,826.

Schedule D (Form 990) 2022

	ANIMAL	PROTECTION	SOCIETY	OF	FRIDAY
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Schedule D (Form 990) 2022 HARBOR		91-1717047	Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(a) Description of security or Category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market valuation	ue
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other	344,454.	END-OF-YEAR MARKET VALUE	
	544,4540	END-OF-TEAK MARKET VALUE	
(B) (C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	344,454.		
Part VIII Investments - Program Related.	· · · · ·		
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value	ue
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"			
	Description	(b) Book valu	le
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Total (Column (b) must equal Form 000, Port X, eq. (P) line	15)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	- 10.)		
Complete if the organization answered "Yes"	on Form 990, Part IV. line 1	11e or 11f. See Form 990, Part X. line 25.	
I. (a) Description of liability		(b) Book valu	le
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) line	e 25.)		
2. Liability for uncertain tax positions. In Part XIII, provide			
		re if the text of the footnote has been provided in Part XIII	X

232053 09-01-22

Schedule D (Form 990) 2022

SCHE	edule D (Form 990) 2022 HARBOR				/1/04/ Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial State	ements With F	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	600,522.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-47,290.		
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants				
d			69,062.		
е				2e	21,772.
3	Subtract line 2e from line 1			3	578,750.
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	4,432.		
b	Other (Describe in Part XIII.)	4b	1.		
-	Add lines 4a and 4b			4c	4,433.
С					
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	<u>4,433.</u> 583,183.
5					
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	tements With			•
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) rt XII Reconciliation of Expenses per Audited Financial Sta	tements With e 12a.	Expenses per F		
5 Pa	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I. line 12.</i>) rt XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line	tements With e 12a.	Expenses per F	Return	•
5 Pa 1	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) rt XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements	tements With e 12a.	Expenses per F	Return	•
5 Pa 1 2	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) rt XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	tements With e 12a.	Expenses per F	Return	•
5 Pa 1 2 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) rt XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	tements With e 12a. 2a 2b	Expenses per F	Return	•
5 Pa 1 2 a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) rt XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b 2c	Expenses per F	Return	739,431.
5 Pa 1 2 a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	Expenses per F	Return	- 739,431. 69,062.
5 Pa 1 2 a b c d	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	Expenses per F	1	739,431.
5 Pa 1 2 a b c d e	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	Expenses per F	1 2e	- 739,431. 69,062.
5 Pa 1 2 a b c d e 3	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) rt XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 1	tements With e 12a. 2a 2b 2c 2d	Expenses per F	1 2e	- 739,431. 69,062.
5 Pa 1 2 a b c d e 3 4	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d	Expenses per F	1 2e	- 739,431. 69,062. 670,369.
5 Pa 1 2 a b c d e 3 4 a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 4a 4b	Expenses per F	1 2e	
5 Pa 1 2 a b c d e 3 4 a b c 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 4a 4b	Expenses per F	1 2e 3	- 739,431. 69,062. 670,369.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

THE ORGANIZATION FILES INCOME TAX RETURNS IN THE U.S. FEDERAL

JURISDICTION. THE ORGANIZATION IS NO LONGER SUBJECT TO U.S. FEDERAL

INCOME TAX EXAMINATIONS BY TAX AUTHORITIES FOR THE YEARS BEFORE DECEMBER

31, 2019. CURRENTLY, THERE IS NO EXAMINATION OR PENDING EXAMINATION WITH

THE INTERNAL REVENUE SERVICE (IRS).

AS OF DECEMBER 31, 2022, THERE ARE NO TAX POSITIONS FOR WHICH THE

DEDUCTIBILITY IS CERTAIN BUT FOR WHICH THERE IS UNCERTAINTY REGARDING THE

31

TIMING OF SUCH DEDUCTIBILITY.

	<u>PART XI,</u>	LINE	2D	-	OTHER	ADJUSTMENTS:
--	-----------------	------	----	---	-------	--------------

232054 09-01-22

ANIMAL PROTECTION SOCIETY OF FRIDAY	04 4 5 4 5 0 4 5
Schedule D (Form 990) 2022 HARBOR Part XIII Supplemental Information (continued)	91-1717047 Page 5
DIRECT FUNDRAISING EXPENSES NETTED AGAINST REVENUE	21,597.
COST OF GOODS SOLD NETTED AGAINST REVENUE	47,465.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	69,062.
PART XI, LINE 4B - OTHER ADJUSTMENTS:	
ROUNDING	1.
KOUNDING	⊥•
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
FUNDRAISING EXPENSES NETTED AGAINST REVENUE	21,597.
COST OF GOODS SOLD NETTED AGAINST REVENUE	47,465.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	69,062.
	Schedule D (Form 990) 2022

232055 09-01-22

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ng or Gaming A	ctivities	OMB No. 1545-0047
(Form 990)		e organization answered "Yes" on organization entered more than \$1!				r 19, or if the	2022
Department of the Treasury		Attach to Form 990 c					Open to Public
Internal Revenue Service		o www.irs.gov/Form990 for instruc					Inspection
Name of the organization	HARBOR	PROTECTION SOCIETY	OF.	FR.	LDAY	91-17	identification number 17047
Part I Fundrais	ing Activities.	Complete if the organization answe	red "Y	es" or	Form 990, Part IV, I	ine 17. Form 990)-EZ filers are not
	complete this par						
 a Mail solicitat b Internet and c Phone solicitat d In-person so 2 a Did the organization 	tions email solicitations tations licitations on have a written c	f ☐ Solicitat g ☐ Special or oral agreement with any individual	tion of tion of fundra (incluc	non-g gover aising of	overnment grants nment grants events ficers, directors, trus	·	
• • •	highest paid indiv	art VII) or entity in connection with pr viduals or entities (fundraisers) pursu- organization.			-		Yes No
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundr have c or cor contrib	ustody itrol of	(iv) Gross receipts from activity	(v) Amount pa to (or retained l fundraiser listed in col. (by) to (or retained by)
			Yes	No			
Total				1			
	ich the organizatio	n is registered or licensed to solicit o	ontrib	utions	or has been notified	it is exempt fror	n registration

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

Schedule G (Form 990) 2022

232081 10-27-22

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990, FZ lines 1 and 6b. List events with gross receipts greater than \$5,000

		of fundraising event contributions and gro	oss income on Form 990	EZ, lines 1 and 6b. List e	vents with gross receipt	s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			DOGGONE GOOD			(add col. (a) through
			DINNER	NEWSLETTER	3	col. (c)
•			(event type)	(event type)	(total number)	coi. (c))
nue						
Revenue	1	Gross receipts	46,925.	8,840.		55,765.
£						
	2	Less: Contributions	46,925.	8,840.		55,765.
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
~	5	Noncash prizes				
Direct Expenses						
(per	6	Rent/facility costs				
ш т	-	Food and however				
irec	'	Food and beverages				
		Entertainment				
	9	Other direct expenses	13,151.	8,446.		21,597.
	10					21,597.
		Net income summary. Subtract line 10 from li				-21,597.
Pa	irt I					
		\$15,000 on Form 990-EZ, line 6a.				
-			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
nue				bingo/progressive bingo		col. (a) through col. (c))
Revenue						
Œ	1	Gross revenue				
Se	2	Cash prizes				
Expenses						
ă	3	Noncash prizes				
ŝ						
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	5		Yes %	Yes %	Yes %	
	6	Volunteer labor	No 76	□ <u>Pes</u> [%]	□ Tes 70	
	ľ					
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
		, , , , , , , , , , , , , , , , , , , ,	()			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)	,		
9	En	ter the state(s) in which the organization condu	cts gaming activities:			
а	ı Is t	the organization licensed to conduct gaming ac	ctivities in each of these s	states?		Yes No
b) If "	No," explain:				
		ere any of the organization's gaming licenses re			ear?	Yes No
b) If "	Yes," explain:				
	22 10)-27-22			Sche	dule G (Form 990) 2022

Sch	edule G (Form 990) 2022	ANIMAL HARBOR	PROTEC	TION SO	CIETY C	OF FRII	DAY	91_1	717047	Page 3
-	Does the organization conduct ga		with nonmer	abore?					Yes	
	Is the organization a grantor, bene									
	to administer charitable gaming?								Yes	No
13	Indicate the percentage of gaming									
а	The organization's facility								13a	%
	An outside facility								13b	%
14	Enter the name and address of the	e person who p	prepares the c	organization's	gaming/spec	ial events bo	ooks and reco	ords:		
	Name									
	Address									
15a	Does the organization have a cont	ract with a thir	rd party from v	whom the org	anization rec	eives gaminę	g revenue?		Yes	🗌 No
b	If "Yes," enter the amount of gami	ng revenue red	ceived by the	organization	\$		and the a	mount		
	of gaming revenue retained by the	third party	\$							
c	If "Yes," enter name and address	of the third par	rty:							
	Name									
	Address									
16	Gaming manager information:									
	Name									
	Gaming manager compensation	\$								
	Description of services provided									
	Director/officer	Employe	e		ndent contrac	ctor				
17	Mandatory distributions:									
	Is the organization required under	state law to m	ake charitable	e distributions	from the gar	ning procee	ds to			
	retain the state gaming license?				-	-			Yes	No No
b	Enter the amount of distributions r	required under	state law to b	be distributed	to other exer	npt organiza	tions or spen	t in the		
De	organization's own exempt activiti									
Pa	Supplemental Inform 15b, 15c, 16, and 17b, as							v); and Par	t III, lines 9,	9b, 10b,
2320	83 10-27-22			35				Sched	ule G (Form	990) 2022

		ANIMAL	PROTECTION	SOCIETY	OF	FRIDAY		
Schedule G	(Form 990) Supplemental Infor	HARBOR					91-1717047	Page 4
Part IV	Supplemental Infor	mation (cont	inued)					
							Schedule G (F	orm 990)

232084 04-01-22

SCHEDULE O (Form 990)

Department of the Treasury

Name of the organization

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 the latest information. ANIMAL PROTECTION SOCIETY OF FRIDAY



Employer identification number 91 - 1717047

FORM 990, PART VI, SECTION B, LINE 11B:

HARBOR

AN OFFICER OF THE BOARD OF DIRECTORS REVIEWS THE FORM 990 PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 15A:

COMPENSATION FOR THE EXECUTIVE DIRECTOR IS ESTABLISHED BY THE FINANCE

COMMITTEE OF THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION C, LINE 18:

THE POLICY IS THAT UPON WRITTEN REQUEST ANY DOCUMENTS REQUESTED WILL BE

PROVIDED TO THE GENERAL PUBLIC.

FORM 990, PART VI, SECTION C, LINE 19:

UPON REQUEST

PART XII, LINE 2C

NO CHANGES FROM PRIOR YEAR.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 232211 10-28-22

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