Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

A I	or th	e 2020	calendar year, or tax year beginning , 2020,	, and ending			, 20
В.			C Name of organization		D Employer	identificat	tion number
	Check if a		NORTHWEST ORGANIZATION FOR ANIMAL HELP		91-1	362069	
	Addre		Doing business as				
	Name	e change	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephon	e number	
	Initia	l return	31300 BRANDSTROM ROAD		(360)	329-70	055
		return/ inated	City or town, state or province, country, and ZIP or foreign postal code				
	Amer	nded	STANWOOD, WA 98292		G Gross red	eipts \$	7,770,222.
		cation	F Name and address of principal officer: STACIE VENTURA		H(a) Is this a	a group returi	n for Yes X No
	•	-	31300 BRANDSTROM ROAD, STANWOOD, WA 98292		H(b) Are all s		cluded? Yes No
ī	Tax-ex	empt st	atus: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1)	or 527	If "N	o," attach a l	ist. See instructions
J	Webs	ite: 🕨	THENOAHCENTER.ORG		H(c) Group	exemption nu	mber >
K	Form	of organ	ization: X Corporation Trust Association Other ▶	L Year of	formation: 1986	M State of	of legal domicile: WA
P	art I	Su	mmary	•			
	1	Briefly	describe the organization's mission or most significant activities: SEE Section 2	CHEDULE ()		
ø		•					
auc							
err	2	Check	this box if the organization discontinued its operations or dispose	ed of more that	n 25% of its net as	ssets.	
Governance	3	Numb	er of voting members of the governing body (Part VI, line 1a)			3	9.
	4		er of independent voting members of the governing body (Part VI, line 1b)				9.
Activities &	5		number of individuals employed in calendar year 2020 (Part V, line 2a)				66.
ŧΞ	6		number of volunteers (estimate if necessary)				403.
Ac	7a		unrelated business revenue from Part VIII, column (C), line 12				0.
	1		nrelated business taxable income from Form 990-T, Part I, line 11				
					Prior Yea		Current Year
Revenue	8	Contri	butions and grants (Part VIII, line 1h)		1,730,	269.	6,168,207.
	9		am service revenue (Part VIII, line 2g)	920	651.	733,523.	
e Ve	10		ment income (Part VIII, column (A), lines 3, 4, and 7d)			710.	365,162.
ď	11		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			950.	403,283.
	12		revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	Г	2,940,		7,670,175.
_	13		s and similar amounts paid (Part IX, column (A), lines 1-3)		,	0.	0.
	14		its paid to or for members (Part IX, column (A), line 4)			0.	0.
"	4.5		es, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,364,	281.	1,168,886.
Expenses	16 a		ssional fundraising fees (Part IX, column (A), line 11e)	1		0.	0.
ber	h		fundraising expenses (Part IX, column (D), line 25) ► 98,501				
ш	17		expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		651	851.	512,170.
	18		expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,016,		1,681,056.
	19		ue less expenses. Subtract line 18 from line 12		924		5,989,119.
or		IXCVCI	tide 1633 expenses. Oubtract line 10 from line 12.		Beginning of Curre		End of Year
ets	20	Total	assets (Part X, line 16)		12,469,		18,749,655.
Ass Bal	21		iabilities (Part X, line 26)			624.	130,929.
Net Assets or Fund Balances	22		ssets or fund balances. Subtract line 21 from line 20.		12,325,		18,618,726.
	rt II		gnature Block				
_			of perjury, I declare that I have examined this return, including accompanying sched	ules and statem	ents, and to the be	st of mv k	nowledge and belief, it is
true	e, corre	ect, and	complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparer has	any knowledge.		
			Sten Valu			11/9/2021	
Sig	jn	5	Signature of officer		Date		
He	re		STACIE VENTURA EXECUT	IVE DIREC	CTOR		
		_	ype or print name and title				
			Type preparer's name Preparer's signature _	Date	Check	if P	TIN
Paid	d	STEV	VEN B BISHOP	11/09/			P00045374
	parer	Firm's	name ▶BADER MARTIN, P.S.		Firm's EIN		
Use	Only		address >1000 2ND AVE 34TH FLOOR SEATTLE, WA 98104-1022		Phone no.		621-1900
Ma	v the		iscuss this return with the preparer shown above? (see instructions))			
_			Reduction Act Notice, see the separate instructions.	,			Form 990 (2020)
	. upc						1 01111 2 2 (2020)

Form 990 (2020) Page 2

Pa	art III	Statement of Program			II	X
1		lescribe the organization CHMENT 1				
2					r which were not listed on the	Yes X No
	If "Yes,"	describe these new serv	rices on Schedule O			ies No
3	services	_		_	ow it conducts, any program	
4	Describ expense	e the organization's pro	ogram service acco nd 501(c)(4) organi	zations are required to repo	s three largest program service rt the amount of grants and a	
4a			ND CARE OF AN	ncluding grants of \$IMALS TRANSFERRED FR		407,201.
	AREA Z	ANIMAL SHELTERS U	NTIL ADOPTION	BY NEW FAMILIES.		
	-					
	(Code: SPAY/I) (Expenses NEUTER CLINIC:	\$624,871. ir	ncluding grants of \$) (Revenue \$	326,322.
	PROVII	DES SPAY, NEUTER,		ND VACCINATION SERVI		
		E FAMILIES. FURTH PAYED/NEUTERED.	ERMORE, ALL C	ATS AND DOGS AWAITIN	IG ADOPTION	
		D/NEUTERED.				
4c	(Code:) (Expenses	\$ir	ncluding grants of \$) (Revenue \$)
<u> </u>	Othorn	rogram services (Describ	on Schodula (C.)			
4a	(Expens	= :	luding grants of \$) (Revenue S	\$	
4-	Takalaa	ogram contino evacacos	1 51			

Form 990 (2020)

Page 3

Page 19

Chacklist of Paguired Schodules

Par	Checklist of Required Schedules		V	Na
	In the conscient described in section 504/5/(0) on 4047/5/(4) (other them a principle foundation) 2 If IIVes II		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	,	х	
_	complete Schedule A	2	X	
2		-	- 1	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	,		Х
4	candidates for public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i> Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	3		21
4	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	4		21
3	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
Ū	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
-	the environment, historic land areas, or historic structures? <i>If</i> "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"	-		
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			3.7
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			3.5
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
T	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			Х
120	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		- 21
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	120	х	
h	Schedule D, Parts XI and XII	12a	- 21	
b	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
_	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	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	21		Х
	domestic government on Part IX, column (A), line 12 If "Ves." complete Schedule I, Parts I and II	- 71		4 1

Form 990 (2020) Page 4

Part	Checklist of Required Schedules (continued)		¥	NI -
00	Did the consideration around the OF 000 of superty or other positions to be for demantic individuals and		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22		Х
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
23	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
_ u	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		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 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	00-		Х
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
C	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
50	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes,"	<u> </u>		
-	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O.	38		X
Part				
	Check if Schedule O contains a response or note to any line in this Part V			
_			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of forme W 20 moraded in line rat. Enter of infortappiecable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	4.	X	
	reportable gaming (gambling) winnings to prize winners?	1 c	Λ	

Page 5 Form 990 (2020)

Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return. 2a 66			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.	_		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
	Cross meeting in an inclination of characteristics of the control			
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
120	against amounts due or received from them.)	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	124		
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
u	Note: See the instructions for additional information the organization must report on Schedule O.			
h	Enter the amount of reserves the organization is required to maintain by the states in which			
-	the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> · · · · · ·	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
-	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			

NORTHWEST ORGANIZATION FOR ANIMAL HELP 91-1362069 Page 6 Form 990 (2020) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management

			Yes	No
4.	Enter the number of voting members of the governing body at the end of the tax year	9	1	
та	Enter the number of voting members of the governing body at the end of the tax year	7		
	if the governing body delegated broad authority to an executive committee or similar			
b	committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent	9		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
_	any other officer, director, trustee, or key employee?	2		X
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		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
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		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:		V	
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue	_	<u> </u>	
	ion b. I ondies (This decision b requests information about policies not required by the internal revenue	<i>-</i> 000	Yes	No
102	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,			
D	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a		11a		Х
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b				
	rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	'		
	describe in Schedule O how this was done	12c	_	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
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?	45	X	
a	The organization's CEO, Executive Director, or top management official	15a		\vdash
b	Other officers or key employees of the organization	15b	121	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
юа	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Х
L				
b	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		
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ WA,			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990	T (Se	ction 5	01(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	•		. ,
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict	of inte	rest p	oolicy,
	and financial statements available to the public during the tax year.			
20	Ctate the name address and talanhans number of the names who naccess the arresticals hasks and rese	مام 🛌		

State the name, address, and telephone number of the person who possesses the organization's books and records ► STACIE VENTURA 31300 BRANDSTROM RADD STANWOOD, WA 98292 20

Independent Contractors

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

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

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

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

(A) Name and title	(B) Average hours per week	(C) Position (do not check more the box, unless person is to officer and a director/			is both	an	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation	
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
(1)STACIE VENTURA	40.00									
EXECUTIVE DIRECTOR	0.			Х				92,271.	0.	8,941.
(2) CHARLENE EDSON	1.00							, ,		
CHAIRMAN	0.	Х		Х				0.	0.	0.
(3) THERESA NAUJACK	1.00									
VICE PRESIDENT	0.	Х		Х				0.	0.	0.
(4) MEGAN COUGHLIN	1.00									
SECRETARY	0.	Х		Х				0.	0.	0.
(5) SHERI EDSON	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(6) JULIE HUGHES	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(7) SUZANNE HATCH	1.00									
TREASURER	0.	Х		Х				0.	0.	0.
(8) MARY MANNING	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(9) TONYA STONE	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(10) DENISE BAKER	1.00									
DIRECTOR	0.	X						0.	0.	0.
(11)										
(12)										
(13)										
(14)										

Form 990 (2020)

	1 990 (2020)	4 17		_						<u> </u>			age o
Pa	rt VII Section A. Officers, Directors, Tru		y En	ipic			and F	ııgı					
	(A) Name and title	Average hours per week (list any hours for related	box,	unle:	Pos heck ss pe	erson	e than o	an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	Est am- c comp	(F) imated ount of other ensation m the	on
		organizations below dotted line)	Individual trustee or director	Officer Officer Compensated Compensated Compension (W-2/1099-MISC)		organization and related organizations		l					
1b	Sub-total							\blacktriangleright	92,271.	0.		8,9	941.
	Total from continuation sheets to Part VII, S	-							0.	0.			0.
	Total (add lines 1b and 1c)							>	92,271.	0.		8,9	941.
2 	Total number of individuals (including but not reportable compensation from the organization		hose 0.		d al	bove	e) who	o re	eceived more than	\$100,000 of			
												Yes	No
3	Did the organization list any former offic employee on line 1a? <i>If</i> "Yes," <i>complete Schede</i>										3		Х
4	For any individual listed on line 1a, is the sorganization and related organizations greated individual.	eater than	\$15	0,0	00?	P If	"Yes	5,"			4		X
5	Did any person listed on line 1a receive or for services rendered to the organization? If "Ye	accrue co	mpen	sati	on 1	from	n any	un			5		Х
Se	ction B. Independent Contractors	,						,				I	
1	Complete this table for your five highest com compensation from the organization. Report c year.												
								1					

(A) Name and business address	(B) Description of services	(C) Compensation

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

Page 9

Statement of Revenue Part VIII

(B) (C) Total revenue Related or exempt Unrelated Revenue excluded function revenue business revenue from tax under sections 512-514 Contributions, Gifts, Grants and Other Similar Amounts Federated campaigns Membership dues **c** Fundraising events 1c d Related organizations Government grants (contributions) . . All other contributions, gifts, grants, and similar amounts not included above ... 6,168,207 1f g Noncash contributions included in 99,119 lines 1a-1f. 1g \$ Total. Add lines 1a-1f 6,168,207 **Business Code** Program Service Revenue ADOPTION INCOME 812910 389,516 389,516 541940 242,651 242,651 SPAY/NEUTER INCOME h VACCINES/DIAGNOSTICS 541940 83,671. 83,671. 812910 MICROCHIPS 17,685. 17,685 d е All other program service revenue 733,523. Investment income (including dividends, interest, and 365,162 365,162 0. 4 Income from investment of tax-exempt bond proceeds . 5 0. (i) Real (ii) Personal 6a Gross rents 6a **b** Less: rental expenses 6b c Rental income or (loss) 6c d Net rental income or (loss) . . (ii) Other Gross amount from (i) Securities sales of assets other than inventory 7a b Less: cost or other basis Other Revenue 7b and sales expenses . . c Gain or (loss) 7c d Net gain or (loss) 8a Gross income from fundraising events (not including \$ _ of contributions reported on line 184,220 1c). See Part IV, line 18 8a 61,370 8b **b** Less: direct expenses 122,850 122,850. c Net income or (loss) from fundraising events. 9a Gross income from gaming 0. activities. See Part IV, line 19 0. 9b **b** Less: direct expenses c Net income or (loss) from gaming activities. <u>.</u>. ▶ 0. 10a Gross sales of inventory, less 85,415. returns and allowances b Less: cost of goods sold 10b 38,677. Net income or (loss) from sales of inventory 46,738 46,738 **Business Code** Miscellaneous Revenue RESTITUTION 900099 95 95 11a GAIN ON PPP LOAN FORGIVENESS 233,600. 233,600. b С All other revenue 233,695 Total. Add lines 11a-11d Total revenue. See instructions 721,612. 7,670,175. 780,356.

Form 990 (2020)

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Part IX Statement of Functional Expenses

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

	not include amounts reported on lines 6b, 7b, 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		,	, i	
	and domestic governments. See Part IV, line 21	0.			
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	0.			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16	0.			
4	Benefits paid to or for members	0.			
5	Compensation of current officers, directors,				
	trustees, and key employees	101,212.	86,637.	3,644.	10,931.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0.			
7	Other salaries and wages	1,067,674.	913,929.	38,436.	115,309.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	0.			
9	Other employee benefits	0.			
10	Payroll taxes	0.			
11	Fees for services (nonemployees):				
а	Management	0.			
	Legal	0.			
c	Accounting	0.			
	Lobbying	0.			
	Professional fundraising services. See Part IV, line 17.	0.			
f	Investment management fees	0.			
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	21,683.	11,368.	97.	10,218.
12	Advertising and promotion	4,295.	1,535.		2,760.
	Office expenses	22,675.	13,168.	2,478.	7,029.
14	Information technology	0.			
	Royalties	0.			
	Occupancy	51,732.	51,732.		
	Travel	0.			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0.			
19	Conferences, conventions, and meetings	0.			
20	Interest	0.			
21	Payments to affiliates	0.			
22	Depreciation, depletion, and amortization	180,579.	180,579.		
23	Insurance	31,109.	31,109.		
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 O.)				
-	HUMAN RESOURCES	3,193.	2,463.	373.	357.
-	DUES AND LICENSES	3,374.	2,240.	219.	915.
•	POSTAGE AND PRINTING	20,734.	698.	162.	19,874.
d	PROFESSIONAL SERVICES	25,222.	2,870.	19,232.	3,120.
е	All other expenses	147,574.	217,338.	2,248.	-72,012.
	Total functional expenses. Add lines 1 through 24e	1,681,056.	1,515,666.	66,889.	98,501.
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)	0.			

Form 990 (2020) Page **11**

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Pa	art X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	285.	1	0.
	2	Savings and temporary cash investments	3,288,736.	2	3,104,600.
	3	Pledges and grants receivable, net	0.	3	0.
	4	Accounts receivable, net	19,970.	4	8,658.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	0.	5	0.
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0.	6	0.
ts	7	Notes and loans receivable, net	0.	7	0.
Assets	8	Inventories for sale or use	16,104.	8	17,359.
Ą	9	Prepaid expenses and deferred charges	16,263.	9	16,263.
		Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation	2,025,882.	10c	1,894,887.
	11	Investments - publicly traded securities	7,101,800.	11	13,707,888.
	12	Investments - other securities. See Part IV, line 11	0.	12	0.
	13	Investments - program-related. See Part IV, line 11.	0.	13	0.
	14	Intangible assets	0.	14	0.
	15	Other assets. See Part IV, line 11	0.	15	0.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	12,469,040.	16	18,749,655.
	17	Accounts payable and accrued expenses	143,624.	17	130,929.
	18	Grants payable	0.	18	0.
	19	Deferred revenue	0.	19	0.
	20	Tax-exempt bond liabilities.	0.	20	0.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.	0.	21	0.
S	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
abil		controlled entity or family member of any of these persons	0.	22	0.
Ë	23	Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24	Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	0.	25	0.
	26	Total liabilities. Add lines 17 through 25	143,624.	26	130,929.
seo		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
ılan	27	Net assets without donor restrictions	6,341,994.	27	12,457,663.
Ba	28	Net assets with donor restrictions.	5,983,422.	28	6,161,063.
Fund Balances		Organizations that do not follow FASB ASC 958, check here ▶ and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund.		30	
Assets	31	Retained earnings, endowment, accumulated income, or other funds		31	
¥.	32	Total net assets or fund balances	12,325,416.	32	18,618,726.
Net	33	Total liabilities and net assets/fund balances	12,469,040.	33	18,749,655.
_					Form 990 (2020)

Form 990 (2020) Page **12**

Part	XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI					X		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		7,6	70,1	.75.		
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,6	81,0	56.		
3	Revenue less expenses. Subtract line 2 from line 1	3 5,989,11						
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1	L2,3	25,4	16.		
5								
6	Donated services and use of facilities	6				0.		
7	Investment expenses	7				0.		
8	Prior period adjustments	8				0.		
9	Other changes in net assets or fund balances (explain on Schedule O)	9		-24,415.				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line							
	32, column (B))	10	1	L8,6	18,7	26.		
Part								
	Check if Schedule O contains a response or note to any line in this Part XII							
			_		Yes	No		
1	Accounting method used to prepare the Form 990: CashX Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in							
	Schedule O.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were cor	npiled	or					
	reviewed on a separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?			2b	Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were aud							
	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 over	ersigh	t of					
	the audit, review, or compilation of its financial statements and selection of an independent accounts	int?		2c	Х			
	If the organization changed either its oversight process or selection process during the tax year, e		I					
	Schedule O.							
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	rth in	the					
	Single Audit Act and OMB Circular A-133?			3a		Х		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	lergo	the					
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a			3b				

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

OMB No. 1545-0047 Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

NOF	THWEST OR	GANIZATION F	OR ANIMAL HEI	LΡ			91-13620	69
Pai	t I Reasoi	n for Public Cha	arity Status. (All	organizations must	comple	te this p	art.) See instructions	S.
				is: (For lines 1 through				
1	A church,	convention of ch	urches, or associa	tion of churches desc	ribed in s	ection 1	70(b)(1)(A)(i).	
2	A school	described in sect i	ion 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90 or 990)-EZ).)	
3				rganization described				
4			•	-			section 170(b)(1)(A)	(iii). Enter the
		name, city, and s	=	•	•		(// // /	
5		-		a college or universit	y owne	d or ope	rated by a governme	ental unit described in
		70(b)(1)(A)(iv). ((J	•	•	, ,	
6				rnmental unit describe	d in sect	ion 170(b)(1)(A)(v).	
7		_	_			-	vernmental unit or fro	om the general public
)(1)(A)(vi). (Compl	•	•	J		
8				o)(1)(A)(vi). (Complete	Part II.)			
9							I in conjunction with a	land-grant college
			=			-	name, city, and state o	-
	university	:						
10	receipts f support fr acquired	rom activities relation gross investrictly the organization of the organization of the contraction of the co	ated to its exempt finent income and upon after June 30, 1	unctions, subject to c nrelated business tax 975. See section 509	ertain ex able inco (a)(2). (0	ceptions ome (les: Complete	,	n 331/3 % of its
11	_	•	•	usively to test for publi				
12		_	•	•	-		e functions of, or to o	
							section 509(a)(2). S	. , , ,
			=			_	zation and complete lin	=
а			•				orted organization(s),	
		-				ajority of	the directors or truste	es of the
			=	te Part IV, Sections A		مدا طداست	augusted argenizati	an(a) hu havina
b			•				supported organization	
		=	· · · -	=	the sam	e persor	ns that control or man	lage the supported
С				, Sections A and C.	atod in c	onnoctio	n with, and functional	lly intograted with
·				ns). You must comple				ny integrated with,
d		-					ection with its suppor	ted organization(s)
4		•			•		oution requirement and	• , ,
		•		omplete Part IV, Sect	•		·	a an attornivonoco
е		•	•	•			nat it is a Type I, Type I	II. Type III
		_		ionally integrated sup			• • • • • • • • • • • • • • • • • • • •	., ., -, -, -
f			d organizations					
g				orted organization(s).				
	(i) Name of suppo	orted organization	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of
				(described on lines 1-10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)
				abovo (000 monaciono))	Yes	No		men donone,
(A)								
(B)								
(C)								
(D)								
(E)								
Tota	ıl							

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

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 Page **2**

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,097,813.	1,278,998.	6,390,501.	1,730,269.	6,328,012.	16,825,593.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	1,097,813.	1,278,998.	6,390,501.	1,730,269.	6,328,012.	16,825,593.
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).						4,621,405.
6	Public support. Subtract line 5 from line 4						12,204,188.
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	1,097,813.	1,278,998.	6,390,501.	1,730,269.	6,328,012.	16,825,593.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	62,013.	60,588.	96,148.	247,595.	365,162.	831,506.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
11	Total support. Add lines 7 through 10						17,657,099.
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	4,366,829.
13	First 5 years. If the Form 990 is for organization, check this box and stop here.	<u> </u>					
Sec	tion C. Computation of Public Supp		•				
14	Public support percentage for 2020 (lin					14	69.12 %
15	Public support percentage from 2019					15	%_
16a	331/3% support test - 2020. If the org						
	box and stop here. The organization qu						
b	331/3% support test - 2019. If the org						
	this box and stop here. The organization	•		•			
17a	10%-facts-and-circumstances test - 2						
	10% or more, and if the organization					-	•
	Part VI how the organization meets t			•	•		
_	organization						
b	10%-facts-and-circumstances test - 2	-					
	15 is 10% or more, and if the organiz						-
	in Part VI how the organization meets			_	•		
46	organization						
18	Private foundation. If the organizatio						
	instructions					abadula A (Farm 0	

Schedule A (Form 990 or 990-EZ) 202

Schedule A (Form 990 or 990-EZ) 2020 Page 3

Part III

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support			,,	,	,	
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support		•			•	•
Caler	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	l					
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on.						
12	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for	the organizati	on's first, secon	d, third, fourth,	or fifth tax ye	ear as a sectio	n 501(c)(3)
	organization, check this box and stop here			<u> </u>			▶ 🔼
	tion C. Computation of Public Sup						
15	Public support percentage for 2020 (line 8					15	%
16	Public support percentage from 2019 Sche					16	%
Sec	tion D. Computation of Investmen						
17	Investment income percentage for 2020 (lin					17	%
18	Investment income percentage from 2019					18	%
19 a	331/3% support tests - 2020. If the or	ganization did r	not check the bo	ox on line 14, ar	nd line 15 is m	ore than 331/3	%, and line
	17 is not more than 331/3 %, check this	-	-	•			
b	331/3% support tests - 2019. If the orga						. \square
	line 18 is not more than 331/3 %, check		•	•			
20	Private foundation. If the organization of	did not check a	a box on line 1	4, 19a, or 19b,	check this box		
16.7						Salaaduda A /Fausa	000 or 000 E7\ 2020

Schedule A (Form 990 or 990-EZ) 2020 Page 4

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
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	10a		
)	10b		

Page 5 Schedule A (Form 990 or 990-EZ) 2020

Part	IV Supporting Organizations (continued)			age C
			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 in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
01	detail in Part VI.	11c		
Sect	on B. Type I Supporting Organizations		Vaa	Na
			res	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		
Secti	on 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 the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in 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.	2		
Secti	on E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	structi	ons)	
a	The organization satisfied the Activities Test. <i>Complete line 2 below.</i>	, a a a a	0110).	
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (se	e instr	uction	s).
•				No
2	Activities Test. <i>Answer lines 2a and 2b below.</i> Did substantially all of the arganization's activities during the tax year directly further the exempt purposes of			
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 those activities constituted substantially all of its activities.	20		
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If</i> "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? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	3b		

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 Page **6**

Pa	art V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	S					
1								
	instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.							
Se	ection 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		7						
_8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8						
Section 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						
C	Total (add lines 1a, 1b, and 1c)	1d						
_е	Discount claimed for blockage or other factors (explain in detail in Part VI):	1e						
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						
Se	ection 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			ated Type III supporting	n organization				
-	(see instructions).	.,cgrc	Jpo iii odpportiii;	g 0. gann <u>-</u> anon				

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 Page 7 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish ea	xempt purposes		1	
2	Amounts paid to perform activity that directly furthers exer				
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organia	zations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - p	provide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ction E - Distribution Allocations (see instructions) (i) Excess Distributions (ii) Underdistribution Pre-2020		ıs	(iii) Distributable Amount for 2020	
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
С	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from				
	Section D, line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				

Schedule A (Form 990 or 990-EZ) 2020

5

Part V

Remainder. Subtract lines 4a and 4b from line 4.

Part VI. See instructions.

Breakdown of line 7: Excess from 2016 Excess from 2017 Excess from 2018 Excess from 2019 Excess from 2020

and 4c.

Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in

Excess distributions carryover to 2021. Add lines 3j

Schedule A (Form 990 or 990-EZ) 2020 Page 8

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

Schedule A (Form 990 or 990-EZ) 2020

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2020

Employer identification number

NORTHWEST ORGANIZATION FOR ANIMAL HELP 91-1362069 Organization type (check one): Filers of: Section: X Form 990 or 990-EZ 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** [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 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization NORTHWEST ORGANIZATION FOR ANIMAL HELP

Employer identification number

			91-1362069
Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization NORTHWEST ORGANIZATION FOR ANIMAL HELP

Employer identification number 91-1362069

Part II	Noncash Property	(see instructions).	Use duplicate co	pies of Part II if a	dditional space is needed.
---------	------------------	---------------------	------------------	----------------------	----------------------------

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

Name of organization NORTHWEST ORGANIZATION FOR ANIMAL HELP **Employer identification number** 91-1362069 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶\$ Use duplicate copies of Part III if additional space is needed. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

SCHEDULE D (Form 990)

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No. 1545-0047 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

NOF	RTHWEST ORGANIZATION FOR ANIMAL HELP	91-1362069
	Organizations Maintaining Donor Advised Funds or Other Similar Funds or A	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in	donor advised
•	funds are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant fun	• • • • • • • • • • • • • • • • • • • •
•	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any	
	conferring impermissible private benefit?	
Pa	art II Conservation Easements.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
		a historically important land area
		a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the	ne form of a conservation
_	easement on the last day of the tax year.	Held at the End of the Tax Year
а		2a
b		2b
C		2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	
u		2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminal	
3	-	ated by the organization during the
4	tax year ▶ Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, inspection violations, and enforcement of the conservation easements it holds?	-
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing of	
U	Stair and volunteer nours devoted to monitoring, inspecting, nanding of violations, and emorcing of	onservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing con	servation easements during the year
•	S	iservation easements during the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section	170(h)(4)(B)(i)
Ū	and acction 170(b)(4)(P)(ii)?	V N-
9	In Part XIII, describe how the organization reports conservation easements in its revenue and e	
9	balance sheet, and include, if applicable, the text of the footnote to the organization's financial	·
	organization's accounting for conservation easements.	otatomente that describes the
Pa	Organizations Maintaining Collections of Art, Historical Treasures, or Other S	Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue	statement and halance sheet works
ıu	of art, historical treasures, or other similar assets held for public exhibition, education, o	r research in furtherance of public
	service, provide in Part XIII the text of the footnote to its financial statements that describes the	se items.
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue sta	tement and balance sheet works of
	art, historical treasures, or other similar assets held for public exhibition, education, or resear provide the following amounts relating to these items:	irch in furtherance of public service,
	(i) Revenue included on Form 990, Part VIII, line 1	> ¢
	(ii) Assets included in Form 990, Part X	
2		
2	If the organization received or held works of art, historical treasures, or other similar as	sets for illiancial gain, provide the
_	following amounts required to be reported under FASB ASC 958 relating to these items:	• ¢
a b	Revenue included on Form 990, Part VIII, line 1	
	Access meladou in Form Coo, Fait Attribution of the First Cooks and Cooks an	

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020 Page **2**

Pa	rt III Organizations Maintaini	ng Collections of	Art. Historical Tre	easures. o	r Other Similar	Assets (contir		age =
3	Using the organization's acquisition							of its
-	collection items (check all that app		,	,				
а	Public exhibition	.37.	d Loan	or exchange	e nrogram			
b	Scholarly research		e Other	_	o program			
C	Preservation for future gene	rations	C Other					
4	Provide a description of the organ		and evalain how	thay furtha	r the organization	'e evemnt nurr	nee in	Part
-	XIII.	iization's collections	s and explain now	illey fulfile	the organization	s exempt purp	,036 III	rait
5	During the year, did the organization	an colicit or roccive o	denotions of art hist	orical trace	uros or other simi	lor		
5	assets to be sold to raise funds rath						· _	No
Dо			airieu as part or trie	organizatioi	15 COHECTION:		:5	INO
Ра	rt IV Escrow and Custodial A Complete if the organiza		oc" on Form 000 I	Part IV/ line	0 or reported a	n amount on	Eorm	
	990, Part X, line 21.	illon answered Te	55 OH FOHH 990, I	ait iv, iiiie	e 9, or reported a	ii aiiiouiii oii	FOIIII	
1.0		too quotodion or o	thar intermedian, f	or contribut	tions or other occ	oto not		
та	Is the organization an agent, trus							٦
	included on Form 990, Part X?					Ye	3S	No
b	If "Yes," explain the arrangement in	n Part XIII and comp	olete the following ta	ole:	<u> </u>			
						Amount		
С	Beginning balance							
d	Additions during the year							
е	Distributions during the year							
f	Ending balance							
	Did the organization include an am	•				,		No
	If "Yes," explain the arrangement in	n Part XIII. Check h	ere if the explanation	n has been p	rovided on Part XII	<u> </u>	<u></u>	
Pa	rt V Endowment Funds.							
	Complete if the organiza							
		(a) Current year	(b) Prior year	(c) Two year	. , ,		our years	
1a	Beginning of year balance	8,356,057.	7,766,368.	2,664		1,590. 2	2,533,	655.
b	Contributions	5,008,038.	655.	5,000	,000.			
С	Net investment earnings, gains,							
	and losses	676,039.	589,034.	102	2,255. 6	2,523.	67	,935.
d	Grants or scholarships							
	Other expenditures for facilities							
•	and programs							
f	Administrative expenses							
g g	End of year balance	14,040,134.	8,356,057.	7,766	,368. 2,66	4,113. 2	2,601,	,590.
2	Provide the estimated percentage	of the current year	end halance (line 1a	column (a)) held as:			
a	Board designated or quasi-endown	nent ▶ 66.9100) %	, column (a)	, ricia as.			
b	Permanent endowment > 24.1		_					
	Term endowment ► 8.9200							
	The percentages on lines 2a, 2b, a	and 2c should equal 1	100%.					
3a	Are there endowment funds not in			are held ar	nd administered for	the		
	organization by:		.				Yes	No
	(i) Unrelated organizations					3a(i)	X
	(ii) Related organizations							X
b	If "Yes" on line 3a(ii), are the relate						_	
4	Describe in Part XIII the intended u	•	•					
	rt VI Land, Buildings, and Equ		tion 3 chaowincht ia	1143.				
ıa	Complete if the organization	ation answered "Y	es" on Form 990,	Part IV, line	e 11a. See Form	990, Part X,	line 10	١
	Description of property	(a) Cost or		or other basis	(c) Accumulated	(d) Book	value	
1a	Land	,		other) 112,292.	depreciation		112,2	292
_	Land			063,273.	2,428,446.	1	634,8	
b	Buildings		1,	28,428.	24,523.	<u> </u>		905.
C C	Leasehold improvements		<u> </u>	325,194.	216,027.		109,1	
d	Equipment			114,734.	80,038.			596.
	Other					1	894,8	
ı uta	i. Aug iines Ta mitoudh Te. (Column	rrun musi eduai Forr	н ээи, ган Х. COIUM	ri (D). IIIIE 10	0c.) ▶	, ±,	ひりせ,0	00/.

Schedule D (Form 990) 2020

Page 3 Schedule D (Form 990) 2020

Part VII Investments - Other Securities.		1 ago V
		O, Part IV, line 11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII Investments - Program Related.		
Complete if the organization answered	d "Yes" on Form 990), Part IV, line 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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		
Part IX Other Assets.		
Complete if the organization answered	d "Yes" on Form 990), Part IV, line 11d. See Form 990, Part X, line 15.
(a) De	escription	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B)	line 15.)	<u></u> ▶
Part X Other Liabilities.		
	d "Yes" on Form 990), Part IV, line 11e or 11f. See Form 990, Part X,
line 25.		
1. (a) Descrip	otion of liability	(b) Book value
(1) Federal income taxes		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)		
2. Liability for uncertain tax positions. In Part XIII, provide the	text of the footnote to	the organization's financial statements that reports the
organization's liability for uncertain tax positions under FASB	ASC 740. Check here if	the text of the footnote has been provided in Part XIII .

PAGE 29

Page 4 Schedule D (Form 990) 2020

	C D (1 0111 030) 2020		1 age 4
Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	8,060,151.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities	.	
С	Recoveries of prior year grants		
d	Other (Describe in Latt Am.)	2e	304,191.
е 3	Add lines 2a through 2d	3	7,755,960.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.) -85,785.		05 705
	Add lines 4a and 4b	4c 5	-85,785. 7,670,175.
5 Part	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		7,070,173.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	1,766,841.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	.	
b	Prior year adjustments	-	
۲ C	Other losses		
d e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	1,766,841.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	.	
b	Other (Describe in Part XIII.) -85,785.	4.	-85,785.
с 5	Add lines 4a and 4b	4c 5	1,681,056.
	XIII Supplemental Information.		
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F		
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	nation	•
SEE	PAGE 5		

Part XIII Supplemental Information (continued)

PART V, LINE 4:

NOAH'S NET ASSETS WITHOUT DONOR RESTRICTIONS ARE AVAILABLE FOR USE IN GENERAL OPERATIONS AND ARE NOT SUBJECT TO DONOR RESTRICTIONS. THE ONLY LIMITS ON THE USE OF NET ASSETS WITHOUT ARE THE BROAD LIMITS RESULTING FROM THE NATURE OF THE NOAH AND THE PURPOSES SPECIFIED IN ITS ARTICLES OF INCORPORATION. NOAH ALSO HAS ASSETS WITH DONOR IMPOSED RESTRICTIONS IN PERPETUITY AS WELL AS DONOR RESTRICTIONS FOR A SPECIFIC PURPOSE.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

ELIMINATION OF IN-KIND SERVICES	-24,415.
FUNDRAISING EXPENSE REPORTED IN SOFE	-61,370.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	-85,785.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

ELIMINATION OF IN-KIND SERVICES	-24,415.
FUNDRAISING EXPENSE REPORTED IN SOFE	-61,370.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	-85,785.

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

Inspection

	e organization					Employer identification	on number
	EST ORGANIZATION FOR AN					91-1362069	
Part I	Fundraising Activities. Com Form 990-EZ filers are not re				Yes" on Form 99	90, Part IV, line 1	7.
1 Ind	icate whether the organization ra	ised funds through	any of the	following	activities. Check	all that apply.	
a	Mail solicitations	е	Solid	citation of i	non-government g	grants	
b	Internet and email solicitations	f	Solid	citation of	government grant	S	
С	Phone solicitations	g			ising events		
d	In-person solicitations	J			J		
or l b lf "	If the organization have a written of key employees listed in Form 990 Yes," list the 10 highest paid ind mpensated at least \$5,000 by the), Part VII) or entity ividuals or entities	in connec	ction with p	rofessional fundra	ising services?	Yes No fundraiser is to be
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	ndraiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1			100				
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total				▶			
	t all states in which the organiza gistration or licensing.	ation is registered o	or licensed	d to solicit	contributions or	has been notified	it is exempt from

Sch	edule	e G (Form 990 or 990-EZ) 2020					Page 2			
Pa	rt I									
		more than \$15,000 of fundra			ions and gross incon	ne on Form 990-EZ	, lines 1 and 6b. List			
		events with gross receipts gre	ate	r than \$5,000.						
				(a) Event #1	(b) Event #2	(c) Other events	(d) Total events			
				ΓA	LYTO		(add col. (a) through col. (c))			
a)				(event type)	(event type)	(total number)	COI. (C))			
Revenue	1	Gross receipts		95,985.	88,235.		184,220			
Re										
		Less: Contributions								
	3	Gross income (line 1 minus		05 005	00.025		104 200			
		line 2)		95,985.	88,235.		184,220			
	4	Cash prizes								
	5	Noncash prizes		30,181.	17,415.		47,596			
sesu	6	Rent/facility costs								
Direct Expenses	7	Food and beverages								
Direc	8	Entertainment		2,900.			2,900			
	9	Other direct expenses		8,040.	2,834.		10,874			
	10	Direct expense summary. Add lines 4 through 9 in column (d)								
	11	Net income summary. Subtract li	ne 1	0 from line 3, colu	ımn (d)		122,850			
	rt I		aniz	ation answered "	Yes" on Form 990,	Part IV, line 19, or	reported more than			
		\$15,000 on Form 990-EZ, lin	e 6a	a.	•		,			
Р				(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add			
Revenue				(u) Billigo	bingo/progressive bingo	(c) c inc. gaining	col. (a) through col. (c))			
ξ										
<u></u>	1	Gross revenue								
ses	2	Cash prizes								
xpenses	3	Noncash prizes								
Direct Ex	4	Rent/facility costs								
ä		Other direct expenses								
	Ť	Culor direct experience,		Yes %	Yes%	Yes%				
	6	Volunteer labor		No No	No No	No No	,			
	7	Direct expense summary. Add lin	es 2	through 5 in colu	mn (d)	▶				
	8	Net gaming income summary. Su	ıbtra	act line 7 from line	1, column (d)	>				
_										
9		Enter the state(s) in which the org								
á H		Is the organization licensed to con If "No," explain:			in each of these stat	es?	Yes No			
Ī	-	-, -, - ,								

Schedule G (Form 990 or 990-EZ) 2020

b If "Yes," explain:

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

No

Sched	lule G (Form 990 or 990-EZ) 2020 Page 3
11	Does the organization conduct gaming activities with nonmembers?
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity
	formed to administer charitable gaming?
13	Indicate the percentage of gaming activity conducted in:
а	The organization's facility
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	Name ▶
	Address ▶
15 a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?
b	
	amount of gaming revenue retained by the third party > \$
С	If "Yes," enter name and address of the third party:
	The first family and address of the time party.
	Name ▶
	Address ▶
16	Gaming manager information:
	Name ▶
	Gaming manager compensation ►\$
	Description of services provided ▶
	Director/officer
17	Mandatory distributions:
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to
	retain the state gaming license?
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations
	or spent in the organization's own exempt activities during the tax year 🕨 \$
Par	Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

Schedule G (Form 990 or 990-EZ) 2020

SCHEDULE M (Form 990)

Noncash Contributions

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990.

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

NORTHWEST ORGANIZATION FOR ANIMAL HELP

Employer identification number 91-1362069

Par	Types of Property							
r ai		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of noncash cont			
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household							
_	goods							
6	Cars and other vehicles.							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation							
15	contribution - Historic							
	structures							
14	Qualified conservation							
	contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ►(ATCH 1)		551.	99,119.				
26	Other ►()			,				
27	Other ►(
28	Other ►(
29	Number of Forms 8283 received	hy the ora	anization during the tax v	ear for contributions for				
	which the organization completed I		•		29			
	which the organization completed i	01111 0200,	r art v, Donec Neknowicage				Yes	No
30a	During the year, did the organizat	ion receive	by contribution any prope	rty reported in Part I. lines	s 1 through			
oou	28, that it must hold for at least the		•	• •	· · ·			i
	to be used for exempt purposes for	•				30a		Х
h	If "Yes," describe the arrangement i		ording portod.			-		
31	Does the organization have a		tance policy that require	es the review of any	nonstandard			
٠.	contributions?					31		Х
322	Does the organization hire or use					J.		
J_ u	contributions?	•	•	•		32a		Х
b	If "Yes," describe in Part II.							
33	If the organization didn't report an	amount in o	column (c) for a type of pro	perty for which column (a)	is checked			
33	describe in Part II.	a.mount in t	or or a type or pro	polity for willour column (a)	io orioonou,			

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

Schedule M (Form 990) 2020

Schedule M (Form 990) (2020) Page **2**

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

ATTACHMENT 1

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

		(B) NUMBER OF	(C) REVENUES	(D) METHOD OF
DESCRIPTION	(A) CHECK	CONTRIBUTIONS	REPORTED	DETERMINING
AUCTION ITEMS & SUPPLI	ES X	551.	99,119.	FAIR MARKET VALUE
TOTALS	-	551.	99,119.	

Schedule M (Form 990) (2020)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2020

Open to Public Inspection

91-1362069

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

NORTHWEST ORGANIZATION FOR ANIMAL HELP

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE NORTHWEST ORGANIZATION FOR ANIMAL HELP IS DEDICATED TO STOPPING THE

EUTHANASIA OF HEALTHY, ADOPTABLE, AND TREATABLE HOMELESS DOGS AND CATS.

WE ARE COMMITTED TO HIGH QUALITY SPAY AND NEUTER PROGRAMS AVAILABLE FOR

LOW INCOME RESIDENTS, FAMILY FRIENDLY PET ADOPTIONS, HUMANE EDUCATION,

AND VOLUNTEER PROGRAMS THROUGH OUR STATE-OF-THE-ART FACILITIES AND

SPAY/NEUTER CENTER.

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

FORM 990 IS REVIEWED AND APPROVED BY THE EXECUTIVE DIRECTOR AND THE BUSINESS & HUMAN RESOURCES DIRECTOR PRIOR TO FILING. A COPY OF THE FORM 990 IS PRESENTED TO BOARD MEMBERS AT AN ANNUAL BOARD MEETING.

FORM 990, PART VI, SECTION B, LINE 12C:

ALL BOARD MEMBERS AND OFFICERS REVIEW AND SIGN THE CONFLICT OF INTEREST POLICY ON AN ANNUAL BASIS. ANY POTENTIAL CONFLICTS OF INTEREST ARE DISCUSSED AT THE BOARD LEVEL, AND A DETERMINATION IS MADE BY A MAJORITY VOTE OF THE DISINTERESTED BOARD MEMBERS AS TO WHETHER OR NOT A CONFLICT EXISTS. THE EXECUTIVE DIRECTOR REVIEWS THE MATTER AND CAN EITHER MAKE THE BOARD MEMBER/OFFICER WITH THE CONFLICT INELIGIBLE TO VOTE, OR THE BOARD MEMBER/OFFICER COULD RECUSE HIM/HERSELF FROM VOTES THAT MAY PERTAIN TO THE CAUSE OF THE CONFLICT.

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

UPON HIRE, THE COMPENSATION OF THE EXECUTIVE DIRECTOR WAS ESTABLISHED BY

Name of the organization

NORTHWEST ORGANIZATION FOR ANIMAL HELP

Employer identification number

91–1362069

COMPARING THE POSITION TO COMPARABLE ORGANIZATIONS AND DETERMINED BY THE BOARD.

ANNUAL INCREASES FOR THE EXECUTIVE DIRECTOR ARE DETERMINED BY THE BOARD AFTER REVIEWING THE ACCOMPLISHMENTS FOR THE YEAR. SALARIES FOR OFFICERS AND EMPLOYEES ARE PROPOSED BY THE EXECUTIVE DIRECTOR AFTER SURVEYING COMPARABLE POSITIONS IN THE AREA AND REVIEWING PERFORMANCE. THE CHAIRPERSON OF THE BOARD REVIEWS THE PROPOSED COMPENSATION AMOUNTS AND DETERMINES APPROPRIATE COMPENSATION.

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

GOVERNING DOCUMENTS, CONFLICT IN INTEREST POLICY AND FINANCIAL STATEMENTS

ARE AVAILABLE UPON REQUEST.

FORM 990, PART VIII, LINE 10

AS PART OF ITS MISSION TO CARE FOR ANIMALS AND EDUCATE THE PUBLIC, THE

ORGANIZATION SELLS CAT AND DOG RELATED FOOD, SUPPLIES, BOOKS, AND VARIOUS

OTHER ITEMS.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

ELIMINATION OF IN-KIND SERVICES

-24,415

ATTACHMENT 1

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

THE NORTHWEST ORGANIZATION FOR ANIMAL HELP IS DEDICATED TO STOPPING

THE EUTHANASIA OF HEALTHY, ADOPTABLE, AND TREATABLE HOMELESS DOGS AND

CATS. WE ARE COMMITTED TO HIGH QUALITY SPAY AND NEUTER PROGRAMS

AVAILABLE FOR LOW INCOME RESIDENTS, FAMILY FRIENDLY PET ADOPTIONS,

Schedule O (Form 990 or 990-EZ) 2020 Page 2

Name of the organization Employer identification number NORTHWEST ORGANIZATION FOR ANIMAL HELP 91-1362069 ATTACHMENT 1 (CONT'D)

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

HUMANE EDUCATION, AND VOLUNTEER PROGRAMS THROUGH OUR STATE-OF-THE-ART

FACILITIES AND SPAY/NEUTER CENTER.