

(Rev. January 2024)

Application for Extension of Time To File an Exempt Organization **Return or Excise Taxes Related to Employee Benefit Plans**

Department of the Treasury Internal Revenue Service

File a separate application for each return. Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts

must use	Form 7004 to request an extension of time to file income	e tax returi	ns.			
Part I - Io	lentification					
Type or Print	Name of exempt organization, employer, or other filer, see instructions.			Taxpayer identification number (TIN		ber (TIN)
Print	HOMEWARD TRAILS ANIMAL RESC	ив. т	NC	32-0086330		0
File by the due date for filing your	by the date for Number, street, and room or suite no. If a P.O. box, see instructions.					
return. See instructions.	City, town or post office, state, and ZIP code. For a for ARLINGTON, VA 22210	oreign addr	ress, see instructions.			
Enter the	Return Code for the return that this application is for (file	e a separat	e application for each return)			. 01
Applicati	on Is For	Return Code	Application Is For			Return Code
Form 990	or Form 990-EZ	01	Form 4720 (other than individual)			09
	0 (individual)	03	Form 5227			10
Form 990		04	Form 6069			11
	-T (sec. 401(a) or 408(a) trust)	05	Form 8870			12
	-T (trust other than above)	06	Form 5330 (individual)			13
Form 990	-T (corporation)	07	Form 5330 (other than individual)			14
Form 104	1-A	08				
● If this a Pla Pla Pla	e Form 5330. pplication is for an extension of time to file Form 5330, y n Name					
	ooks are in the care of SUE BELL PO BOX 100968 - A					
	none No. 7037662647		Fax No.			
	is for a Group Return, enter the organization's four-digit (beck this
	. If it is for part of the group, check this box					
	I request an automatic 6-month extension of time until NOVEMBER 15 , 20 24 , to file the exempt organization return for					
the	organization named above. The extension is for the orga calendar year 20 23 or					
	tax year beginning	, 20	, and ending		, 20)
2 If th	he tax year entered in line 1 is for less than 12 months, ch	heck reasc	on: Initial return	Final retur	n	
	Change in accounting period	opte: th -	toptative tax loop			
	his application is for Forms 990-PF, 990-T, 4720, or 6069	, enter the	tentative tax, less	0-	¢	0.
	nonrefundable credits. See instructions.	ontor on	rofundable gradite and	<u>3a</u>	\$	0.
	nis application is for Forms 990-PF, 990-T, 4720, or 6069 imated tax payments made. Include any prior year overp.			3b	\$	0.
	ance due. Subtract line 3b from line 3a. Include your pa			30	Ψ	•
	ng EFTPS (Electronic Federal Tax Payment System). See			3c	\$	0.
				_ 00	L T	

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form	990
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** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

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

Department of the Treasury Internal Revenue Service

ΑΙ	or th	e 2023 calendar year, or tax year beginning and e	ending		
	Check if pplicab	le: C Name of organization	D Employer identific	ation number	
	Addre	HOMEWARD TRAILS ANIMAL RESCUE, INC.			
	Name		32-008633	30	
	Initial returr	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final			703-766-2	
	termi ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	3,955,333.
	Amer	ARLINGION, VA 22210		H(a) Is this a group re	
	Appli tion pend	F Name and address of principal officer. DOE DEED		for subordinates	
	-	PO BOX 100968, ARLINGTON, VA 22210		H(b) Are all subordinates in	
		empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) o	or 527	1 '	list. See instructions
_	Nebs			H(c) Group exemption	
	orm o art l	f organization: X Corporation Trust Association Other Summary	L Year		I State of legal domicile: VA
	1	Briefly describe the organization's mission or most significant activities: ANIMA			
e	1	Briefly describe the organization's mission or most significant activities:		COR AND FUAC	
Governance	2	Check this box if the organization discontinued its operations or dispose	ed of more	than 25% of its not ass	ote
veri	3				8
ĝ	4	Number of independent voting members of the governing body (Part VI, line 1a)		·····	7
	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)			87
itie	6				950
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
Ā		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
e	8	Contributions and grants (Part VIII, line 1h)		1,968,457.	3,151,795.
Revenue	9	Program service revenue (Part VIII, line 2g)		888,256.	771,034.
eve a	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		5,357.	20,870.
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		4,298.	1,057.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,866,368.	3,944,756.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,406,287.	1,504,318.
ens	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25) 198,90		1,320,689.	1,377,095.
_	1 17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,726,976.	2,881,413.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12		139,392.	1,063,343.
- 28	19		Be	ginning of Current Year	End of Year
Net Assets or	20	Total assets (Part X, line 16)		1,318,061.	2,387,219.
ASSE	20	Total liabilities (Part X, line 16)		47,080.	52,895.
Net,	22	Net assets or fund balances. Subtract line 21 from line 20		1,270,981.	2,334,324.
Pa	art II	Signature Block	I	, ,,,,,,,,	, ,
Und	er pen	alties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the best of my	knowledge and belief, it is
		ct, and complete. Declaration of preparer (other than officer) is based on all information of whi			

Sign	Signature of officer			Date	
Here	SUE BELL, EXECUTIVE DIREC	TOR			
	Type or print name and title				
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN	
Paid	KEITH JENNINGS	KEITH JENNINGS	06/10/	/24 self-employed P01319883	
Preparer	Firm's name SNYDER COHN, PC			Firm's EIN 52-1022232	
Use Only	Firm's address 11200 ROCKVILLE P	IKE, SUITE 415			
	NORTH BETHESDA, M	D 20852		Phone no. 301-652-6700	
May the IRS discuss this return with the preparer shown above? See instructions					
LHA For	Paperwork Reduction Act Notice, see the separation	rate instructions. 332001 12-21-23		Form 990 (2023)	

		TRAILS ANIMAL RESCUE,	INC. 3	2-0086330 Page
Pai	t III Statement of Program Service	•		
		se or note to any line in this Part III		
1	Briefly describe the organization's mission: ANIMAL RESCUE AND PLACE	EMENT		
2	Did the organization undertake any significan			
	prior Form 990 or 990-EZ?	adula O		Yes X No
3	Did the organization cease conducting, or ma		any program services?	Yes X No
	If "Yes," describe these changes on Schedule			
ł	Describe the organization's program service a		est program services, as mea	asured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations	are required to report the amount of grants	and allocations to others, t	he total expenses, and
	revenue, if any, for each program service repo			
la	(Code:) (Expenses \$2, 49	7,572. including grants of \$) (Revenue \$	
	HOMEWARD TRAILS RESCUE			
	SPAY/NEUTER AND MEDICAL BEHAVIORAL SUPPORT.	SUPPORT, FOSTER AND	ADOPTIVE HOMES	AND
	ALSO DURING 2023 HOMEWA	ARD TRAILS MERGED IN T	HE OPERATIONS	OF THEIR
	VOICE RESCUE, A NONPROP			
		NSISTED PRIMARILY OF A		
	AND THERE WERE NO SIGN		EWARD TRAILS P	ROGRAM
	ACTIVITIES AS A RESULT	OF THIS MERGER.		
b	(Code:) (Expenses \$	including grants of \$) (Revenue \$	
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Form	990	(2023)
	330	

1 bit the organization described in section S01(c)[3] or 4947[a](1) (other than a private foundation? 1 X 2 bit the organization require to complete Schedule 0, Schedule 0, Fart 1 3 X 3 bit the organization require to complete Schedule 0, Fart 1 3 X 4 bit the organization require to the organization engage in tobbit/in a clivities on balar 1 or in reportion to candidate for public (G) organization. Differ 0 or in apposition to candidate for public (G) organization and the organization that receives membership due, assessments, or similar innovals as clinical for organization that receives membership due, assessments, or similar innoval to accounts? // res. complete Schedule 0, Part 1 5 X 6 bit the organization metase in the organization that receives membership due, assessments, or similar innoval to accounts? // res. complete Schedule D, Part 1 7 X 7 Dit the organization metase in the distruction or investment of anomatian in culticities? - receive coers space, the avvironmetase in the distruction res. or their structure? // the?, complete Schedule D, Part 1 7 X 8 Did the organization metase in amount in Part 1. All ine 21, for score or custodial account liability, serve as a custodian for amounts in actinuation, diddet or dived part 1. Bit 2, and a space in the organization metase in the organization metase in the organization metase in the organization metase in the organization. Bit 2, and 1. Bit 2, a				Yes	No
2 Is the organization engage in direct particular displant contributions 2 fee instructions 2 X 3 Did the organization engage in direct particular complage activities on behall of or in opposition to candidates for public official? If Yres, "complete Schedule C, Part I 3 X 4 Section 501(b)(3) organizations. Did the organization engage in loobying activities, on have a section 501(b) election in effect. 4 X 5 Is the organization a section 501(c)(A) 501(c)(B), or 501(c)(B) or 501(c	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public official "I "Yes," complete Schedule C, Part II 3 X 4 Section 501(b) organizations. Did the organization ingage in lobbying activities, or have a section 501(b) olaciton in affect during the tax year /I "Yes," complete Schedule C, Part II 4 X 5 Did the organization asterian and yokins a wind and or any similar finds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such finds or accounts for which donors have the right to Part II 6 X 7 Did the organization maintain any donor adviced finds or any similar dige assemuts for which donors have the right to Part II 6 X 9 Did the organization reaves or hold a conservation assemute, including easierms to programs as sets of the "Yes," complete Schedule D, Part II 7 X 9 Did the organization assemut or intrody a related organization, hold assets in donor-restricted endowments or in quasi-relation annount for intrody a related organization, hold assets in donor-restricted endowments or in quasi-relation report an amount for intrody a related organization. Hold assets in donor-restricted endowments or in quasi-relation report an amount for intrody are related by Part VI. 9 X 10 Did the organization report an amount for intrody are related by Part VI. 10 X 111 X 114 <		If "Yes," complete Schedule A	1		
public official "I "Yes," complete Schedule Q. Part I 3 X 4 Section 501(c)[3) organization. Did the organization engage in lobbying activities, or have a section 501(c)[4] ediction in effect during that say year II "Yes," complete Schedule C. Part II 4 X 5 ts the organization a section 501(c)[4], 501(c)[5] or 501(c)[6] organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98 192" If Yes," complete Schedule C, Part II 5 X 6 Did the organization receive or hold a conservation assement, including easements to preserve gone papes. the environment, historic lind areas, or historic structures? If Yes, "complete Schedule D, Part II 7 X 8 Did the organization receive or hold a conservation assement, including easement, credit repair, or debt negotiation service 8 X 9 Did the organization reports an amount in Part X, line 21, for serve or custodial account liability, serve as a custodian for amounts not lised in Part X, reports credit consensing, debt management, credit repair, or debt negotiation server 9 X 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If Yes, "complete Schedule D, Part VI 11 11 X 11 He 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 17 / Yes, "complete Schedule D, Part VI <t< th=""><td>2</td><td>Is the organization required to complete Schedule B, Schedule of Contributors? See instructions</td><td>2</td><td>Х</td><td></td></t<>	2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
4 Section 501(c)(3) organizations. Did the organization engage in tobbying activities, or have a section 501(h) election in effect 4 X 5 Is the organization a section 501(h)(h), 501(h)(h), or 501(c)(h) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-187. If "Yes," complete Schedule C, Part II 5 X 6 Did the organization markins and yobor adviced induc or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right of Did the organization markin any donor adviced into assemeri. Including easements to preserve open pace. 7 X 8 Did the organization service in cluding easements to preserve open space. 7 X 9 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? (ir "res," complete Schedule D, Part II 7 X 10 Did the organization service or an amount for hand guestions is "Yes," then complete Schedule D, Part V, III the organization services or any of the following questions is "Yes," then complete Schedule D, Part V, IIII the organization services and amount for investments - other securities in Part X, line 12, if "res," complete Schedule D, Part V, IIII X 10 X 10 Did the organization memory in	3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
during the tax year? If Yes," complete Schedule C, Part II 4 X 5 Is the organization a section S(10(4), 50		public office? If "Yes," complete Schedule C, Part I	3		_X_
5 Is the organization a sector 501(c)(4), 501(c)(5), or 501(c)(5) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 99-197 if "res," complete Schedule C, Part II 5 X Did the organization maintain any doore advestig funds or any similar indus or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for the preservo open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 6 X Did the organization neared in Part X, ine 21, for secrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide recift consuling, deth management, credit lengh; or deth negotiation services? If "Yes," complete Schedule D, Part IV 0 X Did the organization, directly or through a related organization, hold assets in donor restricted endowments or in quasi-andowments? If "Yes," complete Schedule D, Part VI 10 X Bid the organization report an amount for investments - offer securities in Part X, line 120, that is 5% or more of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VI 11a X Did the organization report an amount for rohor assets in Part X, line 120, Hr Yes, "complete Schedule D, Part XI 11b X Di	4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
a milling amounts as defined in Rev. Proc. 98-197. # "Ves," complete Schedule C, Part II 5 X 6 Did the organization markins my donor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part II 6 X 7 Did the organization markins areas, or historic attructures? If "Yes," complete Schedule D, Part II 7 X 8 Did the organization markins collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 8 X 9 Did the organization markins collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 8 X 9 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-indowments? If "Yes," complete Schedule D, Part IV 8 X 10 X 11 If the organization exports and amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V 10 X 11 If the organization report an amount for land, buildings, and equipment in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part V 114 X 12 Did the organization report an amount for himessenther schulz in 15% that 5% or more of its total assets reported in Part X, line		during the tax year? If "Yes," complete Schedule C, Part II	4		_X_
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? // "yes," complete Schedule D, Part // 6 X 7 Z Z Did the organization maintain collections of works of art, historical reasures, or other similar assets? // "yes," complete Schedule D, Part // 7 Z 8 X Did the organization maintain collections of works of art, historical reasures, or other similar assets? // "yes," complete Schedule D, Part // 7 X 9 Did the organization maintain collections of works of art, historical reasures, or other similar assets? // "yes," complete Schedule D, Part // 7 X 9 Did the organization report an amount in Part X, ime 21, for eacrow or custodial account liability: serve as a custodian for one of the total asset and account liability: serve as a custodian for the applicable. 9 X 9 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? Hill VI, VIII, K, er X, as applicable. 10 X 9 Did the organization report an amount for investments - orbiter securities in Part X, line 12, that is 5% or more of its total asset reported in Part X, line 17? Hill VI, VIII, K, er X, as applicable. 11a X 10 Did the organization report an amount for investments - porgram related in Part X, line 13, that is 5% or more of its total	5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
provide advice on the distribution or investment of amounts in such funds or accounts? // 'Yes,' complete Schedule D, Part // 6 X 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic inductances are unstained in the organization maintain collections of works of art, historical treasures, or other similar asset? // 'Yes,' complete Schedule D, Part // 7 X 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts no listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? 8 X 9 Did the organization directly or through a related organization, hold asset in donor-restricted endowments 10 X 10 Did the organization directly or through a related organization, hold asset in donor-restricted endowments 10 X 11 If the organization report an amount for lawstments - other securities in Part X, line 10? // 'Yes,' complete Schedule D, Part V 10 X 11a X 11a X 10 X 12 Did the organization report an amount for investments - organized in Part X, line 10? // 'Yes,' complete Schedule D, Part X 11a X 13 A 11a X 11a X 14 Us		similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 X 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 8 X 9 Did the organization report an amount in Part X, ine 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? 9 X 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part IV 10 X 11 If 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 VI 11 X 12 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 VI 11 X 13 Did the organization report an amount for investments - program related 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 VI 11 X 14 Did the organization school descrifed or thor other assets in Par	6				
the environment, historic land areas, or historic structures? If Y'es, "complete Schedule D, Part II 7 X 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If Y'es, "complete Schedule D, Part III 8 X 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? 9 X 10 Did the organization report an amount for land, buildings, and equipment, credit repair, or debt negotiation services? 9 X 11 the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI 10 X 12 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 VI 11a X 13 Did the organization report an amount for investments - other securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII 11a X 14 Did the organization report an amount for investments - other securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part X 11a X 15 Did the organization report an amount for other assets in Part X, line 15, thi is 5% or mor			6		<u> </u>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 8 X 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? 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 X 11 If the organization is answer to any of the following questions is "Yes," then complete Schedule D, Part X, UNI, UNI, UX, or X, as applicable. 11a X 11 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a X 11 Did the organization report an amount for investments - rogram related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 167 If Yes," complete Schedule D, Part XI 11b X 12 Did the organization report an amount for other liabilities in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 167 If Yes," complete Schedule D, Part X 11b X 12 Did the organization included in consolidated financial statements for the tax year? If Yes," complete Schedule D, Part X 11td X	7				
Schedule D, Part III 8 X 9 Did the organization report an amount in Part X, line 121, 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? 8 X 10 Did the organization, directly or through a related organization, hold assets in donorrestricted endowments 9 X 11 the organization report an amount for land, buildings, and equipment in Part X, line 127. <i>H</i> *yes, * <i>complete Schedule D</i> , Part V 10 X 12 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 167. <i>H</i> *yes, * <i>complete Schedule D</i> , Part V III 11a X 13 Did the organization report an amount for investments - other securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 167. <i>H</i> *yes, * <i>complete Schedule D</i> , Part V III 11a X 14 Did the organization report an amount for investments for the tax year: notwore of its total assets reported in Part X, line 167. <i>H</i> *yes, * <i>complete Schedule D</i> , Part V III 11a X 14 Did the organization separate or consolidated financial statements for the tax year? 11d X 15 Did the organization acbinal asset reported in Part X, line 12, then completing Schedule D, Part X 11d <td< th=""><td></td><td></td><td>7</td><td></td><td><u> </u></td></td<>			7		<u> </u>
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 negatization services? 9 X 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-nedowments? 10 X 11 If the organization's answer trye's complete Schedule D, Part V 10 X 12 Did the organization report an amount for land, buildings, and equipment in Part X, line 12? If "Yes," complete Schedule D, Part VI 11 11 X 13 Did the organization report an amount for investments - other securities in Part X, line 12? If "Yes," complete Schedule D, Part VI 11 11 X 14 X Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes," complete Schedule D, Part VI 11 11 X 14 Did the organization report an amount for other assets in Part X, line 15? that is 5% or more of its total assets reported in Part X, line 16? If 'Yes," complete Schedule D, Part X 11 X 15 Did the organization report an amount for other labilities in Part X, line 25? If 'Yes," complete Schedule D, Part X 11 X 16 Did the organization repo	8				
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 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a X b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b 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 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 II and IV 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 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 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," and IV 18 X 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X 20b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 201 the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 20a X 	13				
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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 X 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 X 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 18 X 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X 20a X Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule H 20a X	b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
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b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II 21 X	00				
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domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II			200		<u> </u>
	2 I		21		x
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332003 12-21-23

Form	aan	(2023)
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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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	х	
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
-	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>			
•	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		
00	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization requidate, terminate, or dissolve and cease operations? <i>If 'Yes, 'complete Schedule N, Part I</i>			
52		32		x
33	Schedule N, Part II	32		
33		33	х	
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	- 23	
34		34		x
25.0	Part V, line 1	34 35a		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	<u>55a</u>		- 23
U		35b		
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	330		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	26		x
27	<i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
37		07		x
20	and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		х	
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	Λ	
	Check if Schedule O contains a response or note to any line in this Part V		Ver	
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
		•		
		•		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	4.	х	
	(gambling) winnings to prize winners?	1c		(2023)
332004	12-21-23 5	rorm	330	(2023)

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Form	990 (2023) HOMEWARD TRAILS ANIMAL RESCUE, INC. t V Statements Regarding Other IRS Filings and Tax Compliance (continued)	32-0086	330	Pa	age 5
				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			103	
	filed for the calendar year ending with or within the year covered by this return	2a 87			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return		2b	Х	
			3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a				
	financial account in a foreign country (such as a bank account, securities account, or other financial a	-	4a		х
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 A	ccounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac	ction?	5b		Х
	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 th				
		·	6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributi	ons 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 ser	vices 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	is required			
	to file Form 8282?	· · · · · · · · · · · · · · · · · · ·	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza	tion file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the			
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b			
с	Enter the amount of reserves on hand	13c			
14a			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu	le O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner				
	excess parachute payment(s) during the year?		15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		X
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				
332005	12-21-23		Form	990	(2023)

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2023.03050 HOMEWARD TRAILS ANIMAL RE 08344.01

Form 990	(2023)
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HOMEWARD TRAILS ANIMAL RESCUE, INC.

X

01

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	
10	Enter the number of voting members of the governing body at the end of the tax year	1a	I	8	Tes	ť
Ia		10		4		
	If there are material differences in voting rights among members of the governing body, or if the governing					
h	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.	46		7		
	Enter the number of voting members included on line 1a, above, who are independent			4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh					E
_	officer, director, trustee, or key employee?			2	+	╞
3	Did the organization delegate control over management duties customarily performed by or under the	ne direct	t supervision			
					──	╀
4	Did the organization make any significant changes to its governing documents since the prior Form				──	╀
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		5	<u> </u>	∔
6	Did the organization have members or stockholders?			6	<u> </u>	⊥
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint o	one or			
	more members of the governing body?			7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	stockho	lders, or			
	persons other than the governing body?			7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year					T
	The governing body?		•	8a	Х	Г
	Each committee with authority to act on behalf of the governing body?			8b	Х	t
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea				<u> </u>	t
Ŭ	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		
ec	tion B. Policies (This Section B requests information about policies not required by the Internal R		Cadal		<u> </u>	
	This Section B requests mormation about policies not required by the memai R	evenue	Code.)		Yes	Τ
0-	Did the exception have least chanters, branches, or effiliates?			10a	165	╉
	Did the organization have local chapters, branches, or affiliates?			10a		╉
b	If "Yes," did the organization have written policies and procedures governing the activities of such c					
				10b	37	╀
	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	dy befor	e filing the form?	11a	X	╋
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					L
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	∔
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to conf	licts?	12b	\vdash	1
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If	'Yes," de	escribe			
	on Schedule O how this was done			12c	Х	
3	Did the organization have a written whistleblower policy?			13		
4	Did the organization have a written document retention and destruction policy?			14		
5	Did the process for determining compensation of the following persons include a review and approv	al by ind	dependent			Τ
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	х	L
	Other officers or key employees of the organization			15b	1	t
2	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		•••••			t
62	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment w	ith a			
Ja	taxable entity during the year?			16a		I
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate			TOA		\dagger
b						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga			401		I
600	exempt status with respect to such arrangements?			16b	<u> </u>	1
	List the states with which a copy of this Form 990 is required to be filed <u>VA</u>					
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	and 990	-1 (section 501(c)(3	3)s only)	availal	b
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website X Upon request Other (explain		,			
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, c	onflict o	of interest policy, a	nd finan	cial	
	statements available to the public during the tax year.					
	State the name, address, and telephone number of the person who possesses the organization's bo	oks and	d records			
20						
20	<u>SUE BELL - 7037662647</u>					_
20	PO BOX 100968, ARLINGTON, VA 22210					

Form 990 (2023)	HOMEWARD TRAILS ANIMAL RESCUE, IN	C. 32-0086330 Page 7								
Part VII Compe	Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated									
Employ	Employees, and Independent Contractors									
Check if S	Check if Schedule O contains a response or note to any line in this Part VII									
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees										
 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. 										
Enter -0- in columns (D	Enter -0- in columns (D), (E), and (F) if no compensation was paid.									
List all of the are	• List all of the exceptionia ourrant key employees, if any See the instructions for definition of "key employee,"									

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

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A) Name and title	(B) Average		not c	Pos heck	more	than o		(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	box offi	, unle	ss pei	rson i	s both r/trus	n an	compensation from	compensation from related	amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) SUE BELL	45.00									
EXECUTIVE DIRECTOR		Х		Х				130,538.	0.	0.
(2) HEIDI MEINZER	1.00									
PRESIDENT		Х		X				0.	0.	0.
(3) MELISSA DULSKI	1.00									
VICE PRESIDENT	1 00	Х		X				0.	0.	0.
(4) TIM MCFILLIN DIRECTOR	1.00	x						0.	0.	0.
(5) MELISSA CHEN	1.00									
DIRECTOR		Х						0.	0.	0.
-										
			-			-				
			-	-		-				
		-								
332007 12-21-23	1	1	1	1	L	1	I	1	l	Form 990 (2023)

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Form 990 (2023)

Form		HOMEWARD	TRAILS	AN	IIM	ΙAL	R	ES	CU	JE, INC.	32-00)863	330	Pa	age 8
Part		Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	anc	l Hig	ghes	t Co	ompensated Employee	s (continued)				
		(A) Name and title	(B) Average		not cl	Pos heck	more	than c		(D) Reportable	(E) Reportable			(F) timate	
		hours weel (list au hours relate organiza belov line)					irecto	Highest compensated	tee)	compensation from the organization (W-2/1099-MISC/ 1099-NEC)	compensatio from related organizations (W-2/1099-MIS 1099-NEC)	s	com fr org and	nount other pensa om th anizat d relat anizati	ition e ion ed
				-											
		otal								130,538. 0.		0.			0.
		from continuation sheets to Part VI (add lines 1b and 1c)								130,538.		0.			0.
2	Total	number of individuals (including but n pensation from the organization									000 of reportable	, ,			1
		ne organization list any former officer,			•	•	-		Ŭ			[Yes	No
4	For a	a? If "Yes," complete Schedule J for s ny individual listed on line 1a, is the su elated organizations greater than \$150	m of reportabl	e co	mpe	ensa	tion	and	oth	er compensation from t	he organization		3		X X
5	Did a	ny person listed on line 1a receive or a pred to the organization? <i>If "Yes," com</i>	Iccrue comper	Isati	on fr	om	any	unre	elate	ed organization or individ			5		x
Sect	ion B	Independent Contractors													
		blete this table for your five highest col rganization. Report compensation for t										ensat			
(A) Name and business address NONE									(B) Description of s	ervices	С	(C ompei	;) nsatio	n	
									_						
		number of independent contractors (in 000 of compensation from the organized or the organized of the organiz	•	ot lin	nitec	d to t	thos (ted	above) who received mo	ore than			000	

332008 12-21-23

Pa	rt V	/111	Statement of Revenue					
			Check if Schedule O contains a response	or note to any lin		(=)		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts ts	1	а	Federated campaigns 1a					
ran			Membership dues 1b					
a, G		с	Fundraising events 1c	39,079.				
Contributions, Gifts, Grants and Other Similar Amounts		d	Related organizations 1d					
is, C		е	Government grants (contributions) 1e					
tion sr Si		f	All other contributions, gifts, grants, and					
ibu			similar amounts not included above 1f 3	,112,716.				
ontr od C		-	Noncash contributions included in lines 1a-1f					
<u>a C</u>		h	Total. Add lines 1a-1f		3,151,795.			
				Business Code				
ice	2		PET ADOPTION FEES	900099	719,524.	719,524.		
erv			OTHER PROGRAMS	900099 900099	38,851.	38,851. 12,259.		
n S /eni			SUMMER CAMP	900099	12,259. 400.	400.		
Program Service Revenue			SPAY NEUTER FEES	900099	400.	400.		
roç		e 1						
-			All other program service revenue Total. Add lines 2a-2f		771,034.			
	3		Investment income (including dividends, inter		771,054.			
	Ŭ		other similar amounts)		20,870.			20,870.
	4		Income from investment of tax-exempt bond					
	5		Royalties					
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a		1			
		b	Less: rental expenses 6b					
		с	Rental income or (loss) 6c					
		d	Net rental income or (loss)					
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a					
		b	Less: cost or other basis					
anı			and sales expenses 7b					
Revenue			Gain or (loss) 7c					
			Net gain or (loss)					
Other	8	а	Gross income from fundraising events (not					
Ò			including \$ 39,079. of					
			contributions reported on line 1c). See	11 624				
		Ŀ.	Part IV, line 18 8a Less: direct expenses 8t					
			Less: direct expenses 84 Net income or (loss) from fundraising events	-	1,057.			1,057.
			Gross income from gaming activities. See		1,007.			1,007.
	3	a	Part IV, line 19					
		h	Less: direct expenses 9t		-			
			Net income or (loss) from gaming activities					
			Gross sales of inventory, less returns					
			and allowances 10	a				
		b	Less: cost of goods sold 10	b				
			Net income or (loss) from sales of inventory					
(0				Business Code				
sou: e	11	а						
Miscellaneous Revenue		b						
cell }eve		С						
Mis		d	All other revenue					
_			Total. Add lines 11a-11d			771 024	0	01 007
	12		Total revenue. See instructions		3,944,756.	771,034.	0.	21,927.
33200	9 12-	-21-2	23					Form 990 (2023)

HOMEWARD TRAILS ANIMAL RESCUE, INC.

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Form 990 (2023)

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Page **9**

32-0086330

HOMEWARD TRAILS ANIMAL RESCUE, INC. 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).

0000	on 501(c)(3) and 501(c)(4) organizations must comp				
	Check if Schedule O contains a respons			(C)	
	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
-					
•	F F				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	130,538.	110,957.	6,527.	13,054.
6	Compensation not included above to disqualified		-		
•	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	1,263,426.	1,073,912.	63,171.	126,343.
7	Other salaries and wages	1,203,420.	1,0/3,912.	03,1/1.	120,343.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	110,354.	93,801.	5,518.	11,035.
11	Fees for services (nonemployees):	-	-	-	-
a	Management				
		25,526.	25,526.		
b	Legal	26,463.	23,520.	26,463.	
С	Accounting	20,403.		20,403.	
d	, o F				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	127,218.	103,595.	486.	23,137.
12	Advertising and promotion	8,266.	8,266.		· · · ·
13	Office expenses	33,099.	27,874.	3,318.	1 907.
		41,589.	22,447.	575100	1,907. 19,142.
14	Information technology	41,305.	22, 11/ •		17,142.
15	Royalties				
16	Occupancy	56,756.	56,756.		
17	Travel	21,418.	21,418.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	10,938.	10,876.		62.
20		.,	.,		
	F				
21	Payments to affiliates	1,749.	1,749.		
22	Depreciation, depletion, and amortization	38,687.		1 004	4 000
23	Insurance	30,00/.	32,575.	1,884.	4,228.
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)				
а	ANIMAL VETTING	627,761.	627,761.		
b	ANIMAL SUPPLIES AND MED	136,717.	136,717.		
~	BANK CHARGES AND MERCHA	89,837.	17,967.	71,870.	
ن بہ	ADOPTION CENTER MAINTEN	62,483.	62,483.	, _ , 0 , 0 •	
d		68,588.		5 606	
	All other expenses		62,892.	5,696.	100 000
25	Total functional expenses. Add lines 1 through 24e	2,881,413.	2,497,572.	184,933.	198,908.
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)				
					000

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332010 12-21-23

2023.03050 HOMEWARD TRAILS ANIMAL RE 08344.01

Form 990 (2023)

09540610 757209 08344.000

HOMEWARD TRAILS ANIMAL RESCUE, INC.

Form	n 990 (S AN	IMAL RESCUE, I	32-	0086330 Page 11	
Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or note	e to any l	ine in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			737,729.	1	787,168.
	2	Savings and temporary cash investments			564,785.	2	660,654.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net		4			
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes		5			
	6	Loans and other receivables from other disqualif	ied perso	s ons (as defined			
		under section 4958(f)(1)), and persons described	in sectio	on 4958(c)(3)(B)		6	
ŝ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	1,014,614.			
	b				9,771.	10c	933,621.
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, line 1			12		
	13	Investments - program-related. See Part IV, line 1		13			
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			5,776.	15	5,776.
	16	Total assets. Add lines 1 through 15 (must equa			1,318,061.	16	2,387,219.
	17	Accounts payable and accrued expenses				17	
	18	Grants payable				18	
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
Liabilities	22	Loans and other payables to any current or form trustee, key employee, creator or founder, substa					
billid		controlled entity or family member of any of thes			12,500.	22	34,834.
Lia	23	Secured mortgages and notes payable to unrela	-		12,500.	23	51/0510
	24	Unsecured notes and loans payable to unrelated		· · · · · · · · · · · · · · · · · · ·		24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines	·				
		of Schedule D			34,580.	25	18,061.
	26				47,080.	26	52,895.
		Organizations that follow FASB ASC 958, che	ck here	X			
ses		and complete lines 27, 28, 32, and 33.					
lanc	27	Net assets without donor restrictions			1,270,981.	27	2,334,324.
Bal	28	Net assets with donor restrictions				28	
nd		Organizations that do not follow FASB ASC 95	58, chec	k here			
л Ц		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or eq				30	
t As	31	Retained earnings, endowment, accumulated inc	come, or	other funds	1 000 001	31	0.004.004
Ne	32			····· -	1,270,981.	32	2,334,324.
	33	Total liabilities and net assets/fund balances			1,318,061.	33	2,387,219.

Form **990** (2023)

Check if Schedule O contains a response or note to any line in this Part XI 1 Total revenue (must equal Part VIII, column (A), line 12) 2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses. Subtract line 2 from line 1 4 1, 2063, 343. 5 4 6 7 7 8 6 7 7 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 Other changes in net assets or fund balances (explain on Schedule O) 9 Other changes in net assets or fund balances (explain on Schedule O) 9 Other changes in net assets or fund balances (explain on Schedule O) 9 Other changes in net assets or fund balances (explain on Schedule O) 9 Other changes in net assets or fund balances (explain on Schedule O) 9 Other changes in net assets or fund balances (explain on Schedule O) 9 Other changes in net assets or fund balances (explain on Schedule O) 9 Other changes in net assets or fund balances (explain on Schedule O) 9 Other 9 Other changes in tet assets or fund balances (explain on Schedule O) <td< th=""><th>_</th><th>1990 (2023) HOMEWARD TRAILS ANIMAL RESCUE, INC.</th><th>32-</th><th><u>-008633</u></th><th>0 F</th><th>o_{age} 12</th></td<>	_	1990 (2023) HOMEWARD TRAILS ANIMAL RESCUE, INC.	32-	<u>-008633</u>	0 F	o _{age} 12			
1 Total revenue (must equal Part VIII, column (A), line 12) 1 3,944,756. 2 Total expenses (must equal Part IX, column (A), line 25) 2 2,881,413. 3 Revenue less expenses. Subtract line 2 from line 1 3 1,063,343. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 1,270,981. 5 Donated services and use of facilities 6 6 7 8 Prior period adjustments 6 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 2,334,324. Pert XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes No 1 Accounting method used to prepare the Form 990: X Cash Accrual Other 2a X If 'Nes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated a	Pa	rt XI Reconciliation of Net Assets							
2 Total expenses (must equal Part IX, column (A), line 25) 2 2, 881, 413. 3 Revenue less expenses. Subtract line 2 from line 1 3 1, 063, 343. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 1, 270, 981. 5 Net unrealized gains (losses) on investments 5 6 6 7 1 8 7 8 7 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 2, 334, 324. 9 0. 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 2, 334, 324. Part XII Financial Statements and Reporting 10 2, 334, 324. Check if Schedule O contains a response or note to any line in this Part XII 10 2, 334, 324. 1 Accounting method used to prepare the Form 990: X Cash Accrual Other 2 2 X If "Yes," check a box below to indicate whether the financial statements for the year were compil		Check if Schedule O contains a response or note to any line in this Part XI							
2 Total expenses (must equal Part IX, column (A), line 25) 2 2, 881, 413. 3 Revenue less expenses. Subtract line 2 from line 1 3 1, 063, 343. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 1, 270, 981. 5 Net unrealized gains (losses) on investments 5 6 6 7 1 8 7 8 7 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 2, 334, 324. 9 0. 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 2, 334, 324. Part XII Financial Statements and Reporting 10 2, 334, 324. Check if Schedule O contains a response or note to any line in this Part XII 10 2, 334, 324. 1 Accounting method used to prepare the Form 990: X Cash Accrual Other 2 2 X If "Yes," check a box below to indicate whether the financial statements for the year were compil									
3 Revenue less expenses. Subtract line 2 from line 1 3 1,063,343. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 1,270,981. 5 6 6 6 7 8 9 0ther changes in net assets or fund balances (explain on Schedule 0) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 2,334,324. Part XIII Financial Statements and Reporting 10 2,334,324. Check if Schedule O contains a response or note to any line in this Part XII Vers Yes 1 Accounting method used to prepare the Form 990: X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a X Id "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2a X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, indicate whether the financial statements for the year were audited on a separate basis, or both: 2b X If "Yes," check a box below to ind	1	Total revenue (must equal Part VIII, column (A), line 12)	1						
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 1,270,981. 5 Net unrealized gains (losses) on investments 5 6 6 Donated services and use of facilities 6 7 7 Investment expenses 7 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 2,334,324. Part XII Financial Statements and Reporting 10 2,334,324. Check if Schedule O contains a response or note to any line in this Part XII Vers Yes 1 Accounting method used to prepare the Form 990: X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis, 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	2	Total expenses (must equal Part IX, column (A), line 25)	2	·					
5 Net unrealized gains (losses) on investments 5 6 Donated services and use of facilities 6 7 Investment expenses 7 8 Prior period adjustments 9 0. 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 2, 334, 324. Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes No 1 Accounting method used to prepare the Form 990: X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis, 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, 2b X If "Yes," check a bo	3								
6 Donated services and use of facilities 7 Investment expenses 8 9 9 Other changes in net assets or fund balances (explain on Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 2,334,324. Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Yes 1 Accounting method used to prepare the Form 990: X Cash Accrual Other If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis b Were the organization's financial statements audited basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, or both: Separate basis Consolidated basis Both consolidated and separate basis, or below to indicate whether the financial statements for the year were audited on a separate basis, or both: If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, or both:	4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))							
7 Investment expenses 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: 1 Accounting method used to prepare the Form 990: 2 X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, or both: Separate basis Consolidated basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, or both: Separate basis Consolidated basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, or both: If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, or both: If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, or both indicate whether the financial statements for the year were audited on a separate basis, or both indicate whether the financial statements for the year were audited on a separate basis, o	5	Net unrealized gains (losses) on investments	5						
8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 2,334,324. Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes No 1 Accounting method used to prepare the Form 990: X Cash Accrual Other	6	Donated services and use of facilities	6						
9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 2,334,324. Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes No 1 Accounting method used to prepare the Form 990: X Cash Accrual Other	7	Investment expenses	7						
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c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,	с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,						
review, or compilation of its financial statements and selection of an independent accountant?		review, or compilation of its financial statements and selection of an independent accountant?		2	2c				
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O						
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the	3a	3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the							
Uniform Guidance, 2 C.F.R. Part 200, Subpart F? 3a X		Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			la	X			
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red aud	it					
or audits, explain why on Schedule O and describe any steps taken to undergo such audits		or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3					

Form **990** (2023)

332012 12-21-23

(Form 990) Public Charity Status and Public Support	OMB No. 1545-0047								
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Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.	Ζυζυ								
Department of the Treasury Attach to Form 990 or Form 990-EZ.	Open to Public								
Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.	Inspection								
-	yer identification number								
HOMEWARD TRAILS ANIMAL RESCUE, INC.	32-0086330								
Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.									
The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)									
1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).									
2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)									
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). En	ter the hospital's name,								
city, and state:									
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit desc	ribed in								
section 170(b)(1)(A)(iv). (Complete Part II.)									
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).									
7 An organization that normally receives a substantial part of its support from a governmental unit or from the gene	ral public described in								
section 170(b)(1)(A)(vi). (Complete Part II.)									
8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)									
9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-gr	-								
or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the col	ege or								
university:									
10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees,									
activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support	-								
income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organizati	on after June 30, 1975.								
See section 509(a)(2). (Complete Part III.)									
11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).	the numbers of one or								
	12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or								
more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on									
lines 12a through 12d that describes the type of supporting organization and complete lines 12a, 13f, and 12a	3). Check the box on								
lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.	-								
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Schedule A (Form 990) 2023	HOMEWARD					32-0086330	Page 2
Part II Support Schedule	or Organizatio	ons Describ	oed in Sect	ions 170(b)(1)(A)(iv) a	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	ction A. Public Support		-		-	_	-
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11							
12	Gross receipts from related activities,	etc. (see instruction	ons)	-		12	
13	First 5 years. If the Form 990 is for the	ne organization's fi				i01(c)(3)	
	organization, check this box and sto	phere			-		
Sec	ction C. Computation of Publi	c Support Per	rcentage				
14	Public support percentage for 2023 (ine 6, column (f), d	livided by line 11,	column (f))		14	%
15	Public support percentage from 2022	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2023. If the	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or m	nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organizatior	۱ <u></u>			
b	33 1/3% support test - 2022. If the	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qua	ifies as a publicly s	supported organiz	ation			
17a	10% -facts-and-circumstances test	: - 2023. If the org	ganization did not	check a box on lin	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop he	ere. Explain in Part	VI how the organiz	zation
	meets the facts-and-circumstances te	st. The organizatio	on qualifies as a pu	ublicly supported o	organization		
b	10% -facts-and-circumstances test	- 2022. If the org	ganization did not	check a box on lin	e 13, 16a, 16b, or ⁻	17a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circun	nstances test, che	ck this box and s	top here. Explain i	n Part VI how the	
	organization meets the facts-and-circ	umstances test. Th	ne organization qu	alifies as a publicly	y supported organi	zation	
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a	nd see instruction	s
						Schedule A	(Form 990) 2023

Schedule A (Form 990) 2023

HOMEWARD TRAILS ANIMAL RESCUE, INC. 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.) Section A. Public Support

Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	816,932.	1588527.	1691590.	1968457.	3151795.	9217301.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	1063584.	1021496.	879,853.	889,377.	811,170.	4665480.
3	Gross receipts from activities that						
-	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
•	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
5	furnished by a governmental unit to						
	the organization without charge	1000516	0.61.0.0.0.0	0551440	00550004	200000	1 2 0 0 0 0 0 1
	Total. Add lines 1 through 5	1880516.	2610023.	2571443.	2857834.	3962965.	13882781.
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	117,700.	108,588.				226,288.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
	Add lines 7a and 7b	117,700.	108,588.				226,288.
	Public support. (Subtract line 7c from line 6.)		,				13656493.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6	1880516.	2610023.	2571443.	2857834.	3962965.	13882781.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	3,052.	1,165.	599.	5,357.	20,870.	31,043.
b	Unrelated business taxable income		-		-		
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b	3,052.	1,165.	599.	5,357.	20,870.	31,043.
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on					·	·
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)		3,725.		3,247.		6,972.
13	Total support. (Add lines 9, 10c, 11, and 12.)	1883568.	2614913.	2572042.	2866438.	3983835.	13920796.
14	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third, f	ourth, or fifth tax y	vear as a section 5	01(c)(3) organizatio	on,
Sec	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2023 (I	ine 8, column (f), d	ivided by line 13, c	olumn (f))		15	<u>98.10 %</u>
	Public support percentage from 2022					16	<u>97.31 %</u>
Sec	Section D. Computation of Investment Income Percentage						
17	Investment income percentage for 20)23 (line 10c, colun	nn (f), divided by lii	ne 13, column (f))		17	.22 %
	Investment income percentage from a					18	.10 %
19 a	33 1/3% support tests - 2023. If the	organization did n	ot check the box o	on line 14, and line	15 is more than 3	3 1/3%, and line 17	
	more than 33 1/3%, check this box ar	nd stop here. The	organization quali	ies as a publicly s	upported organizat	tion	X
b	33 1/3% support tests - 2022. If the						
_	line 18 is not more than 33 1/3%, che						
	Private foundation. If the organizatio	n did not check a l	box on line 14, 19a	a, or 19b, check th	is box and see ins		
33202	23 12-21-23					Schedule A	(Form 990) 2023

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Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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Schedule A (Form 990) 2023

2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

HOMEWARD TRAILS ANIMAL RESCUE, INC. 32-0086330 Page 5 Schedule A (Form 990) 2023 Part IV Supporting Organizations (continued) Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? 11a b A family member of a person described on line 11a above? 11b c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide <u>detail in Part VI</u> 11c

Section B. Type I Supporting Organizations

			Yes
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? <i>If "No," describe in</i> 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,

upervised, or controlled the supporting organization. Section C. Type II Supporting Organizations

Were a majority of the organization's directors or trustees during the tax year also a majority of the directors 1 or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- The organization satisfied the Activities Test. Complete line 2 below. а
- 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 (see instructions).
	 ······································	Describe in a second you supported a governmental entity (see instruction <u>s).</u>

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- Parent of Supported Organizations. Answer lines 3a and 3b below. 3

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.

2a 2b 3a 3b Schedule A (Form 990) 2023

Yes No

No

Yes No

1

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Sche	dule A (Form 990) 2023 HOMEWARD TRAILS ANIMAL			32-0086330 Page 6	
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin				
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	ig trust on	Nov. 20, 1970 (explain	in Part VI). See instructions.	
	All other Type III non-functionally integrated supporting organizations mus	t complete	Sections A through E.		
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
	collection of gross income or for management, conservation, or				
	maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
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):				
a	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
C	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other factors				
	(explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,				
	see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	Section 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.				
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions).	6			
7	Check here if the current year is the organization's first as a non-functional	lly integrate	ed Type III supporting o	rganization (see	

Schedule A (Form 990) 2023

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instructions).

2023	HOMEWARD	TRAILS
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OMEWARD I	TRAILS	ANIMAL	RESCUE,	INC.
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		LS ANIMAL RESCU			2-0086330	Page 7
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continu	led)		
Secti	on D - Distributions				Current Ye	ar
_1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported				
	organizations, in excess of income from activity	2				
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	6	3		
_4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
6	Other distributions (describe in Part VI). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	ne organization is responsive				
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2023 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount	I	[10		
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2023	าร	(iii) Distributab Amount for 2	
1	Distributable amount for 2023 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2023 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2023					
а	From 2018					
b	From 2019					
с	From 2020					
d	From 2021					
е	From 2022					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
	Applied to 2023 distributable amount					
i	Carryover from 2018 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2023 from Section D,					
	line 7: \$					
а	Applied to underdistributions of prior years					
	Applied to 2023 distributable amount					
с	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2023, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2023. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2024. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
	Excess from 2019					
	Excess from 2020					
	Excess from 2021					
	Excess from 2022					
	Excess from 2023					

Schedule A (Form 990) 2023

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Schedule A	(Form 990) 2023					RESCUE		32-0086330 Page
Part VI	Part IV, Section A, I line 1; Part IV, Secti	ines 1, 2, 3b, 3c, 4 ion D, lines 2 and 3	lb, 4c, 5a, 6 3; Part IV, Se	, 9a, 9b, ection E,	9c, 11a, 11b, lines 1c, 2a,	, and 11c; Part 2b, 3a, and 3b	IV, Section B, ; Part V, line 1;	17a or 17b; Part III, line 12; lines 1 and 2; Part IV, Section C, Part V, Section B, line 1e; Part V, additional information.
332028 12-21-2	23				21			Schedule A (Form 990) 202

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

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

2023

Employer identification number

Schedule	В
(Form 990)	

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

IOMEWARD	TRAILS	ANIMAL	RESCUE,	INC.	
	1101110		REDCCE,	T 1(C 1	

32-0086330

Filers of:	Section:
Form 990 or 990-EZ	$\fbox{3}$ 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

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

Special Rules

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

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

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

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

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

Schedule B (Form 990) (2023)

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
1		\$ <u>11,185.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
2		S 5,847. Persor Payrol Nonca (Complete noncash c					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
3		\$ <u>16,183.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
4		\$ <u>26,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
5		\$34,515.	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
6		\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2023)				

Employer identification number

32-0086330

09540610 757209 08344.000

Part I

HOMEWARD TRAILS ANIMAL RESCUE, INC.

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 7 9,775. \$ (Complete Part II for noncash contributions.) (a) (b) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 8 9,574. \$ (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$6,809.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$6,609.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ <u> </u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12			Person X Payroll
323452 12-26	-23 24	\$9,750.	Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2023)

32-0086330

Person Payroll

Noncash

Person Payroll

Noncash

Employer identification number

(d)

(d)

X

X

Part I

HOMEWARD TRAILS ANIMAL RESCUE, INC.

(a) (d) (b) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 13 X Person Payroll 5,150. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 14 X Person Payroll 7,325. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 15 X Person Payroll 5,675. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 16 X Person Payroll 7,590. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 17 X Person Payroll 6,060. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 18 X Person Payroll 8,293. Noncash \$ (Complete Part II for noncash contributions.) 323452 12-26-23 Schedule B (Form 990) (2023) 25 09540610 757209 08344.000

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

Schedule B (Form 990) (2023)

Employer identification number

32-0086330

Page 2

			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21		\$ <u>9,310.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22		\$15,042.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23		\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24		\$14,085.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
23452 12-26-	-23		Schedule B (Form 990) (2023)

HOMEWARD TRAILS ANIMAL RESCUE, INC.

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(b)

Name, address, and ZIP + 4

(b)

Name, address, and ZIP + 4

(a)

No.

19

(a)

No.

20

32-0086330

Person Payroll

Noncash

Person Payroll

Noncash

(Complete Part II for noncash contributions.)

(d)

Type of contribution

Page 2 Employer identification number

(d)

Type of contribution

X

X

(c)

Total contributions

(c)

Total contributions

\$

\$

5,298.

7,019.

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^{323452 12-26-23}

Schedule B (Form 990) (2023)

Part I	t I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.						
(a)	(b)	(c)	(d)				
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution				
25		\$ <u>925,600.</u> 	Person Payroll Noncash X (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
26		\$ <u>33,117.</u>	PersonPayrollNoncashX(Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
	, , , , , , , , , , , , , , , , ,	\$	Person Payroll On Complete Part II for noncash contributions.)				
(a)	(b)	(c)	(d)				
No.	Name, address, and ZIP + 4	Total contributions \$	Type of contribution Person				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroll Payroll (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.)				

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HOMEWARD TRAILS ANIMAL RESCUE, INC.

Employer identification number

32-0086330

Page 2

HOMEW	ARD TRAILS ANIMAL RESCUE, INC.	32-0086330		
Part II	Noncash Property (see instructions). Use duplicate copies of Par	t II if additional space is needed.		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
25	DONATED PROPERTY		0. 12/31/23	
(a) No.	(b)	\$(c) FMV (or estimate)	(d)	
from Part I	Description of noncash property given	(See instructions.)	Date received	
26		\$33,11	7. 12/26/23	
(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	
323453 12-26	-23	\$		

Schedule B (Form 990) (2023)

Employer identification number

Schedule B (Form 990) (2023)

09540610 757209 08344.000

2023.03050 HOMEWARD TRAILS ANIMAL RE 08344.01

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Schedule B	(Form 990) (2023)			Page 4
Name of org	ganization			Employer identification number
HOMEWA	RD TRAILS ANIMAL RESCU	E, INC.		32-0086330
Part III		ons to organizations described in sec through (e) and the following line entry charitable, etc., contributions of \$1,000 or le	. For organizations	hat total more than \$1,000 for the year
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
		(e) Transfer of gift		
F	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	ansferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
-		(e) Transfer of gift		
	Transferee's name, address, a		Relationship of tra	ansferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
F		(e) Transfer of gift		
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	ansferor to transferee
(a) No. from				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
F		(e) Transfer of gift		
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	ansferor to transferee
323454 12-26-2	23			Schedule B (Form 990) (2023)

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(Form	990)	
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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.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

HOMEWARD	TRAILS	ANIMAL	RESCUE.	INC.	

Employer identification number 32-0086330

Par	t I Organizations Maintaining Donor Advised Funds or Other Similar Funds of	or Accounts. 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 advise	d 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 funds can be u	
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose of	
	impermissible private benefit?	
Par	rt II Conservation Easements. Complete if the organization answered "Yes" on Form 990, P	art 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 form o	f a conservation easement on the last
	day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
с	Number of conservation easements on a certified historic structure included on line 2a	2c
d	Number of conservation easements included on line 2c acquired after July 25, 2006, and not	
	on a historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the	
	year	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conse	rvation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation	on easements during the year
8	Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?	Yes No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense s	tatement and
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statement	nts that describes the
D	organization's accounting for conservation easements.	
Par	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Oth	ier 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 an	
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in fur	
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items	
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and ba	
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furthe	erance of public service,
	provide the following amounts relating to these items.	•
	(i) Revenue included on Form 990, Part VIII, line 1	
~	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial	gain, provide
	the following amounts required to be reported under FASB ASC 958 relating to these items:	
	Revenue included on Form 990, Part VIII, line 1	
	Assets included in Form 990, Part X	
	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 2023
332051	1 09-28-23	

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Sche		D TRAILS A						32-00			_{age} 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Hist	torical Tre	easures, o	or Othe	r Sim	ilar Asset	s (conti	nued)	
3	Using the organization's acquisition, accessi	on, and other record	s, chec	k any of the	following tha	t make s	ignifica	ant use of its			
	collection items (check all that apply).				C C		•				
а	Public exhibition	c	1 🗌	Loan or ex	change progr	am					
b	Scholarly research	e		1	enange pregi						
c	Preservation for future generations										
_		alloctions and evalui	a how t	boy further t	ha organizati	on'o ovo	mot o	rnoog in Dar			
4	Provide a description of the organization's co During the year, did the organization solicit c	-		•	-			-			
5	0, , , 0		,		,				V		7 N -
Da	to be sold to raise funds rather than to be ma t IV Escrow and Custodial Arran										No
Fai	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the	e organizatio	on answered "	Yes" on	Form	990, Part IV,	line 9, or		
1 a	Is the organization an agent, trustee, custod								_		٦
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	table:							
									Amoun	t	
	Beginning balance							lc			
d	Additions during the year							ld			
е	Distributions during the year						L	le			
f	Ending balance						L	1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for	escrow or c	ustodial acco	ount liabi	lity?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds Complete if	the organization and	swered	"Yes" on Fo	orm 990, Part	IV, line 1	0.				
		(a) Current year	(b)	Prior year	(c) Two yea	ars back	(d) Th	ree years back	(e) Fou	r years	back
1a	Beginning of year balance										
b	Contributions										
с	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	rent vear end balanc	e (line 1		a)) held as:						
	Board designated or quasi-endowment	•	02	rg, column (e							
a h	Permanent endowment	%									
U O		⁹⁰									
C	· · · · · · · · · · · · · · · · · · ·	-									
•	The percentages on lines 2a, 2b, and 2c sho										
за	Are there endowment funds not in the posse	ession of the organiza	ation th	at are neid a	ind administe	rea for tr	ne			Yes	No
	organization by:									165	
	(i) Unrelated organizations?								3a(i)		
	(ii) Related organizations?								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza								. 3 b		
4	Describe in Part XIII the intended uses of the		wment	funds.							
Par	t VI Land, Buildings, and Equipm				o =			_			
	Complete if the organization answere	d "Yes" on Form 990	J, Part I	IV, line 11a. S	See Form 990	<u>, </u>					
	Description of property	(a) Cost or c		• • •	st or other	1	Accum		(d) Boo	k valu	е
		basis (investr	nent)		s (other)	de	eprecia	tion		4 0	<u> </u>
	Land				54,300.					4,3	
	Buildings			66	51,300.				66	1,3	00.
с	Leasehold improvements										
d	Equipment			8	39,014.		80	<u>,993.</u>		8,0	21.
	Other										
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990. Part	<u>X. line</u>	<u>10c. colum</u> r	<u>n (B))</u>	<u></u>	<u></u>		93	3,6	21.
	· · · · ·							Calcadud	. D /	- 000	0000

Schedule D (Form 990) 2023

332052 09-28-23

vestments - Other Securities omplete if the organization answered "Yes of security or category (including name of security) privatives d equity interests			e 12. Cost or end-of-year market value
of security or category (including name of security) rivatives			
rivatives	(b) Book value	(c) Method of valuation: (Cost or end-of-year market value
l equity interests			
vestments - Program Related.	" on Form 990, Part IV/ line	11c See Form 990 Part X lin	e 13
=			Cost or end-of-year market value
,		(-,	
ust equal Form 990. Part X. line 13. col. (B))			
ther Assets	•		
mplete if the organization answered "Yes	" on Form 990, Part IV, line	11d. See Form 990, Part X, lin	e 15.
(2)	a) Description		(b) Book value
(b) must equal Form 990, Part X, line 15, o	col. (B))		<u></u>
	" on Form 990, Part IV, line	11e or 11f. See Form 990, Par	
(a) Description of liability			(b) Book value
income taxes			10.001
IT CARD PAYABLE			18,061.
			10.001
	mplete if the organization answered "Yes Description of investment ist equal Form 990, Part X, line 13, col. (B)) her Assets mplete if the organization answered "Yes (a) b) must equal Form 990, Part X, line 15, co her Liabilities mplete if the organization answered "Yes (a) Description of liability ncome taxes I'T CARD PAYABLE b) must equal Form 990, Part X, line 25, co	vestments - Program Related. mplete if the organization answered "Yes" on Form 990, Part IV, line i) Description of investment (b) Book value iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	vestments - Program Related. mplete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line (b) Book value (c) Method of valuation: ((c) Method of valu

Schedule D (Form 990) 2023

332053 09-28-23

Sche	dule D (Form 990) 2023 HOMEWARD TRAILS ANIMAL RESC	CUE, INC.	32-0086330 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statemer	nts With Revenu	Je per Return
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)		
Ра	t XII Reconciliation of Expenses per Audited Financial Stateme		ises per Return
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities		
b	Prior year adjustments		
с	Other losses		
a	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a L	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.) Add lines 4a and 4b		40
C E			
Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) T XIII Supplemental Information		
	- spp		

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

332054 09-28-23

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ng or Gaming A	ctiv	ities	OMB No. 1545-0047	
(Form 990)	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.						or if the	2023	
Department of the Treasury		organization entered more than \$ 15,000 on Form 990-EZ, line ba.						Open to Public	
Internal Revenue Service		o www.irs.gov/Form990 for instruc	tions	and t	ne latest information	า.		Inspection	
Name of the organization			20111					entification number	
Part I Fundrais		D TRAILS ANIMAL RE: Complete if the organization answe				ino 1	32 - 008		
	complete this part			63 01	11 0m 990, 1 art 10, 1		7. T OIIII 330-L		
 a Mail solicitat b Internet and c Phone solici d In-person so 	tions email solicitations tations licitations		ion of ion of fundra	non-g gover aising	overnment grants nment grants events	tees.	or		
•		art VII) or entity in connection with pr	•	Ũ		,	Ye	es 🗌 No	
		viduals or entities (fundraisers) pursua	ant to	agreei	ments under which th	ne fur	ndraiser is to l	be	
compensated at le	east \$5,000 by the	organization.							
(i) Name and address of individual or entity (fundraiser)		(ii) Activity		Did raiser ustody itrol of utions?	(iv) Gross receipts to from activity		Amount paid or retained by fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization	
			Yes	No					
Total 3 List all states in white	ich the organizatio	n is registered or licensed to solicit c	ontrib	utions	or has been notified	it is o	exempt from I	egistration	
or licensing.								-	

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

Schedule G (Form 990) 2023

LHA 332081 09-13-23

HOMEWARD TRAILS ANIMAL RESCUE, INC.

32-0086330 Page 2

Part II	Fundraising	Events.	Complet

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			SPAGHETTI		(add col. (a) through
		PAW JAMMIN	BINGO	2	col. (c)
		(event type)	(event type)	(total number)	
1	Gross receipts	27,195.	14,266.	9,252.	50,713
2	Less: Contributions	27,195.	9,130.	2,754.	39,079
3	Gross income (line 1 minus line 2)		5,136.	6,498.	11,634
4	Cash prizes				
5	Noncash prizes				
6	Rent/facility costs				
7	Food and beverages				
8	Entertainment				
			1,471.	1,876.	10,577.
			•		10,577
11	Net income summary. Subtract line 10 from I				1,057
		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c
1	Gross revenue				
2	Cash prizes				
3	Noncash prizes				
4	Rent/facility costs				
5	Other direct expenses	Vac %	Vec %	Vac %	
6	Volunteer labor	No 70	□ 70 □ No	//	
7	Direct expense summary. Add lines 2 throug	h 5 in column (d)			
8	Net gaming income summary. Subtract line 7	7 from line 1, column (d)			
Ent	er the state(s) in which the organization condu	ucts gaming activities:			
lf "I	No," explain:				
	re any of the organization's gaming licenses re				Yes No
	re any of the organization's gaming licenses re Yes," explain:				Ves N
	2 3 4 5 6 7 8 9 10 1 1 2 3 4 5 6 7 8 9 10 11 1 2 3 4 5 6 7 8 9 10 11 11 1 2 3 4 5 6 7 8 9 10 11 11 1 1 1 1 1 1 1 1 1 1	 5 Noncash prizes 6 Rent/facility costs 7 Food and beverages 8 Entertainment 9 Other direct expenses 10 Direct expense summary. Add lines 4 throug 11 Net income summary. Subtract line 10 from rt III Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 throug 8 Net gaming income summary. Subtract line 7 Enter the state(s) in which the organization conduct summary and set organization licensed to conduct gaming and set organizatio	PAW JAMMIN (event type) 1 Gross receipts 27,195. 2 Less: Contributions 27,195. 3 Gross income (line 1 minus line 2)	AW JAMMIN SPAGHETTI BINGO (event type) (event type) 1 Gross receipts 27,195. 14,266. 2 Less: Contributions 27,195. 9,130. 3 Gross income (line 1 minus line 2) 5,136. 4 Cash prizes 5 5 Noncash prizes 5 6 Rent/facility costs 7,230. 1,471. 10 Direct expenses summary. Add lines 4 through 9 in column (d) 11 14,271. 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 14,271. 11 Noncash prizes 6 (a) Bingo (b) Pull tabs/instant 11 Rentofacility costs 1 1,471. 10 12 Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or r \$15,000 on Form 990-EZ, line 6a. (a) Bingo (b) Pull tabs/instant 13 Gross revenue 1 1 Gross revenue 1 2 Cash prizes 1 1 1 1 3 Noncash prizes 1 1 1 4 Rent/facility costs <td>PAW JAMMIN SPAGHETTI 1 Gross receipts 27,195. 1 Gross receipts 27,195. 2 Less: Contributions 27,195. 3 Gross income (ine 1 minus line 2) 5,136. 4 Cash prizes </td>	PAW JAMMIN SPAGHETTI 1 Gross receipts 27,195. 1 Gross receipts 27,195. 2 Less: Contributions 27,195. 3 Gross income (ine 1 minus line 2) 5,136. 4 Cash prizes

Sch	edule G (Form 990) 2023	HOMEWARD	TRAILS	ANIMAL	RESCUE,	INC.	32-0	086330	Page 3
11	Does the organization conduct ga							Yes	No
12	Is the organization a grantor, bene								
	to administer charitable gaming?							Yes	No
	Indicate the percentage of gaming								
	The organization's facility							13a 13b	<u>%</u> %
	An outside facility Enter the name and address of th								70
17	Litter the name and address of th		ares the organ	lization s gan	iiiig/special evel		103.		
	Name								
	Address								
150	Doop the organization have a con	tract with a third a	arty from who	m the organiz	ation reacives a	oming rovonuo?		Yes	No
154	Does the organization have a con	tract with a trind pa	arty from who	in the organiza	alloir receives g	aming revenue?			
b	If "Yes," enter the amount of gam	ing revenue receive	ed by the orga	nization	\$	and the ar	mount		
	of gaming revenue retained by the								
c	If "Yes," enter name and address								
	Name								
	Address								
	Address								
16	Gaming manager information:								
	Name								
	Gaming manager compensation	\$							
	Description of services provided								
				-					
	Director/officer	Employee		Independer	t contractor				
47	Mana data any al'ata dia dia any								
	Mandatory distributions: Is the organization required under	r state law to make	charitable dis	tributions from	n the asmina pr	acceeds to			
ŭ	retain the state gaming license?				• • •			Yes	No No
b	Enter the amount of distributions								
_	organization's own exempt activit								
Pa	rt IV Supplemental Infor); and Par	t III, lines 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as	s applicable. Also p	rovide any add	ditional inform	ation. See instru	uctions.			
3320	83 09-13-23						Schedu	ıle G (Form	990) 2023
				36					,

Schedule G	(Form 990) Supplemental Inform	HOMEWARD	TRAILS	ANIMAL	RESCUE,	INC.	32-0086330	Page 4
Partiv	Supplemental mon	mation (continue	d)					
							<u> </u>	
332084 04-01-2	23						Schedule G (F	orm 990)

SCHEDULE L Transactions With Interested Persons								0	OMB No. 1545-0047					
(Form 990)	Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a,									2	nŋ	2		
28b, or 28c; or Form 990-EZ, Part V, line 38a or 40b.										2	UZ	J		
Department of the Treasury Internal Revenue Service	Go	to ww				90 or Form 990-EZ ructions and the la				Open to Public Inspection				
Name of the organizatio	n							Emplo	er iden	r identification number				
						RESCUE, IN			0863	30				
Part I Excess I	Benefit Trans	sactio	ons (section 50	01(c)(3), secti	on 501(c)(4), and se	ection 501(c)(29) orga	nizations	only)					
Complete i	f the organizatio						b; or Form 990-EZ, Pa	art V, line	40b.					
1 (a) Name of disqual	ified person	(b) R	elationship betv person and or			ified (c) Description of tran	saction			Corre es	ected? No		
(1)														
(2)														
(3)										_				
<u>(4)</u>										_				
(5)										_				
(6) 2 Enter the amount of	of tax incurred by	l (tho or	appization man	agore	or disc	ualified persons du	ring the year under				I			
			•	°.		•	0		¢					
3 Enter the amount c														
	i tax, ii ariy, orri	110 <i>L</i> , c		cuby					Ψ					
Part II Loans to	and/or Fror	n Inte	erested Pers	ons										
Complete i	f the organizatio	n answ	vered "Yes" on F	orm 9	90-EZ	Part V, line 38a, or	Form 990, Part IV, lir	ne 26; or i	f the org	anizati	on			
reported ar	n amount on For	<u>m 990,</u>	, Part X, line 5, 6											
(a) Name of	(b) Relatio		(c) Purpose	(d) Lo	an to or n the	(e) Original	(f) Balance due	(g) In	hý hí	proved ard or		Vritten		
interested person	with organ	ization	of loan		zation?	principal amount		default		nittee?	agree	ement?		
					From				o Yes		Yes			
(1)SUZANNE BE	LL EXECU	TIV	ΤΟ ΡΑΥ Ο	X		38,699.	34,834.	Σ	<u> </u>	X		X		
(2)												<u> </u>		
(3)												+		
<u>(4)</u>												-		
<u>(5)</u> (6)												-		
(7)												+		
(8)														
(9)												<u> </u>		
(10)														
Total						\$	34,834.							
Part III Grants of	or Assistance	e Ben	efiting Intere	estec	d Per	sons								
Complete i	f the organizatio	n answ	vered "Yes" on F	orm 9	90, Pa	rt IV, line 27.								
(a) Name of intere	sted person	(b) Relationship interested pers the organiza	on and		(c) Amount of assistance	(d) Type assistan		(e	e) Purp assista		f		
(1)														
(2)		+							1					
_(3)														
(4)														
(5)														
(6)														
(7)														
(8)														
(9)														
(10)														
For Paperwork Reduct	ion Act Notice,	see th	e Instructions f	or For	rm 990	or 990-EZ.		Sc	hedule	L (Fori	n 990) 2023		

SEE PART V FOR CONTINUATIONS

LHA 332131 11-06-23

		HOMEWARD			INC.	32-0086330	Page 2
Part IV	Business Transaction	ons Involving I	nterested	Persons			

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

	Complete il the organization answered	165 011F0111 330, Fait IV, III 6 20a, 20	50, 01 20C.			
	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organiz	aring of zation's nues?
					Yes	No
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
Part \	Supplemental Information					

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L. See instructions.

SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS:

(A) NAME OF PERSON: SUZANNE BELL

(B) RELATIONSHIP WITH ORGANIZATION: EXECUTIVE DIRECTOR

(C) PURPOSE OF LOAN: TO PAY OPERATING EXPENSES, PAID BACK SUBSEQUENT TO

YEAR-END

Schedule L (Form 990) 2023

332132 11-30-23

SCHEDULE	Μ
(Form 990)	

Department of the Treasury Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

Open to Public

Inspection

Complete if the organizations answe	red "Yes" on Form 990, Part IV, lines 29 or 30.
Atta	to Form 990.

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

Name of the organization

HOMEWARD TRAILS ANIMAL RESCUE, INC.

Employer identification number 32-0086330

Pai	rt I Types of Property							
		(a)	(b)	(c)	(d)			
		Check if	Number of contributions or	Noncash contribution amounts reported on	Method of de		•	
		applicable		Form 990, Part VIII, line 1g	noncash contribu	tion ar	nounts	3
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	had a literative literative and the							
9	Securities - Publicly traded	X	2	36,761.	FMV			
10	Securities - Closely held stock			50,7010				
11	Securities - Partnership, LLC, or							
••								
12	trust interests							
13	Qualified conservation contribution -							
13								
14	Historic structures Qualified conservation contribution - Other							
14 15								
15 16								
	Real estate - Commercial	X	1	925 600	ESTIMATE OF	FM	7	
17 10	Real estate - Other	Δ	⊥	525,000.	DOTIMATE OF	I H	v	
18	Collectibles							
19 00	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other ()							
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organiza		•					
	for which the organization completed Form 828	3, Part V, D	onee Acknowledg	ement 29				
							Yes	No
30a	During the year, did the organization receive by							
	must hold for at least 3 years from the date of the		ntribution, and whi	ch isn't required to be used	for			
	exempt purposes for the entire holding period?					30a		Х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance po				ions?	31		Х
32a	Does the organization hire or use third parties o	r related or	ganizations to solid	cit, process, or sell noncash				
	contributions?					32a		Х
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	olumn (c) foi	a type of property	r for which column (a) is cheo	cked,			
	describe in Part II.							

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

Schedule M (Form 990) 2023

LHA 332141 09-11-23

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.

PART I LINE 17

DONATED PROPERTY FROM ANOTHER NONPROFIT ORGANIZATION TO BE USED FOR

PROGRAMMATIC PURPOSES.

Schedule M (Form 990) 2023

332142 09-11-23

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

INC.



Employer identification number 32-0086330

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

THE ORGANIZATION IS PRESENTED A DRAFT COPY OF THE 990 TO REVIEW BEFORE

FINALIZING.

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

LINE 12C - ENFORCEMENT OF CONFLICTS POLICY FORM 990, PART VI,

HOMEWARD TRAILS ANIMAL RESCUE,

THE ORGANIZATION HAS A WRITTEN CONFLICT OF INTEREST POLICY THAT IS

DISSEMINATED TO EACH NEW BOARD MEMBER AND THE EXECUTIVE DIRECTOR, AND EACH

REVIEWS, SIGNS AND SUBMITS THE POLICY. EACH BOARD MEETING BEGINS WITH A

DISCLOSURE OF ANY CONFLICTS OF INTEREST, AND THE ORGANIZATION'S BYLAWS HAVE

SYSTEM FOR DISCLOSING AND RESOLVING CONFLICTS OF INTEREST.

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

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

SUE BELL'S SALARY WAS DISCUSSED (AND APPROVED) BY THE BOARD, BEFORE BEING IMPLEMENTED

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

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST

POLICY, AND 990 AVAILABLE UPON REQUEST.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. LHA 332211 11-14-23

Schedule O (Form 990) 2023

42 2023.03050 HOMEWARD TRAILS ANIMAL RE 08344.01

SCHEDULE R

(Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

OMB No. 1545-0047

2023 Open to Public Inspection

Employer identification number 32 - 0086330

Department of the Treasury Internal Revenue Service

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

Name of the organization

HOMEWARD TRAILS ANIMAL RESCUE, INC.

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
2581 WINCHESTER ROAD LLC					
2581 WINCHESTER ROAD					
DELAPLANE, VA 20144	ANIMAL FARM AND SHELTER	VIRGINIA	-58,652.	922,425.	

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	cont	g) 512(b)(13) rolled tity?
				501(c)(3))		Yes	No

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

Schedule R (Form 990) 2023

Schedule R (Form 990) 2023 HOMEWARD TRAILS ANIMAL RESCUE, INC.

32-0086330 Page 2

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c) Legal domicile	(d)	(e)	(f)	(g)	(1	h)	(i)		j)	(k)	
Name, address, and EIN of related organization	IN Primary activity n		Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets		ortionate itions?		Gene mana part	eral or aging tner?	Percentage ownership	
		foreign country)		sections 512-514)		455615	Yes	No	K-1 (Form 1065)	Yes	No		
	1												
	1												
										+			
	-												
	4												
	4												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	512(b contr	i) b)(13) rolled iity?						
		country)				400010		Yes	No						

Schedule R (Form 990) 2023 HOMEWARD TRAILS ANIMAL RESCUE, INC.

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		
b	Gift, grant, or capital contribution to related organization(s)	1b		
	Gift, grant, or capital contribution from related organization(s)	1c		
	Loans or loan guarantees to or for related organization(s)	1d		
	Loans or loan guarantees by related organization(s)	1e		
f	Dividends from related organization(s)	1f		
g	Sale of assets to related organization(s)	1g		
	Purchase of assets from related organization(s)	1h		
i	Exchange of assets with related organization(s)	1i		
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		
Т	Performance of services or membership or fundraising solicitations for related organization(s)	11		
	Performance of services or membership or fundraising solicitations by related organization(s)	1m		
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		
o	Sharing of paid employees with related organization(s)	10		
р	Reimbursement paid to related organization(s) for expenses	1p		
	Reimbursement paid by related organization(s) for expenses	1q		
r	Other transfer of cash or property to related organization(s)	1r		L
S	Other transfer of cash or property from related organization(s)	1s		

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
<u>(4)</u>			
(5)			
(6)			

Schedule R (Form 990) 2023 HOMEWARD TRAILS ANIMAL RESCUE, INC.

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are partne 501(org	e all rs sec. c)(3) s.?	(f) Share of total	(g) Share of end-of-year	(† Dispr tior alloca	n) opor- nate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Genera manag partn	(k) ^{Il or} Percentage ^{ing} ownership
		country)	sections 512-514)	Yes			assets	Yes	No	(Form 1065)	Yes	10
									$ \neg $		+	
					\square							
					+							

Schedule R (Form 990) 2023

Schedule R (Form 990) 2023	
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Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Schedule R (Form 990) 2023

332165 09-28-23