

**2024 TAX RETURN**

**CLIENT COPY**

**Client:** TABBY

**Prepared for:** TABBY'S PLACE: A CAT SANCTUARY, INC  
1100 US HIGHWAY 202  
RINGOES, NJ 08551  
(908) 237-5300

**Prepared by:** JOANNE M. CHAIKIN, EA  
CLEAR SOLUTIONS TAX AND ACCOUNTING  
4 MARKET PL  
NEW HOPE, PA 18938  
215-862-9153

**Date:** OCTOBER 27, 2025

**Comments:**

**Route to:** \_\_\_\_\_

**2024 Exempt Org. Return**  
prepared for:

**TABBY'S PLACE: A CAT SANCTUARY, INC**  
1100 US HIGHWAY 202  
RINGOES, NJ 08551

**Clear Solutions Tax and Accounting**  
4 Market Pl  
New Hope, PA 18938

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Client TABBY  
October 27, 2025

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**TABBY'S PLACE: A CAT SANCTUARY, INC**  
1100 US HIGHWAY 202  
RINGOES, NJ 08551  
(908) 237-5300

**FEDERAL FORMS**

<b>Form 990</b>	<b>2024 Return of Organization Exempt from Income Tax</b>
<b>Schedule A</b>	<b>Organization Exempt Under Section 501(c)(3)</b>
<b>Schedule B</b>	<b>Schedule of Contributors</b>
<b>Schedule D</b>	<b>Schedule D</b>
<b>Schedule M</b>	<b>Non-Cash Contributions</b>
<b>Schedule O</b>	<b>Supplemental Information</b>
<b>Form 8868</b>	<b>Application for Extension</b>
	<b>Depreciation Schedules</b>
<b>Form 8879-TE</b>	<b>IRS e-file Signature Authorization</b>

**FEE SUMMARY**

**Preparation Fee**

IRS E-file Signature Authorization  
for a Tax Exempt EntityDepartment of the Treasury  
Internal Revenue Service

For calendar year 2024, or fiscal year beginning \_\_\_\_\_, 2024, and ending \_\_\_\_\_, 2024

Do not send to the IRS. Keep for your records.  
Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.

2024

Name of filer

EIN or SSN

TABBY'S PLACE: A CAT SANCTUARY, INC

22-3695520

Name and title of officer or person subject to tax

JONATHAN ROSENBERG TRUSTEE

**Part I Type of Return and Return Information**

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a <input checked="" type="checkbox"/> Form 990 check here .....	b Total revenue, if any (Form 990, Part VIII, column (A), line 12).....	1b <u>3,092,971.</u>
2a <input type="checkbox"/> Form 990-EZ check here .....	b Total revenue, if any (Form 990-EZ, line 9).....	2b _____
3a <input type="checkbox"/> Form 1120-POL check here .....	b Total tax (Form 1120-POL, line 22).....	3b _____
4a <input type="checkbox"/> Form 990-PF check here .....	b Tax based on investment income (Form 990-PF, Part V, line 5).....	4b _____
5a <input type="checkbox"/> Form 8868 check here .....	b Balance due (Form 8868, line 3c).....	5b _____
6a <input type="checkbox"/> Form 990-T check here .....	b Total tax (Form 990-T, Part III, line 4).....	6b _____
7a <input type="checkbox"/> Form 4720 check here .....	b Total tax (Form 4720, Part III, line 1).....	7b _____
8a <input type="checkbox"/> Form 5227 check here .....	b FMV of assets at end of tax year (Form 5227, Item D).....	8b _____
9a <input type="checkbox"/> Form 5330 check here .....	b Tax due (Form 5330, Part II, line 19).....	9b _____
10a <input type="checkbox"/> Form 8038-CP check here .....	b Amount of credit payment requested (Form 8038-CP, Part III, line 22).....	10b _____

**Part II Declaration and Signature Authorization of Officer or Person Subject to Tax**

Under penalties of perjury, I declare that

 I am an officer of the above entity or  I am a person subject to tax with respect to

(name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2024 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

**PIN: check one box only**

I authorize **CLEAR SOLUTIONS TAX AND ACCOUNTING** to enter my PIN **01225** as my signature  
ERO firm name  
Enter five numbers, but  
do not enter all zeros

on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date \_\_\_\_\_

**Part III Certification and Authentication**

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**23274918938**

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2024 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature \_\_\_\_\_

Date \_\_\_\_\_

**ERO Must Retain This Form – See Instructions**  
**Do Not Submit This Form to the IRS Unless Requested To Do So**

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

OMB No. 1545-0047

File a separate application for each return.

Go to [www.irs.gov/Form8868](http://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](http://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 tax returns.

**Part I – Identification**

Type or Print	Name of exempt organization, employer, or other filer, see instructions.  <b>TABBY'S PLACE: A CAT SANCTUARY, INC</b>	Taxpayer identification number (TIN)  <b>22-3695520</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite number. If a P.O. box, see instructions.  <b>1100 US HIGHWAY 202</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.  <b>RINGOES, NJ 08551</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) ..... **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (section 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08	Form 990-T (governmental entities)	15

- After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.
- If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name \_\_\_\_\_  
Plan Number \_\_\_\_\_  
Plan Year Ending (MM/DD/YYYY) \_\_\_\_\_

**Part II – Automatic Extension of Time To File for Exempt Organizations (see instructions)**

The books are in the care of JONATHAN ROSENBERG 1100 US HIGHWAY #202 RINGOES NJ 08551 \_\_\_\_\_  
Telephone No. (908) 237-5300 \_\_\_\_\_ Fax No. \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box. \_\_\_\_\_
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) \_\_\_\_\_.  
If this is for the whole group, check this box. .....   
If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for. ....

1 I request an automatic 6-month extension of time until 11/15, 20 25, to file the **exempt organization return** for the organization named above. The extension is for the organization's return for:

calendar year 20 24 or  
 tax year beginning \_\_\_\_\_, 20 \_\_\_\_\_, and ending \_\_\_\_\_, 20 \_\_\_\_\_.  
Initial return       Final return       Change in accounting period

2 If the tax year entered in line 1 is for less than 12 months, check reason:

Initial return       Final return       Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. ....	3a \$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. ....	3b \$	0.
c <b>Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. ....	3c \$	0.

## 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](http://www.irs.gov/Form990) for instructions and the latest information.Open to Public  
Inspection

<b>A For the 2024 calendar year, or tax year beginning</b>		<b>, 2024, and ending</b>		<b>, 20</b>
<b>B Check if applicable:</b>		<b>C</b>		<b>D Employer identification number</b>
<input type="checkbox"/> Address change	<b>TABBY'S PLACE: A CAT SANCTUARY, INC</b>		<b>22-3695520</b>	
<input type="checkbox"/> Name change	<b>1100 US HIGHWAY 202</b>		<b>E Telephone number</b>	
<input type="checkbox"/> Initial return	<b>RINGOES, NJ 08551</b>		<b>(908) 237-5300</b>	
<input type="checkbox"/> Final return/terminated				
<input type="checkbox"/> Amended return				
<input type="checkbox"/> Application pending				
<b>F Name and address of principal officer:</b>		<b>JONATHAN ROSENBERG</b>		<b>G Gross receipts \$ 3,140,896.</b>
<b>SAME AS C ABOVE</b>				<b>H(a) Is this a group return for subordinates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				<b>H(b) Are all subordinates included?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "No," attach a list. See instructions.
<b>J Website:</b> <b>WWW.TABBYSPPLACE.ORG</b>				<b>H(c) Group exemption number</b>
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other				<b>L Year of formation: 1999</b> <b>M State of legal domicile: NJ</b>

<b>Part I Summary</b>				
<b>Activities &amp; Governance</b>	1 Briefly describe the organization's mission or most significant activities: <b>TO OPERATE AND MAINTAIN A FACILITY THAT WILL PROVIDE HOMELESS CATS WITH SHELTER, FOOD, WATER AND MEDICAL CARE UNTIL THE CATS CAN BE ADOPTED. ALSO, TO TRAP-NEUTER-RELEASE (TNR) FERAL CATS IN OUR SURROUNDING AREAS.</b>			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3 Number of voting members of the governing body (Part VI, line 1a) .....	3	9	
	4 Number of independent voting members of the governing body (Part VI, line 1b) .....	4	9	
	5 Total number of individuals employed in calendar year 2024 (Part V, line 2a) .....	5	18	
	6 Total number of volunteers (estimate if necessary) .....	6	350	
	7a Total unrelated business revenue from Part VIII, column (C), line 12 .....	7a	0.	
	b Net unrelated business taxable income from Form 990-T, Part I, line 11 .....	7b	0.	
		<b>Prior Year</b>	<b>Current Year</b>	
	8 Contributions and grants (Part VIII, line 1h) .....	2,885,092.	3,090,155.	
	9 Program service revenue (Part VIII, line 2g) .....			
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....	225.	2,816.	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....				
12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....	2,885,317.	3,092,971.		
<b>Revenue</b>	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....			
	14 Benefits paid to or for members (Part IX, column (A), line 4) .....			
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....	1,010,999.	1,122,845.	
	16a Professional fundraising fees (Part IX, column (A), line 11e) .....			
	b Total fundraising expenses (Part IX, column (D), line 25) .....	188,866.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .....	1,420,062.	1,476,004.	
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....	2,431,061.	2,598,849.	
	19 Revenue less expenses. Subtract line 18 from line 12 .....	454,256.	494,122.	
		<b>Beginning of Current Year</b>	<b>End of Year</b>	
	20 Total assets (Part X, line 16) .....	5,624,858.	5,958,713.	
21 Total liabilities (Part X, line 26) .....	210,509.	50,242.		
22 Net assets or fund balances. Subtract line 21 from line 20 .....	5,414,349.	5,908,471.		

<b>Part II Signature Block</b>	
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Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	<i>Jonathan Rosenberg</i>	<b>11/10/2025</b>
	Signature of officer	Date
<b>JONATHAN ROSENBERG</b>		<b>TRUSTEE</b>
Type or print name and title		

<b>Paid Preparer Use Only</b>	Preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	<b>JOANNE M. CHAIKIN, EA</b>				<b>P00364755</b>
	Firm's name	<b>CLEAR SOLUTIONS TAX AND ACCOUNTING</b>			Firm's EIN <b>232926574</b>
	Firm's address	<b>4 MARKET PL NEW HOPE, PA 18938</b>			
				Phone no.	<b>215-862-9153</b>

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

### Part III Statement of Program Service Accomplishments

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

### 1 Briefly describe the organization's mission:

TO OPERATE AND MAINTAIN A FACILITY THAT WILL PROVIDE HOMELESS CATS WITH SHELTER, FOOD, WATER AND MEDICAL CARE UNTIL THE CATS CAN BE ADOPTED. ALSO, TO TRAP-NEUTER-RELEASE (TNR) FERAL CATS IN OUR SURROUNDING AREAS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior

Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . .  Yes  No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ **2,108,816**. including grants of \$ ) (Revenue \$ )

IN 2024, TABBY'S PLACE CONTINUED ITS MISSION OF SAVING CATS FROM HOPELESS SITUATIONS.

**WE PROVIDED THE FOLLOWING PROGRAMS:**

## - INTAKE OF CATS FROM OTHER SHELTERS, LOCAL ANIMAL CONTROL & THE PUBLIC, FOCUSING ON CATS WITH SPECIAL NEEDS

**-- TNR (TRAP-NEUTER-RETURN) SERVICES TO SELECTED LOCAL FERAL COLONIES**

**4b** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4c** (Code: \_\_\_\_\_) (Expenses \$ \_\_\_\_\_) including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

**4d** Other program services (Describe on Schedule O.)

**4e** Total program service expenses **2,108,816.**

## Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A .....	1	X
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions .....	2	X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I .....	3	X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II .....	4	X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III .....	5	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? If "Yes," complete Schedule D, Part I .....	6	X
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 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? If "Yes," complete Schedule D, Part IV .....	9	X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V .....	10	X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a	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
b	Did the organization report an amount for investments – other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII .....	11b	X
c	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 VIII .....	11c	X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX .....	11d	X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X .....	11e	X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X .....	11f	X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII .....	12a	X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional .....	12b	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E .....	13	X
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? 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 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II .....	18	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III .....	19	X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H .....	20a	X
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

**Part IV Checklist of Required Schedules (continued)**

	<b>Yes</b>	<b>No</b>
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	
c 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 <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I.....	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I.....	25b	X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.....	26	X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III.....	27	X
28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions.)		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV.....	28a	X
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.....	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV.....	28c	X
29 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M.....	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.....	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.....	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II.....	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.....	33	X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.....	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?.....	35a	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.....	35b	
36 <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2.....	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI.....	37	X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.....	38	X

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V..... 

	<b>Yes</b>	<b>No</b>
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable.....	1a	4
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable.....	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?.....	1c	

## Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.....	2a		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?.....	2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?.....	3a	X	
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O. ....	3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?.....	4a	X	
b If "Yes," enter the name of the foreign country  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?.....	5a	X	
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?.....	5b	X	
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?.....	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?.....	6a	X	
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?.....	6b		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?.....	7a	X	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?.....	7b	X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?.....	7c	X	
d If "Yes," indicate the number of Forms 8282 filed during the year.....	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?.....	7e	X	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.....	7f	X	
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?.....	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.....	7h		
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?.....	8		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
a 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		
<b>10 Section 501(c)(7) organizations.</b> Enter:			
a 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		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
a Gross income from members or shareholders.....	11a		
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.).....	11b		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> 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		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
a Is the organization licensed to issue qualified health plans in more than one state? .....	13a		
<b>Note:</b> 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		
c Enter the amount of reserves on hand .....	13c		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?.....	14a	X	
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O. ....	14b		
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?..... If "Yes," see the instructions and file Form 4720, Schedule N.	15	X	
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income?..... If "Yes," complete Form 4720, Schedule O.	16	X	
<b>17 Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?..... If "Yes," complete Form 6069.	17		

**Part VI Governance, Management, and Disclosure.** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

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

### Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year. .... If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	9	
1b		9	
2			<input checked="" type="checkbox"/>
3			<input checked="" type="checkbox"/>
4			<input checked="" type="checkbox"/>
5			<input checked="" type="checkbox"/>
6	Did the organization have members or stockholders? .... <b>SEE SCHEDULE O</b>		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? ....		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? .... <b>SEE SCH O</b>		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? .... b Each committee with authority to act on behalf of the governing body? ....		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.		
9			<input checked="" type="checkbox"/>

### Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates? ....		<input checked="" type="checkbox"/>
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? ....		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .... b Describe on Schedule O the process, if any, used by the organization to review this Form 990. .... <b>SEE SCHEDULE O</b>		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13. .... b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .... c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done ....		
13	Did the organization have a written whistleblower policy? ....		
14	Did the organization have a written document retention and destruction policy? ....		
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official. .... b Other officers or key employees of the organization. .... <b>SEE SCHEDULE O</b> If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? .... b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? ....		
16b			

### Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed	<b>NJ</b>
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	
	<input checked="" type="checkbox"/> Own website	<input type="checkbox"/> Another's website
	<input checked="" type="checkbox"/> Upon request	<input type="checkbox"/> Other (explain on Schedule O)
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. .... <b>SEE SCHEDULE O</b>	
20	State the name, address, and telephone number of the person who possesses the organization's books and records.	

**JONATHAN ROSENBERG 1100 US HIGHWAY #202 RINGOES NJ 08551 (908) 237-5300**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

 Check if Schedule O contains a response or note to any line in this Part VII. .... 
**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See 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 hours per week (list any hours for related organi- zations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				(D) Reportable compensation from the organization (W-2/1099- MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099- MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations	
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated			
(1) JONATHAN ROSENBERG TRUSTEE	40 0			X			0.	0.	0.
(2) DAN DILTS TREASURER	5 0			X			0.	0.	0.
(3) PATRICIA SCHAEFFER TRUSTEE	5 0			X			0.	0.	0.
(4) SHEILA SMITH SECRETARY	10 0			X			0.	0.	0.
(5) HENRY KING TRUSTEE	1 0			X			0.	0.	0.
(6) SUSAN MILLER PRESIDENT	1 0			X			0.	0.	0.
(7) ALLISON HUNT TRUSTEE	1 0			X			0.	0.	0.
(8) SARAH FREID TRUSTEE	1 0			X			0.	0.	0.
(9) BETH BROKE TRUSTEE	1 0			X			0.	0.	0.
(10)									
(11)									
(12)									
(13)									
(14)									

## Part VII | Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)			(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Former Officer or director	Individual trustee or director	Institutional trustee			
(15)							
(16)							
(17)							
(18)							
(19)							
(20)							
(21)							
(22)							
(23)							
(24)							
(25)							

1b Subtotal ..... 0. 0. 0.

c Total from continuation sheets to Part VII, Section A ..... 0. 0. 0.

d Total (add lines 1b and 1c) ..... 0. 0. 0.

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

	Yes	No
3 Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual.	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person.	5	X

## Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Gifts, Grants, and Other Similar Amounts</b>	<b>1a</b> Federated campaigns .....	<b>1a</b>			
	<b>b</b> Membership dues.....	<b>1b</b>			
	<b>c</b> Fundraising events.....	<b>1c</b>			
	<b>d</b> Related organizations .....	<b>1d</b>			
	<b>e</b> Government grants (contributions) .....	<b>1e</b>			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b> <b>3,090,155.</b>			
	<b>g</b> Noncash contributions included in lines 1a-1f.....	<b>1g</b> <b>81,742.</b>			
	<b>h Total.</b> Add lines 1a-1f.....		<b>3,090,155.</b>		
<b>Program Service Revenue</b>		<b>Business Code</b>			
	<b>2a</b> -----				
	<b>b</b> -----				
	<b>c</b> -----				
	<b>d</b> -----				
	<b>e</b> -----				
	<b>f</b> All other program service revenue.....				
	<b>g Total.</b> Add lines 2a-2f.....				
	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		<b>2,356.</b>		<b>2,356.</b>
	<b>4</b> Income from investment of tax-exempt bond proceeds				
	<b>5</b> Royalties.....				
	<b>6a</b> Gross rents .....	(i) Real	(ii) Personal		
	<b>6a</b>				
	<b>6b</b>				
	<b>6c</b>				
	<b>d</b> Net rental income or (loss).....				
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other		
	<b>7a</b> <b>48,385.</b>				
	<b>7b</b> Less: cost or other basis and sales expenses	<b>47,925.</b>			
	<b>c</b> Gain or (loss).....	<b>460.</b>			
	<b>d</b> Net gain or (loss).....		<b>460.</b>	<b>460.</b>	
<b>Other Revenue</b>	<b>8a</b> Gross income from fundraising events (not including <u>\$</u> of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>			
	<b>b</b> Less: direct expenses.....	<b>8b</b>			
	<b>c</b> Net income or (loss) from fundraising events .....				
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>			
	<b>b</b> Less: direct expenses.....	<b>9b</b>			
	<b>c</b> Net income or (loss) from gaming activities.....				
	<b>10a</b> Gross sales of inventory, less..... returns and allowances.....	<b>10a</b>			
	<b>b</b> Less: cost of goods sold....	<b>10b</b>			
	<b>c</b> Net income or (loss) from sales of inventory.....				
<b>Miscellaneous Revenue</b>		<b>Business Code</b>			
	<b>11a</b> <u>OTHER INCOME</u> -----	<b>900099</b>			
	<b>b</b> -----				
	<b>c</b> -----				
	<b>d</b> All other revenue.....				
	<b>e Total.</b> Add lines 11a-11d.....				
	<b>12 Total revenue.</b> See instructions.....		<b>3,092,971.</b>	<b>460.</b>	<b>0.</b>
					<b>2,356.</b>

**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).

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.....				
2 Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members .....				
5 Compensation of current officers, directors, trustees, and key employees .....	0.	0.	0.	0.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).....	0.	0.	0.	0.
7 Other salaries and wages .....	<b>921,715.</b>	<b>703,454.</b>	<b>163,226.</b>	<b>55,035.</b>
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).....				
9 Other employee benefits .....	<b>118,756.</b>	<b>90,256.</b>	<b>21,376.</b>	<b>7,124.</b>
10 Payroll taxes .....	<b>82,374.</b>	<b>62,605.</b>	<b>14,827.</b>	<b>4,942.</b>
11 Fees for services (nonemployees):				
a Management .....				
b Legal .....	<b>28,044.</b>		<b>28,044.</b>	
c Accounting.....	<b>14,840.</b>		<b>14,840.</b>	
d Lobbying.....				
e Professional fundraising services. See Part IV, line 17...				
f Investment management fees .....				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.).....	<b>13,131.</b>		<b>9,617.</b>	<b>3,514.</b>
12 Advertising and promotion.....				
13 Office expenses .....	<b>19,515.</b>		<b>19,515.</b>	
14 Information technology.....	<b>74,808.</b>	<b>74,808.</b>		
15 Royalties.....				
16 Occupancy.....	<b>155,896.</b>	<b>151,446.</b>	<b>4,450.</b>	
17 Travel.....				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.....				
19 Conferences, conventions, and meetings.....				
20 Interest.....	<b>9,304.</b>		<b>9,304.</b>	
21 Payments to affiliates.....				
22 Depreciation, depletion, and amortization .....	<b>176,663.</b>	<b>176,663.</b>		
23 Insurance.....	<b>108,850.</b>	<b>97,965.</b>	<b>10,885.</b>	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.).....				
a <u>VETERINARY SERVICES</u> .....	<b>218,924.</b>	<b>218,924.</b>		
b <u>MEDICINES &amp; MEDICAL SUPPLIES</u> .....	<b>140,690.</b>	<b>140,690.</b>		
c <u>FOOD</u> .....	<b>136,483.</b>	<b>136,483.</b>		
d <u>MEDICAL TESTING &amp; MAINTENANCE</u> .....	<b>120,065.</b>	<b>120,065.</b>		
e All other expenses.....	<b>258,791.</b>	<b>135,457.</b>	<b>5,083.</b>	<b>118,251.</b>
25 Total functional expenses. Add lines 1 through 24e.....	<b>2,598,849.</b>	<b>2,108,816.</b>	<b>301,167.</b>	<b>188,866.</b>
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).....				

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part X 

		(A) Beginning of year		(B) End of year
<b>Assets</b>				
1	Cash – non-interest-bearing.....	86,653.	1	595,508.
2	Savings and temporary cash investments.....	196,589.	2	159,207.
3	Pledges and grants receivable, net.....		3	
4	Accounts receivable, net .....		4	
5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons.....		5	46.
6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		6	
7	Notes and loans receivable, net.....		7	
8	Inventories for sale or use.....		8	
9	Prepaid expenses and deferred charges.....		9	
10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.....	10a 6,541,472.		
b	Less: accumulated depreciation.....	10b 1,387,546.	5,309,808.	10c 5,153,926.
11	Investments – publicly traded securities.....		3,519.	11 22,789.
12	Investments – other securities. See Part IV, line 11.....			12
13	Investments – program-related. See Part IV, line 11.....			13
14	Intangible assets.....			14
15	Other assets. See Part IV, line 11.....		28,289.	15 27,237.
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 33).....		5,624,858.	16 5,958,713.
<b>Liabilities</b>				
17	Accounts payable and accrued expenses.....	30,509.	17	50,242.
18	Grants payable .....		18	
19	Deferred revenue .....		19	
20	Tax-exempt bond liabilities.....		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D.....		21	
22	Loans and other 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.....		22	
23	Secured mortgages and notes payable to unrelated third parties.....		180,000.	23
24	Unsecured notes and loans payable to unrelated third parties.....			24
25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.....			25
26	<b>Total liabilities.</b> Add lines 17 through 25.....		210,509.	26 50,242.
<b>Net Assets or Fund Balances</b>				
	<b>Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.</b>	X		
27	Net assets without donor restrictions.....	5,132,150.	27	5,908,471.
28	Net assets with donor restrictions.....	282,199.	28	
	<b>Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.</b>			
29	Capital stock or trust principal, or current funds.....		29	
30	Paid-in or capital surplus, or land, building, or equipment fund.....		30	
31	Retained earnings, endowment, accumulated income, or other funds.....		31	
32	Total net assets or fund balances.....	5,414,349.	32	5,908,471.
33	Total liabilities and net assets/fund balances.....	5,624,858.	33	5,958,713.

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI. 

1 Total revenue (must equal Part VIII, column (A), line 12).....	1	3,092,971.
2 Total expenses (must equal Part IX, column (A), line 25).....	2	2,598,849.
3 Revenue less expenses. Subtract line 2 from line 1.....	3	494,122.
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)).....	4	5,414,349.
5 Net unrealized gains (losses) on investments.....	5	
6 Donated services and use of facilities.....	6	
7 Investment expenses.....	7	
8 Prior period adjustments.....	8	
9 Other changes in net assets or fund balances (explain on Schedule O).....	9	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	5,908,471.

**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: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____		
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?.....	2a	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.		
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
2b Were the organization's financial statements audited by an independent accountant?.....	2b	X
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both.		
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
2c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?.....	2c	X
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?.....	3a	X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.....	3b	

**SCHEDULE A**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2024**

**Open to Public  
Inspection**

Name of the organization

**TABBY'S PLACE: A CAT SANCTUARY, INC**

Employer identification number

**22-3695520**

**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)**. Enter the hospital's name, city, and state: -----  
 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)  
 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 general 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-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: -----  
 10  An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)  
 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.  
 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 12e, 12f, and 12g.  
 a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**  
 b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**  
 c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**  
 d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**  
 e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.  
 f Enter the number of supported organizations .....  
 g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. ....						
3 The value of services or facilities furnished by a governmental unit to the organization without charge. ....						
<b>4 Total.</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4 .....						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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.) .....						
<b>11 Total support.</b> Add lines 7 through 10 .....						
12 Gross receipts from related activities, etc. (see instructions) .....						12
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) .....	14	%
15 Public support percentage from 2023 Schedule A, Part II, line 14 .....	15	%
<b>16a 33-1/3% support test—2024.</b> If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization. ....	<input type="checkbox"/>	
<b>b 33-1/3% support test—2023.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization. ....	<input type="checkbox"/>	
<b>17a 10%-facts-and-circumstances test—2024.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. ....	<input type="checkbox"/>	
<b>b 10%-facts-and-circumstances test—2023.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. ....	<input type="checkbox"/>	
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ....	<input type="checkbox"/>	

**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**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	1,660,422.	1,559,601.	3,687,490.	2,885,078.	3,090,155.	12,882,746.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose. ....						0.
3 Gross receipts from activities that are not an unrelated trade or business under section 513. ....						0.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. ....						0.
5 The value of services or facilities furnished by a governmental unit to the organization without charge. ....						0.
<b>6 Total.</b> Add lines 1 through 5. ....	<b>1,660,422.</b>	<b>1,559,601.</b>	<b>3,687,490.</b>	<b>2,885,078.</b>	<b>3,090,155.</b>	<b>12,882,746.</b>
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons. ....	0.	0.	0.	0.	0.	0.
<b>b</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.	0.	0.	0.	0.	0.
<b>c</b> Add lines 7a and 7b. ....	0.	0.	0.	0.	0.	0.
<b>8 Public support.</b> (Subtract line 7c from line 6.) ....						<b>12,882,746.</b>

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>9</b> Amounts from line 6. ....	<b>1,660,422.</b>	<b>1,559,601.</b>	<b>3,687,490.</b>	<b>2,885,078.</b>	<b>3,090,155.</b>	<b>12,882,746.</b>
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. ....	<b>1,544.</b>	<b>505.</b>	<b>157.</b>	<b>502.</b>	<b>2,356.</b>	<b>5,064.</b>
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. ....						0.
<b>c</b> Add lines 10a and 10b. ....	<b>1,544.</b>	<b>505.</b>	<b>157.</b>	<b>502.</b>	<b>2,356.</b>	<b>5,064.</b>
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. ....						0.
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part VI.) .... <b>SEE PART VI.</b>	<b>-871.</b>	<b>18,781.</b>	<b>-1,388.</b>	<b>-276.</b>	<b>460.</b>	<b>16,706.</b>
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) ....	<b>1,661,095.</b>	<b>1,578,887.</b>	<b>3,686,259.</b>	<b>2,885,304.</b>	<b>3,092,971.</b>	<b>12,904,516.</b>
<b>14 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ..... <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)).....	15	99.83 %
16 Public support percentage from 2023 Schedule A, Part III, line 15.....	16	99.83 %

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)).....	17	0.04 %
18 Investment income percentage from 2023 Schedule A, Part III, line 17.....	18	0.03 %
19a <b>33-1/3% support tests—2024.</b> If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization..... <input checked="" type="checkbox"/>		
<b>b</b> <b>33-1/3% support tests—2023.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization..... <input type="checkbox"/>		
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions..... <input type="checkbox"/>		

**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**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	
<b>2</b> 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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a	
<b>b</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 <b>Part VI</b> when and how the organization made the determination.	3b	
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c	
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a	
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b	
<b>c</b> 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 <b>Part VI</b> 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.	4c	
<b>5a</b> 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 <b>Part VI</b> , 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).	5a	
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	5c	
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .	6	
<b>7</b> 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).	7	
<b>8</b> 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).	8	
<b>9a</b> 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 <b>Part VI</b> .	9a	
<b>b</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 <b>Part VI</b> .	9b	
<b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9c	
<b>10a</b> 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.	10a	
<b>b</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.)	10b	

**Part IV Supporting Organizations (continued)**

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?

b A family member of a person described on line 11a above?

c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in **Part VI**.

	Yes	No
11a		
11b		
11c		

**Section B. Type I Supporting Organizations**

1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.

2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

	Yes	No
1		
2		

**Section C. Type II Supporting Organizations**

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

	Yes	No
1		

**Section D. All Type III Supporting Organizations**

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?

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).

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.

	Yes	No
1		
2		
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).

a  The organization satisfied the Activities Test. Complete **line 2** below.

b  The organization is the parent of each of its supported organizations. Complete **line 3** below.

c  The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions).

**2 Activities Test. Answer lines 2a and 2b below.**

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.

	Yes	No
2a		
2b		

**3 Parent of Supported Organizations. Answer lines 3a and 3b below.**

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

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.

	Yes	No
3a		
3b		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

**Section 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	
<b>8 Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>	

**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 <b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
e <b>Discount</b> 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	
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	

**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.	4	
5 Income tax imposed in prior year	5	
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>	

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

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)****Section D – Distributions**

	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4 Amounts paid to acquire exempt-use assets	4
5 Qualified set-aside amounts (prior IRS approval required – <i>provide details in Part VI</i> )	5
6 Other distributions (describe in <b>Part VI</b> ). See instructions.	6
<b>7 Total annual distributions.</b> Add lines 1 through 6.	7
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	8
9 Distributable amount for 2024 from Section C, line 6	9
<b>10</b> Line 8 amount divided by line 9 amount	10

**Section E – Distribution Allocations (see instructions)**

	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required – <i>explain in Part VI</i> ). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019 .....			
b From 2020 .....			
c From 2021 .....			
d From 2022 .....			
e From 2023 .....			
f <b>Total</b> of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: <span style="float: right;">\$</span>			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7 Excess distributions carryover to 2025.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020 .....			
b Excess from 2021 .....			
c Excess from 2022 .....			
d Excess from 2023 .....			
e Excess from 2024 .....			

BAA

Schedule A (Form 990) 2024

**Part VI**

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

**PART III, LINE 12 - OTHER INCOME**

<u>NATURE AND SOURCE</u>	<u>2024</u>	<u>2023</u>	<u>2022</u>	<u>2021</u>	<u>2020</u>
<b>GAIN ON SALE OF INVESTMENTS</b>					
<b>TOTAL</b>	<b>\$ 460.</b>	<b>\$ -276.</b>	<b>\$ -1,388.</b>	<b>\$ 18,781.</b>	<b>\$ -871.</b>

**Schedule B  
(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**

OMB No. 1545-0047

Attach to Form 990, 990-EZ, or 990-PF.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

**TABBY'S PLACE: A CAT SANCTUARY, INC**

Employer identification number

**22-3695520**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

 501(c)( 3 ) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization

Form 990-PF

 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

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

**Special Rules**

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. .... **\$** \_\_\_\_\_

**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).

Name of organization

TABBY'S PLACE: A CAT SANCTUARY, INC

Employer identification number

22-3695520

**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>SANDRA ATLAS BASS/THE SANDRA ATLAS</u> <u>185 GREAT NECK ROAD, SUITE 200</u> <u>GREAT NECK, NY 11021</u>	\$ 24,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	<u>CHURCH &amp; DWIGHT EMPLOYEE GIVINGFUND</u> <u>500 CHARLES EWING BOULEVARD</u> <u>EWING, NJ 08628</u>	\$ 9,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	<u>LISA AND STEVEN FINKEL</u> <u>70 SUMMER STREET</u> <u>WESTWOOD, MA 02090-1056</u>	\$ 5,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	<u>JOHNSON &amp; JOHNSON MATCHING GIFTS</u> <u>PO BOX 8317</u> <u>PRINCETON, NJ 08543-8317</u>	\$ 32,811	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	<u>JOSEPH AND JENNY MARINARO</u> <u>4 ABBOTT HOLLOW COURT</u> <u>MARTINSVILLE, NJ 08836-2223</u>	\$ 12,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	<u>MARY JANE STRELKO</u> <u>91 CHELSEA WAY</u> <u>BRIDGEWATER, NJ 08807</u>	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

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22-3695520

**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
7	LOIS TEMS 34 HIBISCUS COURT DOYLESTOWN, PA 18901	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	JANET WESSON 340 VALE DRIVE ST. AUGUSTINE, FL 32095	\$ 25,645	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
9	NORMA AND RICHARD EDOM 121 HANCOCK ROAD PISCATAWAY, NJ 08854-3623	\$ 16,648	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	ALLISON BLACKMAR HUNT 9 IMPERIAL DRIVE TRENTON, NJ 08690-3100	\$ 5,257	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	DIANN SIKORA AND VINCENT DIBLANDA 6805 56TH STREET VERO BEACH, FL 32967-5856	\$ 5,790	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	LEEEAN T HANLEY 4707 88TH STREET ELMHURST, NY 11373	\$ 26,492	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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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
13	DAVID C PALMER & E VICKY BERRYMAN 605 COVERED BRIDGE LANE DOYLESTOWN, PA 18901	\$ 13,874	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14	COMMUNITY FOUNDATION OF NEW JERSEY PO BOX 338 MORRISTOWN, NJ 07960	\$ 255,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15	CAROL SHEPHERD 231 BLACKWELL ROAD PENNINGTON, NJ 08534	\$ 10,100	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16	RUTH CIARAMELLA 15 AUSTIN PLACE GLEN ROCK, NJ 07452-1701	\$ 10,600	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17	THE LINDA VON THADEN FOUNDATION 47 HULFISH ST, STE 400 PRINCETON, NJ 08542	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18	HERBERT B & SHARON MAYO 85 LINVALE ROAD RINGOES, NJ 08551	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

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Employer identification number

22-3695520

**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
19	<u>GLENN E &amp; SHEILA J SMITH</u> <u>2300 APRIL DRIVE</u> <u>JAMISON, PA 18929</u>	\$ 48,200	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	<u>LARISSA JULIET TAYLOR, PHD</u> <u>28 QUARRY ROAD, APT 32</u> <u>WATERVILLE, ME 04901</u>	\$ 7,534	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	<u>MARGARETTA J TAYLOR</u> <u>2 SUTTON SQUARE</u> <u>NEW YORK, NY 10022</u>	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	<u>CAHALL, THEODORE &amp; SHIREEN</u> <u>970 JEFFERSON CIRCLE</u> <u>CHRISTIANSBURG, VA 24073-1334</u>	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	<u>PATRICIA FRONTERA</u> <u>19-10 SADDLE RIVE RD</u> <u>FAIR LAWN, NJ 07410-5910</u>	\$ 20,750	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	<u>HOWARD HABER &amp; FELICIA LADIN</u> <u>1296 AULEPE ST</u> <u>KAILUA, HI 96734-4101</u>	\$ 6,100	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	TAMMY & ERIC HOLBY 43W510 TALL OAKS TRL ELBURN, IL 60119-9637	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	RACHELLE LAMPERT 4843 CITATION CT CHERRY HILL, NJ 08002-4257	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	SANDRA SIMPSON & KEN MISIAK 405 LONG HILL RD HILLSBOROUGH, NJ 08844-1316	\$ 13,450.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	LILIAN ROONEY 4707 88TH ST ELMHURST, NY 11373-3950	\$ 12,814.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	STEVEN WILBER & DIANA GARIBALDI 142 SANDY RIDGE RD STOCKTON, NJ 08559-1512	\$ 9,150.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	STEFANIE AND LOU WHITBY 793 BRADFORD TER WEST CHESTER, PA 19382-1804	\$ 8,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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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
31	CAT FOOD DONATIONS 1100 US HIGHWAY 202 RINGOES, NJ 08551	\$ 33,309	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
32	CAROL BOYSE 1755 BILBO LANE LAS CRUCES, NM 88005	\$ 13,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	LAUREL & RICHARD CONLEY 17 LANDSDOWN ROAD ANNANDALE, NJ 08801-3602	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	MICHAELINE DWULET 41 RIDGE ROAD ROSELAND, NJ 07068-1437	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	KIERAN ENGLISH 34A OCEAN BLVD NORTH HAMPTON, NH 03862-2324	\$ 16,800	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	GOOGLE MATCHING GIFTS PROGRAM 1521 GEORGETOWN ROAD HUDSON, OH 44236-4066	\$ 11,680	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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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
37	CAROLYN GEORGE 4365 COFFETOWN ROAD SCHNECKSVILLE, PA 18078-3063	\$ 13,100	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38	JOELLEN & BRYAN ISON 48 MADDOCK ROAD TITUSVILLE, NJ 08560-1320	\$ 210,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39	ALYSSA MASTROMANACO & DAVID KRONE 71 LAIGHT STREET, APT 5A NEW YORK, NY 10013-2094	\$ 35,900	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40	GARY & REBECCA WALLING 12 PELHAM ROAD SAVANNAH, GA 31411-2524	\$ 6,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41	BARNA, NANCY & TIM WILMOTT 147 WINFIELD RD PRINCETON, NJ 08540-2438	\$ 10,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42	BLOOMBERT/BGIVE 25 E 78TH ST NEW YORK, NY 10075	\$ 12,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

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22-3695520

**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
43	<u>BRISTOL-MYERS SQUIBB FOUNDATION</u> <u>100 NASSAU PARK BLVD, STE 200</u> <u>PRINCETON, NJ 08543-5997</u>	\$ <u>12,985</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44	<u>CALICCHIO, JAMES &amp; LISA</u> <u>19 2ND AVE, UNIT 1</u> <u>SEASIDE HEIGHTS, NJ 08751-1281</u>	\$ <u>5,468</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45	<u>CZYZ, CATHY</u> <u>401 CLEVELAND LN</u> <u>ROCKAWAY, NJ 07866-5803</u>	\$ <u>6,015</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46	<u>FLEISCHMANN, ANTHONY</u> <u>16 HEMLOCK LN</u> <u>KINNELON, NJ 07405-2474</u>	\$ <u>20,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
47	<u>SCHELL FAMILY</u> <u>292 PENNINGTON LAWRENCEVILLE R</u> <u>PENNINGTON, NJ 08534-5125</u>	\$ <u>5,560</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
48	<u>TERBRUEGGEN, MARI</u> <u>9745 HOOD RD</u> <u>JACKSONVILLE, FL 32257-1129</u>	\$ <u>14,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

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Employer identification number

22-3695520

**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
49	TURNER, CHRISTOPHER & SONYA 3408 ANTHEM RIDGE WILLIAMSBURG, VA 23188-2474	\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
50	WARDEN, JEFFREY 42 CHAPEL ROAD NEW HOPE, PA 18938-1013	\$ 18,084	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
51	PATRICIA WEBBER TRUST 1001 B AVENUE, SUITE 215 CORONADO, CA 92118	\$ 178,259	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
52	ZONIS, STEPHANIE 82 BERMUDA DRIVE BRANCHBURG, NJ 08853-4278	\$ 5,471	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
53	ADELMAN, KAREN 449 STATE ROUTE 24 CHESTER, NJ 07930-2905	\$ 12,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
54	ANONYMOS 1100 US HIGHWAY 202 RINGOES, NJ 08551	\$ 31,731	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

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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
55	ARCURI, VALERIE & LOUIS 2 BASS LANE LEBANON, NJ 08833-3129	\$ 6,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
56	BAKER, CHUCK & ISABEL 4830 PROVINCE LINE ROAD PRINCETON, NJ 08540-7508	\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
57	BRISTOL, SANFORD PO BOX 3022 BALD HEAD ISLAND, NC 28461-7000	\$ 6,150.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
58	BRODSKY, JUDITH & MARK PO BOX 969 FORT MILL, SC 29716-0969	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
59	BROOKE, BETH 1960 GREENWOOD ROAD ALLENTOWN, PA 18103-2906	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
60	ESTATE OF ROY CHAMBERLAIN BROWN 7 MAPLE AVE FLEMINGTON, NJ 08852-1416	\$ 33,517.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61	BUAL, SHERIN & RAMAN 1205 W DREW STREET HOUSTON, TX 77006-1113	\$ 16,700	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
62	COYLE, SANDRA 38 BARLEY SHEAF RD FLEMINGTON, NJ 08822-3186	\$ 8,515	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
63	CRAMER, KAREN 23 UPPER CREEK RD STOCKTON, NJ 08559-1207	\$ 5,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
64	CRUM JR, MARLIN 225 W 14TH ST APT 2C NEW YORK, NY 10011-7115	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
65	DICHECK, DOROTHY 44 BREWSTER CT PENNINGTON, NJ 08534	\$ 5,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
66	ESTATE OF DOLORES DEVINE 150 CONKLIN ST SOUTH PLAINFIELD, NJ 07080-3608	\$ 12,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

TABBY'S PLACE: A CAT SANCTUARY, INC

Employer identification number

22-3695520

**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
67	ESTATE OF FRANCES TAUSSIG 43 GARFIELD PLACE MASSAPEQUA, NY 11758-7025	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
68	EZELL, RUTH 1609 MYRTLEWOOD LN NICEVILLE, FL 32578-8800	\$ 6,856.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
69	FLECK, ALISSA 4220 24TH ST LONG ISLAND CITY, NY 11101-4613	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
70	GILES, SHARON 12607 HAY MEADOW PLACE HERNDON, VA 20171-2231	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
71	MCLENDON, WENDI ANN & GREG COVEY 1460 EL MIRADOR AVE LONG BEACH, CA 90815-4120	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
72	GWINNE ROMIG CHARITABLE REMAINDER 57 GREEN ST WOODBRIDGE, NJ 07095-2966	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

TABBY'S PLACE: A CAT SANCTUARY, INC

Employer identification number

22-3695520

**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
73	KING, TRACIE & HENRY 15 RAVEN ROCK RD STOCKTON, NJ 08559-1713	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
74	LIEDTKE, ALLYSON 792 STAR VIEW WAY BRIDGEWATER, NJ 08807-1825	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
75	LOCKWOOD, JOANNE 23 AUNT MOLLY RD HOPEWELL, NJ 08525-3706	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
76	MCCARTHY, VALERIE & BARRY 3875 WOODSIDE RD WOODSIDE, CA 94062-2540	\$ 6,300.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
77	MURPHY, RODDY 12 BAY 28TH ST BROOKLYN, NY 11214-4006	\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
78	NOVARTIS C/O CHARITIES AID FOUNDATI 300 BRICKSTONE SQ STE 601 ANDOVER, MA 01810-1454	\$ 5,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

TABBY'S PLACE: A CAT SANCTUARY, INC

Employer identification number

22-3695520

**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
79	PAYIDA, LORELEI & NICHOLAS 606 SALEM CIRCLE OSWEGO, IL 60543-8665	\$ 14,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
80	REEVES INTERNATIONAL INC 14 INDUSTRIAL RD PEQUANNOCK, NJ 07440-1920	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
81	ROCKOFF, KAREN & DARRELL CROSS PO BOX 759 WELLESLEY ISLAND, NY 13640-0759	\$ 8,650.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
82	SCHECHTER FAMILY FOUNDATION 5119 NEW HOPE RD NEW HOPE, PA 18938-5408	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
83	SHIELDS, ROBERTA 12 BIRCH LANE MORRISTOWN, NJ 07960-6771	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
84	SMITH, BRAD 10910 S COTTAGE LN OLATHE, KS 66061-7324	\$ 10,047.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

TABBY'S PLACE: A CAT SANCTUARY, INC

Employer identification number

22-3695520

**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
85	SPARKS, JOAN 6 ASTER CT DOYLESTOWN, PA 18901-2618	\$ 11,200	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
86	STYER, EDNA 73 JOHN GLEN DR PHOENIXVILLE, PA 19460-1907	\$ 20,533	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
87	SUSKAVCEVIC, LAUREN & ANDREJ 41 TIMBERWICK DR FLEMINGTON, NJ 08822-5518	\$ 10,300	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
88	TOWPASH, ANN 587 7TH ST BROOKLYN, NY 11215-3708	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
89	TYLER FOUNDATION 2 WATER ST LEBANON, NJ 08833-4530	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
90	VALESIO, CYNTHIA 1515 10TH AVE SE OLYMPIA, WA 98501-1725	\$ 17,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

TABBY'S PLACE: A CAT SANCTUARY, INC

Employer identification number

22-3695520

**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
91	VANDERNOOT, MARGOT & ANDREW EISENBE 32 PLENNERT RD FLEMINGTON, NJ 08822-1907	\$ 5,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
92	VARNELIS, KAZYS 265 HIGHLAND AVE MONTCLAIR, NJ 07043-1027	\$ 6,350	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
93	WELAJ, WILLIAM 1302 JENNIFER LN MANAHAWKIN, NJ 08050-4252	\$ 21,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
94	WELLS, PAMELA 96 BACK BROOK RD RINGOES, NJ 08551-1101	\$ 30,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

TABBY'S PLACE: A CAT SANCTUARY, INC

Employer identification number

22-3695520

**Part II Noncash Property** (see instructions). Use duplicate copies of Part 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
8	160 SHS J&J	\$ 25,645.	
13	50 SHS J&J, 55 SHS SOUTHERN CO	\$ 12,574.	
31	IN KIND FOOD DONATIONS	\$ 33,309.	
52	100 SHS ALTRIA	\$ 5,336.	
		\$	
		\$	

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**Name of organization**

**TABBY'S PLACE: A CAT SANCTUARY, INC**

**Employer identification number**

22-3695520

**Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) . . . . . \$ . . . . . N/A  
Use duplicate copies of Part III if additional space is needed.

**SCHEDULE D**  
**(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

Employer identification number

**TABBY'S PLACE: A CAT SANCTUARY, INC****22-3695520****Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds 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 advised funds are the organization's property, subject to the organization's exclusive legal control? .....  Yes  No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....  Yes  No

**Part II Conservation Easements**

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (for example, recreation or education)  Preservation of a historically important land area  
 Protection of natural habitat  Preservation of 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 of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
2a	
2b	
2c	
2d	

a Total number of conservation easements .....

b Total acreage restricted by conservation easements .....

c Number of conservation easements on a certified historic structure included on line 2a .....

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 .....

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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 conservation easements during the year .....

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation 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 statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) 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.

a Revenue included on Form 990, Part VIII, line 1 ..... \$ .....

b Assets included in Form 990, Part X ..... \$ .....

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).

a  Public exhibition  
 b  Scholarly research  
 c  Preservation for future generations

d  Loan or exchange program  
 e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIII and complete the following table.

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.

**Part V Endowment Funds**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance.....					
b Contributions.....					
c Net investment earnings, gains, and losses.....					
d Grants or scholarships.....					
e Other expenditures for facilities and programs.....					
f Administrative expenses.....					
g End of year balance.....					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment %

b Permanent endowment %

c Term endowment %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
3a(i)		
3a(ii)		
3b		

(i) Unrelated organizations?.....

(ii) Related organizations?.....

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?.....

4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land.....		276,475.		276,475.
b Buildings.....		1,437,066.	748,993.	688,073.
c Leasehold improvements.....		4,332,012.	210,974.	4,121,038.
d Equipment.....		235,076.	174,161.	60,915.
e Other.....		260,843.	253,418.	7,425.

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))..... **5,153,926.**

**Part VII****Investments – Other Securities****N/A**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives.....		
(2) Closely held equity interests.....		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 12, column (B)).....		

**Part VIII****Investments – Program Related****N/A**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 13, column (B)).....		

**Part IX****Other Assets****N/A**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, column (B)).....	

**Part X****Other Liabilities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes.....	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, column (B)).....	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII. ....

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue 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.....	1	<u>3,092,971.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments.....	2a	
b	Donated services and use of facilities.....	2b	
c	Recoveries of prior year grants.....	2c	
d	Other (Describe in Part XIII.).....	2d	
e	Add lines 2a through 2d.....	2e	
3	Subtract line 2e from line 1.....	3	<u>3,092,971.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b.....	4a	
b	Other (Describe in Part XIII.).....	4b	
c	Add lines 4a and 4b.....	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).....	5	<u>3,092,971.</u>

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses 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	<u>2,598,849.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities.....	2a	
b	Prior year adjustments.....	2b	
c	Other losses.....	2c	
d	Other (Describe in Part XIII.).....	2d	
e	Add lines 2a through 2d.....	2e	
3	Subtract line 2e from line 1.....	3	<u>2,598,849.</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b.....	4a	
b	Other (Describe in Part XIII.).....	4b	
c	Add lines 4a and 4b.....	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).....	5	<u>2,598,849.</u>

**Part XIII Supplemental Information**

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.

**SCHEDULE M**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

OMB No. 1545-0047

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

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**2024**

**Open to Public  
Inspection**

Name of the organization

Employer identification number

**TABBY'S PLACE: A CAT SANCTUARY, INC**

**22-3695520**

**Part I** **Types of Property**

	<b>(a)</b> Check if applicable	<b>(b)</b> Number of contributions or items contributed	<b>(c)</b> Noncash contribution amounts reported on Form 990, Part VIII, line 1g	<b>(d)</b> Method of determining noncash contribution amounts
1 Art – Works of art.....				
2 Art – Historical treasures.....				
3 Art – Fractional interests.....				
4 Books and publications.....				
5 Clothing and household goods.....				
6 Cars and other vehicles.....				
7 Boats and planes.....				
8 Intellectual property.....				
9 Securities – Publicly traded.....	X	5	48,433.	
10 Securities – Closely held stock.....				
11 Securities – Partnership, LLC, or trust interests.....				
12 Securities – Miscellaneous.....				
13 Qualified conservation contribution – Historic structures.....				
14 Qualified conservation contribution – Other.....				
15 Real estate – Residential.....				
16 Real estate – Commercial.....				
17 Real estate – Other.....				
18 Collectibles.....				
19 Food inventory.....				
20 Drugs and medical supplies.....				
21 Taxidermy.....				
22 Historical artifacts.....				
23 Scientific specimens.....				
24 Archeological artifacts.....				
25 Other (FOOD DONATIONS).....	X	1	33,309.	
26 Other (.....)				
27 Other (.....)				
28 Other (.....)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement.....

29

30a During the year, did the organization receive by contribution any property reported on Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?.....

	Yes	No
30a	X	
31	X	
32a	X	

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?.....

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?.....

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

**Part II** **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.

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**SCHEDULE O**  
**(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

Name of the organization

**TABBY'S PLACE: A CAT SANCTUARY, INC**

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Employer identification number

**22-3695520**

**FORM 990, PART VI, LINE 6 - EXPLANATION OF CLASSES OF MEMBERS OR SHAREHOLDER**

THERE ARE 9 VOTING MEMBERS OF THE ORGANIZATION'S BOARD.

**FORM 990, PART VI, LINE 7B - DECISIONS OF GOVERNING BODY APPROVAL BY MEMBERS OR SHAREHOLDERS**

ALL 9 MEMBERS OF THE BOARD HAVE VOTING RIGHTS FOR THE ORGANIZATION'S OPERATIONS.

**FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS**

A DRAFT RETURN IS PRESENTED TO THE BOARD FOR REVIEW AND ACCEPTANCE OF ALL ENTRIES  
AND RESPONSES.

**FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES**

THE ORGANIZATION HAS A COMPENSATION PLAN THAT INCLUDES THE MANAGERS AND DIRECTORS.

WE HAVE A COMPENSATION POLICY & A COMPENSATION PLAN CREATED WITH A COMPENSATION  
CONSULTANT, USING MULTIPLE INDUSTRY SALARY SURVEYS. IT DEFINES WAGE BANDS THAT  
MATCH JOB DESCRIPTIONS AND DEFINES HOW WAGES AND INCREASES ARE DETERMINED.

**FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE**

GOVERNING DOCUMENTS AND TAX RETURNS ARE MADE PUBLIC UPON REQUEST AND ARE AVAILABLE  
ON THE ORGANIZATION'S WEBSITE.

TABBY'S PLACE: A CAT SANCTUARY, INC

22-3695520

**FORM 990, PART III, LINE 4E  
PROGRAM SERVICES TOTALS**

	PROGRAM SERVICES TOTAL	FORM 990	SOURCE
TOTAL EXPENSES	2,108,816.	2,108,816.	PART IX, LINE 25, COL. B
GRANTS	0.	0.	PART IX, LINES 1-3, COL. B
REVENUE	0.	0.	PART VIII, LINE 2, COL. A

**FORM 990, PART IX, LINE 11G  
OTHER FEES FOR SERVICES**

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUND- RAISING
TOTAL	13,131.	\$ 13,131.	\$ 9,617.	\$ 3,514.

**FORM 990, PART IX, LINE 24E  
OTHER EXPENSES**

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
BANK CHARGES	2,268.		2,268.	
FUNDRAISING COSTS	112,572.			112,572.
IN KIND EXPENSE	33,308.	33,308.		
LEASES	19,215.	19,215.		
MEDICAL EQUIPMENT MAINTENANCE	2,992.	2,992.		
MISCELLANEOUS	19,844.	14,015.	150.	5,679.
POSTAGE AND SHIPPING	22,225.	20,002.	2,223.	
SUPPLIES	34,585.	34,585.		
TELEPHONE	4,422.	3,980.	442.	
TNR	7,360.	7,360.		
TOTAL	\$ 258,791.	\$ 135,457.	\$ 5,083.	\$ 118,251.

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## 2024 FEDERAL BOOK DEPRECIATION SCHEDULE

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TABBY'S PLACE: A CAT SANCTUARY, INC

22-3695520

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT.	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.	
FORM 990/990-PF																	
BUILDINGS																	
1	BUILDING	6/01/03		1,283,835							1,283,835	677,574	S/L	MM	39	.02564	32,918
2	IMPROVEMENTS	1/13/14		5,381							5,381	1,242	S/L	MM	39	.02564	138
3	IMPROVEMENTS	1/30/14		4,401							4,401	1,017	S/L	MM	39	.02564	113
4	IMPROVEMENTS	4/07/14		446							446	99	S/L	MM	39	.02564	11
5	IMPROVEMENTS	6/06/14		21,718							21,718	5,013	S/L	MM	39	.02564	557
6	IMPROVEMENTS	8/06/14		23,890							23,890	5,517	S/L	MM	39	.02564	613
7	IMPROVEMENTS	8/25/14		2,284							2,284	531	S/L	MM	39	.02564	59
8	IMPROVEMENTS	9/19/14		27,147							27,147	6,264	S/L	MM	39	.02564	696
9	IMPROVEMENTS	2/25/14		1,273							1,273	297	S/L	MM	39	.02564	33
10	IMPROVEMENTS	2/26/14		736							736	171	S/L	MM	39	.02564	19
11	IMPROVEMENTS	11/24/14		24,976							24,976	5,760	S/L	MM	39	.02564	640
12	IMPROVEMENTS	12/30/14		3,939							3,939	909	S/L	MM	39	.02564	101
13	IMPROVEMENTS	1/09/15		9,258							9,258	2,133	S/L	MM	39	.02564	237
14	IMPROVEMENTS	2/02/15		6,432							6,432	1,485	S/L	MM	39	.02564	165
15	IMPROVEMENTS	2/17/15		1,400							1,400	324	S/L	MM	39	.02564	36
16	ARCHITECT FOR CAT ROOM	12/14/15		500							500	104	S/L	MM	39	.02564	13
17	ARCHITECT FOR CAT ROOM	3/21/16		2,923							2,923	581	S/L	MM	39	.02564	75
18	ARCHITECT FOR CAT ROOM	5/31/16		2,730							2,730	531	S/L	MM	39	.02564	70
19	DOWNPAYMENT ON REDESIGN	6/28/16		7,350							7,350	1,411	S/L	MM	39	.02564	188
20	IMPROVEMENTS	10/25/16		6,450							6,450	1,183	S/L	MM	39	.02564	165
TOTAL BUILDINGS				1,437,069		0	0	0	0	0	1,437,069	712,146					36,847

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TABBY'S PLACE: A CAT SANCTUARY, INC

22-3695520

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
<b>FURNITURE AND FIXTURES</b>																
21	FURNITURE AND FIXTURES	6/01/03		102,724							102,724	102,724	S/L	HY	10	0
22	FURNITURE AND FIXTURES	7/01/04		13,802							13,802	13,802	S/L	HY	7	0
23	FURNITURE AND FIXTURES	1/01/05		36,349							36,349	36,349	200DB	HY	7	0
24	FURNITURE AND FIXTURES	5/31/11		12,707							12,707	12,707	200DB	HY	7	0
25	FURNITURE AND FIXTURES	12/04/13		3,637							3,637	3,637	200DB	HY	7	0
29	FURNITURE AND FIXTURES	6/29/16		1,072							1,072	1,072	200DB	HY	7	0
30	FURNITURE AND FIXTURES	5/13/17		671							671	649	200DB	MQ	7	.03330
31	FURNITURE AND FIXTURES	5/15/17		5,305							5,305	5,129	200DB	MQ	7	.03330
32	FURNITURE AND FIXTURES	6/20/17		585							585	565	200DB	MQ	7	.03330
58	FURNITURE & EQUIPMENT	3/14/18		755							755	653	200DB	HY	7	.08930
63	2020 OFFICE FURNITURE	11/23/20		1,588							1,588	1,030	200DB	MQ	7	.10040
66	2021 FURNITURE & EQUIPMENT	12/16/21		5,489							5,489	3,088	200DB	HY	7	.12490
70	FURNITURE & EQUIPMENT	5/20/22		4,589							4,589	1,780	200DB	HY	7	.17490
74	BRACKETS	8/07/24		1,956							1,956		200DB	HY	7	.14290
<b>TOTAL FURNITURE AND FIXTURE</b>				191,229		0	0	0	0	0	191,229	183,185				2,213
<b>IMPROVEMENTS</b>																
61	EXPANSION - PROF FEES	12/31/18		34,228							34,228	878	S/L	MM	39	.02564
62	EXPANSION - NEW PROJECT	12/31/19		66,669							66,669	1,709	S/L	MM	39	.02564
64	EXPANSION 2020 NEW PROJECT	12/31/20		193,076							193,076	4,950	S/L	MM	39	.02564
65	EXPANSION 2021 NEW PROJECT	12/31/21		1,065,449							1,065,449	27,318	S/L	MM	39	.02564
67	EXPANSION 2022 COSTS	12/31/22		2,187,177							2,187,177	56,079	S/L	MM	39	.02564
69	ROOF REPLACEMENT	6/30/22		19,700							19,700	1,970	S/L	HY	15	.06670
71	EXPANSION COST 2023	10/11/23		717,203							717,203	3,837	S/L	MM	39	.02564

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## 2024 FEDERAL BOOK DEPRECIATION SCHEDULE

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## TABBY'S PLACE: A CAT SANCTUARY, INC

22-3695520

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/BONUS/SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
73	HVAC 2023	8/01/23		29,685							29,685	989	S/L HY	15	.06670	1,980
75	HVAC 2024	5/10/24		18,825							18,825		S/L HY	15	.03330	627
	TOTAL IMPROVEMENTS			4,332,012		0	0	0	0	0	4,332,012	97,730				113,244
	LAND															
53	LAND	6/01/13		276,475							276,475					0
	TOTAL LAND			276,475		0	0	0	0	0	276,475	0				0
	MACHINERY AND EQUIPMENT															
27	TELEPHONE SYSTEM	9/16/14		1,135							1,135	1,123	200DB MQ	7		0
28	EQUIPMENT	5/27/15		274							274	274	200DB MQ	7		0
33	MEDICAL EQUIPMENT	7/15/05		2,116							2,116	2,116	200DB HY	5		0
34	MEDICAL EQUIPMENT	7/01/06		5,140							5,140	5,140	200DB HY	5		0
35	MEDICAL EQUIPMENT	1/31/08		1,739							1,739	1,739	200DB HY	5		0
36	MED EQUIP AUTOCLAVE	9/30/08		800							800	800	200DB HY	5		0
37	MEDICAL EQUIPMENT	7/31/11		1,949							1,949	1,949	200DB HY	7		0
38	MEDICAL EQUIPMENT	1/03/13		9,150							9,150	9,150	200DB HY	5		0
39	MEDICAL EQUIPMENT	1/31/13		1,192							1,192	1,192	200DB HY	5		0
40	MEDICAL EQUIPMENT	5/01/13		1,046							1,046	1,046	200DB HY	5		0
41	MEDICAL EQUIPMENT	6/28/13		1,189							1,189	1,189	200DB HY	5		0
42	MEDICAL EQUIP (10/9/14)	1/15/15		10,000							10,000	10,000	200DB HY	5		0
43	MEDICAL EQUIP (10/10/14)	1/15/15		7,728							7,728	7,728	200DB HY	5		0
44	MEDICAL EQUIP (11/19/14)	1/15/15		39,117							39,117	39,117	200DB HY	5		0
45	MEDICAL EQUIP (12/16/14)	1/15/15		1,810							1,810	1,810	200DB HY	5		0
46	MEDICAL EQUIPMENT	2/25/15		641							641	641	200DB HY	5		0

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TABBY'S PLACE: A CAT SANCTUARY, INC

22-3695520

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
47	MEDICAL EQUIPMENT	2/23/15		1,695							1,695	1,695	200DB MQ	5		0
48	COMPUTERS	4/03/13		10,717							10,717	10,717	200DB HY	5		0
49	COMPUTERS (12/17/14)	1/15/15		1,338							1,338	1,338	200DB HY	5		0
50	COMPUTERS	12/03/16		748							748	748	200DB MQ	5		0
54	MEDICAL EQUIPMENT	7/05/17		650							650	650	200DB MQ	5		0
55	MEDICAL EQUIPMENT	9/07/17		247							247	247	200DB MQ	5		0
56	MEDICAL EQUIPMENT	10/16/17		1,696							1,696	1,696	200DB MQ	5		0
59	EQUIPMENT - DRYERS	12/04/18		6,474							6,474	6,474	200DB HY	5		0
68	EXPANSION NEW EQUIPMENT	11/08/22		94,524							94,524	36,656	200DB HY	7	.17490	16,532
72	EQUIPMENT FOR EXPANSION	3/13/23		31,961							31,961	4,567	200DB HY	7	.24490	7,827
TOTAL MACHINERY AND EQUIPME				235,076		0	0	0	0	0	235,076	149,802				24,359
MISCELLANEOUS																
26	SHED	4/21/14		1,715							1,715	1,715	200DB HY	7		0
51	WEBSITE DESIGN	8/14/15		28,688							28,688	27,094	S/L HY	3		0
57	WEBSITE DESIGN	12/22/17		21,744							21,744	21,744	S/L MQ	3		0
60	WEBSITE DESIGN	7/30/18		17,467							17,467	17,467	S/L HY	3		0
TOTAL MISCELLANEOUS				69,614		0	0	0	0	0	69,614	68,020				0
TOTAL DEPRECIATION				6,541,475		0	0	0	0	0	6,541,475	1,210,883				176,663
GRAND TOTAL DEPRECIATION				6,541,475		0	0	0	0	0	6,541,475	1,210,883				176,663

**2024****FEDERAL EXEMPT ORGANIZATION TAX SUMMARY****PAGE 1****TABBY'S PLACE: A CAT SANCTUARY, INC**

22-3695520

	2024	2023	DIFF
<b>REVENUE</b>			
CONTRIBUTIONS AND GRANTS.....	3,090,155	2,885,092	205,063
INVESTMENT INCOME.....	2,816	225	2,591
<b>TOTAL REVENUE.....</b>	<b>3,092,971</b>	<b>2,885,317</b>	<b>207,654</b>
<b>EXPENSES</b>			
SALARIES, OTHER COMPEN., EMP. BENEFITS..	1,122,845	1,010,999	111,846
OTHER EXPENSES.....	1,476,004	1,420,062	55,942
<b>TOTAL EXPENSES.....</b>	<b>2,598,849</b>	<b>2,431,061</b>	<b>167,788</b>
<b>NET ASSETS OR FUND BALANCES</b>			
REVENUE LESS EXPENSES.....	494,122	454,256	39,866
TOTAL ASSETS AT END OF YEAR.....	5,958,713	5,624,858	333,855
TOTAL LIABILITIES AT END OF YEAR.....	50,242	210,509	-160,267
<b>NET ASSETS/FUND BALANCES AT END OF YEAR.</b>	<b>5,908,471</b>	<b>5,414,349</b>	<b>494,122</b>

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**GENERAL INFORMATION**

**PAGE 1**

**TABBY'S PLACE: A CAT SANCTUARY, INC**

**22-3695520**

**FORMS NEEDED FOR THIS RETURN**

**FEDERAL: 990, SCH A, SCH B, SCH D, SCH M, 8868**

**CARRYOVERS TO 2025**

**NONE**

TABBY'S PLACE: A CAT SANCTUARY, INC

22-3695520

THE ORGANIZATION'S FEDERAL TAX RETURN IS NOT FINISHED UNTIL YOU COMPLETE THE FOLLOWING INSTRUCTIONS.

## PRIOR TO TRANSMISSION OF THE RETURN

### FORM 990

THE ORGANIZATION SHOULD REVIEW THEIR FEDERAL RETURN ALONG WITH ANY ACCOMPANYING SCHEDULES AND STATEMENTS.

### PAPERLESS E-FILE

THE ORGANIZATION SHOULD READ, SIGN AND DATE THE FORM 8879-TE, IRS E-FILE SIGNATURE AUTHORIZATION.

### EVEN RETURN

NO PAYMENT IS REQUIRED.

## AFTER TRANSMISSION OF THE RETURN

### RECEIVE ACKNOWLEDGEMENT OF YOUR E-FILE TRANSMISSION STATUS.

WITHIN SEVERAL HOURS, ACCESS THE PROGRAM AND GET YOUR FIRST ACKNOWLEDGEMENT (ACK) THAT THE PROGRAM HAS RECEIVED YOUR TRANSMISSION FILE.

ACCESS THE PROGRAM AGAIN AFTER 24 AND THEN 48 HOURS TO RECEIVE YOUR FEDERAL ACKS.

KEEP A SIGNED COPY OF FORM 8879-TE, IRS E-FILE SIGNATURE AUTHORIZATION IN YOUR FILES FOR 3 YEARS.

### DO NOT MAIL:

FORM 8879-TE IRS E-FILE SIGNATURE AUTHORIZATION

TABBY'S PLACE: A CAT SANCTUARY, INC

22-3695520

THE ORGANIZATION'S FEDERAL TAX RETURN IS NOT FINISHED UNTIL YOU COMPLETE THE FOLLOWING INSTRUCTIONS.

### PRIOR TO TRANSMISSION OF THE RETURN

**FORM 8868**  
NO SIGNATURE IS REQUIRED WITH FORM 8868.

**EVEN RETURN**  
NO PAYMENT IS REQUIRED.

### AFTER TRANSMISSION OF THE RETURN

RECEIVE ACKNOWLEDGEMENT OF YOUR E-FILE TRANSMISSION STATUS.  
WITHIN SEVERAL HOURS, ACCESS THE PROGRAM AND GET YOUR FIRST ACKNOWLEDGEMENT (ACK) THAT THE PROGRAM HAS RECEIVED YOUR TRANSMISSION FILE.

ACCESS THE PROGRAM AGAIN AFTER 24 AND THEN 48 HOURS TO RECEIVE YOUR FEDERAL ACKS.