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Form 990
(Rev. January 2020)

Department of the Treasury Internal Revenue Service

** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

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



AI	For th	e 2019 calendar year, or tax year beginning and	ending					
B	Check if applicat	C Name of organization		D Employer identifie	cation number			
č		Seallie Area Feiine Rescue						
	Addr							
	Name Chan	pe Doing business as	91-20419	61				
	Initial	Number and street (or P.U. box if mail is not delivered to street address)	E Telephone number					
	Final			206-659-				
_	termi ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	802,863.			
	Amer	SHOLETTHE, WA 90133		H(a) Is this a group re				
	Appli tion pend	F Name and address of principal officer: Definitier Cadigan		for subordinates	······ — —			
		Same as C above		H(b) Are all subordinates in	ncluded? Yes No			
<u> </u>	Tax-e>	tempt status: $X 501(c)(3) = 501(c) () (insert no.) = 4947(a)(1)$			list. (see instructions)			
		te: HTTP://WWW.SEATTLEAREAFELINERESCUE.OR		H(c) Group exemption				
		f organization: 🔀 Corporation 🔄 Trust 🔄 Association 🔄 Other 🕨	L Year	of formation: 2002	State of legal domicile: WA			
Pa	art I	Summary		1				
e	1	Briefly describe the organization's mission or most significant activities: SAFe	Rescu	le saves tel	ine lives			
anc		by taking in homeless cats, giving them			-			
Activities & Governance	2	Check this box 🕨 🛄 if the organization discontinued its operations or dispo						
Š	3	Number of voting members of the governing body (Part VI, line 1a)			8			
<u>ه</u>	4	Number of independent voting members of the governing body (Part VI, line 1b) $% \label{eq:VI}$		8				
ies	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)		25				
livit	6	Total number of volunteers (estimate if necessary)			288			
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.			
	b	Net unrelated business taxable income from Form 990-T, line 39			0.			
		N 6		Prior Year	Current Year			
ne	8	Contributions and grants (Part VIII, line 1h)		420,067. 184,166.	463,199. 211,086.			
Revenue	9	Program service revenue (Part VIII, line 2g)		104,100.	-603.			
Be	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		29,780.	27,267.			
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		634,121.	700,949.			
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		0.54,121.	0.			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	······	0.	0.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)		353,478.	460,889.			
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	······	0.	<u>400,009</u>			
Expenses		Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 100, 4	22	0.	0•			
Ă		5 1 1 1 1 1 1 1 1 1 1		228,855.	232,241.			
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		582,333.	693,130.			
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		51,788.	7,819.			
L S	19	Revenue less expenses. Subtract line 18 from line 12		ginning of Current Year				
ance	20	Total accests (Bart X, Jina 16)	Be	299,347.	End of Year 306,896.			
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	······	748.	478.			
Vet /	21	Total liabilities (Part X, line 26)		298,599.	306,418.			
_		Net assets or fund balances. Subtract line 21 from line 20		4,0,099.	500,410.			

Part II Signature Block

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.

Sign Here	Signature of officer Jennifer Cadigan, Pres Type or print name and title	ident		Date				
	Print/Type preparer's name Aron Segal	Preparer's signature	Date	Check PTIN if self-employed P01326937				
Preparer	Firm's name 🕨 501cPAs LLC			Firm's EIN 🕨 45-1083221				
Use Only	Firm's address 1713 157th Ave N	E						
	Bellevue, WA 98008 Phone no. (425) 208-9245							
May the II	May the IRS discuss this return with the preparer shown above? (see instructions)							
932001 01-2	932001 01-20-20 LHA For Paperwork Reduction Act Notice. see the separate instructions. Form 990 (2019)							

See Schedule O for Organization Mission Statement Continuation

	Seattle Area Feline Rescue		
	1 990 (2019) FKA Animal Talk Rescue	91-2041961	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:	ata airina	+hom
	SAFe Rescue saves feline lives by taking in homeless of the care they need, finding them loving homes, and sup	ats, giving	
	human companions. We do this because we believe each of		
	value and that humans and felines enrich each other's		
2	Did the organization undertake any significant program services during the year which were not listed on the		
2	prior Form 990 or 990-EZ?		s X 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 service	es?	s X 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 expens	ses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to o	others, the total expenses	s, and
	revenue, if any, for each program service reported.		
4a			,350.)
	Over 2,000 felines, including seniors and special need	<u>is cats, rece</u>	lved
	medical treatment, behavioral support, and loving home		
	extensive network of volunteers and foster families we professional staff. SAFe Rescue is also dedicated to h		
	owners and supporting households experiencing economic		per
	owners and supporting nousenorus experiencing conomic		
4b	(Code:) (Expenses \$ including grants of \$) (Re	evenue \$)
4c			<u> </u>
40	(Code:) (Expenses \$ including grants of \$) (Re	evenue \$)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 497,890.	· · · · · · · · · · · · · · · · · · ·	
		Form	1 990 (2019)
932002	2 01-20-20		
021	015 143971 0111 2019 04030 Seattle Area Felin		11 1

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19.04030 Seattle Area Feline R escue 20 OTTT⁻

Part IV Checklist	of Require	d Schedule	es		
Form 990 (2019)	FKA	Animal	Talk	Reso	cue
	Seat	tle Are	ea Fel	line	Rescue

91-2041901 Page	91	-2041961	Page 3
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			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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i>	3		x
4	Section 501(c)(3) organizations. 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		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			v
	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	444		x
•	Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i> Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11d 11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	TIE		
•	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		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		v	
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		x
20-	complete Schedule G, Part III	19 202		X
20a	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b	1	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		<u> </u>
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
93200:			990	(2019)
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Seattle Area Feline Rescue FKA Animal Talk Rescue

Part N Column (A), line 27 If 'Yes,' complete Schedule I, Art I and II Part N, column (A), line 27 If 'Yes,' complete Schedule I, Art I and II Part N, column (A), line 27 If 'Yes,' complete Schedule I, Art I and II Part N, column (A), line 27 If 'Yes,' complete Schedule I, Art I and II Part N 28 Did the organization have a tax-exempt bond seaw with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was assed after December 31, 2002 If 'Yes,' answer lines 24b through 24d and complete Schedule I, M'A, 'go to line 25d. Part N Part N 29 Did the organization meet any proceeds of tax-exempt bonds beyond a temporary period acception 'Yes,' complete Schedule I, Part II Part P P		990 (2019) FKA Animal Talk Rescue 91-204 t IV Checklist of Required Schedules (continued)	1961	· F	age
22 Did the organization report more than \$5.000 of grants or that assistance to or for domestic individuals on part. Notice is a complete Solutie (Part I and III) 22 23 Did the organization answer 'Yes' to Part VII, Section A. Ine 3.4, or 5 aboat compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensation of the organization's current band is to with an outstanding principal amount of more than \$100,000 as of the list day of the veganization investory proceeds of traxesempt bonds 2, 2022 If 'Yes,' answer lines 24 through 244 and complete Solt-edule K. If 'No, 'go to line 25a 24a 24b Did the organization matrix any proceeds of traxesempt bonds buycd a temporary period exception? 24a 25a Section 50(6)(3), 50(1(6), 40(6), 400(6)) 24a 25a Section 50(6)(3), 50(1(6), 40(6), 400(6)) 24a 25a Section 50(6)(3), 50(1(6), 40(6), 40(6), 400(6)) 24a 25a Section 50(6)(3), 50(1(6), 40(6), 40(6), 400(6)) 24a 25a Section 50(6)(3), 50(1(6), 40(6), 40(6), 400(6), 400(6)) 24a 25a Section 50(6)(3), 50(1(6), 40(6), 400(6), 400(7)) 25a 25a Section 50(6)(3), 50(1(6), 40(6), 400(6), 400(7)) 25a 25a Section 50(6)(3), 50(1(6), 40(6), 400(6)) 25a 25a Section 50(6)(3), 50(1(6), 40(6), 400(6)) 25a 25a Section 50(6)(3), 50(1(6), 40(6), 400(6)) 25a 25a Section 5	Fai			Yes	N
21 Did the organization arware 'Yes' to Part WI, Section A, Ins 3, 4, or 5 about compensation of the organization's current and forms of tices, directors, trustees, key employees, and highest compensated employee? If 'Yes, ''complete Schedule J and the organization have a taxee-empt bond sues with an outstanding principal amount of more than \$100,000 as of the Schedule K II 'No, ''go to Iine 25a. 24a 24 24b 24c 24 24c 24a 25 24c 24a 26 26 the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24a 26 26 the organization and star any proceeds of tax-exempt bonds beyond a temporary period exception? 24a 27 26 did the organization and star any proceeds of tax-exempt bonds custanding at my time during the year to detease any tax-exempt bonds? 24a 26 Section 50(164), 50(16(4), 400 6(12), 200 regularization. 20th terr cognization argue in an science benefit transaction with a disqualified person during the year? 25a 27 28 did the organization argue tait in tergoagd in an excess benefit transaction with a disqualified person during the year? 25a 28 29a organization argue tait in tergoagd in an excess benefit transaction with a disqualified person during the year? 26a 29 20a or forme 57a, 30a organization 20a of the organization argue tait to former officer, director, trustee, key employee, careator or former director, director, trustee, key employee, careator or founder, usubatatita contributor, 20a organization argue ta	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, "Ires," to the variant was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule I, "Ires," to the macTan. 24a 24a Did the organization hirest any proceeds of tax-exempt bonds beyond a temporary period exception? 24a 24b Did the organization mixet any an encrew account ther than a refunding excount any time during the year to defease any tax-exempt bonds? 24a 24b Did the organization ariset any noneends excount that than a refunding excount any time during the year? 24d 24b Did the organization ariset any noneend account that than a refunding excount any time during the year? 24d 24c Did the organization ariset any noneend the organizations. Dud the organization engage in an excess benefit transaction ware that it decagnified person during the year? 24d 25c Section 501(c)(3), 501(c)(4), and 501(c)(2) organizations. Dud the organization spitor Some 990 or 250 EZ? If Yes, "complete Schedule L, Part I 25d 26c Did the organization reported on any of the organization spitor Some 990 or 250 EZ? If Yes, "complete Schedule L, Part I 26d 27d Did the organization proves and and contributor or employee thereol, a grant selection granitete member, or to a 35% controlled entity (including an employee thereol) or smithy interber of any of these benefore, If Yes, "complete Schedule L, Part IV 28d Was the organization approt to a business transaction who one of the following anutset (sec		Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		2
Schedule J 24 24 24 240 Dd the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the Schedule K II' No, 'go to line 25a. 244 240 Dd the organization maintain an escrew account of the than a refunding secrew at any time during the year to delease any tax exempt bonds? 244 241 Dd the organization maintain an escrew account of the than a refunding escrew at any time during the year to delease any tax exempt bonds? 246 250 Section 501(ck), 501(ck), 400 dd (ck), 500 cc), 500	23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
141 Diff the organization have a taxexempt bond issue with an outstanding principal amount of more than \$100.000 as of the Schedule K. If "No." yoo line 25a 24a 150 Diff the organization maintain an escrow account other than a refunding escrow at any time during the year? 24a 150 Diff the organization maintain an escrow account other than a refunding escrow at any time during the year? 24a 151 Diff the organization maintain an escrow account other than a refunding escrow at any time during the year? 24a 152 Section 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Diff the organization engage in an excess benefit transaction with a disqualified person in a price year, and that the transaction with a disqualified person in a price year, and that the transaction with a disqualified person in a price year, and that the transaction way of the organization is prior Formal 500 of 906 2271 (Yes); complete Schedule 1, Part I 25a 15 Diff the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or enablyce thereof, a grant selection Committee member. Or a 385 exclude 1, Part II 26a 16 Diff the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or enablyce thereof, a grant selection Committee member. Or a 385 exclude 1, Part II 27a 17 Diff the organization provide a grant or other assistance to ributors of the soleading of the soleading of the organization neoret the 325,000 in encrest portions? <td< td=""><td></td><td></td><td>23</td><td></td><td>2</td></td<>			23		2
at day of the year, that was issued after December 31, 2002? If 'Yea,' answer lines 24b through 24d and complete Schedule K. If No, 'go to line 25a. Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? Did the organization invest any proceeds of tax exempt bonds outstanding at any time during the year' 0 defease any tax-event bonds? Did the organization acts as an 'on behalf O' issuer for bonds outstanding at any time during the year'. Edit be organization acts as an 'on behalf O' issuer for bonds outstanding at any time during the year'. Edit be organization acts as an 'on behalf O' issuer for bonds outstanding at any time during the year'. Edit be organization acts as an 'on behalf O' issuer for bonds outstanding at any time during the year'. Edit be organization aver that the rangeed in an excesse benefit transaction with a disqualified person time of the organization periods any of the organization periods as not been reported on any of the organization provide a grant or other assistance to any current or former office'. director, trustee, key employee, creator or founder, substantial contributor or to a 35% controlled entry or family member of any of these person? If 'Yes,' complets Schedule L, Part II Did the organization provide a grant or their assistance to any current or former office'. director, trustee, key employee, creator or founder, substantial contributor or no rady any anal selector/ office'. director, trustee, key employee, creator or founder, or substantial contributor? II Yes,' complete Schedule L, Part II A current or former office'. director, trustee, key employee, creator of founder, or substantial contributor? II Yes, 'complete Schedule L, Part IV A 33% controlled ettry of on or more th	24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	25		<u> </u>
b) bit the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c) bit the organization market an escow account other than a refunding escow at any time during the year to defease 24c d) bit the organization acts as an 'on behaf of' issuer for bonds outstanding at any time during the year to defease 24c d) bit the organization acts as an 'on behaf of' issuer for bonds outstanding at any time during the year? 24c d) bit the organization acts as an 'on behaf of' issuer for bonds outstanding at any time during the year? 24c d) bit the organization access 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 900 or 900EZ/11 'Yes,' complete Schedule L, Part 1 25a d) bit the organization provide a grant or other assistance to any current or former officer, director, truste, key employee, creator or founder, substantial contribution, or assis, controlled entity of namily member of any of these person? 11 'Yes,' complete Schedule L, Part 11 25a d) A current or former officer, future, key employee, creator or founder, substantial contribution, or assis, controlled entity including an employee thered) or family member or any or these person? 11 'Yes,' complete Schedule L, Part 11 25a d) A current or former officer, future, key employee, creator or founder, substantial contributor? 11 27a 'Yes,' complete Schedule L, Part 11 25a d) A current or former officer, future, key employee, creator or founder, substantati contributor? 11 27a	Liu	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	24a		2
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?	b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?			
any tax-scengt bonds? 246 24 246 25 Section 50(6/3), 501(6/4), and 50(6/20) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 256 25 Section 50(6/3), 501(6/4), and 50(6/20) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction thas not been reported on any of the organization's prior Forms 990 or 990.527/If 'Vss," complete Schedule L, Part I 256 26 Did the organization aware that the engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction that needs persons? If 'Vss,' complete Schedule L, Part I 26 26 Did the organization report any amount on Part X, Ine 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 33% controlled entity or family member of any of these persons? If 'Yss,' complete Schedule L, Part II 27 27 Did the organization reports thereof, a family member of any of these persons? If 'Yss,' complete Schedule L, Part IV 28 28 A cerrent or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yss,' complete Schedule L, Part IV 28 29 A difference on more individual described in line 28.47 (*Yss,' complete Schedule L, Part IV 28 29 A difference on more individual addescribed in line 28.47 (*Yss,' complete Schedule L, Part IV 28 <t< td=""><td></td><td></td><td></td><td></td><td></td></t<>					
Did the organization act as an "on behalf of issuer for bonds outstanding at any time during the yea? 244 263 Section 507(EQ)3, 501(C4), An 650(C4)20 reganizations. Du the organization serves benefit transaction with a disqualified person during the yea? II "Yes," complete Schedule L, Part I 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a priory generation. Spic 500:802:71 "Yes," complete Schedule L, Part I 25b D Ud the organization or any of the organizations prior Forms 90 or 990:271 "Yes," complete Schedule L, Part I 26b D Ud the organization prior formar officer, director, trustee, key employee, creator or founder, substantial contributor, or 33% controlled entity of tamaly member of any arbitrassistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 33% controlled entity for founding an employee thereol, a grant selection committee member, or to a 35% controlled entity for burses transaction with one of the following parties (see Schedule L, Part II 27 27 Vast the organization prior founder, director, trustee, key employee, creator or founder, substantial contributor? II 28a 28 A current or former officer, director, trustee, key employee, creator or founder, substantial contributor? II 28a 29 A director there of forming thresholds, conditions, and exceptions) 28a 29 A director, trustee, key employee, creator or founder, substantial contributor? II 28a 29 A director, trustee, key employee, creator or founder, substantial contributor?			24c		
25a Section 601(c)(3), 901(c)(4), and 601(c)(2b) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? II "Yes," complete Schedule L, Part I 25a 2 Schedule L, Part I 25b 26 Did the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction report any amount on Part X, line 5 or 22, for receivables from or payables to lang current or former officer, director, trustes, key employee, creator or founder, substantial contributor or 39% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 27 Was the organization aparts the observations. Joint of the organization aparts (see Schedule L, Part II 26 28 Viet erganization apart by to a business transaction with one of the following parties (see Schedule L, Part II 26 29 Was the organization apart by to a business transaction with one of the following parties (see Schedule L, Part II 28 4 A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28 5 A statistion calce were than S25,000 n non cash controlutions? If "Yes," complete Schedule L, Part IV 28 5 Did the organization neal event on the substantial contributor? If "Yes," complete Schedule L, Part IV 28	d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prory year, and that the transaction has not been reported on any of the organization's piror Forms 990 or 990-E27/if 'Yes,' complete Schedule L, Part I 25b 260 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payable's to any current or forme orfifeer, director, trustee, key employee, creator or founder, substantial contributer, of 39% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part II 26 271 Did the organization approves thereof) or family member of any or these persons? If 'Yes,' complete Schedule L, Part III 27 282 Was the organization approves thereof) or family member of any of these persons? If 'Yes,' complete Schedule L, Part III 28 283 Was the organization approves thereof) or family member of any of these persons? If 'Yes,' complete Schedule L, Part IV 28 284 A atmity member of any individual described in line 28a /If 'Yes,' complete Schedule L, Part IV 28 284 A atmity member of any individual described in line 28a /If 'Yes,' complete Schedule L, Part IV 28 293 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule L, Part IV 28 294 Did the organization neceive ontributions of an thistorial these persons? If 'Yes,' complete Schedule L 29 294 Did the organization neceive ontributions of an thistorial these persons? If 'Yes,' complete Schedule L 29 295 A atmit the necessary of the add organization secribes Schedule L, Part IV 28					
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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? <i>If</i> "Yes," <i>complete Schedule R, Part I</i> 33 34 Was the organization related to any tax exempt or taxable entity? <i>If</i> "Yes," <i>complete Schedule R, Part I</i> , <i>III, or IV, and</i> 34 35a Did the organization nave a controlled entity within the meaning of section 512(b)(13)? 35a 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)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 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? <i>If</i> "Yes," <i>complete Schedule R, Part V</i> 37 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? 38 Apart V Statements Regarding Other IRS Filings and Tax Compliance Yes 1a Enter the number reported in Box 3 of Form 1096. Enter -0: if not applicable 1a 1a 4 b Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming <td>32</td> <td></td> <td>32</td> <td></td> <td>x</td>	32		32		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 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 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 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? 38 X 9 Note: All Form 990 filers are required to complete Schedule O 38 X 9 Statements Regarding Other IRS Filings and Tax Compliance 1a 4 1a 1a 4 1b 0 1a Inb 0 0 0 0 1b 0 0 0 0 0 0	33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
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35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 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 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? 38 Note: All Form 990 filers are required to complete Schedule O 38 X Part V Statements Regarding Other IRS Filings and Tax Compliance 1a 4 b Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 1b 0 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0 1c X 32004 01-20-20 Mathematical organization comply with backup withholding rules for reportable payments to vendors and reportable gaming 1c X Form 990 Form	34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 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 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? 38 X Part V Statements Regarding Other IRS Filings and Tax Compliance 26 28 28 1a 4 4 1 0 1 <td></td> <td>Part V, line 1</td> <td>34</td> <td></td> <td>X</td>		Part V, line 1	34		X
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36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 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 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? 37 38 Note: All Form 990 filers are required to complete Schedule O 38 X Part V Statements Regarding Other IRS Filings and Tax Compliance 38 X 1a 1a 4 1b 0 b Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 4 1b 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming 1c X 32004 01-20-20 4 10 <	b		35h		
If "Yes," complete Schedule R, Part V, line 2 36 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 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? 37 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? 38 Note: All Form 990 filers are required to complete Schedule O 38 X Part V Statements Regarding Other IRS Filings and Tax Compliance 28 Check if Schedule O contains a response or note to any line in this Part V Yes 1a 4 4 b Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 4 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c X 132004 01-20-20 4 1b 0	36		000		
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 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? 38 38 Note: All Form 990 filers are required to complete Schedule O 38 X Part V Statements Regarding Other IRS Filings and Tax Compliance 38 X Check if Schedule O contains a response or note to any line in this Part V Yes Yes 1a 4 4 4 4 b Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 4 4 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0 1c X c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c X 32004 01-20-20 4 4 1c X			36		X
and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i> 37 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O 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 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 32004 01-20-20 4					
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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 Yes 1a 1a 4 b 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 in 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 X 32004 01-20-20		Note: All Form 990 filers are required to complete Schedule O	38	X	
1a 4 b 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 in 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 X 322004 01-20-20 4 Form 990	Par	t V Statements Regarding Other IRS Filings and Tax Compliance			_
1a 1a 4 b Enter the number of Forms W-2G included in 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 X v32004 01-20-20 4 4 4 4		Check if Schedule O contains a response or note to any line in this Part V		1	
b Enter the number of Forms W-2G included in 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 X 32004 01-20-20 4			4	Yes	N
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming 1c X (gambling) winnings to prize winners? 1c X 32004 01-20-20 6 Form 990			±		
(gambling) winnings to prize winners? 1c X 32004 01-20-20 4 4			4		
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Form	990 (2019) FKA Animal Talk Rescue 91-2041	961	P	age 5			
Par	t 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 25						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х				
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)						
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X			
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			
с	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		x				
	any contributions that were not tax deductible as charitable contributions?						
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts						
	were not tax deductible?	6b	Х				
7	Organizations that may receive deductible contributions under section 170(c).						
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х				
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required						
	to file Form 8282?	7c		X			
	If "Yes," indicate the number of Forms 8282 filed during the year 7d						
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the						
	sponsoring organization have excess business holdings at any time during the year?	8					
9	Sponsoring organizations maintaining donor advised funds.	_					
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b					
10	Section 501(c)(7) organizations. Enter:						
	Initiation fees and capital contributions included on Part VIII, line 12 10a						
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b						
11	Section 501(c)(12) organizations. Enter:						
	Gross income from members or shareholders 11a						
b	Gross income from other sources (Do not net amounts due or paid to other sources against						
10-	amounts due or received from them.)	10-					
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	10-					
а	Is the organization licensed to issue qualified health plans in more than one state?	13a					
h	Note: See the instructions for additional information the organization must report on Schedule O.						
D	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						
	Enter the amount of reserves on hand	14-		X			
14a h	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b					
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	140					
15		15		x			
	excess parachute payment(s) during the year?	15					
16	If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x			
10	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	10					
_							

Form **990** (2019)

932005 01-20-20

		-		-	Rescue
FKA	Anin	nal '	Talk	Reso	cue

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

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Form 990 (A Animal					-204196	. ag
Part VI	Governance, Mana	gement, and	d Disclo	sure For each	"Yes" response to lines 2 through	7b below,	and for a "No'	' response
	to line 8a, 8b, or 10b belo	w, describe the	circumsta	ances, processe	s, or changes on Schedule O. See	instruction	S.	

			. —	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a (3		
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.				
	Enter the number of voting members included on line 1a, above, who are independent		3		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	•			v
_	officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under the				v
	of officers, directors, trustees, or key employees to a management company or other person?		3		X X
4	Did the organization make any significant changes to its governing documents since the prior Form 9		4		A X
5	Did the organization become aware during the year of a significant diversion of the organization's ass		5		X
6 7-	Did the organization have members or stockholders?		6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap more members of the governing body?		7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s				
	persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year				
а	The governing body?		8a	Х	
b	Each committee with authority to act on behalf of the governing body?		8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea				
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		X
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue Code.)			
	26			Yes	No
	Did the organization have local chapters, branches, or affiliates?		10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch				
	and branches to ensure their operations are consistent with the organization's exempt purposes? \dots		10b	37	
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			v	
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	X	v
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise		12b		X
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye				x
~	in Schedule O how this was done		12c	x	
3 4	Did the organization have a written whistleblower policy?		13 14	X	
4	Did the organization have a written document retention and destruction policy?		14		
15	Did the process for determining compensation of the following persons include a review and approva persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	a by independent			
2	The organization's CEO, Executive Director, or top management official		15a	x	
	Other officers or key employees of the organization		15a	X	
5	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		130		
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent with a			
	taxable entity during the year?		16a		x
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat				
-	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ				
	exempt status with respect to such arrangements?		16b		
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright WA , CA				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A, if applicable), 990, and	nd 990-T (Section 501(c)(3)s only	/) avai	lable
	for public inspection. Indicate how you made these available. Check all that apply.	an Ophari (a O)			
		on Schedule O)	L C		
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	primict of interest policy, a	na fina	ncial	
20	statements available to the public during the tax year.				
20	State the name, address, and telephone number of the person who possesses the organization's bor Allison Gillespie - 206-659-6220	oks and records			
	14717 Aurora Avenue N, Shoreline, WA 98133				
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FKA	Anim	al Ta	alk	Resc	cue

Form 990 (2019)	FKA	Animal	Talk	Rescu	e		91-20
Part VII Compensation	n of Of	ficers, Dire	ctors,	Trustees,	Key Employees,	Highest	Compensated
Employees, a	nd Inde	ependent C	ontrac	tors			

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do		Pos heck			one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe nd a d	rson i	is bot	h an	compensation	compensation	amount of
	week					1		from	from related	other
	(list any hours for	Individual trustee or director				_		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or c	stee			sated		(W-2/1099-MISC)	(00-2/1033-10100)	organization
	organizations	truste	al trus		yee	mper				and related
	below	id ual	Institutional trustee	5	Key employee	Highest compensated employee	er			organizations
	line)	Indiv	Instit	Officer	Keye	High empl	Former	6		
(1) Jennifer Cadigan	7.00									
President		X		Х		\bigcirc	Þ.	0.	0.	0.
(2) Sara Blagg	2.00				S			C		
Vice President		X		Х				0.	0.	0.
(3) Allison Gillespie	6.00						7	D .		
Treasurer	•	Х		Х			0	0.	0.	0.
(4) Emily Dolan	2.00					C				
Director		X						0.	0.	0.
(5) Svetlana Poplova	2.00)					
Director		X	X					0.	0.	0.
(6) David Recchia	2.00	K								
Director		Х						0.	0.	0.
(7) Tony Dexter	2.00									
Director		X						0.	0.	0.
(8) Kimberly Berry	2.00									
Director		X						0.	0.	0.
932007 01-20-20						-				Form 990 (2019)

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Form	990 (2019) Seattle A FKA Anima						cue	9		91-2	0410	961	P	age 8
	t VII Section A. Officers, Directors, Trust						aho	et (Compensated Employe		<u>, , , , , , , , , , , , , , , , , , , </u>			age o
	(A) Name and title	(B) Average hours per	(do	not c	(C Posi	C) ition) than	one	(D) Reportable	(E) Reportable			(F) timate	
	week (list any hours for related organization below line)						Highest compensated si pod si employee	tee)	compensation from the organization (W-2/1099-MISC)	compensatic from related organization (W-2/1099-MIS	s s	com fro orga and	ount other oensa om th anizat I relat nizati	ition e ion ed
											-+			
									07					
									6					
					C	07			S					
	Subtotal		(0.		0.			0.
	Total from continuation sheets to Part VI	· · · ·						Þ	0.		0.			0.
	Total (add lines 1b and 1c)						<u></u>		0.		0.			0.
2	Total number of individuals (including but no	ot limited to th	lose	liste	ed al	oove	e) wł	no r	received more than \$100	,000 of reportab	le			0
	compensation from the organization	<u> </u>	_	$\overline{}$									Yes	No
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for su								ghest compensated emp			3	103	X
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	m of reportab	le co	omp	ensa	atior	n and	d ot	her compensation from	the organization		4		x
5	Did any person listed on line 1a receive or a					-			-					v
Sec	rendered to the organization? If "Yes," comp tion B. Independent Contractors	olete Schedul	e J f	or si	uch	pers	son .				<u></u>	5		Х
1	Complete this table for your five highest cor	mpensated in	depe	ende	ent c	onti	racto	ors	that received more than	\$100.000 of con	npensa	ation f	rom	
	the organization. Report compensation for t	-	-											
	(A) Name and business	address	NC	ONE	3				(B) Description of s	ervices	C	(C omper		n
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz	•	iot lii	mite	d to		se li:)	steo	d above) who received m	ore than				
											1	Form 🤅	990 (2019)

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Seattle Area Feline Rescue FKA Animal Talk Rescue

Form	99	0 (2	2019) FKA Animal Ta				91-2041	961 Page
Pa					-			<u> </u>
			Check if Schedule O contains a response of	or note to any lin	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt	(C)	(D) Revenue excluder from tax under sections 512 - 51
nts	1	а	Federated campaigns 1a					
and Other Similar Amounts		b	Membership dues 1b					
Ρ.		С	Fundraising events 1c	70,404.				
ilar			Related organizations 1d					
<u>S</u> .E			Government grants (contributions)					
Ъ.		f	All other contributions, gifts, grants, and					
Gt				392,795. 39,949.				
pu		-	Noncash contributions included in lines 1a-1f		463,199.			
0		n	Total. Add lines 1a-1f	Business Code	405,199.			
	•	а	Adoption Services	624200	211,086.	211,086.		
Revenue	2	a b		021200	211,000.	211,000.		
nue		c						
eve		d						
ň		e				\sim		
		f	All other program service revenue			\mathbf{O}		
		g	Total. Add lines 2a-2f	►	211,086.	1		
	3		Investment income (including dividends, intere	st, and				
			other similar amounts)		34.			34
	4		Income from investment of tax-exempt bond p					
	5		Royalties		<u> </u>			
	_		(i) Real	(ii) Personal	PG			
	6	а	Gross rents 6a					
			Less: rental expenses 6b		0,5			
			Rental income or (loss) 6c					
	7		Net rental income or (loss) Gross amount from sales of (i) Securities	(ii) Other				
	'	a	assets other than inventory 7a	0.				
		b	Less: cost or other basis		•			
e		-	and sales expenses 7b	637.				
Other Revenue		с	Gain or (loss) 7c	-637.				
Не		d	Net gain or (loss)	▶	-637.	-637.		
ner	8		Gross income from fundraising events (not					
5			including \$ 70,404. of					
			contributions reported on line 1c). See	45 959				
			Part IV, line 18 8a	45,872.				
			Less: direct expenses 8b	49,256.	2 204			2 204
	~			····· ►	-3,384.			-3,384
	9	а	Gross income from gaming activities. See					
		h	Part IV, line 19 9a Less: direct expenses 9b					
	10		Gross sales of inventory, less returns	🕨				
	.0	u		81,922.				
		b	Less: cost of goods sold 10b					
			Net income or (loss) from sales of inventory		29,901.	29,901.		
				Business Code				
e	11	а	Pawsitive Alliance	531120	750.			750
enu		b						
sev.		с						
Revenue			All other revenue		850			
1		е	Total. Add lines 11a-11d		750. 700,949.	240,350.	0.	-2,600
	12							

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	Seat	tle Are	ea Fel	line	Rescue
Form 990 (2019)	FKA	Animal	Talk	Reso	cue
Part IX Statement of	Function	onal Expen	ISES		

	Part IX Statement of Functional Expenses								
Sect	ion 501(c)(3) and 501(c)(4) organizations must con	nplete all columns. All oth	ner organizations must c	omplete column (A).					
	Check if Schedule O contains a respo	nse or note to any line in	this Part IX						
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses				
1	Grants and other assistance to domestic organizations				·				
	and domestic governments. See Part IV, line 21 \dots								
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								
6	Compensation not included above to disqualified								
	persons (as defined under section $4958(f)(1)$) and								
-	persons described in section 4958(c)(3)(B)	401,811.	282,257.	53,087.	66,467.				
7 8	Other salaries and wages Pension plan accruals and contributions (include	401,011.	202,237.	55,0071	00,407.				
0	section 401(k) and 403(b) employer contributions)								
9	Other employee benefits								
10	Payroll taxes	59,078.	42,659.	6,669.	9,750.				
11	Fees for services (nonemployees):		.01						
а	Management								
b	Legal								
с	Accounting	5,095.		5,095.					
d	Lobbying		2						
е	Professional fundraising services. See Part IV, line 17		S						
f	Investment management fees	. 6	0						
g	Other. (If line 11g amount exceeds 10% of line 25,		\mathbf{O}						
	column (A) amount, list line 11g expenses on Sch 0.)	1,343.			1,343. 163.				
12	Advertising and promotion	513.	22.	328.	163.				
13	Office expenses	11,042.	2,634.	1,548.	6,860.				
14	Information technology	256.	256.						
15	Royalties	63,748.	49,879.	6,555.	7,314.				
16	Occupancy	3,578.	1,464.	2,114.	7,314.				
17	I ravel	5,570.	1,404.	2,114.					
18	Payments of travel or entertainment expenses for any federal, state, or local public officials								
19	Conferences, conventions, and meetings	346.	91.	162.	93.				
20	Interest								
21	Payments to affiliates								
22	Depreciation, depletion, and amortization	10,259.	8,207.	1,026.	1,026.				
23	Insurance	6,243.	1,935.	4,308.					
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If								
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)								
а	Veterinary	46,653.	46,653.						
b	Shelter Supplies	44,435.	44,240.	195.					
с	Bank Fees	15,029.		10,826.	4,203.				
d	Microchips	5,617.	5,617.						
е	All other expenses	18,084.	11,976.	2,905.	3,203.				
25	Total functional expenses. Add lines 1 through 24e	693,130.	497,890.	94,818.	100,422.				
26	Joint costs. Complete this line only if the organization								
	reported in column (B) joint costs from a combined								
	educational campaign and fundraising solicitation.								
	Check here if following SOP 98-2 (ASC 958-720)				E 000 (0010)				

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Form **990** (2019)

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33

Total liabilities and net assets/fund balances ...

33

Form 990 (2019)

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 6 Loans and other receivables from other disgualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 Notes and loans receivable, net 7 7 8 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 9 **10a** Land, buildings, and equipment: cost or other 137,872. basis. Complete Part VI of Schedule D _____ 10a 54,833. 92,845. 83,039. b Less: accumulated depreciation 10b 10c Investments - publicly traded securities 11 11 12 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 Other assets. See Part IV, line 11 15 15 299,347. 306,896. 16 16 Total assets. Add lines 1 through 15 (must equal line 33) 748. 478. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 Deferred revenue 19 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 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 25 748. 478. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here 🕨 🗌 and complete lines 27, 28, 32, and 33. Net assets without donor restrictions 27 27 Net assets with donor restrictions 28 28 Organizations that do not follow FASB ASC 958, check here \blacktriangleright X and complete lines 29 through 33. 0. 0. 29 Capital stock or trust principal, or current funds 29 0. 0. Paid-in or capital surplus, or land, building, or equipment fund 30 30 298,599. 306,418. 31 31 Retained earnings, endowment, accumulated income, or other funds 298,599. 306,418. Total net assets or fund balances 32 32 299,347. 306,896.

Seattle Area Feline Rescue FKA Animal Talk Rescue

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

Cash - non-interest-bearing

Savings and temporary cash investments Pledges and grants receivable, net

Accounts receivable, net

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(B)

End of year

223,857.

(A)

Beginning of year

206,502.

1

2

3

4

1

2

3 4

Assets

_iabilities

Net Assets or Fund Balances

Part X Balance Sheet

	Seattle Area Feline Rescue				
Form	1 990 (2019) FKA Animal Talk Rescue	91	-2041961	Pa	age 12
Ра	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	70	<u>0,9</u>	949.
2	Total expenses (must equal Part IX, column (A), line 25)	2			.30.
3	Revenue less expenses. Subtract line 2 from line 1	3			319.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	29	8,5	599.
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,		2.0	<i>с</i> 1	110
De	column (B))	10	30	0,4	18.
Ра	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII			Yes	No
	Accounting method used to prepare the Form 990: 🔀 Cash 📃 Accrual 🗌 Other			res	NO
1					
0-	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule		0.		x
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewer	d on a			
	separate basis, consolidated basis, or both:				
h			2b		x
b	Were the organization's financial statements audited by an independent accountant?				
	consolidated basis, or both:	e basi	5,		
	Separate basis Consolidated basis Both consolidated and separate basis				
~	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	o audi			
U	review, or compilation of its financial statements and selection of an independent accountant?				
	If the organization changed either its oversight process or selection process during the tax year, explain on Sci				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si				
•••	Act and OMB Circular A-133?				x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au	ıdit		\vdash
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				
				990	(2019)
					. ,
	PUP 40				
	X O Y				
	\mathbf{v}				

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SCHEDULE A (Form 990 or 990-EZ) Department of the Treasury	Public Cha complete if the organ 494		OMB No. 1545-0047				
Internal Revenue Service	Go to www.irs.gov	/Form990 for instruction	ons and t		nformation.		Inspection
		eline Rescue					identification number
	Animal Tal			is month) Cu			1-2041961
						S.	
The organization is not a private foun							
1 A church, convention of cl					I)(A)(I).		
 2 A school described in sec 3 A hospital or a cooperative 					;;)		
4 A medical research organi						Viiii) Enter	the hospital's name
city, and state:			desense				the hospital o hame,
5 An organization operated	for the benefit of a co	llege or university owned	d or opera	ted by a d	overnmental	unit describ	ed in
section 170(b)(1)(A)(iv). (5 ,		, ,			
6 A federal, state, or local go		nental unit described in s	section 17	70(b)(1)(A)	(v).		
7 An organization that norm	ally receives a substa	Intial part of its support f	rom a gov	rernmental	unit or from t	the general	public described in
section 170(b)(1)(A)(vi). (0	Complete Part II.)				1		
8 A community trust describ	ed in section 170(b)	(1)(A)(vi). (Complete Part	t II.)				
9 An agricultural research or	ganization described	in section 170(b)(1)(A)(i x) operate	ed in conju	inction with a	land-grant	college
or university or a non-land	-grant college of agric	culture (see instructions).	Enter the	name, city	, and state o	f the colleg	e or
university:							
10 X An organization that norm							
activities related to its exe income and unrelated bus							
See section 509(a)(2). (Co				5365 acqu		ganzation	
11 An organization organized		ively to test for public sa	fetv. See	section 50)9(a)(4).		
12 An organization organized						arry out the	purposes of one or
more publicly supported o							
lines 12a through 12d that	t describes the type o	of supporting organizatio	n and con	nplete line:	s 12e, 12f, an	d 12g.	
a Type I. A supporting org	anization operated, s	supervised, or controlled	by its sup	ported or	ganization(s),	typically by	giving
the supported organizat			a majority	of the dire	ctors or truste	ees of the s	upporting
organization. You must							
b Type II. A supporting or	-				-		-
control or management			ame perso	ons that co	ontrol or mana	age the sup	ported
organization(s). You mu			in connec	tion with	and functions	lly integrate	ad with
its supported organization						iny integrate	sa with,
d Type III non-functional						rted organi	zation(s)
that is not functionally in						· ·	
requirement (see instruc	tions). You must cor	nplete Part IV, Sections	A and D	, and Part	V .		
e Check this box if the org	anization received a	written determination fro	m the IRS	6 that it is a	а Туре I, Туре	e II, Type III	
functionally integrated, o							
f Enter the number of supported							
g Provide the following informatic (i) Name of supported	on about the supporte	ed organization(s).	(iv) Is the orga	anization listed	(v) Amount o	fmonetary	(vi) Amount of other
organization	(,	(described on lines 1-10	in your governi Yes	ing document? No	support (see in	-	support (see instructions)
		above (see instructions))					
 Total							
LHA For Paperwork Reduction Act	Notice, see the Instr	ructions for Form 990 o	r 990-EZ.	932021 09-	25-19 Sche	dule A (For	m 990 or 990-EZ) 2019

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Seattle	Area	Feline	Rescue

Schedule A (Form 990 or 990-EZ) 2019 FKA Animal Talk Rescue Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II

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(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.)

See	ction A. Public Support					-	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,			C			
	column (f)						
_	Public support. Subtract line 5 from line 4.						
-	ction B. Total Support	() 00/5	(1) 00 (0		()) 00 (0)	() 00/0	(0, -,
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
-	Amounts from line 4	1	G				
8	Gross income from interest,		. 01	S			
	dividends, payments received on			6			
	securities loans, rents, royalties,			0,5			
~	and income from similar sources		<u> </u>				
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital		\sim				
	assets (Explain in Part VI.)		\mathbf{P}				
	Total support. Add lines 7 through 10	ata (aga instructi				12	
	Gross receipts from related activities, First five years. If the Form 990 is for		,	d fourth or fifth t			
13	organization, check this box and stop				5		
Sec	ction C. Computation of Publi	ic Support Pe	rcentage				
	Public support percentage for 2019 (li			column (f))		14	%
	Public support percentage from 2018					15	%
	33 1/3% support test - 2019. If the o						
	stop here. The organization qualifies	-					
b	33 1/3% support test - 2018. If the o						
	and stop here. The organization quali						
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"				-	-	
b	10% -facts-and-circumstances test						
	more, and if the organization meets th	-					
	organization meets the "facts-and-circ						
18	Private foundation. If the organization						ns
	<u> </u>		· · · ·	· · · · ·) or 990-EZ) 2019

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Seattle Area Feline Rescue

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Schedule A (Form 990 or 990 EZ) 2019 FKA Animal Talk Rescue 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.)

Se	ction A. Public Support	ciow, picado comp	sioto i art ii.j				
	endar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and	(u) 2010	(0) 2010	(0) 2011	(4) 2010	(0) 2010	(i) fotal
•	membership fees received. (Do not						
	include any "unusual grants.")	181.268.	197,541.	265.645.	420.067.	463.199.	1527720.
2	Gross receipts from admissions,	202/2001		20070100	12070070	100,1000	
2	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose	143 152	183 773	237,773.	253 757	293 008	1111463
2	Gross receipts from activities that	145,152.	105,115.	237,773.	233,131.	255,000.	11114050
3	are not an unrelated trade or bus-						
	iness under section 513	24,202.	23,093.	45,246.	24,640.	45 872	163,053.
4		24,202.	23,055.	13,210.	21,010.	45,072.	105,055
4	Tax revenues levied for the organ- ization's benefit and either paid to						
	or expended on its behalf						
-							
5	The value of services or facilities				\mathbf{O}		
	furnished by a governmental unit to the organization without charge						
~	• • …	348,622.	404,407.	548,664.	698,464.	802 079	2802236.
	Total. Add lines 1 through 5	5-0,022.		5-0,004.	0,10,1040	002,013.	2002230.
/ 8	, ,	8,183.	8,066.	10,922.	12,778.	30,159.	70,108.
F	3 received from disqualified persons Amounts included on lines 2 and 3 received	0,105.	0,000.	10,944.	12,110.	JU, 1JJ.	,0,100.
Ľ	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the	24,144.	65,421.	58,326.	93,524.	52 563	293,978.
	amount on line 13 for the year	32,327.	73,487.	69,248.	106,302.		364,086.
	Add lines 7a and 7b	52,527.	13,401.	03,240.	100,302.	02,722.	2438150.
	Public support. (Subtract line 7c from line 6.) ction B. Total Support			0,-			2430130.
-		(-) 0015	(h) 0010	(1) 0017	(-1) 0010	(-) 0010	(6) T-+-!
	endar year (or fiscal year beginning in)	(a) 2015 348,622.	(b) 2016 404,407.	(c) 2017 548,664.	(d) 2018 698,464.	(e) 2019 802,079.	(f) Total 2802236 •
	Amounts from line 6 Gross income from interest,	540,022.	404,407.	540,004.	090,404.	002,079.	2002230.
102	dividends, payments received on	• C •]					
	securities loans, rents, royalties,	9.	12.	25.	108.	34.	188.
	and income from similar sources		12.	23.	100.	54.	100.
Ľ	 Unrelated business taxable income (less section 511 taxes) from businesses 		0				
	· · · · · · · · · · · · · · · · · · ·	\sim $-$					
	acquired after June 30, 1975	9.	12.	25.	108.	34.	188.
	Add lines 10a and 10b Net income from unrelated business	9.	12.	<u>4</u> 3.	100.	54.	100.
	activities not included in line 10b,	$\langle \rangle$					
	whether or not the business is						
40	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital				1 1 5 0	750	1 000
	assets (Explain in Part VI.)	210 621	101 110	548,689.	1,150.	750.	<u>1,900.</u> 2804324.
	Total support. (Add lines 9, 10c, 11, and 12.)	-		-	-	-	
14	First five years. If the Form 990 is for	-			-		
80	check this box and stop here ction C. Computation of Publ	ia Support Da					
	•			L		45	86.94 %
	Public support percentage for 2019 (15	<u> </u>
<u>16</u>	Public support percentage from 2018 ction D. Computation of Inves					16	86.32 %
	•		•			47	.01 %
17							
18						18	,,,
198	a 33 1/3% support tests - 2019. If the						I7 is not ►X
	more than 33 $1/3\%$, check this box a						
k	33 1/3% support tests - 2018. If the	•					
~~	line 18 is not more than 33 1/3%, che			•	. ,	•	
	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th			
9320	23 09-25-19			15	Sche	eaule A (Form 990) or 990-EZ) 2019
02-	1015 143971 0111	201	9 04030 9	ID Seattle An	roa Folina	Pesque	0111 1

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1

2

3a

Yes

No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b Schedule A (Form 990 or 990-EZ) 2019 Seattle Area Feline Rescue

Sche		91-204196	1 Pa	age 5
Par	T IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
-	A 35% controlled entity of a person described in (a) or (b) above?If "Yes" to a, b, or c, provide detail in Part VI. tion B. Type I Supporting Organizations	11c		
000	aon B. Type Toupporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		103	
•	regularly appoint or elect at least a majority of the organization's 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 directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations	·		
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
-	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
•	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations	3		L
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instr	ructions)		
'a	The organization satisfied the Activities Test. Complete line 2 below.	uctions).		
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 government entity	v (see instruction:	s).	
2	Activities Test. Answer (a) and (b) below.	(Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
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					-	-	Rescue
Schedule A (Form 990 or 990-EZ) 2019	FKA	Anir	nal	Та	.1k	Reso	cue

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.

Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b	\mathbf{O}	
с	Fair market value of other non-exempt-use assets	1c)	
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other)		
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,	2		
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally	integr	ated Type III supporting org	anization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2019

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Seattle Area Feline Rescue

Sche	dule A (Form 990 or 990-EZ) 2019 FKA Animal Ta	1k Rescue		91-2041961 Page 7
		(a)(3) Supporting Orga	anizations (continued)	
-	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe Amounts paid to perform activity that directly furthers exemp			
2	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	as of supported organization	0.0	
4	Amounts paid to acquire exempt-use assets	es of supported organization	15	
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	he organization is responsive	<i>.</i>	
-	(provide details in Part VI). See instructions.		-	
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.		Ż	
3	Excess distributions carryover, if any, to 2019		O	
а	From 2014)	
b	From 2015			
c	From 2016			
d	From 2017			
e	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years	10 3		
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount	-		
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
6	than zero, explain in Part VI. See instructions. Remaining underdistributions for 2019, Subtract lines 3h			
0				
	and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
'	and 4c.			
8	Breakdown of line 7:			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

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Schedule A (Form 990 or 990-EZ	Seattle Area Feline Rescue 2019 FKA Animal Talk Rescue Information. Provide the explanations required by Part II, line 10; Part II, line 17a	91-2041961 Pag
Part IV, Section A, I line 1; Part IV, Secti	ines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, line ion D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Par 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addi	s 1 and 2; Part IV, Section C, t V, Section B, line 1e; Part V,
Schedule A, Part	III, Line 12, Explanation for Other Incom	e:
Rent from Exempt	Organization	
2018 Amount: \$	1,150.	
2019 Amount: \$	750.	
	6	
	Cox	
	105° - 5	
	Y O	
032028 09-25-19	Sched 20	lule A (Form 990 or 990-EZ) :

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

Seattle Area Feline Rescue FKA Animal Talk Rescue OMB No. 1545-0047

2019

Employer identification number

2041961

	91-

Organization type (check one):

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

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

General Rule

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

Special Rules

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, 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, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Name of organization

Seattle Area Feline Rescue FKA Animal Talk Rescue

Page 2

91-2041961

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$13,490.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 14,230.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>5,578.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$11,240.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$8,810.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$6,420.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
923452 11-06-	-19 22	Schedule B (Form	990, 990-EZ, or 990-PF) (2019)

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Name of organization

Seattle Area Feline Rescue FKA Animal Talk Rescue

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$31,134.	Person Payroll X Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$ 6,543.	Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	<u> </u>	\$ <u>5,090.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> 10</u>	$\frac{P_{ij}}{P_{ij}}$	\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$17,638.	Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>12</u>		\$9,862.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
923452 11-06	-19	Schedule B (Form	990, 990-EZ, or 990-PF) (2019)

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Name of organization

Seattle Area Feline Rescue FKA Animal Talk Rescue

91-2041961

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$6,327.	PersonXPayrollImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	<u>P</u> J011 <u>P</u> 0 ^t	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
923452 11-06	-19 24	Schedule B (Form	990, 990-EZ, or 990-PF) (2019)

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ame of o	B (Form 990, 990-EZ, or 990-PF) (2019) rganization		Employ	Pa ver identification numb
	le Area Feline Rescue nimal Talk Rescue		91	-2041961
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	additional space is neede	d.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
0	Food and supplies			
8		\$8	00.	08/15/19
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
11	Posters and cards	03		
		\$ 1	00.	09/07/19
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
	Publicly Traded Securities	þ		
13		\$5,8	93.	12/06/19
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
		¢		
453 11-06	6-19 25	\$Schedule	B (Form §	990, 990-EZ, or 990-PF) (

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Schedule B (Form 990, 990)-EZ, or 990-PF) (2019)

me of organize attle	Area Feline Rescue			
	al Talk Rescue			91-2041961
	clusively religious, charitable, etc., contribut			
com	m any one contributor. Complete columns (a) npleting Part III, enter the total of exclusively religious, of e duplicate copies of Part III if additional	charitable, etc., contributions of \$1,00	0 or less for the year. (Enter	s this info. once.) ► \$
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of	f gift	
	Transferee's name, address, ar	nd ZIP + 4	Relationshi	p of transferor to transferee
			Telaterier	
		_		
a) No. from				
Part I	(b) Purpose of gift	(c) Use of gift		d) Description of how gift is held
		(e) Transfer of	f gift	
			S Palatianaki	n of two of over to two of even
	Transferee's name, address, ar		Relationshi	p of transferor to transferee
)	
a) No.				
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	X = O	(e) Transfer of	f gift	
	\sim			
	Transferee's name, address, a	nd ZIP + 4	Relationshi	p of transferor to transferee
a) No		l		
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of	f gift	
	Transferee's name, address, ar	nd ZIP + 4	Relationshi	p of transferor to transferee
	Transferee's name, address, a	nd ZIP + 4	Relationshi	p of transferor to transferee
	Transferee's name, address, a	nd ZIP + 4	Relationshi	p of transferor to transferee
	Transferee's name, address, a	nd ZIP + 4		p of transferor to transferee chedule B (Form 990, 990-EZ, or 990-P

SC	HEDULE D		al Financial Statements		OMB No. 1545-0047
(Forr	n 990)	Complete if the orga	anization answered "Yes" on Form 990, , 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12l	h	ZU 19
	ment of the Treasury		Attach to Form 990.		Open to Public Inspection
-	I Revenue Service		90 for instructions and the latest inform		ridentification number
Nam		FKA Animal Talk Re			1-2041961
Pa	rt I Organiza	tions Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts.	Complete if the
	organization	n answered "Yes" on Form 990, Part IV, lin			
			(a) Donor advised funds	(b) Funds an	d other accounts
1		d of year			
2		contributions to (during year)			
3		grants from (during year)			
4 5		end of year n inform all donors and donor advisors in v	writing that the assets held in donor advis	ed funds	
5	-	n's property, subject to the organization's	-		Yes No
6		n inform all grantees, donors, and donor a			
	0	oses and not for the benefit of the donor o	0 0	5	
	impermissible priva	te benefit?	·····		Yes No
Pa	rt II Conserva	ation Easements. Complete if the org	ganization answered "Yes" on Form 990, F	Part IV, line 7.	
1	Purpose(s) of cons	ervation easements held by the organizati	on (check all that apply).		
		of land for public use (for example, recrea	tion or education)	a historically impo	rtant land area
		natural habitat	Preservation of	a certified historic	structure
_		of open space	O		
2	-	through 2d if the organization held a qualif	ied conservation contribution in the form		
	day of the tax year.				at the End of the Tax Year
a L	Total number of co	nservation easements		2a	
b		icted by conservation easements			
c d		vation easements on a certified historic str vation easements included in (c) acquired a			
u		al Register		2d	
3		vation easements modified, transferred, rel		······	ng the tax
Ŭ	year ►		babba, extinguished, or terminated by the	organization dan	
4		 where property subject to conservation eas	sement is located		
5		ion have a written policy regarding the per			
	violations, and enfo	prcement of the conservation easements it	t holds?		Yes No
6	Staff and volunteer	hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	servation easemen	ts during the year
	►	$ \sqrt{2}$ $\sqrt{2}$			
7	Amount of expense	es incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	tion easements du	iring the year
	▶\$				
8		vation easement reported on line 2(d) abov			
		(4)(B)(ii)?			Yes No
9		e how the organization reports conservati			
		l include, if applicable, the text of the footr	note to the organization's financial statem	ents that describe	sthe
Pa		ounting for conservation easements. tions Maintaining Collections o	f Art Historical Treasures or O	ther Similar A	ssets
1 a		the organization answered "Yes" on Form			
1a		elected, as permitted under FASB ASC 95		and balance sheet	works
14	÷	asures, or other similar assets held for put			
		Part XIII the text of the footnote to its finar			-
b		elected, as permitted under FASB ASC 95			ks of
		ures, or other similar assets held for public			
	provide the followir	ng amounts relating to these items:			
	(i) Revenue includ	ded on Form 990, Part VIII, line 1		> \$	
2	If the organization (received or held works of art, historical tre			
		nts required to be reported under FASB A			
а	Revenue included	on Form 990, Part VIII, line 1			
		Form 990, Part X			
		eduction Act Notice, see the Instruction	s for Form 990.	Sche	dule D (Form 990) 2019
93205	1 10-02-19		27		
			27		

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		Area Felin				0.1		
		mal Talk Re					2041961	
Par	t III Organizations Maintaining C	ollections of Ar	t, Historical T	reasures,	or Other	Similar As	ssets(continu	Jed)
3	Using the organization's acquisition, accession	on, and other record	s, check any of the	e following that	at make sign	ificant use o	f its	
	collection items (check all that apply):							
а	Public exhibition	d	Loan or ex	change progr	am			
b	Scholarly research	e	Other					
с	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explair	how they further	the organizat	ion's exemp	t purpose in	Part XIII.	
5	During the year, did the organization solicit o	r receive donations o	of art, historical tre	asures, or oth	er similar as	sets		
	to be sold to raise funds rather than to be ma	aintained as part of tl	he organization's o	collection?			Yes	No No
Par	t IV Escrow and Custodial Arran	gements. Comple	te if the organizati	on answered	"Yes" on Fo	rm 990, Part	IV, line 9, or	
	reported an amount on Form 990, Par	t X, line 21.						
1a	Is the organization an agent, trustee, custodi	ian or other intermed	iary for contributio	ons or other as	sets not inc	luded		
	on Form 990, Part X?		•				Yes	No No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:					
		P					Amount	
c	Beginning balance					1c	, another	
						10 10		
	Additions during the year					1e		
f	Distributions during the year					1f		
	Ending balance Did the organization include an amount on Fo						Yes	No
	-				-			No
Par	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete it							
1 01		-				Three years h		vaara baali
		(a) Current year	(b) Prior year	(c) Two yea	IS DACK (C)	Three years b	ack (e) Four y	Pears Dack
	Beginning of year balance							
	Contributions							
	Net investment earnings, gains, and losses			_				
d	Grants or scholarships			<u> </u>				
е	Other expenditures for facilities		\bigcirc c	P				
	and programs	C		/				
f	Administrative expenses	. 6						
	End of year balance							
2	Provide the estimated percentage of the curr	rent year end balance	e (line 1g, column	(a)) held as:				
а	Board designated or quasi-endowment		%					
b	Permanent endowment	%						
с	Term endowment	%						
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.						
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that are held	and administe	ered for the	organization		
	by:							Yes No
	(i) Unrelated organizations						3a(i)	
	(ii) Related organizations							
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on Schedule R	?			3b	
4	Describe in Part XIII the intended uses of the			• • • • • • • • • • • • • • • • • • • •				I
	t VI Land, Buildings, and Equipm							
	Complete if the organization answered		Part IV line 11a	See Form 99() Part X line	<u>-</u> 10		
	Description of property	(a) Cost or ot		at or other	(c) Accu		(d) Book	valuo
	Description of property	basis (investm	• • •	s (other)	depree		(u) BOOK	value
4-	Lond				depier	Siacion		
	Land		1	11,450.	2	7,386.	7/	,064.
	Buildings			··, ·) · ·	5	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	/ 4	,
	Leasehold improvements			26,422.	1	7,447.	0	,975.
	Equipment			40,444.		/,44/•	0	,910.
	Other			10.)			0.2	020
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part J	X, column (B), line	10c.)		🕨	83	,039.

Schedule D (Form 990) 2019

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Seattl	e Area	a Feli	ne Rescu	e
FKA An	imal '	Falk R	escue	

	Talk Rescue	91-2041961 Page 3
Part VII Investments - Other Securities.		
Complete if the organization answered "Yes		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B) (C)		
(D)		
(E)(E)		
(F)		
(G)		
(H)	-	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes	" on Form 990, Part IV, line	e 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)		CO^{1}
(4)		
(5)		
(6)		
(7)		
(8)		
		6
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets.		6
Complete if the organization answered "Yes	on Form 000 Part IV line	11d Son Form 990 Part X line 15
	Description	(b) Book value
(1)		
(1)		
(3)		
(4)		
(5)		
(6)	2	
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	ne 15.)	
Part X Other Liabilities.		
Complete if the organization answered "Yes	" on Form 990, Part IV, line	
1. (a) Description of liability		(b) Book value
(1) Federal income taxes		
(2)		
(3)		
(4)		
(5)		
(6)		
(7) (8)		
(9)		
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) lii	ne 25)	⊾
 Liability for uncertain tax positions. In Part XIII, provid 		
		here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2019

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Sche	dule D (Form 990) 2019 FKA Animal Talk Rescue		91-2041961 Page	4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With Reve	enue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	l.		
1	Total revenue, gains, and other support per audited financial statements			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	_ 2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a		
b	Other (Describe in Part XIII.)	. 4b		
с	Add lines 4a and 4b			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem	-	enses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a			
1	Total expenses and losses per audited financial statements			
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities			
b	Prior year adjustments			
С	Other losses			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	. <u>4a</u>		
b				
с	Add lines 4a and 4b			
5	Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>)			

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.

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SCHEDULE G Supplemental Information Regarding Fundraising or Gaming Activities							OMB No. 1545-0047		
(Form 990 or 990-EZ)	Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.							2019	
Department of the Treasury			Open to Public						
Internal Revenue Service	► Go to www.irs.gov/Form990 for instructions and the latest information.							Inspection	
Name of the organizatior		Area Feline Rescu mal Talk Rescue	le				Employer ide	entification number	
	ing Activities complete this par	Complete if the organization answe	ered "\	′es" o	n Form 990, Part IV,	line 1	17. Form 990-E	Z filers are not	
		sed funds through any of the followir	ng acti	vities.	Check all that apply	_			
a 🔛 Mail solicitat				0	overnment grants				
	email solicitations			•	mment grants				
c Phone solicit d In-person so		g 🛄 Special	Tunara	aising	events				
•		or oral agreement with any individual	l (inclu	ding c	fficers, directors, tru	stees	s, or		
		Part VII) or entity in connection with p			•		Ye		
b If "Yes," list the 10 compensated at le	•	viduals or entities (fundraisers) pursu e organization.	uant to	agree	ements under which	the fi	undraiser is to	De	
·			(;;;)	Did		(1)	Amount paid	1	
(i) Name and addres or entity (func		(ii) Activity	or cor	Did raiser ustody ntrol of utions?	(iv) Gross receipts from activity	tò (or retained by) fundraiser sted in col. (i)	(vi) Amount paid to (or retained by) organization	
			Yes	No	\mathcal{O}				
				0					
						<u> </u>			
		0							
		20		S	P				
		· S	C	D					
		$\sqrt{0}$							
		v 19							
		0							
Total									
	ch the organizatio	on is registered or licensed to solicit	contrik	oution	s or has been notified	d it is	exempt from I	registration	
or licensing.									
	duction Act Not	ica, soo tha Instructions for Form	000	000	E7 (Saha		990 or 990-EZ) 2019	
	Suction ACLINOL	ice, see the Instructions for Form	330 0	99 0 -		Jone		300 01 330-EZJ 20 19	

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Seattle Area Feline Rescue Schedule G (Form 990 or 990 EZ) 2019 FKA Animal Talk Rescue

91-2041961 Page 2

Pa	art I					
		of fundraising event contributions and gr	(a) Event #1	(b) Event #2	events with gross receil (c) Other events	
			(,	(-)	None	(d) Total events
			Auction			(add col. (a) through col. (c))
P			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	116,276.			116,276.
	2	Less: Contributions	70,404.			70,404.
	3	Gross income (line 1 minus line 2)	45,872.			45,872.
	4	Cash prizes				
	5	Noncash prizes				
ses						
kpen	6	Rent/facility costs	1,855.	-		1,855.
Direct Expenses	7	Food and beverages	12,388.	~		12,388.
ā	8	Entertainment	3.511.	C	•	3.511.
	9	Other direct expenses	3,511. 31,502.			3,511. 31,502.
	10	-			►	49,256.
		Net income summary. Subtract line 10 from li	.,		•	-3,384.
Pa	irt			n 990, Part IV, line 19, or	reported more than	· · · ·
		\$15,000 on Form 990-EZ, line 6a.	C			
e			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue			(u) Billigo	bingo/progressive bingo		col. (a) through col. (c))
Rev						
	1	Gross revenue				
ses	2	Cash prizes		/		
Direct Expenses	3	Noncash prizes				
Direct E	4	Rent/facility costs	20.			
	5	Other direct expenses				
	6	Volunteer labor	Yes%	Yes%	└── Yes% └── No	
	7	Direct expense summary. Add lines 2 through	a 5 in column (d)			
	0	Net gaming income summary. Subtract line 7				I
9	Fn	ter the state(s) in which the organization condu	ucts gaming activities:			
		the organization licensed to conduct gaming a		states?		Yes No
		No," explain:				
		· · · · · · · · · · · · · · · · · · ·				
		ere any of the organization's gaming licenses re		-	year?	Yes No
b) If "	Yes," explain:				
9320	82 09	9-11-19			Schedule G (Fo	rm 990 or 990-EZ) 2019

<u> </u>	Seattle Area Feline Rescue Hedule G (Form 990 or 990-EZ) 2019 FKA Animal Talk Rescue 91-	20419	261	
			/es	Page 3
	Does the organization conduct gaming activities with nonmembers?	. L ¥	es	
12	to administer charitable gaming?		'es	No No
13	Indicate the percentage of gaming activity conducted in:	. — ·	03	
	The organization's facility	13a		%
	An outside facility			%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	🗀 Y	'es	L No
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party $ ightarrow$ \$			
c	If "Yes," enter name and address of the third party:			
	Nama			
	Name			
	Address ►			
16	Gaming manager information:			
	Name			
	Gaming manager compensation \$			
	Description of services provided			
	Director/officer			
17	Mandatory distributions:			
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	🗀 Y	′es	└── No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
Da	organization's own exempt activities during the tax year s Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and F	Port III lin	00.0	0h 10h
1 4	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	art III, III t	85 9,	90, 100,
9320	83 09-11-19 Schedule G (For	rm 990 or	990-	EZ) 2019
0.0.4	33		111	1

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Schedule G (Form 990 or 9	990-EZ) FKA Anima l	Talk Rescue	91-2041961 Page 4
Part IV Suppleme	990-EZ) FKA Animal ntal Information (continued)		
			3
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		()	
		10 5	
		Ci os	
		S G	
		X	
	<i>.</i> (0, <i>.</i>)	0	
	X O		
	\sim		
932084 04-01-19			Schedule G (Form 990 or 990-EZ
		34	

Seattle Area Feline Rescue

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990. Attach to Form 990. Conservations of the organization Seattle Area Feline Rescue Form 990. Form Form 990. Form 990. Fo		HEDULE M rm 990)		Nonc	ash Contri	ibutions			B No. 1545-0			
Name of the organization Decision with adjustment of the organization Employee identification number of property Part Types of Property (b) (c)	Depart	ment of the Treasury	Attach to Form 990.		Ор	en to Pub	olic					
FKA Animal Talk Rescue 91-2041961 Part I Types of Property (b) replicable for applicable for applicabl						I the latest information.	Empl		•			
Part I Types of Property (a) (b) Number of applicable Noncash contribution amounts appoint on the provided of determining noncosh contribution amounts amounts appoint the provided of determining noncosh contribution amounts amounts appoint the provided of determining noncosh contribution amounts amount amounts amount amounts amount am	Inding											
Image: construction of the second	Par											
applicable contributions or form 990, Part VII. line 1g noncash contribution amounts 1 Art - Works of art X 14 782. Comparable Sales 3 Art - Fractional interests X 434. Comparable Sales 4 Books and publications X 16,307. Comparable Sales 5 Cichting and household goods X 16,307. Comparable Sales 6 Cars and other vehicles - - 8 Intelectual property X 16,307. Comparable Sales 9 Securities - Closely held stock. - - 10 Socurities - Closely held stock. - - 12 Securities - Closely held stock. - - 13 Coalified conservation contribution - Historic structures - - 14 Coalified conservation contribution - Historic structures - - 14 Coalified conservation contribution - Historic structures - - 15 Real estate - Commercial - - - 16 Real estate - Commercial - - - 17 Real estate - Commercial		51		(a)	(b)	(c)		(d)				
2 Art - Historical treasures X 434 - Comparable Sales 3 Art - Fractional interests X 434 - Comparable Sales 5 Cothing and household goods X 16, 307 - Comparable Sales 6 Cars and other vehicles X 16, 307 - Comparable Sales 7 Boots and planes X 15, 307 - Comparable Sales 8 Intellectual property X 1 9 Securities - Publicly traded X 1 10 Securities - Publicly traded X 1 11 Securities - Consely held stock.					contributions or	amounts reported on Form 990, Part VIII, line 1g	noncas	ion amour	nts			
3 At - Fractional interests X 434. Comparable Sales 4 Books and publications X 16,307. Comparable Sales 5 Clothing and household goods X 16,307. Comparable Sales 6 Cars and other vehicles X 15,893. Comparable Sales 7 Boots and planes X 15,893. Comparable Sales 8 Intellectual property X 15,893. Comparable Sales 9 Securities - Natreship, LLC, or trust interests X 16,307. Comparable Sales 10 Securities - Macellaneous X 16,307. Comparable Sales 12 Securities - Macellaneous X 16,000. Comparable Sales 13 Qualified conservation contribution - Other. X 5 992. Comparable Sales 14 Qualified conservation contribution - Other. X 5 992. Comparable Sales 14 Calectibles X 5 992. Comparable Sales 15 Food inventory X 8,061 15,542. Comparable Sales 20 Drugs and medical supplies	1	Art - Works of art		X	14	782.	Compar	able S	Sales			
4 Books and publications X 434.Comparable Sales 5 Clothing and household goods X 16,307.Comparable Sales 6 Cars and other vehicles	2	Art - Historical trea	sures									
5 Clothing and household goods X 16,307. Comparable Sales 6 Cars and other vehicles	3	Art - Fractional inte	erests									
6 Cars and other vehicles	4	Books and publica	tions									
7 Boats and planes 8 Intellectual property 9 Securities - Publicly traded 10 Securities - Publicly traded 11 Securities - Publicly traded 12 Securities - Partnership, LLC, or trust interests 13 Qualified conservation contribution - Historic structures 14 Qualified conservation contribution - Historic structures 16 Real estate - Commercial 17 Real estate - Commercial 18 Collectibles 29 Food inventory 20 During the year, did the organization completed Form 8283, Part IV, Donee Acknowledgement 29 Number of Form 8283 received by the drag intraction on the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? 20 During the year, did the organization explane prior 20 During the year, did the organization explane prior 21 Taxidemry 23 Scientific specimens 24 Archeological artifacts 25 Other ► (29 Other ► (20 During the year, did the organization expleted Form 8283, Part IV, Donee Acknowledgement 21 Taxidemry 23 Does the organization receive by contribution, and which isn't required to be used for exempt purposes for the entire holding period? 30 X 31 X 32 Does the organization receive by contributions to solicit, process, or sell noncash contributions? 32 Does th	5	Clothing and house	ehold goods	X		16,307.	Compar	able S	Sales			
8 Intellectual property X 1 5,893. Comparable Sales 9 Securities - Publicity traded X 1 5,893. Comparable Sales 11 Securities - Pathership, LLC, or trust interests Image: Comparable Sales Image: Comparable Sales 12 Securities - Miscellaneous Image: Comparable Sales Image: Comparable Sales 13 Qualified conservation contribution - Historic structures Image: Comparable Sales Image: Comparable Sales 14 Qualified conservation contribution - Other Image: Comparable Sales Image: Comparable Sales 14 Qualified conservation contribution - Other Image: Comparable Sales Image: Comparable Sales 15 Real estate - Commercial Image: Comparable Sales Image: Comparable Sales 20 Drugs and medical supplies Image: Comparable Sales Image: Comparable Sales 21 Taxidermy Image: Comparable Sales Image: Comparable Sales 23 Scientific specimens Image: Comparable Sales Image: Comparable Sales 24 Archeological attifacts Image: Comparable Sales Image: Comparable Sales 23 Other Image: Comparable Sales Image: Comparable Sales	6	Cars and other veh	nicles									
8 Intellectual property X 1 5,893. Comparable Sales 9 Securities - Publicity traded X 1 5,893. Comparable Sales 11 Securities - Pathership, LLC, or trust interests Image: Comparable Sales Image: Comparable Sales 12 Securities - Miscellaneous Image: Comparable Sales Image: Comparable Sales 13 Qualified conservation contribution - Historic structures Image: Comparable Sales Image: Comparable Sales 14 Qualified conservation contribution - Other Image: Comparable Sales Image: Comparable Sales 14 Qualified conservation contribution - Other Image: Comparable Sales Image: Comparable Sales 15 Real estate - Commercial Image: Comparable Sales Image: Comparable Sales 20 Drugs and medical supplies Image: Comparable Sales Image: Comparable Sales 21 Taxidermy Image: Comparable Sales Image: Comparable Sales 23 Scientific specimens Image: Comparable Sales Image: Comparable Sales 24 Archeological attifacts Image: Comparable Sales Image: Comparable Sales 23 Other Image: Comparable Sales Image: Comparable Sales	7	Boats and planes										
9 Securities - Publicity traded X 1 5,,893. Comparable Sales 10 Securities - Closely held stock	8											
11 Securities - Partnership, LLC, or trust interests	9			X	1	5,893.	Compar	able S	Sales			
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 13 Archeological attriacts 23 Colter ► () 24 Archeological attrifacts 25 Other ► () 26 Other ► () 27 Other ► () 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? 30a 30b 31 32a 32a 32a 32a 33a 34a 44a 45a 45b 45b 45b	10	Securities - Closely	held stock			2						
12 Securities - Miscellaneous	11	Securities - Partner	rship, LLC, or			C C C						
12 Securities - Miscellaneous		trust interests										
Historic structures 14 Qualified conservation contribution - Other, 15 Real estate - Residential 16 Real estate - Other 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 ► (26 Other ► (29 30a 30a 30a 30a 30a 31 3 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,	12	Securities - Miscell	aneous									
14 Qualified conservation contribution - Other 15 Real estate - Residential 16 Real estate - Commercial 17 Real estate - Commercial 18 Collectibles 19 Food inventory 14 Collectibles 14 Collectibles 15 Real estate - Commercial 18 Collectibles 19 Food inventory 20 Drugs and medical supplies 21 Taxiderny 22 Historical attifacts 23 Scientific specimens 24 Archeological attifacts 25 Other () 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 IV, Donee Acknowledgement 29 30a 30a 30a b If "Yes," describe the arrangement in Part II. 31 32 b If "Yes," describe the arrangement or Part II. 31 32 b If "Yes," describe the arrangement in Part II. 33 14 34 35 36 37 37 38 39 39 30 30 30 31	13	Qualified conserva	tion contribution -									
15 Real estate - Residential 16 Real estate - Commercial 17 Real estate - Other 18 Collectibles 19 Food inventory 11 Real estate - Other 12 Real estate - Other 13 It he organization have a gift acceptance policy that requires the review of any nonstandard contributions? 20 Drugs the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 21 Taxidemry 22 Historical and the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 23 Dest he organization have a gift acceptance policy that requires the review of any nonstandard contributions? 24 X 25 Other b (26 Other b (27 Other b (28 Other b (29 Yes 30a X 31 X 32a X 32a X		Historic structures										
16 Real estate - Commercial	14	Qualified conserva	tion contribution - Other									
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 201	LHA	For Paperwork	Reduction Act Notice, see	the Instruc	tions for Form 99	0.	S	chedule M	(Form 990	0) 2019		

932141 09-27-19

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Schedule M (Form 990) 2019 Part II Supplementa					art I. lin	nes 30b, 32b, and 33			Page 2
	t I, column (b), tł	ne number of con	tributions	s, the number of	of item	is received, or a con	nbinati	on of both. Also cor	nplete
Schedule M, Part	t I, Colı	umn (b):							
Contribution cou	unts are	based on	the	number	of	incidents	of	donations	•
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Schedule M (Form 990) 2019

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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

OMB No 1545-0047 Supplemental Information to Form 990 or 990-EZ Q Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Open to Public Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information. Inspection Seattle Area Feline Rescue Employer identification number

91-2041961

FKA Animal Talk Rescue

Form 990, Part I, Line 1, Description of Organization Mission:

them loving homes, and supporting their human companions.

Form 990, Part III, Line 1, Description of Organization Mission:

builds compassionate communities with empathy for all living things.

SAFe Rescue's work is guided by the following organizational values:

Show Compassion, Value Community, Act with Optimism, Demonstrate

Respect, and Pursue Excellence.

Form 990, Part VI, Section B, line 11b:

A copy of the Form 990 will be reviewed by each board member independently. The board will subsequently vote on acceptance prior to filing.

Form 990, Part VI, Section B, line 12:

Any member of the Board who has a financial, personal, or official interest in, or conflict (or appearance of conflict) with any matter pending before the Board, as such nature that it prevents or may prevent that member from acting on the matter in an impartial manner, will offer to the Board to voluntarily excuse himself or herself and will refrain from discussion and voting on said item.

Form 990, Part VI, Section B, Line 15: The Board of Directors determines compensation for the Executive Director using comparative research. The Executive Director determines compensation for all other employees using comparative research. All board meetings are contemporaneously recorded by way of minutes. LHA For Paperwork Reduction Act Notice. see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2019) 932211 09-06-19 37

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rea Feline Rescue	Employer identification num
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	Schedule O (Form 990 or 990-EZ) (20
	ion C, Line 19: lable on the organization

_	4562 Depreciation and Amortization											
Form		UUL (Including Information on Listed Property) 990 ► Attach to your tax return.										
	nent of the Treasury Revenue Service (99)	► Go to www.irs.gov/F	-		t information	1.	Attachment Seguence No. 179					
) shown on return	, de le li li li li gent		Business or activity to wh			Identifying number					
	ttle Area Felin											
	<u>Animal Talk Re</u>			Form 990 P			91-2041961					
Par	t I Election To Expense Certai	n Property Under Section 1	79 Note: If you have	any listed property, o	complete Parl		-					
	aximum amount (see instructi	,					1,020,000					
	otal cost of section 179 prope											
	nreshold cost of section 179 p						2,550,000					
	eduction in limitation. Subtrac											
	ollar limitation for tax year. Subtract line											
6		otion of property	(6) Co	st (business use only)	(c) Elected	cost						
	sted property. Enter the amou											
	otal elected cost of section 17											
	entative deduction. Enter the s											
	arryover of disallowed deducti											
	usiness income limitation. Ente											
	ection 179 expense deduction					12						
	arryover of disallowed deducti Don't use Part II or Part III be			<u></u> ► 13								
Par		Allowance and Other D		include listed propert	v)							
	pecial depreciation allowance											
					-	14						
	e tax year roperty subject to section 168	(f)(1) election										
	ther depreciation (including A						10,259					
_		(Don't include listed pro				10	107235					
			Section	,								
17 M	ACRS deductions for assets p	placed in service in tax vi				17						
	/ou are electing to group any assets place					Ϋ́ Υ΄						
	Section B -	Assets Placed in Servic	ce During 2019 Tax	Year Using the Gen	eral Deprecia	ation Syste	em					
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for deprecia (business/investmen only - see instructio		(e) Convention	(f) Method	(g) Depreciation deduction					
19a	3-year property											
b	5-year property											
с	7-year property											
d	10-year property											
е	15-year property											
f	20-year property											
g	25-year property			25 yrs.		S/L						
L.	Posidontial rental area at	/		27.5 yrs.	MM	S/L						
h	Residential rental property	/		27.5 yrs.	MM	S/L						
	Nonrosidential real property	/		39 yrs.	MM	S/L						
i	Nonresidential real property	/			MM	S/L						
	Section C - A	ssets Placed in Service	During 2019 Tax Y	ear Using the Alterr	ative Depred	ciation Sys	stem					
20a	Class life					S/L						
b	12-year			12 yrs.		S/L						
С	30-year	/		30 yrs.	MM	S/L						
d	40-year	/		40 yrs.	MM	S/L						
Par												
	sted property. Enter amount f					21						
	otal. Add amounts from line 12						10 050					
	nter here and on the appropria	•				22	10,259					
	or assets shown above and pla	-	•									
	ortion of the basis attributable											
916251)21	12-12-19 LHA For Paperwor 15 143971 0111	k Reduction Act Notice 202	see separate inst 19.04030 S	Au&tions. eattle Area	Felin	e Resc	Form 4562 (2019 Cue 01111					

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Porm 45	562 (2019) Listed Propert							raft ar	nd propert	vused fo	r	91	2041	901	Page 2
Part	entertainment,				ler verno	cies, ce	itan and	rait, ai	iu propert	y useu iu	n.				
	Note: For any v 24b, columns (a	vehicle for w	hich you are u	sing the	standa	rd mile	age rate o	or dedu	ucting leas	se expens	se, com	plete on	ily 24a,		
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								_	1						
24a D0	you have evidence to s				anneur		Yes (a)		24b If "Y	1				∐ Yes ∟ I	<u>No</u>
т	(a) /pe of property	(b) Date	(c) Business/		(d)	В	(e) asis for depr	eciation	(f) Recoverv	(e			(h)		(i) cted
	st vehicles first)	placed in	investment		Cost or her basis	(h	usiness/inve	estment	period	Met Conve			eciation uction		on 179
		service	use percenta	je ot	nor sucio		use only	y)	P					CC	ost
25 Spe	cial depreciation allo	owance for q	ualified listed	property	/ placed	l in serv	vice durin	g the t	ax year an	d					
use	d more than 50% in	a qualified b	usiness use								25				
26 Proj	perty used more that	n 50% in a q	ualified busine	ess use:					-	_		_		_	
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	amounts in column										28		1		
29 Add	amounts in column	(i), line 26. E											. 29		
			S	ection I	B - Infor	rmatio	n on Use	of Vel	hicles						
Comple	te this section for ve	hicles used	by a sole prop	rietor, p	artner, c	or other	r "more th	nan 5%	6 owner," o	or related	persor	ı. If you	provideo	l vehicle	s
to your	employees, first ansv	wer the ques	stions in Section	on C to s	see if yo	u meet	an excep	otion to	o completi	ng this se	ection f	or those	vehicles	S.	
								25							
				(;	a)		(b)		(c)	(d	I)	(e)	(1	F)
30 Tota	l business/investment r	miles driven d	urina the	Vehicle			ehicle	'Ι	/ehicle	Vehi	-	Vel	hicle	Veh	icle
	(don't include commut		•	S											
	al commuting miles c					\cap		LC)						
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		-	-				0								
	en			-	6										
	al miles driven during	, ,													
Add	l lines 30 through 32					1				ļ,					
	s the vehicle availabl			Yes	No	Yes	No	Yes	s No	Yes	No	Yes	No	Yes	No
duri	ing off-duty hours?			J											
35 Was	s the vehicle used pr	rimarily by a	more		X.	1									
thai	n 5% owner or relate	ed person?													
	nother vehicle availa		onal												
	?														
			- Questions f	or Empl	lovers V	Vho Pr	ovide Vel	hicles	for Use b	v Their F	mplove	es			
Δnswer	these questions to c				-					-			ron't		
	an 5% owners or rela			rceptioi		pleting	JOECTION		renicies us	eu by en	ployee	3 WHO a	ient		
				- - i - i+			-f hiel							Vee	Na
	you maintain a writte													Yes	No
	oloyees?													·	
-	you maintain a writte		-	-				-							
	oloyees? See the ins														
39 Do y	you treat all use of ve	ehicles by er	nployees as p	ersonal	use?										
40 Do y	you provide more tha	an five vehic	les to your em	ployees	, obtain	informa	ation from	n your	employees	s about					
the	use of the vehicles, a	and retain th	e information	received	1?										
	you meet the require														
	e: If your answer to 3														•
	VI Amortization	.,,	0,0												
				(b)		(c)			(d)		(e)			(f)	
	(a) Description of	costs		amortization		Amortiz amou	able		Code section		Amortiza		Ar	nortization or this year	
10 1		at la aciana al c		begins	L	amou	inc		3601011	p	eriod or per	centage		i tilis yeai	
42 AM	ortization of costs the	ar negiris du	ining your 2019	э ках уеа	ar.							<u> </u>			
				: :											
				: :											
	ortization of costs the											43			
<u>44 Tot</u>	al. Add amounts in c	olumn (f). Se	ee the instruct	ions for	where to	o repor	t					44			
916252 12	2-12-19						40						F	orm 456	2 (2019)