

Form 990 Department of the Treasury Internal Revenue Service	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 ▶ Information about Form 990 and its instructions is at www.irs.gov/form990	OMB No 1545-0047
		2015 Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 01-01-2015 , and ending 12-31-2015

B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization Prevent Homeless Pets		D Employer identification number 01-0919961	
	Doing business as		E Telephone number (509) 430-5170	
	Number and street (or P O box if mail is not delivered to street address) 812 Della Ave	Room/suite	G Gross receipts \$ 311,303	
	City or town, state or province, country, and ZIP or foreign postal code Benton City, WA 99320			
	F Name and address of principal officer Harriet Johnson 812 Della Ave Benton City, WA 99320		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
J Website: ▶ N/A				

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities Spay/neuter homeless/low income dogs & cats Spay/neuter clinics - 882 dogs & 3446 cats were spayed/neutered and vaccinated (strays and owned by low income persons)		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	2
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	2
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	13
6 Total number of volunteers (estimate if necessary)	6	20	
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	466	
7b Net unrelated business taxable income from Form 990-T, line 34	7b		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	46,842	108,115
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	14	466
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	209,085	311,303
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	
14 Benefits paid to or for members (Part IX, column (A), line 4)			0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		66,837	95,513
16a Professional fundraising fees (Part IX, column (A), line 11e)			0
b Total fundraising expenses (Part IX, column (D), line 25) <input type="checkbox"/> 0			
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		120,332	139,701
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		187,169	235,214
19 Revenue less expenses Subtract line 18 from line 12		21,916	76,089
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	64,979	149,452
	21 Total liabilities (Part X, line 26)	4,076	18,371
	22 Net assets or fund balances Subtract line 21 from line 20	60,903	131,081

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	*****				2016-05-06	
	Signature of officer				Date	
Paid Preparer Use Only	HARRIET JOHNSON PRESIDENT					
	Type or print name and title					
	Print/Type preparer's name BARBARA A FANGMAN CPA		Preparer's signature BARBARA A FANGMAN CPA		Date 2016-07-22	Check <input type="checkbox"/> if self-employed
	Firm's name ▶ Insight Accounting Solutions LLC					Firm's EIN ▶
Firm's address ▶ 2625 W Entiat Ave Kennewick, WA 99336					Phone no (509) 943-1500	