Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047 **2023** Open to Public Inspection

Department of the Treasury Internal Revenue Service

A	For the	e 2023 calendar year, or tax year beginning , and ending													
В	Check if a	applicable: C Name of organization		D Employe	r identification number										
П	Address ch	change PET MISSOURI - COLUMBIA, INC													
一	Name cha	Doing business as MOBILITY WORLDWIDE MO - COLUMBIA		20-5	640563										
H		Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephon											
닏	Initial retur		1 -	5/3-	886-7877										
Ш	Final return terminated				0.45 4.60										
П	Amended	COLUMBIA MO 65201-8296		G Gross rec	eipts \$ 945,160										
Ħ	Application	r Name and address of principal officer.	H(a) Is this a gro	oup return for s	subordinates? Yes X No										
ш	Application	· • ADAN WESSIER			H., H.,										
		4825 E MEYER INDUSTRIAL DRIVE	H(b) Are all sub												
_		COLUMBIA MO 65201	II "NO,	attach a list.	See instructions										
<u></u>	Tax-exem	npt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527													
J	Website:		H(c) Group exe		er										
_		organization: X Corporation Trust Association Other L	. Year of formation: 2	005	M State of legal domicile: MO										
<u>_</u> P	Part I	Summary													
	1 E	Briefly describe the organization's mission or most significant activities:													
9		TO PROVIDE APPROPRIATE MOBILITY FOR ALL OF GOD'S CHIL	DREN IN NE	ED. W	E SEEK										
Jan		TO PROVIDE MOBILITY FIRST FOR THOSE IN GREATEST NEED AND WITH THE LEAST													
Jeri		RESOURCES IN POOR OR UNDERDEVELOPED COUNTRIES.													
Governance	1	Check this box if the organization discontinued its operations or disposed of more than 2													
∞	3 N	Number of voting members of the governing body (Part VI, line 1a)		3	11										
es		Number of independent voting members of the governing body (Part VI, line 1b)			11										
Activities	5 T	Total number of individuals employed in calendar year 2023 (Part V, line 2a)		. 5	2										
Act	6 T	Total number of volunteers (estimate if necessary)		. 6	200										
_	7a ⊺	Total unrelated business revenue from Part VIII, column (C), line 12		. 7a	0										
		Net unrelated business taxable income from Form 990-T, Part I, line 11			0										
			Prior Yea		Current Year										
ē		Contributions and grants (Part VIII, line 1h)	909	9,444	940,189										
Revenue	1	Program service revenue (Part VIII, line 2g)		2 100	2.051										
Ş		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		3,106	3,951										
_	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,239	-3,127										
_		Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	910	0,311	941,013										
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			0										
		Benefits paid to or for members (Part IX, column (A), line 4)		0.050	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0										
es	15 S	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 17,654	9	2,858	96,077										
sue	16a F	Professional fundraising fees (Part IX, column (A), line 11e)			0										
Expenses				4 000	1 040 005										
ш	", \	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		4,233	1,042,295										
	1	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		7,091	1,138,372										
		Revenue less expenses. Subtract line 18 from line 12		3,220	-197,359										
Net Assets or	20 7	Total assets (Part X line 16)	Beginning of Cur	3,637	End of Year 1,681,579										
Asse Rals	20 1	Total assets (Part X, line 16)		0	15,000										
let	21 1	Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20	1 859	3,637	1,666,579										
_	art II	Signature Block	1,050	J, UJ/	1,000,312										
		nalties of perjury, I declare that I have examined this return, including accompanying schedules and state	monto and to the he	act of my kn	powledge and bolief it is										
		ect, and complete. Declaration of preparer (other than officer) is based on all information of which prepar			lowleage and belief, it is										
_															
Sig	n	Signature of officer		Date											
He	_	JIM WEISBROOK TREASURER													
116	16	Type or print name and title	•												
		Print/Type preparer's name Preparer's signature	Date	Check	if PTIN										
Pai	d				□ "										
	parer	HEATHER MARTIN		/24 self-em	100yed P01591470 43-1260512										
	e Only	Firm's name GERDING, KORTE & CHITWOOD, PC, CPA 20 SOUTH FIFTH STREET	<u>ی</u>	irm's EIN	±3-17003TZ										
	,	COLUMBIA NO CESSI		No	573-449-1599										
Max	v the IP	RS discuss this return with the preparer shown above? See instructions	F	hone no.											
ivid	y une int	to discuss this return with the preparer shown above: see instructions			X Yes No										

Par		$\overline{\Box}$
	Check if Schedule O contains a response or note to any line in this Part III	
	Briefly describe the organization's mission:	<i>א</i> יהי
	D PROVIDE APPROPRIATE MOBILITY FOR ALL OF GOD'S CHILDREN IN NEED. WE SE D PROVIDE MOBILITY FIRST FOR THOSE IN GREATEST NEED AND WITH THE LEAST	'nΨ
	ESOURCES IN POOR OR UNDERDEVELOPED COUNTRIES.	
1/1	SOUNCED IN FOOK OK ONDERDEVELOFED COUNTRIES.	
2 [Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	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	
5	services?	No
I	If "Yes," describe these changes on Schedule O.	
	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,	
t	the total expenses, and revenue, if any, for each program service reported.	
TH CA IN VC AN	(Code:)(Expenses \$ 1,010,266 including grants of \$)(Revenue \$)HE MAIN PURPOSE OF PET MISSOURI - COLUMBIA, INC. IS TO PROVIDE MOBILITY ARTS (3 WHEELED CARTS THAT ARE PEDALED WITH YOUR HANDS) TO MANY DISABLED NDIVIDUALS IN POOR COUNTRIES. MORE THAN 200 INDIVIDUALS COLLABORATED TO DLUNTEER MORE THAN 17,754 HOURS TO ASSEMBLE, SHIP, PROMOTE, MAKE PARTS, ND ASSIST IN THE OFFICE IN 2023. OVERALL, 2,220 CARTS WERE ASSEMBLED AND HIPPED IN 2023.	
	(0) (5 0 10 0 0 10 0 0 0 0	
TH SC TH EN PF IN	(Code:) (Expenses \$ 19,052 including grants of \$) (Revenue \$ HE PURPOSE OF THE CONTAINER PROJECT IS TO COLLECT NEW AND USED ITEMS, DRT, BOX, AND DISTRIBUTE THEM TO NGOS IN THE US AND ABROAD AT NO CHARGE. HE MAIN ITEMS GATHERED ARE CLOTHING AND LINENS. THE CONTAINER PROJECT AL NCOMPASSES MORE SPECIFIC CONTAINER MISSIONS, SUCH AS THE SEWING MACHINE ROJECT, WHICH DISTRIBUTES SEWING MACHINES, SUPPLIES, AND FABRIC TO THOSE IN NEED. THE CONTAINER PROJECT PORTION WAS DISCONTINUED IN 2023.	
4c ((Code:) (Expenses \$ including grants of \$) (Revenue \$ / Δ)
TA \	<u>(A</u>	
	•	
	·	
	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
	Total program service expenses 1,029,318	

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			3.7
_	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,	_		\ _V
	assessments, or similar amounts as defined in Rev. Proc. 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			
	West to a supplied a Carlo data D. Bort 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,"			1
Ü	Consulate Cohodula D. Dout III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a	-		- 21
•	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
		9		Х
10	debt negotiation services? If "Yes," complete Schedule D, Part IV			
	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 assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			3.7
4-	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			37
40	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	4.0	v	
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	_X_	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	40		v
20-	If "Yes," complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		
b 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
	domodio government en l'artix, columni (7), inte 1: Il 160, complete domedia i, Fatto I and II			

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the		,	
	organization's current and former officers, directors, trustees, key employees, and highest compensated	V		3.7
•	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	04-		v
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a		24u		
ZJa	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	ZJa		- 21
b	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Voc " complete Schodule I. Dork I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	235		- 25
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule			
	L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	<u> </u>	X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		-
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			3.7
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and		1 37	
	19? Note: All Form 990 filers are required to complete Schedule O.	38	X	
Pa	art 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		v	
4-	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 2		Yes	No
1a h				
b		1		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
	- repertable garming (garmening) withings to prize willings;		1	1

_Pa	rt 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 2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Χ	
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,	V		
	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 any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	<u> </u>		
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		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
0	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?	9a		
a h	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
ь 10	Section 501(c)(7) organizations. Enter:	90		
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1		
11	Section 501(c)(12) organizations. Enter:	1		
	Construction from marsh on an absorbaldon			
b	Gross income from other sources. (Do not net amounts due or paid to other sources	1		
	against amounts due or received from them.)			
12a	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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			7.7
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
4 -	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.	1		

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

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

Sec	tion A. Governing Body and Management			
1a	Enter the number of voting members of the governing body at the end of the tax year	\/	Yes	No
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
_	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		3.7	
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			v
500	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
<u>3ec</u>	tion b. Folicies (This Section b requests information about policies not required by the internal Nevenue Co	ue.)	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	162	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	IUa		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a		11a		X
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	114		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
<u>Sec</u>	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
	and financial 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 books and records.			
	ATHY MAYNARD 4825 E MEYER INDUSTRIAL DRIVE	11	2 2	621

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Check this box if neither the org						ition c	com	pensated any current office	er, director, or trustee.	
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	bo	k, unle	ss pe	ition more rson i	than or s both sor/truste Highest compensated	an	(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) GLEN EHRHARDT										
TRUSTEE	1.00	X						0	0	0
(2) STEVEN STEPANOV	C									
	1.00									0
TRUSTEE (3) ALAN WESSLER	0.00	X						0	0	0
(S) ALIAN WEBBLER	5.00									
PRESIDENT	0.00	X		Х				0	0	0
(4) ERIN TWENTER										
TRUSTEE	2.00	X						0	0	0
(5) GARY MOREAU										
EXECUTIVE DIRECTOR	30.00			Х				65,000	0	0
(6) CHRISTI FARMER	2 00									
VICE PRESIDENT	2.00	X		Х				0	0	0
(7) JAMES HOFMANN	0.00	122		25				0	0	
SECRETARY	3.00	X		X				0	0	0
(8) JIM WEISBROOK										
TREASURER	2.00	X		Х				0	0	0
(9) MONICA GOOCH										
	2.00							_	_	
TRUSTEE (10) TOM NULLMEYER	0.00	X				\vdash		0	0	0
(·•) TOI: 140 THIRT THE	1.00									
TRUSTEE	0.00	X						0	0	0
(11) JUSTIN STUART	0.00									
TRUSTEE	2.00	X						0	0	0

Par	t VII Section A. Officers	, Directors, Tru	stee	s, K	ey E	mpl	oyee	es, a	and Highest Compensated	Employees (continued)				
	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	bo	x, unle ficer a		rson i	s both	an ee)	(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	or	(F) timated of oth compens from t ganization	er ation he	6
(12) TRU) BILL LAMBERS(STEE	3.00 0.00	х						0	0				0
(13)														
(14)														
(15)														
(16)														
(17)														
(18)														
(19)														
1b	Subtotal								65,000					
C	Total from continuation she								CF 000					
d 2	Total (add lines 1b and 1c) Total number of individuals (in		mite	d to	thos	 e list	ed a	hov	e) who received more than	\$100,000 of				
	reportable compensation from			0										
3	Did the organization list any for employee on line 1a? If "Yes," For any individual listed on line organization and related organization and related organization and related organization.	" complete Schede 1a, is the sum nizations greater	<i>dule</i> of r thar	J for eport	suc table 50,00	h ind com	dividu npen: f "Ye	ual satio	on and other compensation complete Schedule J for sur	from the		3	Yes	X X
5	Did any person listed on line	1a receive or acc	crue	com	pens	atior	n fror	m ar	ny unrelated organization or		• • • • • • • • • • • • • • • • • • • •	5		Х
Section	for services rendered to the o on B. Independent Contractor		60,	COII	ipiete	301	ieau	ie J	Tor such person			<u> </u>		
1	Complete this table for your fi compensation from the organi	zation. Report co							dar year ending with or with	in the organization's tax ye	ear.		(0)	
	Name and	(A) I business address							Descript	(B) lion of services		Co	(C) mpensati	on
2	Total number of independent received more than \$100,000								se listed above) who	0				
	+,												000	

Part VIII Statement of Revenue

		Check if	Sch	edule O conta	ains a	a respor	nse or note	to any line in thi	s Part VIII		
								(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	b	Federated camp Membership due	es		1a 1b	m	Sp	ecti	on	COP) /
ts, Ar		Fundraising eve			1c		46,312				
Gif		Related organiz			1d						
ns, Sim	e	Government grants (contributions,	ontributio	ns)	1e						
ıtio er ('	and similar amounts no			1f		893,877				
gh	g										
onti od (lines 1a-1f			1g		128,396				
<u>a</u>	<u>h</u>	Total. Add lines	1a–1	f				940,189			
	_						Business Code				
vice	2a	• • • • • • • • • • • • • • • • • • • •									
Ser. ue	b	• • • • • • • • • • • • • • • • • • • •									
m iven	C										
Program Service Revenue	d										
Pr	f	All other prograr		ice revenue							
	g										
_											
		3 Investment income (including dividends, interest, and other similar amounts)						3,951			3,951
	4	Income from inv						-,			
	5	Danielia									
		,		(i) Real		(ii)	Personal				
	6a	Gross rents	6a								
	b	Less: rental expenses	6b								
	С	Rental inc. or (loss)	6с								
	_d	Net rental incom	e or (loss)		<u></u>					
	/a	Gross amount from sales of assets (i) Securities			(i	i) Other					
		other than inventory	7a								
ine	b	Less: cost or other									
ver		basis and sales exps.	7b								
Re	С	Gain or (loss)	7c								
Other Revenue	d	Net gain or (loss			<u></u>						
δ	8a	Gross income from									
		(not including \$									
		of contributions rep			0-		255				
	h	1c). See Part IV, lin			8a 8b		355 4,147				
		Less: direct exp Net income or (l					7,17/	-3,792			-3,792
		Gross income fr		_	evente	<u> </u>		3,172			3,132
	Ju	activities. See P	-	-	9a						
	b	Less: direct exp			9b						
		Net income or (
		Gross sales of i									
		returns and allow		•	10a						
	b	Less: cost of go			10b						
		Net income or (I			entory						
S							Business Code				
Miscellaneous Revenue	11a	OTHER INCO	ME					665	665		
lan	b										
Scel	С										
Ξ̈́	d	All other revenue						_			
		Total. Add lines						665			
	12	Total revenue.	See i	nstructions				941,013	665	0	159

Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must co Check if Schedule O contains a respo			mplete column (A).	П
Do r	not include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
	Db, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
	Grants and other assistance to domestic organizations	Inch	САРСІЗСЗ	general expenses	САРСИЗСЗ
•	and domestic governments. See Part IV, line 21	11120	さしんけつ		
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	65,000	48,756	6,500	9,744
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	04 455		04 455	
7	Other salaries and wages	24,457		24,457	
8	Pension plan accruals and contributions (include				
0	section 401(k) and 403(b) employer contributions)				
9 10	Other employee benefits	6,620		6,620	
11	Payroll taxes Fees for services (nonemployees):	0,020		0,020	
a	Management	61,676	48,587	13,089	
b	Legal	01/010	107507	137005	
c	Accounting	7,212		7,212	
d	Lobbying	. , = = =		. ,	
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion				
13	Office expenses	26,108		18,548	7,560
14	Information technology				
15	Royalties	21 005	00 540	0.402	
16	Occupancy	31,025	28,542	2,483	
17	Travel	7,266	7,266		
18	Payments of travel or entertainment expenses				
19	for any federal, state, or local public officials Conferences, conventions, and meetings				
20	Internal				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	41,147	38,378	2,769	
23	Insurance	840	,	840	
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	PARTS & ASSEMBLY	696,172	696,172		
b	SHIPPING	96,583	96,583		
C	SUPPLIES	45,062	45,062	0.000	
d	PROMOTIONS & REPORTING	17,764	8,882	8,882	250
e	All other expenses	11,440	11,090	01 400	350 17,654
25 26	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	1,138,372	1,029,318	91,400	1/,054
-•	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)				

Part X Balance Sheet

Par	τχ	Check if Schedule O contains a response or note	to any line	in this Part X			
			•		(A) Beginning of year		(B) End of year
-	1	Cash—non-interest-bearing			294,631	1	105,035
:	2	Cash—non-interest-bearing Savings and temporary cash investments			10,726	2	20,218
;	3	Pledges and grants receivable, net				3	UV
-	4	Accounts receivable, net				4	
:	5	Loans and other receivables from any current or former	officer, dir	ector,			
	1	trustee, key employee, creator or founder, substantial co	ontributor,	or 35%			
		controlled entity or family member of any of these perso	ns			5	
- (6	Loans and other receivables from other disqualified pers					
ts		under section 4958(f)(1)), and persons described in sec		6			
Assets	7	Notes and loans receivable, net		7			
₹ ₹		Inventories for sale or use				8	
!	9	Prepaid expenses and deferred charges				9	
1		Land, buildings, and equipment: cost or other					
	-	basis. Complete Part VI of Schedule D	10a	1,545,529			
	b	Less: accumulated depreciation	10b	149,776	1,381,863	10c	1,395,753
1	1	Investments—publicly traded securities			171,417	11	160,573
1	2	Investments—other securities. See Part IV, line 11				12	
1	3	Investments—program-related. See Part IV, line 11				13	
1		Intangible assets				14	
1	5	Other assets. See Part IV, line 11				15	
1	6	Total assets. Add lines 1 through 15 (must equal line 33	3)		1,858,637	16	1,681,579
1	7	Accounts payable and accrued expenses				17	
1		Grants payable		18			
1		Deferred revenue		19			
2	0	Tax-exempt bond liabilities				20	
2	1	Escrow or custodial account liability. Complete Part IV o	f Schedule	e D		21	
₀ 2		Loans and other payables to any current or former office					
<u>i</u>	1	trustee, key employee, creator or founder, substantial co	ontributor,	or 35%			
Liabilities		controlled entity or family member of any of these perso	ns			22	
□ ₂		Secured mortgages and notes payable to unrelated third				23	
2	4	Unsecured notes and loans payable to unrelated third pa	arties			24	15,000
2		Other liabilities (including federal income tax, payables to					
		parties, and other liabilities not included on lines 17-24).	Complete	Part X			
		of Schedule D				25	
2	6	Total liabilities. Add lines 17 through 25			0	26	15,000
		Organizations that follow FASB ASC 958, check here					
Ses	;	and complete lines 27, 28, 32, and 33.	_				
Balances 5	7	Net assets without donor restrictions			1,833,446	27	1,649,535
E 2	8	Net assets with donor restrictions			25,191	28	17,044
힏		Organizations that do not follow FASB ASC 958, che					
교		and complete lines 29 through 33.					
ة <u>2</u>		Capital stock or trust principal, or current funds			29		
Sets 3	0	Paid-in or capital surplus, or land, building, or equipmen			30		
Net Assets or Fund		Retained earnings, endowment, accumulated income, or				31	
<u>इ</u> 3		Total net assets or fund balances		1,858,637	32	1,666,579	
3		Total liabilities and net assets/fund balances			1,858,637	33	1,681,579

Form **990** (2023)

Pa	art 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			013
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,13		
3		3	-19	97,	<u> 359</u>
4	Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,8	58,	<u>637</u>
5	Net unrealized gains (losses) on investments	5		5,	301
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			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	1,60	56,	<u> 579</u>
Pa	art XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII		 		
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		 2a	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both.				
	X Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		 2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both.				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		 2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		 3b		

Form **990** (2023)

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

2022

Open to Public Inspection

Name of the organization Employer identification number PET MISSOURI COLUMBIA, INC. 20-5640563 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or X 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (ii) EIN (iv) Is the organization (i) Name of supported (iii) Type of organization (v) Amount of monetary (vi) Amount of listed in your governing organization (described on lines 1-10 support (see other support (see document? above (see instructions)) instructions) instructions) Yes No (A) (B) (C) (D) (E) Total

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

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

tion A. Public Support							
dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 202	23	(f) Total
Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	Ins	spe	Ctio	n (0	P	y
Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
The value of services or facilities furnished by a governmental unit to the organization without charge							
Total. Add lines 1 through 3							
The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							
Public support. Subtract line 5 from line 4							
tion B. Total Support							
dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 202	23	(f) Total
Amounts from line 4							
Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
Net income from unrelated business activities, whether or not the business is regularly carried on							
Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
Total support. Add lines 7 through 10							
Gross receipts from related activities, etc.	(see instructions)					12	
First 5 years. If the Form 990 is for the or	rganization's first, s	econd, third, fourth	n, or fifth tax year a	as a section 501(c	c)(3)		
•	• •						
Public support percentage for 2023 (line 6,	, column (f) divided	by line 11, colum	nn (f))			14	%
Public support percentage from 2022 Sche	edule A, Part II, line	e 14				15	%
33 1/3% support test — 2023. If the orga	nization did not che	eck the box on line	e 13, and line 14 is	33 1/3% or more	, check this		
							L
							_
							L
10%-facts-and-circumstances test — 20	123. If the organiza	tion did not check	a box on line 13, 1	6a, or 16b, and lin	ne 14 is		
_				-			
Part VI how the organization meets the fa	cts-and-circumstan	ces test. The orga	anization qualifies a	as a publicly supp	orted		_
							L
10%-facts-and-circumstances test — 20	122. If the organiza	tion did not check	a box on line 13, 1	6a, 16b, or 17a, a	and line		
				-			
in Part VI how the organization meets the	facts-and-circumst	ances test. The o	rganization qualifies	s as a publicly su	pported		_
organization							L
_							
	dar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 tion B. Total Support dar year (or fiscal year beginning in) Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. Add lines 7 through 10 Gross receipts from related activities, etc. First 5 years. If the Form 990 is for the organization, check this box and stop here. Total support percentage from 2022 Sche 33 1/3% support test — 2023. If the orga box and stop here. The organization quali 33 1/3% support test — 2022. If the orga box and stop here. The organization quali 33 1/3% support test — 2022. If the orga box and stop here. The organization meet Part VI how the organization meets the fa organization. 10%-facts-and-circumstances test — 20 15 is 10% or more, and if the organization in Part VI how the organization meets the organization. Private foundation. If the organization did in Part VI how the organization meets the organization.	dar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. Add lines 7 through 10 Gross receipts from related activities, etc. (see instructions) First 5 years. If the Form 990 is for the organization's first, sorganization, check this box and stop here tion C. Computation of Public Support Percent Public support percentage from 2022 Schedule A, Part III, lim 33 1/3% support test — 2023. If the organization did not che this box and stop here. The organization qualifies as a publicly song the support percentage from 2022 Schedule A, Part III, lim 33 1/3% support test — 2022. If the organization did not che this box and stop here. The organization qualifies as a publicly or more, and if the organization meets the facts-and-circumstances test — 2022. If the organization organization 10%-facts-and-circumstances test — 2022. If the organization organization 10%-facts-and-circumstances test — 2022. If the organization organization Private foundation. If the organization did not check a box organization Private foundation. If the organization did not check a box organization	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 tion B. Total Support dar year (or fiscal year beginning in) Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Gross receipts from related activities, etc. (see instructions) First 5 years. If the Form 990 is for the organization's first, second, third, fourth organization, check this box and stop here Tublic support percentage from 2022 Schedule A, Part II, line 14 33 1/3% support test — 2023. If the organization did not check the box on line box and stop here. The organization qualifies as a publicly supported organization and stop here. The organization qualifies as a publicly supported organization or more, and if the organization meets the facts-and-circumstances test, organization 10%-facts-and-circumstances test — 2022. If the organization did not check abox on line this box and stop here. The organization meets the facts-and-circumstances test, organization 10%-facts-and-circumstances test — 2022. If the organization did not check abox on line this box or more, and if the organization meets the facts-and-circumstances test. The organization 10%-facts-and-circumstances test — 2022. If the organization did not check in part VI how the organiza	distributions, contributions, and membeship fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 tion B. Total Support did year (or fiscal year beginning in) Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part II.) Total support. Add lines 7 through 10 Gross receipts from related activities, etc. (see instructions) First 5 years, if the Form 990 is for the organization's first, second, third, fourth, or fifth tax year organization, check this box and stop here tion C. Computation of Public Support Percentage Public support percentage from 2023 (line 6, column (f) divided by line 11, column (f)) Public support percentage from 2023 Chedule A, Part II, line 14 33 1/3% support test — 2023. If the organization did not check the box on line 13, and line 14 is box and stop here. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test — 2023. If the organization did not check a box on line 13 or 16a, and line this box and stop here. The organization meets the facts-and-circumstances test, check this box and Part VI how the organization meets the facts-and-circumstances test. Check his box and Part VI how the organization meets the facts-and-circumstances test, check this box and Part VI how the organization meets the f	Gifts, grafts. contributions, and membrashing in the protection of	dar year (cerliscal year beginning in) (a) 2019 (b) 2020 (c) 2021 (d) 2022 (e) 202 Gifts, grants, contributions, and membership fees received, (Do not include any "unusual grants.") Tax revenues levied for the organization benefit and either paid to or expended on its behalf in the organization without charge organization without without charge organization without charge organization without without charge organization without	Grits, grants, contributions, and membership fees received. (Do not include any 'unusual grants.') Tax revenues levide for the organization benefit and either paid to or expended on its behalf. Tax revenues levided for the organization without charge. Total. Add lines 1 through 3 The portion of total contributions by each person (John Harmon and John Harmon an

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.)

	tion A. Public Support						
Caler	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	666,798	1,679,511	756,552	909,444	940,189	4,952,494
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	29				665	694
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	666,827	1,679,511	756,552	909,444	940,854	4,953,188
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	101,850	963,000	68,500	49,500	143,802	1,326,652
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b	101,850	963,000	68,500	49,500	143,802	1,326,652
8	Public support. (Subtract line 7c from						
_	line 6.)						3,626,536
	tion B. Total Support	() 22/2	# >	() 2221	(1) 2222	() 0000	(n =
	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6	666,827	1,679,511	756,552	909,444	940,854	4,953,188
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	8,606	772	1,211	3,106	3,951	17,646
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	8,606	772	1,211	3,106	3,951	17,646
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	9,382	1,497				10,879
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	684,815	1,681,780	757,763	912,550	944,805	4,981,713
14	First 5 years. If the Form 990 is for the or	ganization's first, se					
Sec	organization, check this box and stop her tion C. Computation of Public St						
15	Public support percentage for 2023 (line 8	••		on (f))		15	72.80 %
16	Public support percentage from 2022 Sche						72.80 %
	tion D. Computation of Investme					10	//.06 /0
17	Investment income percentage for 2023 (I			3 column (f))		17	%
	Investment income percentage from 2022 (1	%
19a	33 1/3% support tests — 2023. If the org				is more than 33 1/3	· · · · · · · · · · · · · · · · · · ·	, , , , , , , , , , , , , , , , , , , ,
	17 is not more than 33 1/3%, check this be	ox and stop here.	The organization of	qualifies as a publi	icly supported orga	nization	X
b	33 1/3% support tests — 2022. If the org			•		·	
20	line 18 is not more than 33 1/3%, check the		=			=	
20	Private foundation. If the organization did	not check a box c	on line 14, 19a, or	19b, check this bo	ox and see instruct	ons	

Page 4

Part IV **Supporting Organizations**

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

Section A. All Supporting Organizations

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

ľ		Yes	No
k		У	
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	3a		
	3b		
	3c		
	4a		
	4b		
	4c		
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	9b		
	9с		
	10a		
che	10b dule A	(Form 9	990) 2023
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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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,		У	
0 1	provide detail in Part VI.	11c		
Sect	ion B. Type I Supporting Organizations			
		\vdash	Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	-'-		
2	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		
Sect	ion 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		
Sect	ion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI			
	how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
Cast	supported organizations played in this regard.	3		
	ion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
a	The organization satisfied the Activities Test. Complete line 2 below.			
b c	The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instru	otiono	١	
2	Activities Test. Answer lines 2a and 2b below.	Cuoris	Yes	No
² a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	\Box	162	NO
u	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 on line 2a, above, constitute activities that, but for the organization's			
_	involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would			
	have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Ves" describe in Part VI the role played by the organization in this regard	3h		

Schedu	le A (Form 990) 2023 PET MISSOURI - COLUMBIA, INC	<u> </u>	20-5640!	563 Page 6			
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	aniza	itions				
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov	/. 20,	1970 (explain in Part VI). S	See			
	instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.						
Sect	on A – Adjusted Net Income		(A) Prior Year	(B) Current Year			
			(,,	(optional)			
1_	Net short-term capital gain	1		ΔV			
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	on B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)			
1	Aggregate fair market value of all non-exempt-use assets (see						
	instructions for short tax year or assets held for part of year):						
a	Average monthly value of securities	1a					
b	Average monthly cash balances	1b					
c	Fair market value of other non-exempt-use assets	1c					
d	Total (add lines 1a, 1b, and 1c)	1d					
е	Discount claimed for blockage or other factors						
	(explain in detail in Part VI):						
2	Acquisition indebtedness applicable to non-exempt-use assets	2					
3_	Subtract line 2 from line 1d.	3					
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,						
	see instructions).	4					
5_	Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
6_	Multiply line 5 by 0.035.	6					
7_	Recoveries of prior-year distributions	7					
8_	Minimum Asset Amount (add line 7 to line 6)	8					
Section C – Distributable Amount							
1_	Adjusted net income for prior year (from Section A, line 8, column A)	1					
2	Enter 0.85 of line 1.	2					
3_	Minimum asset amount for prior year (from Section B, line 8, column A)	3					
4	Enter greater of line 2 or line 3.	4					
5	Income tax imposed in prior year	5					
6	Distributable Amount. Subtract line 5 from line 4, unless subject to						
	emergency temporary reduction (see instructions).	6					
7	Check here if the current year is the organization's first as a non-functionally integrated	Type I	Il supporting organization				

Schedule A (Form 990) 2023

___ (see instructions).

Par	t V Type III Non-Functionally Integrated 509(a)(3) S	Supporting Organiza	tions (continued)				
Sect	ion D – Distributions				Current Year		
1	Amounts paid to supported organizations to accomplish exempt purpos	ses		1			
2	Amounts paid to perform activity that directly furthers exempt purposes	of supported					
	organizations, in excess of income from activity			2	ΔV		
3_	Administrative expenses paid to accomplish exempt purposes of support	orted organizations		3	\cup \vee		
4	Amounts paid to acquire exempt-use assets			4			
5_	Qualified set-aside amounts (prior IRS approval required—provide deta	ails in Part VI)		5			
6_	Other distributions (describe in Part VI). See instructions.			6			
7_	Total annual distributions. Add lines 1 through 6.			7			
8	Distributions to attentive supported organizations to which the organizations	tion is responsive		8			
	(provide details in Part VI). See instructions.						
9	Distributable amount for 2022 from Section C, line 6			9			
10	Line 8 amount divided by line 9 amount	I		10			
_		(i)	(ii)		(iii)		
Sect	ion E – Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	8	Distributable		
			Pre-2023		Amount for 2023		
1_	Distributable amount for 2023 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required–explain in Part VI). See						
	instructions.						
3	Excess distributions carryover, if any, to 2023						
	From 2018						
	From 2019						
c From 2020							
d	From 2021						
e From 2022							
	Total of lines 3a through 3e						
g	Applied to underdistributions of prior years						
h	Applied to 2023 distributable amount						
i	Carryover from 2018 not applied (see instructions)						
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.						
4	Distributions for 2023 from						
	Section D, line 7: \$						
a	Applied to underdistributions of prior years						
b	Applied to 2023 distributable amount						
c	Remainder. Subtract lines 4a and 4b from line 4.						
5	Remaining underdistributions for years prior to 2023, if						
	any. Subtract lines 3g and 4a from line 2. For result						
	greater than zero, explain in Part VI. See instructions.						
6	Remaining underdistributions for 2023. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2024. Add lines 3j						
	and 4c.						
8	Breakdown of line 7:						
	Excess from 2019						
	Excess from 2020						
	Excess from 2021						
	Excess from 2022						
е	Excess from 2023	1	1				

Schedule A (Form 990) 2023

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2023

Schedule B (Form 990) (2023)

20-5640563

Name of the organization

Organization type (check one)

to www.irs.gov/Form990 for the latest information.

Employer identification number

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					
•	overed by the General Rule or a Special Rule . , (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See					
General Rule						
X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.						
Special Rules						
For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ / ₃ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.						
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.						
contributor, during the contributions totaled m during the year for an General Rule applies	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 \$					
must answer "No" on Part IV,	isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it 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 t the filing requirements of Schedule B (Form 990).					

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

Part I	Contributors	(see instructions).	Use duplicate	copies of Part I	if additional space is needed.
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	(000 1110110110110). 000 000 1110110110110110110110110110110	art :	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
. <u>1</u>	i done mapee	\$ 15,485	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		\$	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		\$	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		\$ 10,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
. 5		\$ 10,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions \$ 98,802	Person Payroll Noncash (Complete Part II for

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

		art i ii dadiii oridi opaco io iio	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
. 7	i done mapee	\$ 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
. 8		\$ 30,025	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
9		\$ 8,000	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
10.		\$ 21,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
. 111		\$ 10,000	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
.12		\$ 10,500	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Empl	oyer	identification	number
\sim	Γ	10563	

PET MISSOURI - COLUMBIA, INC <u> 20-5640563</u> Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. Part I (a) (d) (c) **Total contributions** Type of contribution Name, address, and ZIP + 4 No. 13 Person **Payroll** 43,302 Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 14 Person **Payroll** \$ 12,385 Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 15 Person Payroll \$ 8,849 Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** Name, address, and ZIP + 4 Type of contribution No. 16 Person **Payroll** 5,500 Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 17 Person **Payroll** \$ 26,000 Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 18 Person **Payroll** 5,163 Noncash

(Complete Part II for noncash contributions.)

Part I Contributors	(see instructions). Use duplicat	e copies of Part I if additiona	I space is needed.

	(000 1110110110). 000 000 000 000		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
.19	i done irropec	\$ 30,522	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
. 20		\$8,082	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
. 21		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22		\$ 5,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
. 23		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 24	Name, address, and ZIP + 4	\$ 5,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed
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ı artı	Contributors (See instructions). Ose duplicate copies of re	art i ii additional space is ne	caca.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	i done mapee	\$ 10,000	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
. 26.		\$	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
. 27		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 28	Name, address, and ZIP + 4	Total contributions \$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
. 29		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
			Person Payroll

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

		<u> </u>	
(a) No. from Part I	Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
6	STEEL CART PARTS	\$ 98,802	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
.1.4	STEEL SPRINGS	\$ 12,385	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

2023
Open to Public Inspection

Name of the organization Employer identification number 20-5640563 PET MISSOURI COLUMBIA, INC Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) 3 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II **Conservation Easements** Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a a Total number of conservation easements Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included on line 2a 2c Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items. a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

						20 3010		1- /			aye Z
Pa	rt III Organizations Maintainin		•		•			•	contin	uea)	
3	Using the organization's acquisition, access collection items (check all that apply).	sion, and other records	s, check an	y of the fo	llowing that ma	ake significant ι	use of its	5			
а	Public exhibition	d 🗌	Loan or ex	change pro	ogram						
b	Scholarly research		Other								
С	Preservation for future generations				TIOK			M	1/		
4	Provide a description of the organization's	collections and explain	how they	further the	organization's	exempt purpos	e in Pa	rt	V		
•	XIII.	conconorio and explan	non unoy	idialor alo	organization o	onompt purpos					
5	During the year, did the organization solicit	or receive donations	of art hieto	rical trace	ires or other s	imilar					
3	assets to be sold to raise funds rather than								☐ Ye	<u>.</u> [No
Pa	art IV Escrow and Custodial A		part of the	organizatio	113 CONCOUNT:					3	<u> </u>
	Complete if the organization		on Form	n 990, Pa	art IV, line 9	or reported	an an	nount on	Form	1	
4-	990, Part X, line 21.	dian au athau intausaa	l'am . fan aan	. د د د داند د داند							
та	Is the organization an agent, trustee, custo								П.,		٦
									∐ Ye	s	No
b	If "Yes," explain the arrangement in Part X	III and complete the fo	ollowing tab	le.					•		
							-	,	Amount		
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
	Ending balance										
2a	Did the organization include an amount on	Form 990, Part X, line	e 21, for es	crow or cu	stodial account	liability?			Ye	s	No
b	If "Yes," explain the arrangement in Part XI	II. Check here if the e	xplanation I	nas been p	rovided on Pa	rt XIII				Г	1
Pa	rt V Endowment Funds										
	Complete if the organization	n answered "Yes"	on Form	990. Pa	art IV. line 1	0.					
	Complete ii the organizatio	(a) Current year		or year	(c) Two year		Three year	e hack	(e) Four	· veare l	hack
4.	Descination of course halones	(a) Current year	(5) 1 11	or year	(c) Two year	3 back (u)	Triice year	3 Dack	(6) 1 001	years	back
	Beginning of year balance				+						
	Contributions										
С	Net investment earnings, gains, and										
	losses										
d	Grants or scholarships										
е	Other expenditures for facilities and										
	programs										
f	Administrative expenses										
	End of year balance										
2	Provide the estimated percentage of the cu	irrent vear end balanc	e (line 1a. a	column (a))	held as:	•					
а	Board designated or quasi-endowment	•	3,	(-7)							
	Permanent endowment %										
	Term endowment %	,									
·	The percentages on lines 2a, 2b, and 2c s	hould equal 100%									
20	Are there endowment funds not in the post	•	ation that a	ra hald and	l administered	for the					
Зa	· ·	session of the organiza	allon mal al	e neiu and	aummstereu	ioi trie			ſ	V	NI.
	organization by:								0-(2)	Yes	No
	(i) Unrelated organizations?								3a(i)		
	(ii) Related organizations?								3a(ii)		
	If "Yes" on line 3a(ii), are the related organ								3b		
	Describe in Part XIII the intended uses of		owment fun	ds.							
Pa	ırt VI Land, Buildings, and Eq	•									
	Complete if the organization	<u>n answered "Yes"</u>	on Form	<u>990, Pa</u>	<u>ırt IV, line 1</u>	<u>1a. See Forr</u>	n 990,	Part X,	line 1	0.	
	Description of property	(a) Cost or other	basis	(b) Cost or	other basis	(c) Accumul	ated		(d) Book	value	
		(investment)		(oth	ner)	depreciation	n				
1a	Land			1	.97,339				19	97,3	339
b	Buildings				34,595	11	0,80	2	1,12		
	Leasehold improvements				,	_ _	,			- ,	
	Equipment				96,845	3	5,06	7		51,	778
	Other				16,750		3,00 3,90			L2,8	
	Add lines 1a through 1e (Column (d) mus		t Y lino 10				<i>J</i> , <i>J</i> 0	<u>'</u>		15 5	

Part VII	Investments – Other Securities Complete if the organization answered "Yes" on	Form 900 Part IV line	11b Soo Form 000 P	art Y line 12
	(a) Description of security or category	(b) Book value	(c) Method of	
	(including name of security)	(b) Book value	Cost or end-of-year	
(3) Other	eld equity interests	ectio	n Co	DY
(D) (E)				
(F)				
(G)				
(H)				
	n (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII	Investments – Program Related			
	Complete if the organization answered "Yes" on	Form 990, Part IV, line	e 11c. See Form 990, Pa	art X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of	
			Cost or end-of-year	r market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX	Other Assets Complete if the organization answered "Yes" on	Form 990, Part IV, line	e 11d. See Form 990, Pa	
	(a) Description			(b) Book value
(1)				
(2)				
(3)				
(4)			+	
(5)				
(6)				
(7) (8)				
(9)				
	n (b) must equal Form 990, Part X, line 15, col. (B)) Other Liabilities			
	Complete if the organization answered "Yes" on line 25.	Form 990, Part IV, line	e 11e or 11f. See Form 9	990, Part X,
1.	(a) Description of liability			(b) Book value
(1) Federal	income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9) T-1-1 (O-1)	(h) months and France 200 B (1) "			
	n (b) must equal Form 990, Part X, line 25, col. (B))	tooto to the organization!	financial statements that are a	to the
	uncertain tax positions. In Part XIII, provide the text of the fooliability for uncertain tax positions under FASB ASC 740. Chec			

Pa	rt XI	Reconciliation of Revenue per Audited Financial Statemer		eturn	
		Complete if the organization answered "Yes" on Form 990, Pa			
1	Total rev	enue, gains, and other support per audited financial statements		1	
2		included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrea	alized gains (losses) on investments	2a		
b		services and use of facilities	2b		
С		es of prior year grants	2c		\mathcal{O}
d		escribe in Part XIII.)	2d	4	
е	Add lines	2a through 2d		2e	
3		line 2e from line 1	,	3	
4		included on Form 990, Part VIII, line 12, but not on line 1:			
а		nt expenses not included on Form 990, Part VIII, line 7b	4a	4	
		escribe in Part XIII.)	4b	-	
		4a and 4b		4c	
		enue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	
Pa	rt XII	Reconciliation of Expenses per Audited Financial Stateme		Retur	n
		Complete if the organization answered "Yes" on Form 990, Pa	π IV, line 12a.	1.1	
1		enses and losses per audited financial statements		1	
2		included on line 1 but not on Form 990, Part IX, line 25:			
		services and use of facilities	2a	-	
		r adjustments	2b	-	
	Other los		2c	+	
d		escribe in Part XIII.)	2d	ا ہے ا	
_	Add lines	2a through 2d		2e	
3		line 2e from line 1	r	3	
4		included on Form 990, Part IX, line 25, but not on line 1:	40		
		nt expenses not included on Form 990, Part VIII, line 7b	4a 4b	1	
		escribe in Part XIII.) 4a and 4b		4c	
•	Aug III les				
				-	
5	Total exp	enses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	
5 Pa	Total exp	enses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information		5	line
5 Pa	Total exp art XIII de the des	enses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information coriptions 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; I	5	ine
5 Pa	Total exp art XIII de the des	enses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information	lines 1b and 2b; Part V, line 4; I	5	ine
5 Pa	Total exp art XIII de the des	enses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information coriptions 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; I	5	ine
5 Pa	Total exp art XIII de the des	enses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information coriptions 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; I	5	line
5 Pa	Total exp art XIII de the des	enses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information coriptions 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; I	5	ine
5 Pa	Total exp art XIII de the des	enses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information coriptions 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; I	5	ine
5 Pa	Total exp art XIII de the des	enses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information coriptions 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; I	5	iine
5 Pa	Total exp art XIII de the des	enses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information coriptions 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; I	5	ine
5 Pa	Total exp art XIII de the des	enses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information coriptions 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; I	5	line
5 Pa	Total exp art XIII de the des	enses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information coriptions 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; I	5	ine
5 Pa	Total exp art XIII de the des	enses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information coriptions 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; I	5	ine
5 Pa	Total exp art XIII de the des	enses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information coriptions 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; I	5	iine
5 Pa	Total exp art XIII de the des	enses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information coriptions 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; I	5	iine
5 Pa	Total exp art XIII de the des	enses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information coriptions 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; I	5	ine
5 Pa	Total exp art XIII de the des	enses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information coriptions 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; I	5	ine
5 Pa	Total exp art XIII de the des	enses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information coriptions 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; I	5	line
5 Pa	Total exp art XIII de the des	enses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information coriptions 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; I	5	iine
5 Pa	Total exp art XIII de the des	enses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information coriptions 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; I	5	iine
5 Pa	Total exp art XIII de the des	enses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information coriptions 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; I	5	ine
5 Pa	Total exp art XIII de the des	enses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information coriptions 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; I	5	ine
5 Pa	Total exp art XIII de the des	enses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information coriptions 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; I	5	line
5 Pa	Total exp art XIII de the des	enses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information coriptions 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; I	5	line
5 Pa	Total exp art XIII de the des	enses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information coriptions 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; I	5	line
5 Pa	Total exp art XIII de the des	enses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information coriptions 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; I	5	ine

Part XIII Suppleme	ental Information (contin	nued)		
Pu	blic Ir	nspect	ion C	CODV
·				
*				

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the

organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Name of the organization				_	Employer identificat	
PET MISSOURI - COL Part I Fundraising Activities. Complete if			cwor	red "Ves" on Form (20-56405	
Form 990-EZ filers are not required to				ed res on rollins	990, Fait IV, line	ľV
1 Indicate whether the organization raised funds through a	any of the following	g activ	ities.	Check all that apply.		7
a Mail solicitations	e Solicitation	of no	n-gov	ernment grants		
b Internet and email solicitations	f Solicitation	of go	vernm	nent grants		
c Phone solicitations	g Special fur	ndraisi	ng ev	ents		
d In-person solicitations						
2a Did the organization have a written or oral agreement w or key employees listed in Form 990, Part VII) or entity					S,	Yes No
b If "Yes," list the 10 highest paid individuals or entities (fu compensated at least \$5,000 by the organization.	ındraisers) pursua	nt to a	agreen	nents under which the f	undraiser is to be	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	raise custo cont	id fund- have ody or rol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
J						
4						
5						
6						
7						
8						
9						
10						
Total						
List all states in which the organization is registered or li registration or licensing.		ontrib	utions	or has been notified it	is exempt from	<u> </u>

Schedule G (Form 990) 2023 PET MISSOURI - COLUMBIA, INC 20-5640563 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with

		gross receipts of	greater than \$5,000.			
		Pub	(a) Event #1 CRAFT BEER & CA	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
Revenue	1	Gross receipts	(event type) 46,312	(event type)	(total number)	60). (c)) 46,312
ĸ	2	Less: Contributions Gross income (line 1 minus	46,312			46,312
	4	Cash prizes				
	5	Noncash prizes				
Expenses	6	Rent/facility costs	2,510			2,510
	7	Food and beverages				
Direct	8	Entertainment	750			750
	9	Other direct expenses	709			709
			Add lines 4 through 9 in column (o			3,969 -3,969
Р	11 art		btract line 10 from line 3, column (or plete if the organization answ			
_			rm 990-EZ, line 6a.			
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue				
ses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes % No	Yes % No	
	7	Direct expense summary.	Add lines 2 through 5 in column (o	d)		
	8	Net gaming income sumn	nary. Subtract line 7 from line 1, co	olumn (d)		
а	ls t	he organization licensed to	e organization conducts gaming ac o conduct gaming activities in each	of these states?		Yes No
			's gaming licenses revoked, susper			Yes No

Sche	dule G (Form 990) 2023 PET MISSO	URI -	- COLUMBIA,	INC	20-5640563		Р	age 3
1	Does the organization conduct gaming activitie						Yes	No
12	Is the organization a grantor, beneficiary or trus	stee of a tr				······ —	•	
	formed to administer charitable gaming?						Yes	No
13	Indicate the percentage of gaming activity cond	ducted in:						
а	The organization's facility					13a		%
b	The organization's facility An outside facility		cha	CTIOK		13b		%
14	Enter the name and address of the person who	o prepares	the organization's ga	aming/special events bo	ooks and	\mathcal{U}^{V}		
	records:							
	Name							
	Address							
l5a	Does the organization have a contract with a th	nird party f	rom whom the organi	zation receives gaming	ı		г	
	revenue?					Ц	Yes	No
b	If "Yes," enter the amount of gaming revenue r				and the			
	amount of gaming revenue retained by the third		\$					
С	If "Yes," enter name and address of the third pa	arty:						
	Nome							
	Name						•	
	Address							
16	Gaming manager information:							
	Name							
	Gaming manager compensation \$							
	Carning manager compensation $\psi_{}$							
	Description of services provided							
	Director/officer Employee	[Independent con	tractor				
	Manual atomic distributions							
17	Mandatory distributions:	maka aha	ritable dietributions fra	um the gemine process	lo to			
а	Is the organization required under state law to						Yes	No
h	retain the state gaming license? Enter the amount of distributions required unde	ar state law	to be distributed to	other evemnt organizat	ione or	Ц	i es [
D	spent in the organization's own exempt activitie			other exempt organizat	10113 01			
Pa	rt IV Supplemental Information.			required by Part I.	line 2b. columns (iii)	and (v): ar	nd	
	Part III, lines 9, 9b, 10b, 15b,		•	•	` ,	. ,		
	See instructions.			·	•			

SCHEDULE M (Form 990)

Noncash Contributions

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open To Public Inspection

Name	of the organ	ization	1 1 1			4.1			Employer	identification	number		
			PET MISSO	OURI -	- COLUMBIA,	INC OTIO			20-5	64056	3		
Part I Types of Property		7		13(,11()	П								
	71.431.131.13			(a)	(b)	(c)				(d)	7		
				Check if	Number of contributions or	Noncash contribution				f determining			
				applicable	items contributed	amounts reported on Form 990, Part VIII, line 1g				tribution amou	unts		
1	Art — Works of art				r cini doc, r dit viii, iiio 1g								
2	Art — Hi	Art — Works of art											
3		Art — Fractional interests											
4	Books and publications												
5	Clothing and household												
3	_												
	goods Cars and other vehicles												
6													
7	Boats and planes												
8	Intellectual property												
9	Securities — Publicly traded												
10	Securities — Closely held stock												
11	Securities — Partnership, LLC,												
	or trust	nterests											
12	Securities — Miscellaneous												
13	Qualified conservation												
	contribut												
	structures												
14	Qualified												
	contribution — Other												
15	Real estate — Residential												
16		Real estate — Commercial											
17	Real estate — Other												
18	Collectib	Collectibles											
19	Food in	Food inventory											
20	Drugs and medical supplies												
21	Taxidermy												
22	Historica	l artifac	ts										
23	Scientific	specim	nens										
24	Archeolo	gical ar	rtifacts	<u> </u>	1	00.000							
25		Other (STEEL CART)		X	1	98,802				VALU			
26		Other (OFFICE SUPPLIES)		X	1	539			MARKET	VALU:			
27	Other (E	PARTS)	X	1	29,055			MARKET	VALU:			
28	Other ()	X	<u> </u>		F'A	<u>IR</u>	MARKET	VALU:	<u>E</u>		
29			•	-	zation during the tax yea								
	which th	e organi	ization completed Fo	orm 8283,	Part V, Donee Acknowle	edgement	29						
												Yes	No
30a	_	-	=	-		ty reported in Part I, lines		_					
						ribution, and which isn't req							3.7
	used for	exempt	purposes for the er	ntire holding	g period?						30a		X
	b If "Yes," describe the arrangement in Part II.												
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard												ļ
	contribut										31		X
32a		•			•	to solicit, process, or sell n							3.7
	contribut										32a		X
b			e in Part II.		alaman (a) fam.	and the first of the second se	\ ·- ·						
33	If the organization didn't report an ar		nount in co	olumn (c) for a type of pr	operty for which column (a) is ch	ecked	1,					
	describe	ın Part	II.								1	I	I

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

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

PET MISSOURI

Attach to Form 990 or Form 990-EZ.

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

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

COLUMBIA

Inspection
Employer identification number

20-5640563

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
THE BOARD TREASURER AND THE BUSINESS ADMINISTRATOR REVIEW FORM 990 PRIOR TO
SUBMITTING THE RETURN TO THE IRS. COPIES OF THE FILED RETURN ARE PROVIDED
TO THE REMAINING BOARD MEMBERS. COPIES ARE AVAILABLE TO ANYONE UPON
REQUEST.
FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY
CONFLICT OF INTEREST POLICY IN BY-LAWS. BOARD MEMBERS REPORT ANY CONFLICTS
OF INTEREST ANNUALLY.
FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
AVAILABLE UPON REQUEST

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

	-
2022	
/11/-5	

For calendar year 2023 or other tax year beginning , and ending

	artment of the Treasury	Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)	3).	for 501(c)(3) Organizations Only
A	Check box if			atification number
	address changed. Exempt under section	hlic Inchaction ('		0563
-	X 501(C)(3)			ion number
ı I			struction	
l	408(e) 220(e)	City or town, state or province, country, and ZIP or foreign postal code		
Į	408A 530(a)	COLUMBIA MO 65201-8296 F	Chec	k box if
[529(a) 529A	C Book value of all assets at end of year		nended return.
G	Check organization type	X 501(c) corporation 501(c) trust 401(a) trust Other trust		college/university
_		6417(d)(1)(A) Applicable entity		
н	Check if filing only to clai		amour	nt from Form 3800
		anization filing a consolidated return with a 501(c)(2) titleholding corporation		I I
		ched Schedules A (Form 990-T)		
		the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?		
		and identifying number of the parent corporation		
	The books are in care of	KATHY MAYNARD Telephone num	ber	573-443-2624
_ <u>P</u>		elated Business Taxable Income		
1	Total of unrelated busi	ness taxable income computed from all unrelated trades or businesses (see instructions)	1_	0
2	Reserved		2	
3	Add lines 1 and 2		3	
4	Charitable contributions	s (see instructions for limitation rules)	4	
5	Total unrelated busines	ss taxable income before net operating losses. Subtract line 4 from line 3	5	
6	Deduction for net oper	ating loss. See instructions	6	0
7	Total of unrelated busi	ness taxable income before specific deduction and section 199A deduction.		
	Subtract line 6 from line		7	0
8		nerally \$1,000, but see instructions for exceptions)	8	1,000
9	Trusts. Section 199A	deduction. See instructions	9	
10	Total deductions. Add		10	1,000
<u>11</u>		axable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	0
<u> P</u>	art II Tax Com			
1		e as corporations. Multiply Part I, line 11 by 21% (0.21)	1_	0
2	F	st rates. See instructions for tax computation. Income tax on the amount on		
		Tax rate schedule or Schedule D (Form 1041)	2	0
3	Proxy tax. See instruc	xtions	3	
4		ee instructions	4	
5	Alternative minimum ta		5	
6		facility income. See instructions	6	
<u>_7</u>		ugh 6 to line 1 or 2, whichever applies	7	0
	Part III Tax and I	porations attach Form 1118; trusts attach Form 1116)	Π	
1a h	-		1	
b	General business and	ructions) 1b it. Attach Form 3800 (see instructions) 1c 16,512	1	
d		nimum tax (attach Form 8801 or 8827)	1	
e			1e	16,512
2	Subtract line 1e from F	es 1a through 1d Part II, line 7	2	10,014
2 3a		n 4255 3a	<u> </u>	
b	Amount due from Form	n 8611 3b	1	
C	Amount due from Form	n 8697 3c	1	
d			1	
e		ee instructions) 3e	1	
f			3f	
4	Total tax. Add lines 2	Id lines 3a through 3e Check if includes tax previously deferred under	ļ <u>,</u>	
•	section 1294. Enter t		4	0
5		bility paid from Form 965-A. Part II. column (k)	5	Ŭ

<u> Pa</u>	rt III	Tax and Payments (continu	ued)									
6a	Paym	nents: Preceding year's overpayment cre	edited to the c	urrent year		6a						
b	Curre	ent year's estimated tax payments. Chec	ck if section 64	43(g) election								
	applie	es				6b						
С		deposited with Form 8868				6с					_	
d	Forei	gn organizations: Tax paid or withheld a	at source (see	instructions)		6d	\mathbf{n}				\ /	
е	Backı	up withholding (see instructions)				6e					V	
f	Credi	it for small employer health insurance pr	remiums (attac	ch Form 8941)		6f				1		
g	Electi	ive payment election amount from Form	3800			6g	16,5	512				
h	Paym	nent from Form 2439				6h						
i	Credit	t from Form 4136				6i						
j	Other	r (see instructions)				6j						
7	Total	payments. Add lines 6a through 6j							7		16	,512
8	Estim	nated tax penalty (see instructions). Che	ck if Form 222	20 is attached				$\sqcup \bot$	8			
9	Tax o	due. If line 7 is smaller than the total of I	lines 4, 5, and	8, enter amou	nt owed			L	9			0
10	Over	payment. If line 7 is larger than the tota	al of lines 4, 5,	and 8, enter a	mount overpa	aid		L	10		16	,512
11	Enter	the amount of line 10 you want: Creditor	ed to 2024 es	stimated tax			Refund	ed	11		16	,512
_Pa	rt IV	Statements Regarding Cer	rtain Activi	ties and Ot	ther Inforn	natior	n (see instructions)					
1	At an	y time during the 2023 calendar year, d	id the organiza	ation have an i	nterest in or a	a signa	ture or other authority	,			Ye	s No
	over a	a financial account (bank, securities, or	other) in a fore	eign country? I	f "Yes," the o	rganiza	ation may have to file					
	FinCE	EN Form 114, Report of Foreign Bank a	and Financial A	Accounts. If "Ye	es," enter the	name	of the foreign country					
	here										L	X
2	Durin	g the tax year, did the organization rece	eive a distributi	on from, or wa	s it the granto	or of, o	r transferor to, a fore	gn trus	it?			X
	If "Ye	es," see instructions for other forms the o	organization m	ay have to file								
3		the amount of tax-exempt interest received										
4	Enter	available pre-2018 NOL carryovers her	re \$		Do not	include	any post-2017 NOL	carryov	ver			
	show	n on Schedule A (Form 990-T). Don't re	educe the NOL	carryover sho	wn here by a	ny ded	luction reported on					
	Part I	I, line 6.										
5	Post-	2017 NOL carryovers. Enter the Busine	ss Activity Co	de and availab	le post-2017	NOL c	arryovers. Don't redu	ce				
	the a	mounts shown below by any NOL claim	ed on any Sch	nedule A, Part	II, line 17 for	the tax	year. See instruction	S.				
		Business Activity Co	ode			Availa	able post-2017 NOL	carryov	er			
					\$							
					\$							
					\$							
					\$						_	
6a	Rese	rved for future use										
<u>b</u>	Rese	rved for future use						<u></u>	<u></u>	<u></u>	<u> </u>	
<u> Pa</u>	rt V	Supplemental Information										
Provi	de any	y additional information. See instructions	S.									
	U	Inder penalties of perjury, I declare that I have	e examined this	s return, including	g accompanying	g sched	lules and statements, ar	id to the	best o	of my kno	owledge a	nd
	b	elief, it is true, correct, and complete. Declara	ation of prepare	r (other than tax	payer) is based	l on all	information of which pre	parer ha	as any	knowled	ge.	
٠.										May the I	RS discuss t	his return
Sig Her	n									with the p	reparer show	vn below
Her	е									(see instr	_ `	
									L	2	X Yes	No
	_			<u>TREAS</u>	URER							
	Si	ignature of officer	Date	Title			Т					
		Print/Type preparer's name	Pro	eparer's signature			Date	(Check	if	PTIN	
Paid		HEATHER MARTIN	HE	ATHER MARTI	IN		08/23	3/24 [self-emp	loyed	P01591	1470
r aid Prep		Firm's name							Firm's			
	Only	GERDING, KORTE & CH	HITWOOD	, PC, C	PA'S			\bot	<u>43-</u>	-1260	<u>)512 </u>	
	Jy	Firm's address							Phone	no.		
		20 SOUTH FIFTH STRE										
COTTIMETA MO 65201 573									2 _ 1 1 C	150	a	

Form 3800 (2023)

Current Year General Business Credits (GBCs) (see instructions). If there is more than one credit amount to report on lines 1a through 1zz, line 3, or lines 4a through 4z, enter the number of items you have for that line in column (c) and complete Part V. (continued) Part III

	or lines 4a through 4z, enter the number of items you have for that line in column (c) and complete Part V. (continued)											
	(a) Current year credits from:	(b) Elective payment or transfer registration number	(c) # items	(d) Pass-through or transfer credit entity EIN	(e) Credits from non-passive activities	(f) Credits from passive activities	(g) Credit transfer election amount (enter amounts transferred out as a negative amount	(h) Gross elective payment election amount	(i) Net elective payment election amount	(j) Combine columns (e), (f), and (g), less column (i)		
3	Form 8844											
4	Specified credits:											
а	Form 3468, Part VI	PJ001230005B	1					16,512	16,512			
b	Form 5884											
С	Form 6478											
d	Form 8586											
е	Form 8835, Part II											
f	Form 8846											
g	Form 8900									_		
h	Form 8941									_		
i	Form 6765 ESB credit									_		
j	Form 8994											
k	Form 3468, Part VII											
I	Reserved (4I)											
m	Reserved (4m)											
z	Other specified credits											
5	Add lines 4a through 4z .											
6	Add lines 2, 3, and 5.											

Form **3800** (2023)

3468

Department of the Treasury

Internal Revenue Service

Name(s) shown on return

Investment Credit

Attach to your tax return.

Go to www.irs.gov/Form3468 for instructions and the latest information.

OMB No. 1545-0155

Attachment Sequence No. 174

Identifying number

PET MISSOURI - COLUMBIA, INC 20-5640563 Facility Information (see instructions) Part I Check this box if you have petitioned for provisional emission rates and have also received written approval from a certified third-party verifier or a letter from the IRS Description of the facility: SOLAR PANELS FOR WORKSHOP PJ001230005B IRS-issued registration number for the facility: SOLAR Type of facility (solar, geothermal, etc.): Location of facility, including coordinates (latitude and longitude). Address of the facility (if applicable): 4825 E MEYER INDUSTRIAL DRIVE COLUMBIA MO 65201 **b** Coordinates (if applicable). Latitude: Longitude: Enter a "+" (plus) or "-" (minus) sign in the first box. (plus) or "-" (minus) sign in the first box. 11/01/2023 Date construction began (MM/DD/YYYY): _ 12/06/2023 Date placed in service (MM/DD/YYYY): 5 6 Is the facility part of an expansion of an existing closed-loop biomass or open-loop biomass facility? 7 Does the project produce a net output of less than 1 megawatt (MW) alternating current (ac), or equivalent thermal energy? X Yes. а b No. Not applicable, the facility doesn't produce electricity. С 8 Does the project satisfy the prevailing wage and apprenticeship requirements? Yes, and sections 48C(e)(5) and (6) apply, and it was declared as provided per Notice 2023-18. а Yes, and either (i) section 48(a)(9)(B)(ii) applies if construction began before January 29, 2023; or (ii) sections 48(a)(10) and b (11) apply. No. C d X Not applicable. 9 Does the property qualify for a domestic content bonus credit per section 45(b)(9)(B)? а Yes, and section 48(a)(9)(B) is satisfied (10% bonus). Attach the required information. Yes, and section 48(a)(9)(B) is not satisfied (2% bonus). Attach the required information. b X No. С 10 Does the project qualify for an energy community bonus credit per section 48(a)(14)? Yes, and section 48(a)(9)(B) is satisfied (10% bonus). а b Yes, and section 48(a)(9)(B) is **not** satisfied (2% bonus). Χ No. С Does the project qualify as a solar or wind facility in connection with low-income communities bonus credit per section 48(e)(2)? 11 Yes, and the facility is located in a low-income community per section 45D(e) (10% bonus). а Yes, and the facility is located on Indian land per section 2601(2) of P.L. 102-486 (10% bonus). b Yes, and the facility is part of a qualified low-income residential building project facility per section 48(e)(2)(B) (20% bonus). С Yes, and the facility is part of a qualified low-income economic benefit project facility per section 48(e)(2)(C) (20% bonus). d If "Yes" to 11a, 11b, 11c, or 11d, enter your 48(e) Control Number: е X No. Enter the nameplate capacity or storage capacity. 12 25 kilowatt (kW) direct current (dc) а Solar energy property or facility nameplate capacity: _ Small wind energy property or facility nameplate capacity:____ b kW Wind energy property or facility nameplate capacity: __ kW C Energy storage power capacity rating_ d kW, and energy storage capacity, if applicable, associated with kWh (hour) the energy property or facility: е Solar or wind nameplate capacity is 5MW ac or more Not applicable.

///// J	1 H 1 H 1 D D O R 1		HOMBIA, INC		20 301	<u> </u>	J	rage =
Pa	rt I Facility Information (see instructions) (cont	inued)						
3	Enter the nameplate capacity, alternating current (ac) for	or all e	electricity generating energ	y prop	perties or facilities in kW.			
а	X Solar energy property: 22							
b	Wind energy property:							
С	Other:		4					
d	Not applicable.	10	TOOCT	1/	n (n/	
4	Are you claiming the investment credit as a lessee base	ed on a	a section 48(d) (as in effect	ct on I	November 4, 1990) election	?	Yes X No	
-	If "Yes," complete lines 14a through 14e. If you acquire							
	information below separately reported for each property					•		
а	Name of lessor:							
b	Address of lessor:							
С	Description of property:							
d	Amount for which you were treated as having acquired	the pr	operty			\$		
е	Income inclusion amount reported for tax year under R	egulati	ions section 1.50-1			\$		
Pa	rt II Qualifying Advanced Coal Project Cred	lit and	d Qualifying Gasificati	on P	roject Credit			
ecti	on A—Qualifying Advanced Coal Project Credit Und	er Sec	ction 48A (see instructions	s)				
1a	Enter the qualified investment in integrated gasification							
	combined cycle property placed in service during the							
	tax year for projects described in section 48A(d)(3)(B)(i)	1a						
b	Multiply line 1a by 20% (0.20)			1b				
2a	Enter the qualified investment in advanced coal-based							
	generation technology property placed in service							
	during the tax year for projects described in section							
	48A(d)(3)(B)(ii)	2a						
b	Multiply line 2a by 15% (0.15)			2b				
3а	Enter the qualified investment in advanced coal-based							
	generation technology property placed in service							
	during the tax year for projects described in section							
	48A(d)(3)(B)(iii)	3a						
	Multiply line 3a by 30% (0.30)			3b				
	on B—Qualifying Gasification Project Credit Under	Section	n 48B (see instructions)		1			
4a	Enter the qualified investment in qualified gasification							
	property placed in service during the tax year for which							
	credits were allocated or reallocated after October 3,							
	2008, and that includes equipment that separates and							
	sequesters at least 75% of the project's carbon dioxide							
	emissions	4a						
	Multiply line 4a by 30% (0.30)			4b				
5a	Enter the qualified investment in property other than in	_						
	4a above placed in service during the tax year	5a						
	Multiply line 5a by 20% (0.20)			5b				
	Enter the applicable unused investment credit from con			6				
	Add lines 1b, 2b, 3b, 4b, 5b, and 6. Report this amount rt III Qualifying Advanced Energy Project Cr					7		
	Enter the qualified investment in advanced energy	- Cuit (Siluer Section 400 (se	E 11151	Tuctions)			
ıa	project property placed in service during the tax year	1a						
h	If you checked the box in Part I, line 8a, and it's	Ia						
D	consistent with your 48C application per Notice							
	2023-18, enter 30%. If you checked the box in Part I,							
	-	1b	%					
	line 8c, enter 6%			1c				
	Enter your 48C Allocation control number				<u> </u>			
	Is the facility in a section 48C energy community censu	ıs tract	? Yes No					
2	Enter the applicable unused investment credit from coo							
_	instructions)	poruli	.55 (555	2				

3 Add lines 1c and 2. Report this amount on Form 3800, Part III, line 1d . . .

Page 3

<u>Part I</u>	V Advanced Manufacturing Investment (redit	Under S	Section 4	48D (se	e inst	tructions)		
1a	Check the box below that applies to your advanced								
	manufacturing investment project.								
	Semiconductor manufacturing facility								
	Semiconductor equipment manufacturing facility								
b	Enter the basis in qualified property as part of an		7				Jn ('		MI/
b	advanced manufacturing facility, placed in service				اار				IL J V
	during the tax year	1b							
			_			1c			
С	Multiply line 1b by 25% (0.25)							1	
2	Enter the applicable unused investment credit from		,	•		2			
•	instructions)							1	
Bort V		600, F	art III, IIII	3 10				3	
Part \	•								
1	Reserved for future use							1	
	VI Energy Credit Under Section 48								
	A—Geothermal Energy Credit (see instructions)	_	1						1
1a	Enter the basis of property using geothermal energy	١.							
	placed in service during the tax year	1a							
b	If you checked the box in Part I, line 7a or 8b, enter								
	30%. If you checked the box in Part I, line 7b or 8c,								
	enter 6%	1b			%				
С	Multiply line 1a by line 1b					1c			
d	If you checked the box in Part I, line 9a, enter 10%. If								
	you checked the box in Part I, line 9b, enter 2%.								
	Otherwise, go to line 1f	1d			%				
е	Multiply line 1a by line 1d					1e			
f	If you checked the box in Part I, line 10a, enter 10%. If							1	
	you checked the box in Part I, line 10b, enter 2%.								
	Otherwise, go to line 2	1f			%				
g	Multiply line 1a by line 1f		l			1g			
2	Add lines 1c, 1e, and 1g				•			2	
	B—Solar Energy Credit (see instructions)		<u></u>						
3a									
Sa	Enter the basis of property using solar illumination								
	(including electrochromic glass) or either solar energy								
	property or solar facility placed in service during the tax	1			040				
	year	3a		55,	040				
b	If you checked the box in Part I, line 7a or 8b, enter								
	30%. If you checked the box in Part I, line 7b or 8c,	l							
	enter 6%	3b			30 %				
С	Multiply line 3a by line 3b					3c	16,512	1	
Caution:	Property described under section 48(a)(3)(ii) does	not qu	alify for th	ne solar					
facility in	connection with low-income community bonus cred	it unde	r section	48(e). If					
completin	g Section B for a section 48(a)(3)(ii) property, skip	lines 3	d through	3j, and					
go to line	3k.		ı						
d	If you checked the box in Part I, line 11a or 11b, enter								
	10%. If you checked the box in Part I, line 11c or 11d,								
	enter 20%. However, if you checked the box in Part I,								
	line 11f; or Part I, line 12e (in relation to lines 11a, 11b,								
	11c, or 11d), you don't qualify for the bonus credit. In								
	that situation, enter 0% here, go to line 3j and enter -0-								
	(zero), and then go to line 3k	3d			0 %				
е	Enter the nameplate capacity you were allocated in the								
-	allocation letter	3е							
f	If the entry on Part I, line 12a, equals the entry on line								
-	3e, multiply line 3a by line 3d and go to line 3j.								
		3f							
~		<u> </u>							
g	If the entry on Part I, line 12a, is more than the entry on line 3a divide line 3a by Part I, line 12a	3g							
h	line 3e, divide line 3e by Part I, line 12a Multiply line 3d by line 3g	3h							
- 11	maniply into ou by inte og	1 311	İ		I		İ	1	İ

Part '	VI Energy Credit Under Section 48 (continu	ued)	,				
	B—Solar Energy Credit (see instructions) (continu						
i	Multiply line 3a by line 3h	3i					
j	If Part I, line 12a, is more than the entry on line 3e		r the amount from line	1			
,	3i. Otherwise, enter the amount from line 3f	, crito	Tallo almount from line	■3j			
k	If you checked the box in Part I, line 9a, enter 10%. If		POOC		DO (MI/
ĸ	you checked the box in Part I, line 9b, enter 2%.		カリモしょ	Ш			IUV
	Otherwise, go to line 3m	3k	%				
ı	Multiply line 3a by line 3k			31			
	If you checked the box in Part I, line 10a, enter 10%. If]	[<u> </u>		1	
m	you checked the box in Part I, line 10b, enter 2%.						
	- -	3m	%				
n	Multiply line 3a by line 3m			3n			
4	Add lines 3c, 3j, 3l, and 3n					4	16,512
	C—Qualified Fuel Cell Property (see instructions)						10/312
	Enter the basis of property using qualified fuel cell						
5a	property placed in service during the tax year that was						
	acquired after 2005 and before October 4, 2008, and						
	the basis attributable to construction, reconstruction,						
	or erection by the taxpayer after 2005 and before	5a					
h	October 4, 2008	5b		1			
b	Multiply line 5a by 30% (0.30)	30		-			
С	Enter the applicable kilowatt capacity of property on	5c					
	line 5a (see instructions)			1			
d	Multiply line 5c by \$1,000	5d		_ ا			
e	Enter the smaller of line 5b or line 5d	j	Ţ	<u>5e</u>		-	
f	Enter the basis of property using qualified fuel cell						
	property placed in service during the tax year that is	l					
	attributable to periods after October 3, 2008	5f		-			
g	If you checked the box in Part I, line 7a or 8b, enter						
	30%. If you checked the box in Part I, line 7b or 8c,						
	enter 6%	5g	%	4			
h	Multiply line 5f by line 5g	5h					
i	If you checked the box in Part I, line 9a, enter 10%. If						
	you checked the box in Part I, line 9b, enter 2%.						
	Otherwise, go to line 5l	5i	%	4			
j	Multiply line 5f by line 5i	5j					
k	Reserved for future use			5k			
ı	If you checked the box in Part I, line 10a, enter 10%. If						
	you checked the box in Part I, line 10b, enter 2%.						
	Otherwise, go to line 5n	51	%	1			
m	Multiply line 5f by line 5l	5m					
n	Add lines 5h, 5j, and 5m	5n					
0	Enter the applicable kilowatt capacity of property on	1					
	line 5f (see instructions)	50					
р	Multiply line 5o by \$3,000	5р]			
q	Enter the smaller of line 5n or line 5p			5q			
6	Add lines 5e and 5q					6	
Section	D—Qualified Microturbine Property (see instruction	ions)					
7a	Enter the basis of property using microturbine property						
	placed in service during the tax year that was acquired						
	after 2005, and the basis attributable to construction,	1					
	reconstruction, or erection by the taxpayer after 2005	7a					
L	If you checked the box in Part I, line 7a or 8b, enter			1			
b	10%. If you checked the box in Part I, line 7a of 8b, enter	1					
	enter 2%	7b	%				
С	Multiply line 7a by line 7b	7c	,,	1			
				1			
d	If you checked the box in Part I, line 9a, enter 10%. If you checked the box in Part I, line 9b, enter 2%.	1					
	Jos Griconco the box in Fart I, line 70, CHICL 270.	1	I	1		1	I

Part VI **Energy Credit Under Section 48** (continued) Section N-Totals and Credit Reduction for Tax-Exempt Bonds (see instructions) Add Part VI, lines 2, 4, 6, 8, 10, 12, 14, 16, 18, 20, 22 16,512 27 24, and 26 If proceeds of tax-exempt bonds were not used to 28 finance your facility, skip line 29, and go to line 30. 29a Divide. Sum, for the tax year and all prior tax years, of all proceeds of tax-exempt bonds (within the meaning of section 103) used to finance the qualified facility ... 29a Aggregate amount of additions to the capital account for the qualified facility, for the tax year and all prior tax years, as of the close of the tax year 29b **b** Multiply line 27 by line 29a Multiply line 27 by 15% (0.15) 29c d Enter the smaller of line 29b or line 29c Subtract line 29d from line 27 29e If proceeds of tax-exempt bonds were used to finance your facility, enter the 16,512 30 amount from line 29e. Otherwise, enter the amount from line 27 Enter the applicable unused investment credit from cooperatives (see instructions) Add lines 30 and 31. Report this amount on Form 3800, Part III, line 4a 16,512 32 Rehabilitation Credit Under Section 47 (see instructions) 1a Was there a prior 170(h) deduction on this property? No **b** If "Yes" to line 1a, then provide the prior NPS number c Check this box if you are electing under section 47(d)(5) to take your qualified rehabilitation expenditures into account for the tax year in which paid (or, for self-rehabilitated property, when capitalized). This election applies to the current tax year and to all later tax years. You may not revoke this election without IRS consent d Enter the dates for the 24- or 60-month measuring period. Beginning date: End date: e Enter the adjusted basis of the building as of the beginning date above (or the first day of your holding period, if later) Enter the amount of the qualified rehabilitation expenditures incurred, or treated as incurred, during the period on line 1d above Enter the amount of qualified rehabilitation expenditures ... 1g For pre-1936 buildings under the transition rule, multiply line 1g by 10% (0.10) 1h For certified historic structures under the transition rule, multiply line 1g by 1i 20% (0.20) For certified historic structures with expenditures paid or incurred after 2017 and not under the transition rule, multiply line 1g by 4% (0.04) 1j Note: This credit is allowed for a 5-year period beginning in the tax year that the qualified rehabilitated building is placed in service. k If you completed line 1i or 1j, enter the assigned NPS project number or the pass-through entity's employer identification number and the date the NPS approved the Request for Certification of Completed 2 Enter the applicable unused investment credit from cooperatives (see instructions) Add lines 1h, 1i, 1j, and 2. Report this amount on Form 3800, Part III, line 4k

Form 3468 (2023)

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return. Go to www.irs.gov/Form4562 for instructions and the latest information. OMB No. 1545-0172

Attachment Sequence No

Department of the Treasury Internal Revenue Service

Name(s) shown on return

Identifying number

	PET MIS	SSOURI - CO	DLUMBIA, INC	4 1		20-5	5640	0563
Busin	ess or activity to which this form relates		igha	CTIC	3n			nv/
I	NDIRECT DEPRECIAT		1906					UV
Pa	rt I Election To Expen	•	•					
	Note: If you have a	any listed property	<u>, complete Part V b</u>	efore you c	omplete Part	<u>l. </u>		
1	Maximum amount (see instruction	s)					1	1,160,000
2	Total cost of section 179 property		/				2	
3	Threshold cost of section 179 pro			ctions)			3	2,890,000
4	Reduction in limitation. Subtract lin						4	
_5	Dollar limitation for tax year. Subtract lin					•	5	
_6	(a) Description	of property	(b) C	ost (business use	only) (c)	Elected cost		
	Listed suspends. Fatouther suspend	from Eng. 00			-			
7	Listed property. Enter the amount	from line 29			7	1	8	
8 9	Total elected cost of section 179 p		0				9	
9 10	Tentative deduction. Enter the sm Carryover of disallowed deduction						10	
11	Business income limitation. Enter						11	
12	Section 179 expense deduction. A						12	
13	Carryover of disallowed deduction				13			
	Don't use Part II or Part III below							
Pa	rt II Special Depreciati	on Allowance a	nd Other Deprecia	tion (Don't	include listed	property	/. Se	e instructions.)
14	Special depreciation allowance for							
	during the tax year. See instruction	ns				[14	
15	Property subject to section 168(f)(1) election					15	
16	Other depreciation (including ACR						16	41,140
_ <u>Pa</u>	rt III MACRS Depreciat	ion (Don't includ	e listed property. Se	e instruction	ons.)			
			Section A					
17	MACRS deductions for assets place	ced in service in tax y	ears beginning before 2	023			17	0
<u>18</u>	If you are electing to group any assets placed							
	Section B—A		vice During 2023 Tax Y		e General Depr	eciation Sy	/stem	
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Metho	od	(g) Depreciation deduction
19a	3-year property							
b	5-year property							
	7-year property							
d	10-year property							
t	15-year property							
f	20-year property 25-year property			25 yrc		S/L		
	Residential rental			25 yrs. 27.5 yrs.	MM	S/L		
	property			27.5 yrs.	MM	S/L		
	Nonresidential real			39 yrs.	MM	S/L		
•	property			00).0.	MM	S/L		
	Section C—As	sets Placed in Servi	ce During 2023 Tax Ye	ar Using the	Alternative Dep	l	Syster	n
20a	Class life		<u>-</u>		<u> </u>	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		
Pa	rt IV Summary (See ins	structions.)						
21	Listed property. Enter amount from						21	
22	Total. Add amounts from line 12, I	•						11 110
22	here and on the appropriate lines	•			ctions		22	41,140
23	For assets shown above and place portion of the basis attributable to							

20-5640563

Federal Asset Report Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus Sec <u>%</u> 179 Bonus	Basis for Depr	PerConv Meth	Prior (Current
Other 1 2 3 6 7 9 10 11 12 13	Depreciation: COPIER SAW TABLE BAND SAW LOT 2 MEYER INDUSTRIAL FORKLIFT BUILDING CROWN LIFT TRUCK CROWN PALLET JACK IRONWORKER LANDSCAPING	10/10/10 10/05/12 6/24/13 9/30/19 9/24/19 7/01/20 9/03/20 12/01/20 6/15/20 7/01/20	2,500 3,441 3,200 197,339 12,000 1,234,595 9,439 4,525 6,700 16,750	ecti	2,500 3,441 3,200 197,339 12,000 1,234,595 9,439 4,525 6,700 16,750	5 MO S/L 5 MO S/L 5 MO S/L 0 Land 5 MO S/L 39 MO S/L 5 MO S/L 5 MO S/L 5 MO S/L 15 MO S/L	2,500 3,441 3,200 0 7,800 79,141 4,405 1,885 3,462 2,792	0 0 0 2,400 31,656 1,888 905 1,340 1,116
14	SOLAR PANELS	10/18/23	55,040		55,040	5 MO S/L	0	1,835
	Total Other Depreciation	-	1,545,529		1,545,529		108,626	41,140
	Total ACRS and Other Depre	eciation =	1,545,529		1,545,529		108,626	41,140
	Grand Totals Less: Dispositions and Transfe Less: Start-up/Org Expense Net Grand Totals	ers - -	1,545,529 0 0 1,545,529		1,545,529 0 0 1,545,529		108,626 0 0 108,626	41,140 0 0 41,140