Form **990**

Department of the Treasury Internal Revenue Service **Return of Organization Exempt From Income Tax**

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

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

OMB No. 1545-0047

Open to Public Inspection

Α	For th	ne 2023 calenda	ar year, or tax year begin	ning	, 2023, a	nd ending			, 20
В	Check i	if applicable:	С				D Empl	oyer iden	ification number
	Ad	ddress change (CAT DEPOT				20	-0217	681
	-		1520 S LODGE DRIV	VE				hone num	
	-		SARASOTA, FL 342				(0	/1\ o	44 2404
		itiai returri	,				(9	41) 3	66-2404
	-	nal return/terminated							ф , оот , от
	An	mended return						receipts	
	Ap	oplication pending	F Name and address of principal	officer: KEN SLAVIN			(a) Is this a group ref		
		S	Same As C Above			H	(b) Are all subordinal If "No," attach a l	es include st. See in:	d? Yes No
I	Tax-	exempt status:	X 501(c)(3) 501(c) () (insert no.)	4947(a)(1) or	527			
J	Web	bsite: www	ı. catdepot. org			H	(c) Group exemption	number	
K	Form		X Corporation Trust	Association Other	L Ye	ar of formation	: 2004 N	State of	legal domicile: FL
Pa	rt I	Summary			<u> </u>				<u> </u>
				on or most significant act	ivities:The	Cat Der	not has be	en or	rganized to
		provi de p	rotection shelt	ter, help, reliet	f comfo	rt car	e and sand	tuar	y for house
ဥ				s and cats with s					
<u>n</u> a				escued cats throu				<u> </u>	
ē	2	Check this box		n discontinued its operation			than 25% of it	s net as	sets
ဗ				ning body (Part VI, line 1					3
•ช	4	Number of inde	ependent voting members	s of the governing body (F	Part VI, line	1b)		4	1
Activities & Governance	5	Total number of	of individuals employed in	n calendar year 2023 (Part	t V, line 2a).			5	64
E				necessary)					222
Ac				Part VIII, column (C), line					0.
	b	Net unrelated b	ousiness taxable income t	from Form 990-T, Part I, I	line 11			7b	0.
							Prior Yea	r	Current Year
45	8	Contributions a	and grants (Part VIII, line	1h)			1, 939,	497.	2, 025, 534.
ű	9	Program service	ce revenue (Part VIII, line	e 2g)			476,	574.	639, 738.
Revenue	10	Investment inc	ome (Part VIII, column (A	A), lines 3, 4, and 7d)			60,	731.	139, 280.
ď	11	Other revenue	(Part VIII, column (A), lin	nes 5, 6d, 8c, 9c, 10c, and	d 11e)		88,	787.	86, 149.
	12	Total revenue	' add lines 8 through 11	(must equal Part VIII, col	umn (A), line	e 12)	2, 565,	589.	2, 890, 701.
	13	Grants and sim	nilar amounts paid (Part I	X, column (A), lines 1-3).					
	14	Benefits paid to	o or for members (Part I)	K, column (A), line 4)					
	15	Salaries, other	compensation, employee	e benefits (Part IX, columi	n (A), lines 5	5-10)	1, 489,	120	1, 768, 863.
Expenses			· · ·	column (A), line 11e)				247.	60, 100.
ë			_				02,	247.	00, 100.
꼾			ng expenses (Part IX, col			9, 099.			
_		·		nes 11a-11d, 11f-24e)			954,		1, 029, 579.
		-		equal Part IX, column (A)			2, 505,		2, 858, 542.
		Revenue less e	expenses. Subtract line 18	8 from line 12			59,	861.	32, 159.
- S							Beginning of Curr	ent Year	End of Year
Net Assets	20	Total assets (P	art X, line 16)				2, 611,	505.	2, 776, 397.
AB	21	Total liabilities	(Part X, line 26)				299,	906.	432, 639.
ž	22	Net assets or f	und balances. Subtract liv	ne 21 from line 20			2, 311,	599	2, 343, 758.
	rt II	Signature	Block				2,011,	0 7 7 .	2,010,700.
				ırn, including accompanying sched	lules and stateme	ants and to the	hest of my knowled	and hal	ief it is true correct and
com	plete. De	eclaration of prepare	r (other than officer) is based on a	all information of which preparer h	as any knowledg	je.	best of my knowled	ge and bei	ici, it is true, correct, and
Siç	n	Signature of of	ficer				Date		
He	re	KEN SLA	\\/I NI			Dr	esi dent		
		Type or print n				1.1	esi derit		
		Print/Type pre		Preparer's signature		Date	Charle	:e	PTIN
_			•	.,			Check	if	
Pa		Stepher		Stephen Barry v, CPA LLC			self-empl	oyea	P00185187
	epare	ls e	Stephen Barry						
US	e On	Firm's address					Firm's Elf		1618134
							Phone no	609	9220006
Ma	the I	RS discuss this	return with the preparer	shown above? See instru	ictions	<u></u>	·	· <u></u>	X Vos No

Par	t III Statement of Program S Check if Schedule O contains			art III				X
1	Briefly describe the organization's mis		e to any line in this i	art III				
•								
2	Did the organization undertake any signi				*			
	Form 990 or 990-EZ?					<u> </u>	'es X	No
	If "Yes," describe these new services on							
3	Did the organization cease conducting		ant changes in how i	t conducts, any progran	n services?	[]	res X	No
	If "Yes," describe these changes on Sch			Alexandra de la constanta de l			le	
4	Describe the organization's program s Section 501(c)(3) and 501(c)(4) organ	nizations are requi	red to report the amo	sthree largest program sount of grants and alloca	services, as rations to othe	neasured rs, the to	by exper al expen:	ises. ses,
	and revenue, if any, for each program	n service reported.	•	o .			•	
						_		
				\$				
	See Schedul e 0							
4b	(Code:) (Expenses \$		including grants of	\$) (Revenue	\$)
4c	(Code:) (Expenses \$		including grants of	\$) (Revenue	\$)
4d	Other program services (Describe on							
	(Expenses \$	including gran) (Revenue	\$)	
4e	Total program service expenses	2, 545,	037.					

Part IV Checklist of Required Schedules

1 S. the organization described in section SDI (c)(3) or 49/2(a)(1) (other than a private foundation)? If Yes,* complete Schedule A. the organization engage in direct or indirect political campaign activities on behalf of or in apposition to cardidates for public office? If Yes,* complete Schedule C, Part II. 3 X. Section SDI (c)(3) organizations, Did the organization engage in lobbying activities, or have a section SDI(h) election in effect during the lax year? If Yes,* complete Schedule C, Part III. 5 Section SDI(OS) organizations, Did the organization engage in lobbying activities, or have a section SDI(h) election in effect during the lax year? If Yes,* complete Schedule C, Part III. 5 Section SDI(OS) organization as exclusion SDI (d)(4), SDI(C)(5), or SDI(C)(6), organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 96-197 if Yes,* complete Schedule C, Part III. 5 X. 5 DI the organization maintain condition of interestiment of amounts in such funds or accounts for Yes,* complete Schedule D. 6 A. X. 7 Did the organization request a not accessment including easements in preview open space, and environment. Instortic land acreas, of historic structures? If Yes,* complete Schedule D. Part III. 7 Did the organization maintain collectors of wines of art, historical treasures, or other similar assets? If Yes,* complete Schedule D. Part VII. 8 Did the organization request a manual rife Part X, line 21 for secrow or crustodial account Itability, serve as a custodial for amounts not listed in Part X, inc. Part X, as a gardial account itability, serve as a custodial for amounts or listed organization, and accounts of the part X inc. Part X, inc. Part				Yes	No
3 Did the organization regage in direct or indirect political campsign activities on behalf of or in opposition to candidates for public office? If "Pes", complete Schedule C, Part II. 4 Section 501(c)(3) organizations, Did the organization engage in lockying activities, or have a section 501(h) election in effect during the fax year? If "Yes, complete Schedule C, Part III. 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues. 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advise on the distribution or investment of a mount in such funds or accounts for which donors have the right to provide advise on the distribution of the section of the sect	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	Χ	
Section 501(c) (Fer Yes," complete Schedule C, Part II Section 501(c) organizations. Did the organization engage in lotbying activities, or have a section 501(h) election in effect during the fax year? If Yes," complete Schedule C, Part III. S the organization a section 501(c)(4), 501(c)(5), 6751(c)(6), 6751(c)(2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Χ	
5 is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 (Tvs.) complete Schedule (D., Part III.) 5	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		Χ
assessments, or similar amounts as defined in Revenue Proceedure 98-197 if "Yes," complete Schedule C, Part III. 5 X A Did the organization maintain any doorn advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part II. 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 B Did the organization maintain collections of works of art, historical treasures, or other similiar assets? If "Yes," complete Schedule D, Part III. 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X. If or provide credit counseling, debt management, credit repair, or debt negoliation or in quasi-endowments? If "Yes," complete Schedule D, Part VI. 9 Did the organization snawer to any of the following questions is "Yes." then complete Schedule D, Part VI. 10 D Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 11 D Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII. 11 D Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII. 11 D Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII. 11 D Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part XII. 11 D Did the organization report an amount for here sasets 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 XII. 11 D Did the organization's separate or consolidated financial statements for the tax, year include a footnote that addresses c	4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Χ
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8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," and provide predictions of works of art, historical treasures, or other similar assets? If "Yes," and provide predictions of the provide predictions of the predict	6	to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D,	6		X
complete Schedule D, Part III. 9 Did the organization raport an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X. or provide credit counselling, debt management, credit repair, or debt negotiation 9 X 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V 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. 12 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII. 13 Did the organization report an amount for investments "other securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. 14 Did the organization report an amount for other assets 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. 15 Did the organization report an amount for other assets 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. 16 Did the organization's separate or consolidated financial statements for the tax year include a footnote that addressess the organization's liability for uncertain tax positions under FIN 48 (ASC 470)? If "Yes," complete Schedule D, Part X and XII. 17 Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the Organization Port A VIII. 18 Did the organization as chool described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule D, Part X I and IXII. 29 Did the organization and that in the part X, line 12, and the pare	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		Χ
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or in quasi-endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII 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 c Did the organization report an amount for investments' program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 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 X III b Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses programination obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X III b Was the organization asserted "No" to line 12a, then completing Schedule D, Parts XI and XII is polional asserted "No" to line 12a, then completing Schedule D, Parts XI and XII is polional asserted "No" to line 12a, then completing Schedule D, Parts XI and XII is polional asserted "No" to line 12a, then completing Schedule D, Parts XI and IV. b Did the organization maintain an offlice, employees, or agents outside of the United States? b Did the organization maintain an offlice, employees, or agents outside of the United States. b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of gargegate foreign investments valued at \$100.000 or omer? If "Yes," complete Schedule G, Part II is and IV. 11b X 12c X 12d Did the organization report on Part IX, column (A), line 3, more than \$5,000 of gargegate grants or ot	9	for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation	9		Χ
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assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. c Did the organization report an amount for investments 'program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. 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. e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X f Did the organization 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 1116	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	Χ	
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in Part X, line 16? If "Yes," complete Schedule D, Part IX. e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part 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 116 X 117 X 118 X 119 120 131 140 X 141 152 163 174 184 185 184 185 185 184 185 185	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		Χ
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. 12a Did the organization separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X I and XII. 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. 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 III and IV. 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part II. See instructions. 17 X 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part III. 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H. 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organiz	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		Χ
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20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.	19		Х
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20a		20a		Χ
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
	21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

	1 990 (2023) CAT DEPOT 20-021 / 68	1	Р	age 4
Par	t IV Checklist of Required Schedules (continued)		.	N1-
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	Yes	No X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J.	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I.	25a		Χ
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		Χ
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Χ
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		Χ
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		Х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Χ	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Χ
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		Χ
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		Χ
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		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Χ
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		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI.	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	Χ	
Par	t 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			<u>. [</u>]
10	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
•	(gambling) winnings to prize winners?	1c	Χ	

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

			Yes	NO
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 64			
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		Χ
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Χ
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Χ
	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		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	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
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Х
	If "Yes," indicate the number of Forms 8282 filed during the year			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Χ
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring			
	organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.).			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	40		
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.			
	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			
	Enter the amount of reserves on hand	1.4~		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14a		
		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		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
-	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
BAA	<u>'</u>	Form	990	2023)
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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 Ö. See instructions. Check if Schedule O contains a response or note to any line in this Part VI..... Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year... 1a 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. 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? See Schedul e 0 2 Χ 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?..... Χ 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?.... Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?. Χ 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7h Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?..... Χ 8a **b** Each committee with authority to act on behalf of the governing body?..... Χ 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O. g Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code Yes No 10a Did the organization have local chapters, branches, or affiliates?.... Χ 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10h 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... Χ b Describe on Schedule O the process, if any, used by the organization to review this Form 990. See Schedule 0 Χ 12a Did the organization have a written conflict of interest policy? If "No," go to line 13...... b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise Χ to conflicts?. 12b ${f c}$ Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done ... See Schedul e . 0 ... 12c 13 Did the organization have a written whistleblower policy?..... 13 Χ Did the organization have a written document retention and destruction policy?..... Χ Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official... See . Schedul.e...... X 15a **b** Other officers or key employees of the organization..... Χ 15h 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?.... Χ 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed 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 Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. See Schedule 0 State the name, address, and telephone number of the person who possesses the organization's books and records. Ken Slavin 1520 S LODGE DRIVE SARASOTA FL 34239-5009 (941)

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

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

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

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

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

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

(A) Name and title	(B) Average hours	box,	unles	ss pei d a d	ition more rson i irecto	than o	an ee)	compensation from	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from
	per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W- <u>2</u> /1099- MISC/1099-NEC)	(W-2/1099- MISC/1099-NEC)	the organization and related organizations
(1) DR. DONALD KALT VETERI NARI AN	<u> 40</u> _				Х			95, 547.	0.	0.
(2) SUSAN HANUS EXECUTIVE DIRECTOR	_ <u>40</u> _				Х			90, 204.	0.	0.
(3) <u>DR. MI CHELLE CUNNI NGHAM</u> VETERI NARI AN	<u> 40</u> _				Χ			87, 832.	0.	0.
(4) KEN SLAVIN Presi dent	_ <u>20</u> _	Х		Χ				0.	0.	0.
(5) LINDA SLAVIN Vi ce Presi dent	<u>5</u> 0	Χ		Χ				0.	0.	0.
(6) MI CHAEL SI EGEL Secretary	<u> 5</u> _	Χ		Χ				0.	0.	0.
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

Form 990 (2023) CAT DEPOT									20-021768			
Part VII Section A. Officers, Directors, Tru	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
(A) Name and title	(B) Average hours per week	Average hours Average hours							(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from		
	(list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W- <u>2</u> /1099- MISC/1099-NEC)	(W-2/1099- MISC/1099-NEC)	the organization and related organizations		
<u>(15)</u>												
<u>(16)</u>												
(17)												
(18)												
<u>(19)</u>												
(20)		•										
(21)												
(22)												
(23)		•										
(24)												
(25)		•										
1b Subtotal								273, 583.	0.	0.		
c Total from continuation sheets to Part VII, Secti								0.	0.	0.		
d Total (add lines 1b and 1c)								273, 583. more than \$100,00	0. 0 of reportable comp	O. ensation		
										Yes No		
3 Did the organization list any former officer, direction line 1a? If "Yes,"complete Schedule J for such as a suc	h individu	al								3 X		
For any individual listed on line 1a, is the sum of the organization and related organizations greated such individual	er than \$1	50,0	?'00	If "Y	Yes,	con '	nple	te Schedule J for		4 X		
5 Did any person listed on line 1a receive or accru for services rendered to the organization? If "Ye	e comper s," comple	satic ete S	n fr che	om dule	any J fo	unre or sud	late ch p	d organization or person	individual	5 X		
Section B. Independent Contractors 1 Complete this table for your five highest compen	sated ind	epen	den	t cor	ntrac	ctors	tha	t received more th	nan \$100.000 of			
compensation from the organization. Report comper	sation for	the c	alen	dar	year	endir	ng w	vith or within the or	ganization's tax year			
(A) Name and business add	ress							Description (of services	(C) Compensation		
Total number of independent contractors (including language) \$100,000 of compensation from the organization		ited to	o the	ose I	istec	l abov	ve) v	who received more	than			

Form 990 (2023) CAT DEPOT Part VIII Statement of Revenue

		Check if Schedule O contains a response or note to an	y line in this Part VI	III		
			(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	1a b c d	Federated campaigns 1a Membership dues 1b Fundraising events 1c Related organizations 1d Government grants (contributions) 1e				
Contributions and Other Si	f g h	All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a-1f	2, 025, 534.			
ø		Business Code				
2	20	CLINIC 541040	F10, 000	F10 000		
Program Service Revenue	b c	<u>CLI NI C</u> 541940 <u>ADOPTI ON-CATS</u> 812910	518, 822. 120, 916.	518, 822. 120, 916.		
2	d					
Š	6					
Га	f	All other program service revenue				
ည်	'	Total. Add lines 2a-2f	(00.700			
Õ.	g		639, 738.			
	3	Investment income (including dividends, interest, and other similar amounts)	75, 018.			75, 018.
	5	Royalties				
		(i) Real (ii) Personal				
	62	Gross rents 6a				
		Less: rental expenses 6b				
		Rental income or (loss) 6c				
	d	Net rental income or (loss)				
	7a	Gross amount from (i) Securities (ii) Other				
		sales of assets other than inventory 7a 1, 379, 196.				
	b	Less: cost or other basis and sales expenses 7b 1, 314, 934.				
	С	Gain or (loss)				
	d	Net gain or (loss)	64, 262.			64, 262.
une	8a	Gross income from fundraising events (not including \$	5 ., 252.			3.7232
Other Reven		of contributions reported on line 1c). See Part IV, line 18				
<u>ş</u>		Less: direct expenses 8b				
ರ	С	Net income or (loss) from fundraising events				
		Gross income from gaming activities. See Part IV, line 19				
		Less: direct expenses 9b				
	С	Net income or (loss) from gaming activities				
		Gross sales of inventory, less returns and allowances				
		Less: cost of goods sold 10b				
	С	Net income or (loss) from sales of inventory				
S)		Business Code				
5 ~	11a	GLFT_SHOP459420	61, 334.	61, 334.		
Miscellaneous Revenue	b	MI SCELLANEOUS 812910	24, 815.	24, 815.		
돌	С	MI 30222M2003	24,013.	۷+, ۱۱۵.		
S S	ا ا	All other revenue				1
₹ -	~		0, 1, 1			
		Total. Add lines 11a-11d	86, 149.			
	12	Total revenue. See instructions	2 890 701	725 887	0	139 280

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (D) Do not include amounts reported on lines Total expenses Program service Management and Fundráising 6b, 7b, 8b, 9b, and 10b of Part VIII. general expenses expenses expenses' Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21. Grants and other assistance to domestic individuals. See Part IV, line 22. Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members . . Compensation of current officers, directors, trustees, and key employees... 90, 204 9,020. 67,653 13, 531 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)..... 0 0 0 0. Other salaries and wages 502, 975 373, 456 111, 226 18, 293. Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 58, 423 52, 846 4,575 1,002 10 117, 261 106, 069 9, 182 2,010 Fees for services (nonemployees): b Legal c Accounting..... 11, 863. 11,863 d Lobbying..... e Professional fundraising services. See Part IV, line 17... 60, 100 60, 100 f Investment management fees 15, 792 15, 792 Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) . . . 12 Advertising and promotion..... 90, 176. 82,038 8, 138 95, 152 78, 806. 7.999 8, 347 13 17, 347. 14 Information technology..... 17, 347. 15 Royalties 183, 776. 183, 776. 16 9,602 9,602 17 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings.... 19 Payments to affiliates..... 21 Depreciation, depletion, and amortization.... 40, 778. 36, 700. 4,078 50, 252 45, 227. 5,025 23 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.). 191, 932 191, 932 CLINIC & MEDICAL SUPPLIES SHELTER SUPPLIES 145, 630 145, 630 C VARIOUS PROGRAM EXPENSES 90,666 89, 531 1, 135 47.655 47.655 REPAIRS & MAINTENANCE 38, 958 16, 769. 22, 189 e All other expenses..... 25 Total functional expenses. Add lines 1 through 24e. 2, 858, 542 2, 545, 037. 184, 406 129, 099 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720).

		Check if Schedule O contains a response or note to	any line	in this Part X	<u></u>	<u></u>	
					(A) Beginning of year		(B) End of year
	1	Cash ' non-interest-bearing			72, 494.	1	395, 705.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or form trustee, key employee, creator or founder, substantial controlled entity or family member of any of these per	er officer contribu	, director, tor, or 35%		5	
	,			-		3	
	6	Loans and other receivables from other disqualified posection 4958(f)(1)), and persons described in section	4958(c)(3	3)(B)		6	
	7	Notes and loans receivable, net		L		7	
Assets	8	Inventories for sale or use			64, 733.	8	57, 390.
SS	9	Prepaid expenses and deferred charges			48, 312.	9	61, 935.
A	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	1, 747, 056.			
		Less: accumulated depreciation		667, 972.	1, 064, 608.	10c	1, 079, 084.
	11	Investments ' publicly traded securities			1, 358, 988.	11	1, 179, 913.
	12	Investments ' other securities. See Part IV, line 11				12	
	13	Investments ' program-related. See Part IV, line 11.				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11		2, 370.	15	2, 370.	
	16	Total assets. Add lines 1 through 15 (must equal line	33)		2, 611, 505.	16	2, 776, 397.
	17	Accounts payable and accrued expenses			286, 048.	17	332, 602.
	18	Grants payable			40.050	18	400 007
	19	Deferred revenue		-	13, 858.	19	100, 037.
ω.	20	Tax-exempt bond liabilities		<u> </u>		20	
ties	21	Escrow or custodial account liability. Complete Part I		<u></u>		21	
Liabilities	22	Loans and other payables to any current or former off key employee, creator or founder, substantial contribu- controlled entity or family member of any of these per	utor, or 3!	5%		22	
_	23	Secured mortgages and notes payable to unrelated th		L		23	
	24	Unsecured notes and loans payable to unrelated third		_		24	
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com	•	L		25	
	26	Total liabilities. Add lines 17 through 25			299, 906.	26	432, 639.
ces		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.		X			
lar	27				2, 311, 599.	27	2, 343, 758.
Ва	28	Net assets with donor restrictions			, - , -	28	, ,
Net Assets or Fund Balance		Organizations that do not follow FASB ASC 958, che and complete lines 29 through 33.	ck here				
ō	29	Capital stock or trust principal, or current funds			29		
sts	30	Paid-in or capital surplus, or land, building, or equipm				30	
sse	31	Retained earnings, endowment, accumulated income,				31	
t A	32	Total net assets or fund balances			2, 311, 599.	32	2, 343, 758.
Ne	33	Total liabilities and net assets/fund balances			2, 611, 505.	33	2, 776, 397.
RΔ			TEEA0111L		2,011,000.		Enrm 990 (2023)

Par	t 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	2	, 890	0, 70	01.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2	, 858	3, 54	42.
3	Revenue less expenses. Subtract line 2 from line 1	3		3:	2, 1!	5 9.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)).	4	2	, 31 ⁻	1, 59	99.
5	Net unrealized gains (losses) on investments.	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	2	, 34:	3. 7!	58.
Par	t XII Financial Statements and Reporting	J		,	<u> </u>	<u> </u>
	Check if Schedule O contains a response or note to any line in this Part XII					П
	officer if schedule o contains a response of flore to any line in this rare XII					No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			'	63	NO
	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?		2	2a		Χ
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or review separate basis, consolidated basis, or both. Separate basis Both consolidated and separate basis	ed on	а			
b	Were the organization's financial statements audited by an independent accountant?		2	2b		Χ
	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 Both consolidated and separate basis	ate				
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?		2	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 Guidance, 2 C.F.R. Part 200, Subpart F?	Unifor		3a		Χ
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		
BAA	TEEA0112L 08/23/23		Fo	orm 9	90 (2	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.

OMB No. 1545-0047

2023

Open to Public Inspection

Name o	lame of the organization Employer identification number										
		EP0T					20-021768				
		Reason for Public Cha						ctions.			
The c	rga	nization is not a private found	,	9		,	•				
1		A church, convention of church			-	b)(1)(A)((i).				
2											
3		A hospital or a cooperative h	ospital service organ	ization described in sec	tion 170)(b)(1)(<i>A</i>	A)(iii).				
4		A medical research organiza	tion operated in conju	unction with a hospital of	describe	d in sec	tion 170(b)(1)(A)(iii). E	nter the hospital's			
	name, city, and state:										
5		An organization operated for section 170(b)(1)(A)(iv). (Co	the benefit of a collemplete Part II.)	ege or university owned	or opera	ated by	a governmental unit de	escribed in			
6		A federal, state, or local gov	ernment or governme	ental unit described in s	ection 1	70(b)(1)	(A)(v).				
7	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)										
8		A community trust described	in section 170(b)(1)(A)(vi). (Complete Part I	l.)						
9		An agricultural research organi or university or a non-land-gra									
		university:									
10	X	An organization that normall from activities related to its investment income and unre June 30, 1975. See section!	exempt functions, sub lated business taxable	e ject to certain exception	ns; and	(2) no r	more than 33-1/3% of it	ts support from gross			
11		An organization organized a	nd operated exclusive	ely to test for public safe	ety. See	section	n 509(a)(4).				
12		An organization organized at or more publicly supported o lines 12a through 12d that de	rganizations describe	ed in section 509(a)(1) c	r sectio	n 509(a)(2). See section 509(a	ut the purposes of one ()(3). Check the box on			
а		Type I. A supporting organization organization(s) the power to recomplete Part IV, Sections A	on operated, supervise gularly appoint or elect					the supported on. You must			
b		Type II. A supporting organize management of the supporting must complete Part IV, Sect	organization vested in	controlled in connection the same persons that co	with its ontrol or	support manage	ted organization(s), by the supported organizat	having control or ion(s). You			
С		Type III functionally integrated organization(s) (see instructi	. A supporting organizat ons). You must com	cion operated in connection	n with, ar A, D, an	nd functiond E .	onally integrated with, its	supported			
d		Type III non-functionally integ functionally integrated. The c instructions). You must com	organization generally	v must satisfy a distribu	nection tion requ	with its s uiremen	supported organization(s) t and an attentiveness) that is not requirement (see			
е		Check this box if the organiz	ation received a writte	en determination from t	he IRS	that it is	a Type I, Type II, Type	e III functionally			
f	Fr	integrated, or Type III non-function into the number of supported in the number of supported in the interest of the interest o									
		ovide the following information		d organization(s)							
		ame of supported organization		(iii) Type of organization (described on lines 1-10 above (see instructions))	organizat in your g	ion listed overning	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)			
					Yes	nent?					
					162	INO					
(A)											
(B)											
(C)											
(D)											
(E)											
Total											

Page 2

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.)

<u></u>	Line A. Deskille Comment		• • • • • • • • • • • • • • • • • • • •	'	<u>'</u>							
	tion A. Public Support					ļ ļ						
begi	ndar year (or fiscal year nning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total					
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")											
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf											
3	The value of services or facilities furnished by a governmental unit to the organization without charge											
4	Total. Add lines 1 through 3											
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)											
6	Public support. Subtract line 5 from line 4											
Sec	tion B. Total Support						_					
Cale begi	ndar year (or fiscal year nning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total					
7	Amounts from line 4											
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources											
9	Net income from unrelated business activities, whether or not the business is regularly carried on											
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).											
11	Total support. Add lines 7 through 10											
12	Gross receipts from related activ	rities, etc. (see in:	structions)			12						
13	First 5 years. If the Form 990 is organization, check this box and	for the organization stop here	on's first, second	, third, fourth, or f	fifth tax year as a	section 501(c)(3)						
Sec	tion C. Computation of Pul	blic Support P	ercentage				_					
	Public support percentage for 20						%					
	Public support percentage from 2						%					
16a	33-1/3% support test' 2023. If the and stop here. The organization	he organization di qualifies as a pul	id not check the bolicly supported c	oox on line 13, an organization	d line 14 is 33-1/3	3% or more, check	this box					
b	33-1/3% support test' 2022. If the and stop here. The organization	e organization did qualifies as a pu	d not check a box blicly supported o	on line 13 or 16a organization	a, and line 15 is 3	3-1/3% or more, c	heck this box					
17a	7a 10%-facts-and-circumstances test' 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization											
	b 10%-facts-and-circumstances test' 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization											
18	Private foundation. If the organiz	zation did not che	ck a box on line	13, 16a, 16b, 17a	, or 17b, check th	is box and see ins	tructions					

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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.)

Sec	tion A. Public Support						
	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.")	F/2 245	1 200 (21	1 011 000	1 005 105	1 450 544	/ 210 425
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's	562, 315.	1, 390, 631.	1, 011, 838.	1, 895, 105.	725 007	6, 318, 435.
3	tax-exempt purpose	222, 541.	439, 982.	504, 023.	560, 277.	725, 887.	2, 452, 710.
4	or business under section 513. Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
	Total. Add lines 1 through 5	784, 856.	1, 830, 613.	1, 515, 861.	2, 455, 382.	2, 184, 433.	8, 771, 145.
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	385, 144.	451, 356.	534, 000.	898, 922.	774, 253.	3, 043, 675.
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.						
_	Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
	Public support. (Subtract line 7c from line 6.)	385, 144.	451, 356.	534, 000.	898, 922.	774, 253.	3, 043, 675. 5, 727, 470.
Sec	tion B. Total Support						0,727,170.
	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6	784, 856.	1, 830, 613.	1, 515, 861.	2, 455, 382.	2, 184, 433.	8, 771, 145.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses	33, 497.	41, 601.	57, 939.	50, 669.	75, 018.	258, 724.
_	acquired after June 30, 1975	22 407	41 (01	F7 020	F0 ((0	75 010	0.
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.	33, 497.	41, 601.	57, 939.	50, 669.	75, 018.	258, 724. 0.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) See Part VI.		147, 905.	92, 340.	6, 368.		246, 613.
13	Total support. (Add lines 9, 10c, 11, and 12.)	818, 353.	2 020 110	1 666 140	2, 512, 419.	2 250 451	9, 276, 482.
14	First 5 years. If the Form 990 is forganization, check this box and	for the organization	on's first, second,	third, fourth, or f	ifth tax year as a	section 501(c)(3)	
Sec	tion C. Computation of Pul						<u></u>
	Public support percentage for 20			ine 13, column (f))	15	61. 74 %
16	Public support percentage from 2	2022 Schedule A,	Part III, line 15.			16	60. 62 %
Sec	tion D. Computation of Inv	estment Incor	ne Percentage	е		•	
17	Investment income percentage for	or 2023 (line 10c,	column (f), divid	ed by line 13, col	umn (f))		2. 79 %
18	Investment income percentage fr					<u> </u>	2. 78 %
	33-1/3% support tests' 2023. If t is not more than 33-1/3%, check	this box and sto	p here . The orgar	nization qualifies a	as a publicly supp	orted organization	1X
b	33-1/3% support tests' 2022. If t line 18 is not more than 33-1/3%						
20	Private foundation. If the organiz		-		•		—

Schedule A (Form 990) 2023 CAT DEPOT 20-0217681 Page 4

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Par	(1) Supporting Organizations (continued)			
44	the the appearant of a gift or contribution from any of the following marcons?		Yes	No
	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below,			
а	the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
_	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations	110		
000	tion B. Type i supporting significations		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 <i>Part VI</i> 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		. 00	
	during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <i>Part VI</i> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	•		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s), or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant			
J	voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played	3		
Soc	in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a				
k				
		inctri	ıctions	.)
	. The organization supported a governmental entity. Describe in Part VI now you supported a governmental entity (see	1113111	ictions	·)·
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <i>Part VI identify those supported organizations and explain</i> 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	0 -		
	substantially all of its activities.	2a		
k	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? <i>If "Yes," explain in Part VI</i> 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. <i>Answer lines 3a and 3b below.</i>			
	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		
k	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <i>Part VI</i> the role played by the organization in this regard.	3b		

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	anizati	ions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organizatio	t on No ns mus	v. 20, 1970 (explain in t complete Sections A	n Part VI). See Lithrough E.
Sec	tion A ' Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	tion 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):			
	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
- (Total (add lines 1a, 1b, and 1c)	1d		
(e 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		
Sec	tion C ' Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
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 inte (see instructions).	egrated	Type III supporting or	ganization

BAA Schedule A (Form 990) 2023

a Applied to underdistributions of prior years b Applied to 2023 distributable amount

instructions.

8 Breakdown of line 7: a Excess from 2019. b Excess from 2020. c Excess from 2021. d Excess from 2022. e Excess from 2023.

c Remainder. Subtract lines 4a and 4b from line 4.

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. Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in *Part VI*. See

7 Excess distributions carryover to 2024. Add lines 3j and 4c.

Sche	dule A (Form 990) 2023 CAT DEPOT		20.	-02	17681 Page
Par	t V Type III Non-Functionally Integrated 509(a)(3) So	upporting Organizat	ions (continued	d)	
Sec	tion D ' Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exempt pu	1			
2	Amounts paid to perform activity that directly furthers exempt purposes				
	in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purposes of s	upported organizations		3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required ' provide	e details in <i>Part VI</i>)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the organizat	ion is responsive (provide	details		
	in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sec	tion E ' Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2023	ns	(iii) Distributable 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				
а	From 2018				
b	From 2019				
С	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
	Distributions for 2023 from Section D				

BAA Schedule A (Form 990) 2023 Schedule A (Form 990) 2023 CAT DEPOT 20-0217681 Page 8

Part VI

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

Part III, Line 12 - Other Income

Nature and Source	2023	2022	2021	2020	2019
FUNDRAISING INCOME Total	\$ 0.	\$ 6, 368. \$ 6, 368.	\$ 92, 340. \$ 92, 340.	\$ 147, 905. \$ 147, 905.	\$ 0.

BAA TEEA0408L 08/14/23 Schedule A (Form 990) 2023

SCHEDULE D (Form 990)

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public Inspection Employer identification number

САТ	DEPOT	20-0217681
Par	Organizations Maintaining Donor Advised Funds or Other Similar Fundamental Complete if the organization answered "Yes" on Form 990, Part IV, line	ds or Accounts 6.
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor are the organization's property, subject to the organization's exclusive legal control?	advised funds Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds carefor charitable purposes and not for the benefit of the donor or donor advisor, or for any other purposes.	an be used only pose conferring
Par	impermissible private benefit? Conservation Easements	165
ı aı	Complete if the organization answered "Yes" on Form 990, Part IV, line	7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (for example, recreation or education)	of a historically important land area
	Protection of natural habitat Preservation of	of a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of	a conservation easement on the
	last day of the tax year.	
		Held at the End of the Tax Year
	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements.	2b
C	: Number of conservation easements on a certified historic structure included on line 2a	2c
С	Number of conservation easements included on line 2c acquired after July 25, 2006, and not on	
	a historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the or tax year	rganization during the
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling	ng of violations,
	and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conser-	vation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation	n easements during the year
8	Does each conservation easement reported on line 2d above satisfy the requirements of section and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and ex include, if applicable, the text of the footnote to the organization's financial statements that describes conservation easements.	pense statement and balance sheet, and ribes the organization's accounting for
Par	Organizations Maintaining Collections of Art, Historical Treasures, or Complete if the organization answered "Yes" on Form 990, Part IV, line	Other Similar Assets 8.
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue stater historical treasures, or other similar assets held for public exhibition, education, or research in fu Part XIII the text of the footnote to its financial statements that describes these items.	ment and balance sheet works of art, rtherance of public service, provide in
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement historical treasures, or other similar assets held for public exhibition, education, or research in furtherance following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1	re of public service provide the
	(i) Revenue included on Form 990, Part VIII, line 1	
_		
	If the organization received or held works of art, historical treasures, or other similar assets for financial amounts required to be reported under FASB ASC 958 relating to these items.	
а	Revenue included on Form 990, Part VIII, line 1.	\$
b	Assets included in Form 990, Part X	\$

Part III Organizations Maintai	ning Collectio	ns of Art, His	storical Treasures,	or Other Similar As	ssets (continu	ed)		
3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).								
a Public exhibition d Loan or exchange program								
b Scholarly research e Other								
c Preservation for future generation	ons							
4 Provide a description of the organization Part XIII.			-					
5 During the year, did the organization to be sold to raise funds rather than			t, historical treasures, o organization's collection?	r other similar assets	Yes	No		
Part IV Escrow and Custodial Complete if the organi. Form 990, Part X, line	zation answere 21.	ed "Yes" on F		•	n amount on			
1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?								
b If "Yes," explain the arrangement in Pa								
					Amount			
c Beginning balance								
d Additions during the year								
e Distributions during the year								
f Ending balance						NI -		
2a Did the organization include an amore b If "Yes," explain the arrangement in				ı ı		No		
b ii res, explain the arrangement ii	I Fait XIII. Check	пете п тпе ехріа	nation has been provide	eu III Fait XIII				
Part V Endowment Funds								
Complete if the organi	zation answere	ed "Yes" on F	orm 990, Part IV, li	ne 10.				
		1			(a) Farmana h			
1- Deginning of year helence	(a) Current year	(b) Prior year	r (c) Two years back	(d) Three years back	(e) Four years ba	ack		
1a Beginning of year balance					+			
					+			
c Net investment earnings, gains, and losses								
d Grants or scholarships					+			
e Other expenditures for facilities					+			
and programs								
f Administrative expenses								
g End of year balance								
2 Provide the estimated percentage o	=		ne 1g, column (a)) held	as:				
a Board designated or quasi-endowm	ent	%						
b Permanent endowmentc Term endowment								
The percentages on lines 2a, 2b, and		7 %						
· -								
3a Are there endowment funds not in the organization by:	possession of the o	organization that a	are held and administered	for the	Yes	No		
(i) Unrelated organizations?					3a(i)			
(ii) Related organizations?					3a(ii)			
b If "Yes" on line 3a(ii), are the relate	d organizations li	sted as required	on Schedule R?		3b			
4 Describe in Part XIII the intended us	ses of the organiz	ation's endowme	ent funds.		1			
Part VI Land, Buildings, and I	Equipment							
Complete if the organization	answered "Yes" or	n Form 990, Part	IV, line 11a. See Form 9	90, Part X, line 10.				
Description of property		t or other basis evestment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value	e		
1a Land			802, 859.		802, 8	359.		
b Buildings								
c Leasehold improvements								
d Equipment			944, 197.	667, 972.	276, 2	25.		
e Other								
Total. Add lines 1a through 1e. (Column (d) must equal For	m 990, Part X, I	ine 10c, column (B))		1, 079, 0			
BAA				Sched	ule D (Form 990) 2	2023		

Schedule D (Form 990) 2023

•	Investments 'Other Securities Complete if the organization answered "Yes" o	n Form 000 Dart IV line	N/A 11h Soo Form 000 Part V line 12	
(a) Doscriu	otion of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	of year market value
	If derivatives	(b) book value	(C) Method of Valuation. Cost of end	-ur-year market value
. ,	held equity interests.			
(3) Other	· -			
_				
(A) (B) (C) (D) (E)				
(C)				
(D)				
(F)				
(F) (G)		-		
(H)		-		
<u>(I)</u>				
	n (b) must equal Form 990, Part X, line 12, column (B))			
Part VIII			N/A	
T dit Till	Investments ' Program Related Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)	(1)			
	n (b) must equal Form 990, Part X, line 13, column (B))	N/ <i>P</i>		
Part IX	Other Assets Complete if the organization answered "Yes" o			
		escription	That See Form 770, Fart X, fine 13.	(b) Book value
(1)		•		
` '				
(2)				
(2) (3)				
(2) (3) (4)				
(2) (3) (4) (5)				
(2) (3) (4) (5) (6)				
(2) (3) (4) (5) (6) (7)				
(2) (3) (4) (5) (6) (7) (8)				
(2) (3) (4) (5) (6) (7) (8) (9)				
(2) (3) (4) (5) (6) (7) (8) (9) (10)	ımn (b) must equal Form 990, Part X, line 15,	column (B))		
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Colu	ımn (b) must equal Form 990, Part X, line 15,	column (B))		
(2) (3) (4) (5) (6) (7) (8) (9) (10)	umn (b) must equal Form 990, Part X, line 15, Other Liabilities Complete if the organization answered "Yes" o			25.
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Columetric X) 1.	Other Liabilities Complete if the organization answered "Yes" o (a) Desc			25. (b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Columnation of Columnation of Colum	Other Liabilities Complete if the organization answered "Yes" o	n Form 990, Part IV, line		
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Columnation	Other Liabilities Complete if the organization answered "Yes" o (a) Desc	n Form 990, Part IV, line		
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Columetric X) 1. (1) Federal (2) (3)	Other Liabilities Complete if the organization answered "Yes" o (a) Desc	n Form 990, Part IV, line		
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Columeter X) 1. (1) Federa (2) (3) (4)	Other Liabilities Complete if the organization answered "Yes" o (a) Desc	n Form 990, Part IV, line		
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column Part X) 1. (1) Federa (2) (3) (4) (5)	Other Liabilities Complete if the organization answered "Yes" o (a) Desc	n Form 990, Part IV, line		
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(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Columetric X) 1. (1) Federa (2) (3) (4) (5) (6) (7) (8) (9) (10) (11)	Other Liabilities Complete if the organization answered "Yes" o (a) Desc al income taxes	n Form 990, Part IV, line ription of liability	e 11e or 11f. See Form 990, Part X, line	
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column of Column of C	Other Liabilities Complete if the organization answered "Yes" o (a) Desc	n Form 990, Part IV, line ription of liability	11e or 11f. See Form 990, Part X, line	(b) Book value

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	er Return N/A
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	
1 Total revenue, gains, and other support per audited financial statements	1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a Net unrealized gains (losses) on investments	
b Donated services and use of facilities	
c Recoveries of prior year grants	
d Other (Describe in Part XIII.)	
e Add lines 2a through 2d.	2e
3 Subtract line 2e from line 1.	3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a Investment expenses not included on Form 990, Part VIII, line 7b	
b Other (Describe in Part XIII.) 4b	
c Add lines 4a and 4b	4c
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	
Dowt VIII Decompilities of Company on Auglitud Cinemaial Chalance and Mills Company	D . NI / A
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return N/A
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	per Return N/A
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2a	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments 2b	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities	1
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities	1 2e
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 2e
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities	1 2e
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. 4a b Other (Describe in Part XIII.)	1 2e 3
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities	2e 3
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. 4a b Other (Describe in Part XIII.)	2e 3

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

BAA Schedule D (Form 990) 2023

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Open to Public Inspection

Employer identification number

CAT DEPOT					20-021768	1	
Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.							
Indicate whether the organization a X Mail solicitations b X Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written organization in Form 990, Parent Par	raised funds thr	rough any	of the follog e f g	Solicitation of non-games Solicitation of gove Special fundraising	government grants rnment grants events ex, trustees, or key	X Yes No	
b If "Yes," list the 10 highest paid indiv compensated at least \$5,000 by the	iduals or entities	(fundraise				be	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	have custoo	fundraiser ly or control ibutions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in column (i)	(vi) Amount paid to (or retained by) organization	
ALLEGIANCE FUNDRAISING		Yes	No				
1 1199 Tallevast Rd. Sarasota FL 34243	ANNUAL FUND		Х	100, 111.	60, 100.	40, 011.	
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total				100, 111.	60, 100.	40, 011.	
List all states in which the organization or licensing. FL	on is registered o	or licensed	to solicit c	ontributions or has been	notified it is exempt from	registration	

Par	t II	Fundraising Events. Complete if reported more than \$15,000 of fur	the organization andraising event con	nswered "Yes" on F	form 990, Part IV, I	ine 18, or 990-F7, lines 1
	•	reported more than \$15,000 of fur and 6b. List events with gross rec				
			(a) Event #1	(b) Event #2	(c) Other events None	(d) Total events (add column (a) through column (c))
Ē			(event type)	(event type)	(total number)	uoug oo.u (0)
Revenue	1	Gross receipts				
L.L.	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
nses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
irect	8	Entertainment				
Δ	9	Other direct expenses				
	10	Direct expense summary. Add lines 4 thr				
Dar	+ III	Net income summary. Subtract line 10 fr Gaming. Complete if the organization				
i ai		than \$15,000 on Form 990-EZ, lin	e 6a.			ported more
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
A.	1	Croce revenue				
	1	Gross revenue				
ses	2	Cash prizes				
Exper	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
<u></u>	5	Other direct expenses				
	6	Volunteer labor	Yes%	Yes% No	Yes% No	
	7	Direct expense summary. Add lines 2 thr	ough 5 in column (d).			
	8	Net gaming income summary. Subtract li	ine 7 from line 1, colun	nn (d)		
	a Is th	er the state(s) in which the organization cone organization licensed to conduct gaming	g activities in each of the			Yes No
		re any of the organization's gaming license es," explain:		, or terminated during th		

Sch	nedule G (Form 990) 2023 CAT DEPOT	20-0217	'681	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed administer charitable gaming?		Yes	No
13	Indicate the percentage of gaming activity conducted in:	1 1		
	a The organization's facility	13 а		%
	b An outside facility.			%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and rec	ords:		
	Name			
	Address			
15	a Does the organization have a contract with a third party from whom the organization receives gaming revenue b If "Yes," enter the amount of gaming revenue received by the organization \$ are of gaming revenue retained by the third party \$ c If "Yes," enter name and address of the third party:			No
	Name			
	Address			i i
16	Gaming manager information:			
	Name			
	Gaming manager compensation \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain t state gaming license?		Yes	No
	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spen organization's own exempt activities during the tax year \$	t in the		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide information. See instructions.	columns (any additi	(iii) and (onal	v);

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

2023

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

CAT DEPOT 20-0217681 Types of Property Part I (a) (b) (c) (d) Method of determining noncash contribution amounts Chèck if Number of Noncash contribution applicable contributions or amounts reported on Form 990, items contributed Part VIII, line 1g 1 Art ' Works of art Art ' Historical treasures..... 2 3 Art ' Fractional interests..... Books and publications..... 4 5 Clothing and household goods..... 6 7 Boats and planes..... 8 Intellectual property..... 9 Securities ' Closely held stock..... 10 Securities ' Partnership, LLC, or trust interests . 11 Securities ' Miscellaneous...... 12 Qualified conservation contribution ' 13 Historic structures Qualified conservation contribution ' Other..... 14 15 Real estate 'Residential 16 Real estate ' Other..... 17 18 19 20 Taxidermy..... 21 Historical artifacts..... 22 Scientific specimens..... 23 Archeological artifacts..... 24 25 Other (Cash back point 4 28, 298 **FMV** 26 Other (Donation raffle Χ 15 FMV 500 (Donation resale 27 Other Χ 42, 825. FMV 28 Other Number of Forms 8283 received by the organization during the tax year for contributions for which the 29 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?..... 30 a b If "Yes," describe the arrangement in Part II. 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?.... 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?..... 32 a Χ **b** If "Yes." describe in Part II. See Part II If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Part I, Line 32 - Hire and Use of Third Parties

The organization uses a leading global investment banking, securities and investment management firm to sell securities when received.

BAA TEEA4602L 07/25/23 Schedule M (Form 990) 2023

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

2023

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Go to $\emph{www.irs.gov/Form990}$ for the latest information.

Name of the organization

CAT DEPOT

Employer identification number
20-0217681

Form 990, Part III, Line 1 - Organization Mission

The Cat Depot has been organized to provide protection, shelter, help, relief, comfort, care and sanctuary for house cats, feral cats, kittens and cats with special needs. The shelter offers them stability, regular meals, medical rehabilitation and the best possible care and refuge they may have likely ever known. Our mission is to find loving homes for these rescued cats through adoption.

Form 990, Part III, Line 4a - Program Service Accomplishments

Cat Depot operates a premier free-roaming cat rescue, shelter and a full-service feline-only veterinary clinic in Sarasota, Florida. The organization rehomes approximately 1300 relinquished or stray cats and kittens into loving homes each year. Upon intake, all cats are given a thorough exam, assessing their physical and mental well-being. The cats are treated for any health or behavioral problems they may have and then readied for adoption.

Cat Depot is proud to share the following highlights and accomplishments:

Organi zati onal

In 2023 SRQ Magazine readers voted Cat Depot as the Best Local Animal Non-Profit, placing Bronze, and Honorable Mention for Best Local Non-Profit.

Cat Depot hosted other local non-profit organizations such as Pine Shores Adventure Camp, Boys & Girls Club of Sarasota and Lighthouse for the Blind, offering them a variety of programs from career information sessions to hands-on visitor tours.

Form 990, Part III, Line 4a - Program Service Accomplishments

adoption center which is recognized for its progressive design.

By the close of 2023, Cat Depot welcomed 222 volunteers, primarily fosters, who generously donated over 20,000 hours of service.

Cat Depot has continued to train all current employees in Fear Free practices. Fear Free helps professionals deliver better care to animals that are in their care. Fear Free mission is to prevent and alleviate fear, anxiety and stress in pets by inspiring and educating the people who care for them.

Adoption & Rescue

The shelter found homes for 1,286 cats and kittens in 2023 (including 668 kittens and 443 adults along with numerous seniors and juveniles). The shelter rescues hundreds of cats for municipal animal services agencies annually. In 2023, 488 cats and kittens were admitted to Cat Depot from such agencies.

The rate of return of adopted cats remained steady (3.5%). This can be greatly attributed to the additional time that the adoption counselors spend with the adoptors prior to adoption as part of the appointment only policy.

A continued emphasis was placed on Pet Retention Services helping keep cats in their homes so Cat Depot can assist with more homeless cats. Cat Depot received 1,406 owner surrender requests in 2023. Due to the efforts and work of staff, 360 cats succeeded in being diverted from entering the shelter.

Form 990, Part III, Line 4a - Program Service Accomplishments

In 2023, Cat Depot helped with Hurricane Idalia relief in northern Florida areas. Cat Depot transferred 22 cats from affected areas.

In October 2023, Cat Depot assisted HSUS with a cruelty case in Virginia to remove 110 Maine Coon cats from a breeder. A transport team made a 24-hour round-trip to South Carolina and transported 32 Maine Coons back to Cat Depot.

The Working Cat Program was officially established in 2020 as a way to help reduce unnecessary euthanasia of feral cats at Sarasota County Animal Services. Eleven cats found a second chance at life via this program in 2023. These cats are not able to be accepted into a conventional indoor adoption program and are placed into outdoor "homes" such as barns, warehouses, plant nurseries, farms, etc. to "work" with pest management and control.

Cat Depot receives regular, on-going donations of various shelter supplies. These include bags of dry and cans of wet food, litter and litter boxes, toys, carriers, scratching posts, blankets, water fountains, feeding systems and bowles. Donated office supplies were also received and used for administrative purposes along with the receipt of medical equipment made possible though donated credit card rewards. Total noncash contributions for 2023 were \$72,623.

Cat Care Clinic

The public Cat Care Clinic has treated thousands of cats and kittens since opening its doors in 2014. In 2023, the Cat Care Clinic had 6,396 patient visits.

Form 990, Part III, Line 4a - Program Service Accomplishments

A full array of veterinary services are offered to the community in the Cat Care

Clinic at a reduced cost for clients. Low cost TNVR (trap-neuter-vaccinate-return)

services are also offered for community cats.

The Cat Care Clinic preformed over 1,300 surgeries and specialty procedures, including 341 spay/neuters, 56 dentals and 698 ultrasounds.

Shelter Medical

All 1,371 cats and kittens entering the shelter in 2023 were treated through Shelter Medical, each receiving comprehensive veterinary exams. Based on the age, health and needs of the cats during their intake exams, will determine the additional services needed such as spay/neuter, surgery, vaccinations, microchips and any other specialized diagnostics.

Shelter Medical preformed 820 spay/neuter surgeries, 50 dentals, 67 specialty procedures including eye enucleation, wound and hernia repairs and amputations.

The organization continues to offer externships to veterinary students from the College of Veterinary Medicine at the University Of Florida as well as the School of Veterinary Medicine at the University of Pennsylvania.

Communications, Community Engagement and Education

In 2023, Cat Depot's Community Food Bank fed over 12,800 community cats and cats owned by persons who qualify for income assistance in Sarasota and Manatee Counties.

Form 990, Part III, Line 4a - Program Service Accomplishments

In an effort to expand Cat Depot's reach into the community, 3,206 participants from local organizations, schools, and nursing/assisted living centers benefitted from in-person, hands-on educational programming.

Cat Depot's 2023 community outreach program took part in 24 events throughout

Sarasota and Manatee Counties such as the Mote Marine Mascot Race, Sarasota Chamber

of Commerce Grand Expo, Lakewood Ranch Business Alliance Business at the Ballpark,

the Sarasota Holiday Parade and University Town Center's Festival of Trees. Through

these efforts, Cat Depot reached over 95,300 individuals with their lifesaving

mission.

Donated Services and Materials:

The organization regularly receives donated materials and services which are used in the shelter for the benefit of the cats.

Form 990, Part VI, Line 2 - Business or Family Relationship of Officers, Directors, Etc.

The President and Vice President of the organization, Ken and Linda Slavin, are related by marriage and are major contributors to Cat Depot.

Form 990, Part VI, Line 11b - Form 990 Review Process

Cat Depot's draft copy of Form 990 is made available to each person of the governing body, as well as a nationally renowned accounting firm to review, question and comment on prior to its filing with the Internal Revenue Service Center.

Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

Anually, the organization circulates their conflict of interest policy to management for review and disclosures. Each officer signs a copy of the policy to acknowledge

Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts (continued)

their review, which would include the disclosure of any conflicts. There are no conflicts as of December 31, 2023.

Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management

The process to determine the compensation for the Executive Director position, and several other management positions, are made by the governing body. The governing body makes a thorough review of comparative compensation for similarily qualified persons in the industry via industry compensation studies and with various other county and state animal welfare groups to ensure that the compensation is reasonable and competitive.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

Cat Depot makes its Form 990 available to the public by retaining a copy at its business office if a request is made. The Form 990 is also published at www.guidestar.org. Their financial statements, governing documents and conflict of interest policy are not ordinarily made available to the public; however, if requested, will be provided at management's discretion.

Form **8868**

(Rev. January 2024)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047

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

www.ms.gov/	e me providers/e me for charmes and non pro-	1113.							
Caution: If y for payment	ou are going to make an electronic funds withd instructions.	rawal (direct	debit) with this Form 8868, see Form 84	53-TE	and Form 88	79-TE			
All corporations of the All corporation of th	ons required to file an income tax return other to the to request an extension of time to file income	than Form 990 ne tax returns	O-T (including 1120-C filers), partnership	s, REI	MICs, and trus	sts must			
Part I ' Id	entification								
	Name of exempt organization, employer, or other filer, see in	structions.		Taxpay	yer identification nu	umber (TIN)			
Type or									
Print	CAT DEPOT			20-0	0217681				
File by the	Number, street, and room or suite number. If a P.O. box, see	instructions.		120 .	0217001				
due date for	1520 S LODGE DRIVE								
filing your return. See	Jean								
instructions.	CADACOTA EL 24220 E000								
	SARASOTA, FL 34239-5009								
Enter the Re	eturn Code for the return that this application is	for (file a sep	parate application for each return)			01			
		1							
Application	n Is For	Return	Application Is For			Return			
		Code				Code			
Form 990 d	or Form 990-EZ	01	Form 4720 (other than individual)	r than individual)					
Form 4720	(individual)	03	Form 5227						
Form 990-l	PF	04	Form 6069						
Form 990-	Γ (section 401(a) or 408(a) trust)	05	Form 8870						
Form 990-	T (trust other than above)	06	Form 5330 (individual)	1)					
Form 990-	T (corporation)	07	Form 5330 (other than individual)			13 14			
Form 1041	· ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	08							
	u enter your Return Code, complete either Part		Part III. including signature, is applicable	e only	for an extensi	on of			
	ile Form 5330.		art m, moraumig orginataro, to approach	0 0		o o.			
2 If this an	plication is for an extension of time to file Forn	2 E220 VOLUM	oust optor the following information						
	·		ŭ						
	In Name								
	In Number								
	n Year Ending (MM/DD/YYYY)								
Part II 'A	utomatic Extension of Time To File fo	or Exempt	Organizations (see instructions)						
The book	ks are in the care of <u>Ken_SLavi n_1520_S_L</u>	<u>ODGE_DRI_VE</u>	SARASOTA_FL_34239-5009						
Telephor	Telephone No. (941) 366-2404 Fax No. (941) 366-2407								
? If the org	ganization does not have an office or place of b	usiness in the	e United States, check this box						
? If this is	for a Group Return, enter the organization's for	ur-digit Group	Exemption Number (GEN) If	this is	for the whole	group,			
check thi	is box	check this bo	ox and attach a list with the na	mes ai	nd TINs of all	members			
the exter	nsion is for.								
1 I reque	est an automatic 6-month extension of time unti	11/15	. 20 24 . to file the exempt organ	nizatio	n return for				
	panization named above. The extension is for the								
	alendar year 20 23 or	.o organizatio							
<u> </u>									
ta	x year beginning, 20,	and ending	, 20						
0 16 11 1									
	e tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return								
∐Cł	nange in accounting period								
				1	1				
3a If this a	application is for Forms 990-PF, 990-T, 4720, o	r 6069, enter	the tentative tax, less any						
nonrefu	undable credits. See instructions		<u></u>	3a	\$	0.			
b If this a	application is for Forms 990-PF, 990-T, 4720, o	r 6069, enter	any refundable credits and estimated						
tax pay	yments made. Include any prior year overpaym	ent allowed a	s a credit	3b	\$	0.			
c Balanc	e due. Subtract line 3b from line 3a. Include yo	our payment v	vith this form, if required, by using						
FFTPS	(Electronic Federal Tax Payment System) Se	e instructions		3c	I \$	0			