#### EXTENDED TO NOVEMBER 15, 2023

Form **990** 

## **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.

2022
Open to Public Inspection

Department of the Treasury Internal Revenue Service

A	For th	ne 2022 calendar year, or tax year beginning and	ending				
В	Check i applica	f C Name of organization		D Employer identific	cation number		
	Addr	ge   ANIMAL RESCUE LEAGUE OF BOSTON					
Ĺ	Nam chan	ge Doing business as		**-***37	14		
F	Initia retur Final retur	Number and street (of P.U. box if mail is not delivered to street address)	Room/suite	E Telephone number 617-426-9170			
2	term	n-		G Gross receipts \$	32,084,652.		
	Ame	DEDUCATE MAN DOOG		H(a) Is this a group re			
	Appl		NO	for subordinates			
	pend	SAME AS C ABOVE		H(b) Are all subordinates in			
ī	Tax-ex	cempt status: X 501(c)(3) 501(c)( ) (insert no.) 4947(a)(1) (	or 527		list. See instructions		
J	Webs			H(c) Group exemption			
K	Form o	f organization: X Corporation Trust Association Other	L Year		State of legal domicile: MA		
P	art I						
ø	1	Briefly describe the organization's mission or most significant activities: THE	ANIMAL	RESCUE LEA	GUE OF		
Activities & Governance		BOSTON IS AN UNWAVERING CHAMPION FOR ANII	MALS I	N NEED (SE	E SCHED. O)		
ern	2	Check this box if the organization discontinued its operations or dispos	sed of more	than 25% of its net as	ssets.		
Š	3	Number of voting members of the governing body (Part VI, line 1a)		3	12		
જ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	12		
ies	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)		5	151		
Ĭξ	6	Total number of volunteers (estimate if necessary)		6	722		
Act	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	11,744.		
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.		
				Prior Year	Current Year		
ne	8	Contributions and grants (Part VIII, line 1h)		8,133,238.	9,020,519.		
eni	9	Program service revenue (Part VIII, line 2g)		3,500,547.	3,280,546.		
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		6,144,634.	4,295,986.		
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-44,866.	-67,200.		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .		17,733,553.	16,529,851.		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		7,464,220.	7,792,009.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		27,500.	0.		
χĎ	b	Total fundraising expenses (Part IX, column (D), line 25) 544,80	02.	Base Arman Land	Grading Grading		
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		4,565,654.	5,161,994.		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		12,057,374.	12,954,003.		
- 10	19	Revenue less expenses. Subtract line 18 from line 12		5,676,179.	3,575,848.		
s or				ginning of Current Year	End of Year		
Net Assets Fund Baland	20	Total assets (Part X, line 16)		40,090,170.	122,959,903.		
at A	21	Total liabilities (Part X, line 26)		12,302,371.	14,506,568.		
Ž.	22	Net assets or fund balances. Subtract line 21 from line 20	1	27,787,799.	108,453,335.		
-	CARTE LT LESS STORY	Signature Block					
		llties of perjury, I declare that I have examined this return, including accompanying schedules			knowledge and belief, it is		
true	, correc	ct, and complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparer	has any knowledge.			
		Signature of officer					
Sig		50A - COMPANIAN (SECONDA IN 1995)		Date			
Her	е	DR. EDWARD SCHETTINO, PRESIDENT & CEO Type or print name and title					
				ato I	II DTIN		
Dale	ı	Print/Type preparer's name  Preparer's signature  CHARLEG T MERRY CDA CHARLEG T MERRY		ate Check	PTIN		
Paid		CHARLES J. WEBB, CPA CHARLES J. WEBB,	, CPAI	1/08/23 self-employe			
1000	Only	Firm's name AAFCPAS, INC.		Firm's EIN *	*-***1780		
use	Only	Firm's address 50 WASHINGTON STREET			2.266.0422		
		WESTBOROUGH, MA 01581		Phone no. 5 0 8	3-366-9100		
May	the If	RS discuss this return with the preparer shown above? See instructions			X Yes No		

	ANIMAL RESCUE LEAGUE OF BOSTON	**-***3714	Page 2
orm :	III   Statement of Program Service Accomplishments		<u>, uyo —</u>
r di i			X
	Check if Schedule O contains a response or note to any line in this Part III		
!	Briefly describe the organization's mission: THE ANIMAL RESCUE LEAGUE OF BOSTON'S VISION IS TO CONFR	ONT ANIMAL	
-	CRUELTY AND NEGLECT AT ITS ROOT CAUSES. THROUGH PROGRAM	S, SERVICES,	
•	111/D 1120777777770 - 0 0 0 0 0 0 0 0 0 0 0 0 0 0	C ADVOCACY,	AND
•	SUSTAINED ANTI-CRUELTY EFFORTS (SEE SCHEDULE O)		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
	If "Yes," describe these changes on Schedule O.	***************************************	
4	Describe the organization's program service accomplishments for each of its three largest program services, a	s measured by expense	s.
4	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth	ers the total expenses.	and
		.010, 4110 2046. 01/104-144,	-4
	revenue, if any, for each program service reported.  (Code: ) (Expenses \$ 3,274,665 • Including grants of \$ ) (Rever	950.	491.
4a	(Code: ) (Expenses \$ 3,274,665. Including grants of \$ ) (Revertible ANIMAL CARE AND ADOPTION - ARL'S THREE CENTERS IN BOSTO		
		NDER, SHELTE	R.
•			
:	AND CARE, BEHAVIORAL ASSESSMENT, ENRICHMENT, AND ADOPTI	DON'S IN ZUZZ,	
	ARL'S ANIMAL CARE AND ADOPTION CENTERS SERVED 3,408 DOM	D LIMBOHOUN	, CI
	INCLUDING DOGS, CATS, RABBITS, SMALL ANIMALS, BIRDS, AN		
	COMING FROM A VARIETY OF CONDITIONS AND LIVING SITUATIO		<u> </u>
	UDOLITON INCOMETED ION ONLD INCOMED	TO HELP	
	UNDER-SOCIALIZED KITTENS LEARN TO BOND WITH HUMAN COMPA	NIONS, AND	
	WORKING CATS, WHICH PLACES CATS BEST/SULTED TO AN ACTIV	E WORKING	
	LIFESTYLE. ARL ALSO OFFERS PET BEHAVIORAL RESOURCES TO	THE PUBLIC,	
•	INCLUDING DOG TRAINING COURSES AND A FREE PET BEHAVIOR	HELPLINE(	SEE
•	SCHEDULE O)		
4b	(Code:) (Expenses \$4 , 603 , 145 • including grants of \$) (Rever		
	VETERINARY SERVICES - ARL OPERATES THREE VETERINARY PRO	GRAMS: 1) BC	STON
	VETERINARY CARE PROVIDES A FULL RANGE OF HIGH-QUALITY O	OUTPATIENT	
	SERVICES TO PET OWNERS IN GREATER BOSTON. SERVICES INCL	UDE WELLNESS	<u> </u>
		RATORY	
•	DIAGNOSTICS, AND IMAGING. A CLINIC WITH A MISSION, ALL	PROFITS SUPF	ORT
	ARL PROGRAMS; 2) SHELTER VETERINARY SERVICES PROVIDES C	OMPREHENSIVE	}
	VETERINARY SERVICES, INCLUDING PHYSICAL EXAMS AND VACCI	NATIONS, FOR	ALL
•		GRAM PERFORM	IED A
•	COMBINATION OF 6,926 VETERINARY EXAMS AND SURGERIES; 3)		
,	VETERINARY SERVICES SERVES ANIMALS AND PEOPLE IN THE CO	MMUNITIES WE	ERE
	THEY LIVE(SEE SCHEDULE O)		
40	(Code: ) (Expenses \$ 1,058,904 · Including grants of \$) (Rever	nue \$	,
-10	ANIMAL PROTECTION - AS A LEADER IN ANIMAL WELFARE, ARL	IS COMMITTEE	TO
	PREVENTING ANIMAL SUFFERING, NEGLECT, AND ABUSE IN MASS	ACHUSETTS. A	RL
	DOES THIS THROUGH TWO DEPARTMENTS THAT FOCUS PRIMARILY	ON ANIMAL	
	PROTECTION: 1) ANIMAL ADVOCACY WORKS TO DRAFT HUMANE LA	WS, ANIMAL	<u> </u>
	WELFARE POLICIES AND REGULATIONS; AND ENGAGES STAFF, VO	LUNTEERS, AN	ĪD
	ARL SUPPORTERS TO ADVOCATE/PROMOTE FOR LOCAL, STATE AND	FEDERAL	
	LEGISLATION; 2) HUMANE LAW ENFORCEMENT INVESTIGATES CRI	MES OF ANIMA	·Ťι
	CRUELTY, ABUSE, AND NEGLECT. ARL EMPLOYS MASSACHUSETTS	SPECTAL STAT	Ή:
	CRUELTY, ABUSE, AND NEGLECT. ARE EMPLOIS MASSACHOSELLS	DINCIAL DIAL	
	POLICE AS HUMANE LAW ENFORCEMENT OFFICERS, WITH THE AUT	ANTEMAT. CON	mp∩r.
	ENFORCE ANIMAL CRUELTY LAWS; AND TRAIN FIRST RESPONDERS	OL TRIBUTION CON	TIVOTI
	OFFICERS, AND OTHER ANIMAL WELFARE AGENCIES. IN 2022, A	TYP TNAPPLICE	TION
	CRUELTY AND NEGLECT CASES INVOLVING 979 ANIMALS.		
4d	Other program services (Describe on Schedule O.)	£ 200 ·	
	(Expenses \$ 824,270 • including grants of \$ ) (Revenue \$	6,209.)	
4e	Total program service expenses 9,760,984.		200 :

Form **990** (2022)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3_		
_	during the tax year? If "Yes," complete Schedule C, Part II	4	_X_	ļ
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	<u> </u>		
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			<b>.</b>
40	If "Yes," complete Schedule D, Part IV	9_		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		<b>.</b> ,	
44	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	<u>X</u>	. 3
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X, as applicable.	erg of the		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	-	::::::::::::::::::::::::::::::::::::::	
e.	Part VI	11a	X	
	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	х	
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		_X_
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
	Did the organization report an amount for other liabilities in Part X, lihe 25? If "Yes," complete Schedule D, Part X	11e		_X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	]	X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	1	I	
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<u>X</u> _
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

. u	Official of Froquitor Contains		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
00	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
2-14	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		X
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		Х
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Х
<b>2</b> 5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			۱
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part i	25a		Х
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		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			٠,,
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	<u> </u>	X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			x
	entity (including an employee thereof) or family member of any of these persons? If "Yes, " complete Schedule L, Part III	27	A. 134	<del>  ^</del>
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):			i Valiti
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	00-		x
	"Yes," complete Schedule L, Part IV	28a	<del> </del> -	X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	├─	
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?//	28c		X
	"Yes," complete Schedule L, Part IV	29	X	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		<del></del> -	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30		х
	contributions? If "Yes," complete Schedule M	31		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations in Fes, complete schools in Fes, complete Sch	<del>                                     </del>	_	
32		32		x
	Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		
33	sections 301.7701-2 and 301.7701-37 if "Yes," complete Schedule R, Part I	33		x
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
34	Part V, line 1	34		Х
25.0	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
งอล	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
b	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?			
30	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			
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	ļ		
-	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pa	rt 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			ᆜ
	Tors.		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- If not applicable		1 1	
b	Enter the number of Forms W-2G included on line 1a. Enter 0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	10	X	<u></u>
		Form	990	(2022)

Form 990 (2022)

ANIMAL RESCUE LEAGUE OF BOSTON

Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
<b>2</b> a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 25	-		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	Ļ
3a	5	3a	X	Ь—
b		3b	Х	<u> </u>
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
1-	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
D	If "Yes," enter the name of the foreign country			
E a	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_		<sub>v</sub> -
оа b	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
C	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<del>  ^</del> -
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	5c		<del> </del>
va	any pontributions that you make you had protible as a backer by the stands	6-		x
h	if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6a		<del>  ^</del>
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	OD		<del>   </del>
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and pagtify for goods and services provided to the payor?	7a		x
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<del>                                     </del>
-	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7.5		$\vdash$
	to file Form 8282?	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year		: .	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	1	х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	X	
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		L
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			1
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders	100		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
٠	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		<del>                                     </del>
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		12	:
	Is the organization licensed to issue qualified health plans in more than one state?	40-		<b></b> -
u	Note: See the instructions for additional information the organization must report on Schedule O.	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
_	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		_ <del></del>
	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
	If "Yes," see the instructions and file Form 4720, Schedule N.			
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	·	Х
	if "Yes," complete Form 4720, Schedule O.			-
	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		
	If "Yes," complete Form 6069.			

232005 12-13-22

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

	Check if Schedule O contains a response or note to any line in this Part VI			<u>X</u>
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year1a12			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.		1 1 15	
b	Enter the number of voting members included on line 1a, above, who are independent		- 21.2 - 21.2	3.0
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
_	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
-	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Ж
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
, u	more members of the governing body?	7a		Х
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
D	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	1 4	16	
а	**************************************	8a	X	
b	The governing body?  Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who carried be reached at the			
9	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	HOT B. I GIRGO (Mile occition b requeste information asset per control of the con		Yes	No
400	Did the organization have local chapters, branches, or affiliates?	10a		Х
iva h	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
IJ	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
110	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			San Asia Asia
12a	- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
U	on Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent	12.13	1/200	
10	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	A 24.		
•	The organization's CEO, Executive Director, or top management official	15a	Х	
h	Other officers or key employees of the organization	15b	X	
J	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		1	
169	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
IVU	taxable entity during the year?	16a		Х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	77.97.4		# 45 h
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	1 1	14	1,11
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filled MA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only	) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.	·		
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	nd fina	ncial	
10	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
د.0	DR. EDWARD SCHETTINO - 617-226-5658			
	10 ANNA'S PLACE, DEDHAM, MA 02026			
			000	40000

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Form **990** (2022)

#### Form 990 (2022) 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-MEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A)	(B)	Γ		(	C)	,		(D)	(E)	(F)
Name and title	Average	١		Pos	ition	1		Reportable	Reportable	Estimated
	hours per	xod	not o , unle	ss pe	rson	is bol	th an	compensation	compensation	amount of
	week	offi	cer ar	dac	irecto	or/trus	tee)	from	from related	ather
	(list any	actor						A the	organizations	compensation
	hours for	or dir				ited		organization	(W-2/1099-MISC/	from the
	related	stee	truste	ŀ		Dense	4 7700	(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	眶	la la		le s	88		1099-NEC)		and related
	line)	Individual trustee or director	Institutional trustee	Officer	E A	Highest compensated employee.	Former			organizations
(1) DR. EDWARD SCHETTINO	40.00	<u>:</u>	트	jō	22/2 //	王, 5.	5/			
PRESIDENT & CEO		1		Х		Sal	1	275,066.	0.	20,218.
(2) CONSTANCE DE BRUN	40.00			- 18 W. L	O'rea	K.	1			
CFO/COO & ASST TREASURER(THRU 12/22)				X		Ĭ.	Ų,	196,783.	0.	20,986.
(3) DR. NICOLE BREDA	40.00					-			·	
VP OF VETERINARY SERVICES				p.	55	X		138,590.	0.	18,770.
(4) KAREN WILLIAMS	40.00		,	챙		1				
VP OF FINANCE & ACCOUNTING	li I		6	λ		X		132,290.	0.	22,995.
(5) CHARLES MEMBRINO	40.00		- 4	1						
DIRECTOR OF IT	V.	``		7		X		123,800.	0.	<u> 15,719.</u>
(6) DR. EMILY FORLINE	40.00	"Vice Age."	25/44/4							
MEDICAL DIRECTOR, CSM		Щ				Х		112,232.	0.	17,647.
(7) LT. ALAN BORGAL	40.00									
INVESTIGATIVE SPECIALIST	10.00					X		116,641.	0.	10,094.
(8) JEAN MORSE	40.00									
ASST TO PRES,& ASST SECRETARY	1000			X				78,362.	0.	2,746.
(10) WALTER KENYON	10.00									_
CHAIR		Х		X				0.	0.	0.
(11) LAURA TOMASETTI	2.00				ĺ			•		_
V CHAIR(THRU 5/22)BOARD MEM(THRU 7/2	0.00	Х	_	X				0.	0.	0.
(12) HEATHER RIDILL	2.00		- 1				۱		_	_
VICE CHAIR (AS OF 5/22)	0.00	Х		Х				0.	0.	0.
(13) CHRISTOPHER PRIMTANO	2.00									_
TREASURER (THRU 9/22)	2 00	X		Х			_	0.	0.	0.
(14) RENEE KNILANS	2.00		- 1					ا ہ		_
TREASURER (AS OF 10/22)	0.00	Х		Х			_	0.	0.	0.
(15) RICHARD KELLY	2.00	3.7		τ,						•
SECRETARY (16) ROD MACDONALD	4 00	Х		Х	$\dashv$		$\dashv$	0.	0.	0.
BOARD MEMBER	4.00	Х							,	
	1.00		<b></b>					0.	0.	0.
(17) TARA OLIVER BOARD MEMBER		х						ا م	<u>,                                    </u>	^
(18) NADINE PELLEGRINI	1.00	^		_{	-	-		0.	0.	0.
BOARD MEMBER	T.00	x	- 1	•				0.	ا م	0
202007 12 10 22		Δ	ļ			<u> </u>		U.	0.	0.

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Form 990 (2022)

Part VII Section A. Officers, Directors, Tru		ploy	ees			ghe	st C					(1-1)	
(A)	(B)			(C Posit				(D)	(E)		г.	(F)	
Name and title	Average hours per		not c	neck n	nore	than :		Reportable compensation	Reportable compensation			timate nount (	
	week			ss pers nd a dir				from	from related			other	01
	(list any	tor.	Ι	П			Γ	the	organization			pensa	ıtion
	hours for	direc		1		ра		organization	(W-2/1099-MIS	SC/	fr	om the	e
	related	tee o	Listee			ensat		(W-2/1099-MISC/	1099-NEC)			anizati	
	organizations	草	nat tr		loyee	comp		1099-NEC)				d relate	
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	anizatio	บทธ
(19) ALISA PLAZONJA	1.00	트	=	8	-Ke	I B	<u> </u>						
BOARD MEMBER		x		li				0.		0.			0.
(20) JOSE RODRIGUEZ-VILLALOBOS	1.00	ļ —											
BOARD MEMBER		X						0.		0.			0.
(21) ROGER ACKERMAN	1.00		Π							_			_
BOARD MEMBER		Х	L					0.		0.			0.
(22) EDWARD BRADSTREET	1.00						ļ	_		_			_
BOARD MEMBER		X						0.		0.			0.
(23) DR. CYNTHIA KETTYLE	1.00		1							_			^
BOARD MEMBER		Х					<u>L</u>	0.		0.			0.
(24) CHRISTINA NAGLER	1.00	x						0.		0.			0.
BOARD MEMBER (THRU 4/22)		Λ	┢┈			80	æ5						
		i			£	2	25						
			Г	Π	100	*	Ny	/					
	<u> </u>	ļ.,	<u> </u> _		100		/						
		$\left\{ \right.$	6	3%		N.							
1b Subtotal	I	<u> </u>		<u> </u>	- 10 (			1,173,764.		0.	12	9,1	
c Total from continuation sheets to Part	/II, Section A		\$		d			0.		0.			0.
d Total (add lines 1b and 1c)	.,,.,.,	لو مصوره	ř <u></u>	e,	مردر	<i>j</i>		1,173,764.		0.	12	9,1	75.
Total number of individuals (including but	not limited to ti	nose	list	ed,ab	ove	e) wl	ho r	eceived more than \$10	0,000 of reportab	le			
compensation from the organization												Yes	11 No
	,			1			1. 1.				100	105	140
3 Did the organization list any former office											3	•	x
line 1a? If "Yes," complete Schedule J for 4 For any individual listed on line 1a, is the								har componentian from			3		
4 For any individual listed on line 1a, is the sand related organizations greater than \$1	sum of reportati 50 0002 <i>If</i> "Yes	ле с: Со	omp mnl	ensa ete S	uoi Che	rans adida	a oi e Ji	for such individual	une organization		4	х	
5 Did any person listed on line 1a receive or											f., .		
rendered to the organization? If "Yes," co.	mplete Schedu.	le J	for s	uch p	oers	son					5	·	X
Section B. Independent Contractors													
1 Complete this table for your five highest of	ompensated in	dep	ende	ent co	onti	racto	ors t	that received more thar	\$100,000 of con	npens	ation 1	from	
the organization. Report compensation fo	r the calendar y	/ear	endi	ing w	ith	or w	/ithi	n the organization's tax	year.				
(A)							]	(B)		_		>)	
Name and busines								Description of			ompe	nsatio	n
SHAWMUT DESIGN AND CONST			_					CONSTRUCTION	ł	1	0.0	4 0	20
560 HARRISON AVE, BOSTON		ТТ	8					MANAGEMENT	C CINION		, 43	4,9	30.
BRIGHTVIEW LANDSCAPES, I		27	1					LANDSCAPING REMOVAL	& SHOW		23	8,9	35.
P.O. BOX 740655, ATLANTA		3 /	4				-	KŸWOAYD			4,7	0,5	<del>55.</del>
GROSSMAN MARKETING GROUP 10 STATE STREET, WOBURN,		0.1						MAILHOUSE SE	RVICES		21	7,0	39.
BASIS GLOBAL TECHNOLOGIE	S, 11 E	•	MA]	DIS	10	V		DIGITAL MED			•		
ST., 6TH FLOOR, CHICAGO,	iL 606	02						PLACEMENT			10	1,3	23.

2 Total number of independent contractors (including but not limited to those listed above) who received more than

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\$100,000 of compensation from the organization

		Revenue

			Check if Schedule O contail	ns a respo	onse	or note to any li	ne in this Part VIII			
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated	(D) Revenue excluded from tax under sections 512 - 514
र्घ रा	1	а	Federated campaigns	1a			and the state of	THE SECTION AND ADDRESS.		
Contributions, Giffs, Grants and Other Similar Amounts			Membership dues	····						
ΩĔ	ļ		Fundraising events			97,006.				
美洲	ĺ		Related organizations			7				
%.E			Government grants (contribution			1,377,757.				
ë			All other contributions, gifts, grants,			-,,				
돌		•	similar amounts not included above			7,545,756.				
草さ		~	Noncash contributions included in lines 1a	""		219,983,				
츳		_	Total. Add lines 1a-1f	-11 [ 19]4	·	215,500,	9,020,519.			
<u> </u>		<u>'''</u>	Total Add lines (a-1)	,.,		Business Code	5,020,515.			
Φ	2		SERVICE FEES			621300	3,280,546.	3,268,802.	11 744.	<del></del>
Program Service Revenue	~				_	021300	3,200,340.	3,200,002,	11,744,	····
Ser		'n	b c			··· .				<del></del>
Æ E		4								
Ř		u Д			_		Λ		<u>-</u>	
Ÿ.		f	All other program service revenu	10	_		ξ'/ <b>λ</b> Υ ::λ			
		, '	Total. Add lines 2a-2f				3,280,546			
_	3	8	Investment income (including di				40.400 C. 02.4			
	ŭ						1,019,810.	7		1,019,810.
	4		Income from investment of tax-e				79 3			1,015,010.
	5		Royalties	•						
	Ŭ		Thoyana and Thomas and	(i) Real		(ii) Personal	7 2 2 2 3			
	6	a	Gross rents 6a	(7		120				
			Less: rental expenses 6b			T T				Action Control
			Rental Income or (loss) 6c							
			Not rental income or (loss)				3357	<u> </u>		
			· · · · · · · · · · · · · · · · · · ·	(i) Securiti		/ (ii) Other				
	·		· · · · · · · · · · · · · · · · · · ·	8,735,6		16.0841				and the second second
			Less; cost or other basis			1				
9				5,475,5	63.	0.				
Other Revenue				3,260,0		16,084.			,	
æ			Net gain or (loss)				3,276,176.			3,276,176.
頁			Gross income from fundralsing even							
₹				06. of						
J			contributions reported on line 1c							
Ī			Part IV, line 18		8a	ο.				
			Less: direct expenses		8b	79,238.				
			Net income or (loss) from fundral				-79,238.		÷	-79,238.
- 1	9	а	Gross income from gaming activ	ities. See						<del> </del>
			Part IV, line 19		9a					
			Less: direct expenses		9b					
			Net income or (loss) from gaming						· · · · · · · · · · · · · · · · · · ·	
	10	a	Gross sales of inventory, less ret	urns						
ļ			and allowances		10a					17.0
	I		Less: cost of goods sold		10b					
		<u>c</u>	Net income or (loss) from sales o	f inventor	y					
ဋ			· ···			Business Code			5- V.	
Miscellaneous Revenue	11 :	a	OTHER REVENUE		_	900099	12,038.	5,559.		6,479.
e i	ı	b			_					
<b>₩</b>	(	₽.			_					
ğΠ	(		All other revenue		[					
			Total. Add lines 11a-11d				12,038.			
	12		Total revenue, See instructions				16,529,851.	3,274,361.	11,744.	4,223,227.
232009	12-1	13-2	22							Form <b>990</b> (2022)

	Check if Schedule O contains a respon	se or note to any line in (A)	this Part IX	(C) I	(D)
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	Total expenses	<b>(B)</b> Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21 🔝 📙				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	· · · · · · · · · · · · · · · · · · ·			
3	Grants and other assistance to foreign				열었다. 화물량
	organizations, foreign governments, and foreign		İ		
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				3 1 1 1 4 2 3 3 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1
5	Compensation of current officers, directors,	1,081,137.	479,334.	542,746.	59,057
^	trustees, and key employees  Compensation not included above to disqualified	1,001,101	2,5,0021	<u> </u>	
6	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	5,447,133.	4,399,059.	843,114.	204,960
8	Pension plan accruals and contributions (include	- <b>,</b> <u>, ,</u> -	Δ	,	
•	section 401(k) and 403(b) employer contributions)	112,379.	94,367.	13,243.	4,769
9	Other employee benefits	661,356.	500\209.	137,812.	23,335
10	Payroll taxes	490,004.	371,015.	97,403.	21,586
11	Fees for services (nonemployees):				
	Management		/ XX		
	Legal	25,139		14,837.	
	Accounting	54,800.		54,800.	
d	Lobbying	20,,004.	20,004.		
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	331,770.	M. Land	331,770.	
g	Other. (If line 11g amount exceeds 10% of line 25,		<i>y</i>		0 110
	column (A), amount, list line 11g expenses on Sch O.)	<i>[[]</i> 99,810.	48,510.	47,541.	3,759
12	Advertising and promotion	76,551.	69,236.	250.	7,065
13	Office expenses	<b>₹2/23</b> •	55,893.	20,126.	204
14	Information technology	316,481.	44,852.	229,648.	41,981
15	Royalties	222	0.55 0.50	71 000	
16	Occupancy	338,080.	266,059.	71,965.	56
17	Travel	169,584.	132,481.	34,616.	2,487
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	26 660	28,081.	8,579.	
19	Conferences, conventions, and meetings	36,660.	28,081.	0,3/3.	<del></del>
20	Interest				
21	Payments to affiliates	954,146.	429,991.	524,155.	
22	Depreciation, depletion, and amortization	347,337.	429,991.	347,337.	
23	Insurance	341,331.		J#7,337•	a same jak
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)	1,032,288.	1,031,936.	335.	17
	ANIMAL CARE	570,494.	385,555.	184,939.	
b	MAINTENANCE & REPAIR OTHER EXPENSES	419,916.	72,476.	347,001.	439
C,	DESIGN, PRINT, POSTAGE	292,711.	76,598.	41,026.	175,087
d		222,111	1,245,026.	-1,245,026.	
	All other expenses	12,954,003.	9,760,984.	2,648,217.	544,802
25	Joint costs. Complete this line only if the organization		1	_,,,	
26	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)		Ī		

Parl	t X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
		· ·	(A)		(B)
			Beginning of year	ļ	End of year
	1	Cash - non-interest-bearing	760,903.		902,016
	2	Savings and temporary cash investments	13,893,510.		17,053,381
	3	Pledges and grants receivable, net	1,578,004.		1,054,523
Ī	4	Accounts receivable, net	176,169.	4	438,028
	5	Loans and other receivables from any current or former officer, director,		1.00	
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined		S	
	-	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	**********	6	
Assets	7	Notes and loans receivable, net	4,220.	7	1 070
Ass	8	Inventories for sale or use	308,753.		4,879
·	9	Prepaid expenses and deferred charges	300,733.	9	315,935
- }	IVa	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 29,043,132.			
	b	basis. Complete Part VI of Schedule D 10a 29,043,132.  Less: accumulated depreciation 6,832,481.	21,381,423.		22,210,651.
	11	Investments - publicly traded execution	42,637,285.		31,378,344.
	12	Investments - publicly traded securities Investments - other securities. See Part IV, line 11	43,126,903.	11	37,032,311.
	13	Investments - other securities, See Part IV, line 11	45,120,905.		37,034,311,
- 1	14	Investments - program-related. See Part IV, line 11	A	13	
	15	Intangible assets	16,223,000.	14 15	12,569,835.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	140,090,170.	16	122,959,903
		Accounts payable and accrued expenses	3,318,919.	17	2,143,382
		Grants payable	0,010,010,	18	2,113,502
- 1		Deferred revenue		19	
- 1		Tax-exempt bond liabilities	8,983,452.	20	12,363,186.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
g [2	22	Loans and other payables to any current or former officer, director,		-	
≝		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	22	The of conditional and the again and the
ء   <sup>ت</sup>		Secured mortgages and notes payable to unrelated third parties	·	23	
2	24	Unsecured notes and loans payable to unrelated third parties		24	
2	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
2	26	Total liabilities. Add lines 17 through 25	_ 12,302,371.	26	14,506,568.
ທີ່		Organizations that follow FASB ASC 958, check here			
ဦ		and complete lines 27, 28, 32, and 33.			
ros I		Net assets without donor restrictions	86,401,125.	27	74,076,635.
n   2		Net assets with donor restrictions	41,386,674.	28	34,376,700.
Š		Organizations that do not follow FASB ASC 958, check here		1. 1.	
5		and complete lines 29 through 33.			land to 200 and a
2 2		Capital stock or trust principal, or current funds	<u> </u>	29	
ğ   3		Paid-in or capital surplus, or land, building, or equipment fund	<del></del>	30	
13		Retained earnings, endowment, accumulated income, or other funds	107 707 700	31	100 450 005
		Total net assets or fund balances	127,787,799.	32	108,453,335.
<u> </u>	33	Total liabilities and net assets/fund balances	140,090,170.	33	122,959,903.

Form 990 (2022)

#### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

#### **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. 1646-0047

Open to Public Inspection

Employer identification number

\*\*-\*\*\*3714 ANIMAL RESCUE LEAGUE OF BOSTON Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 L An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511,tax) from pusinesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the penefit of to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised of controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s) (i) Name of supported (iii) Type of organization (ii) EIN (v) Amount of monetary (vi) Amount of other n vour govern (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

CONTOCION	(1 01111 000) 110111					
			l: Caabiana	イフハルバイバルバルハ へっぺ	-170/6W1WAWi	٠
Dart III	Support Schedule to	r Organizations Described	i in secuons	T / UIDII HKARIIYI AHU		ı

(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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	5,644,742.	4,849,086.	7,322,416.	8,133,238.	7,642,762.	33,592,244,
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	5,644,742.	4,849,086.	7,322,416.	8,133,238.	7,642,762.	33,592,244.
	The portion of total contributions		9 10 N. 18				
	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)						1,574,615.
6	Public support. Subtract line 5 from line 4.						32,017,629.
	ction B. Total Support			1889 N	7		
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	/ (c) 2020	(d) 2021	(e) 2022	(f) Total
1	Amounts from line 4	5,644,742.	4,849,086.	<b>322,416.</b>	8,133,238.	7,642,762.	33,592,244.
8	Gross income from interest,		100 TO TO THE	YON			
Ŭ	dividends, payments received on		A SECTION				
	securities loans, rents, royalties,		i (	<b> </b>			
	and income from similar sources	1,090,607.	1,192,872.	/951,840.	3,037,357.	1,019,810.	7,292,486.
9	Net income from unrelated business			7			
Э	activities, whether or not the	6	7 4				
	business is regularly carried on	ين ا					
40	Other income. Do not include gain		\$ >11				
IU	or loss from the sale of capital						
					29,711.	12,038.	41,749.
	assets (Explain in Part VI.)  Total support. Add lines 7 through 10						40,926,479.
	Gross receipts from related activities	ato (see instruction	nne)		I. 17: 4	12 15	,635,513.
12	First 5 years. If the Form 990 is for the	, etc. (see mandoth as organization's fi	ret eacand third	fourth or fifth tax			
13	organization, check this box and sto			Touris, or mar tax		30 1 (0)(0)	
60	ction C. Computation of Publ	ic Support Pe					
	Public support percentage for 2022 (			column (fl)		14	78.23 %
	Public support percentage for 2022 (					15	77.47 %
15	33 1/3% support test - 2022. If the	proprietion did no	t check the boy o	n line 13 and line	14 is 33 1/3% or n		
108	stop here. The organization qualifies						
	33 1/3% support test - 2021. If the	as a publicly supp erappization did no	at chack a hov on	'line 13 or 16a and	Hine 15 is 33 1/3%	or more, check th	is box
K	and stop here. The organization qua						
	and stop nere. The organization qua 1 10% -facts-and-circumstances tes	mies as a publicly s	supported organiz	shock a boy on line	- 13 16a or 16b	and line 14 is 10%	or more
178	and if the organization meets the fact	to and aircumstant	anzauon did not t	s hav and stan ha	ra Evolain in Part	VI how the organize	ation
	meets the facts-and-circumstances to	est. The organization	on qualmes as a p	ubiciy supported (	organization	17a, and line 15 is 1	
ŀ	10% -facts-and-circumstances tes	t - 2021. If the org	anization did not d	Check a dox on line	e 10, 10d, 10D, Or	Tra, and into 10 15	1070 OI
	more, and if the organization meets to						
	organization meets the facts-and-circ						
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 100, 1/a, or 1/1	o, check this box a		
						ochedule A (	Form 990) 2022

4.3

# Schedule A (Form 990) 2022 ANIMAL RESCUE LEAGUE OF BOSTON 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 falled to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and			, , = = = =		1	1-7 - 0 - 0 - 0
	membership fees received. (Do not			1			
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandlse sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						<u> </u>
	are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ-					1	******
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities			1			
	furnished by a governmental unit to			/s			
	the organization without charge						
6	Total. Add lines 1 through 5			A Street Land			
	Amounts included on lines 1, 2, and			AND STATE OF THE S	As		† ·
	3 received from disqualified persons			1337 ×	7		
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		Ć.				
c	Add lines 7a and 7b				<del> </del>		
	Public support. (Subtract line 7c from line 6.)	Company					
	etion B. Total Support		101	29		<u></u>	
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	(u) Ho To	17 0	(0) 2020	14) 2021	(0) 2022	(i) iotai
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	-					
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b	•				<u> </u>	
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on		:				
12	Other income. Do not include gain or loss from the sale of capital		-				
	assets (Explain in Part VI.)					<del>                                     </del>	
	First 5 years. If the Form 990 is for th	e organization's f	first, second third	fourth or fifth tav	Vegras a soction	501(c)(3) organizat	ion
	check this box and stop here						
Sec	tion C. Computation of Publi	c Support Pe	ercentage	***************************************			
	Public support percentage for 2022 (li			column (fi)		15	%
	Public support percentage from 2021					16	%
	tion D. Computation of Inves					10	
	Investment income percentage for 202			ne 13. column (fl)		17	
18	Investment income percentage from 2	021 Schedule A	Part III. line 17	,	***************************************		%
19a	33 1/3% support tests - 2022. If the	organization did	not check the box	on line 14, and line	e 15 is more than:	33 1/3%, and line 1	
	more than 33 1/3%, check this box ar						
b	33 1/3% support tests - 2021. If the	organization did	not check a box on	line 14 or line 19	a, and line 16 is m	ore than 33 1/3%	and
	line 18 is not more than 33 1/3%, che						
	Private foundation. If the organization						
	3 12-09-22			., <u>., ., ., ., ., ., ., ., ., ., ., ., ., .</u>	DON GITG GGG III		\ (Form 990) 2022
	<del></del>			16		Concoult P	1 11 OTHE 8801 2022

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#### 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	Sup	porting	- Organ	izations

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

	Yes	No
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3b | Schedule A (Form 990) 2022

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

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

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Par	t V   Type III Non-Functionally Integrated 509(a)(3) Supporting	Orga	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust o	n Nov. 20, 1970 (e <i>xplain in</i> P	art VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must c	omple	te Sections A through E.	
Secti	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
·	instructions for short tax year or assets held for part of year):	3.7		
a	Average monthly value of securities	∕¹1a		
	Average monthly cash balances	(1b)		
	Fair market value of other non-exempt-use assets	.lc ∖		
-	Total (add lines 1a, 1b, and 1c)	1d		
	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		
	ion 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	integr	ated Type III supporting orga	anization (see

Schedule A (Form 990) 2022

instructions).

Pa	rt V   Type III Non-Functionally Integrated 509	9(a)(3) Supporting Org	janizations (continue)	d)	
Sec	tion D - Distributions		Journal	<u>"/</u> _[	Current Year
_1	Amounts paid to supported organizations to accomplish ex	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported			
	organizations, in excess of income from activity			2	
_ 3	Administrative expenses paid to accomplish exempt purpos	ses of supported organizatio	ns	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pr	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI), See instructions.			6	·· · · · · · · · · · · · · · · · · · ·
_7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which t	the organization is responsiv	re	$\neg$	
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount		1	0	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022		(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C. line 6			$\dashv$	··········
2	Underdistributions, if any, for years prior to 2022 (reason-			+	
_	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022			┰	<u> </u>
	From 2017			$\dashv$	
	From 2018				
	From 2019			-+	
	From 2020			+	
	From 2021			+	
	Total of lines 3a through 3e	**************************************		$\dashv$	
	Applied to underdistributions of prior years			$\dashv$	
	Applied to 2022 distributable amount			$\dashv$	
	Carryover from 2017 not applied (see instructions)	W6X 13-1		+	to the contract of the contrac
<del>-</del>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.	<b>&gt;</b>			
4	Distributions for 2022 from Section D,	Section 1		-+	
•	line 7:				
	Applied to underdistributions of prior years			+	
	Applied to 2022 distributable amount			+	
	Remainder. Subtract lines 4a and 4b from line 4.			+	
5	Remaining underdistributions for years prior to 2022, if	alle Miller afficial des	· · ·		
•	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h			+	5, 41147
Ū	and 4b from line 1. For result greater than zero, explain in		•		
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3			$\dashv$	The second second
•	and 4c.				
8	Breakdown of line 7:			+	
	Excess from 2018			十	
	Excess from 2019			$\dashv$	
	Excess from 2020			+	
	Excess from 2021			+	
~	Excess from 2022			-	
	LAUGUE II CILL	la de la companya de	I		

Schedule A (Form 990) 2022

#### SCHEDULE C (Form 990)

Department of the Treasury

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. 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

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

•	Section 501(c)(4), (5), or (6	6) organizat	ions: Complete Part III.			
			RESCUE LEAGUE OI			Employer identification number **-***3714
Pa	art I-A   Complete i	f the org	anization is exempt un	der section 501(c	or is a section 5	27 organization.
1 2 3	Political campaign activit	ty expenditu	ation's direct and indirect politi ures gn activities	Δ		\$ 
Pa	art I-B   Complete in	f the org	anization is exempt un	der section 501(c)	(3).	
1 2 3 4a	Enter the amount of any Enter the amount of any If the organization incurred Was a correction made? If "Yes," describe in Part	excise tax i excise tax i ed a sectior  IV.	ncurred by the organization un ncurred by organization manag n 4955 tax, did it file Form 4720 anization is exempt un	der section 4955 gers under section 495 of for this year?	5	Yes No
2	Enter the amount of the f exempt function activities Total exempt function exp line 17b Did the filing organization Enter the names, address made payments. For each contributions received the	illing organia s penditures, of file <b>Form</b> 1 ses and em h organizati	by the filing organization for sezation's funds contributed to one can be seen and 2. Enter here are seen as a second seen second seen as a second	ther organizations for s and on Form 1120-POL IIN) of all section 527 poid from the filing organi a separate political org	ection 527  olitical organizations to ization's funds. Also erganization, such as a s	\$ Yes No o which the filing organization her the amount of political
	political action committee	(PAC). If a	dditional space is needed, pro	vide information in Part	t IV.	
	(a) Name		(b) Address	(c) EIN	(d) Amount paid f filing organization funds. If none, ente	n's contributions received and

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

Schedule C (Form 990) 2022

LHA

232041 11-08-22

Schedule C (Form 990) 2022

f Grassroots lobbying expenditures

Part II-B | Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(6	а)	(k	<del>)</del>
of the lobbying activity.	Yes	No	Ame	ount
During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:  Notunteers?	X			
a Volunteers?     b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X			
c Media advertisements?		X		
d Mailings to members, legislators, or the public?		X		
Publications, or published or broadcast statements?		X		
f Grants to other organizations for lobbying purposes?		X	<del> </del>	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		3.4	458.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	X			473.
i Other activities?		X	· · ·	
j Total. Add lines 1c through 1i			34	,931.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Х		
b If "Yes," enter the amount of any tax incurred under section 4912	-			The American
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	in in the second	Financia de la composición della composición del		
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	on 501(c)	(5), or se	ection	<u> </u>
			Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		1	103	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	•••••••	····· 2		
Did the organization agree to carry over lobbying and political campaign activity expenditures from the second secon				
Part III-B Complete if the organization is exempt under section 501(c)(4), section	on 501(c)	(5), or se	ection	
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered				e 3. is
answered "Yes."			,	•
Dues, assessments and similar amounts from members		1		
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic				
expenses for which the section 527(f) tax was paid).		[ A. ]		
a Current year		2a		
b Carryover from last year		2b		
c Total		2c		
A service to a service the service the service of t		3		
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc	ess			
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p	olitical			
expenditures next year?	*************	4		_
Taxable amount of lobbying and political expenditures. See instructions	*************	5		
Part IV Supplemental Information  Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group instructions); and Part II-B, line 1. Also, complete this part for any additional information.  PART II-B, LINE 1, LOBBYING ACTIVITIES:	list); Part II	-A, lines 1 a	and 2 (See	
THE ANIMAL RESCUE LEAGUE (ARL) ENGAGES IN LOBBYING AC	TIVITI	ES TO	ASSIS	ST
IN ACHIEVING ITS MISSION TO BE AN UNWAVERING CHAMPION	FOR A	NIMAL	SIN	
NEED, COMMITTED TO KEEPING THEM SAFE AND HEALTHY IN H	ABITAT	'S AND	HOMES	
THE ARL WORKS WITH THE MASSACHUSETTS DEPARTMENT OF AG	RICULT	URAL		
RESOURCES AND OTHER EXECUTIVE DEPARTMENTS AS WELL AS	THE SI	-	Io C (Form	

232043 11-08-22

Schedule C (Form 990) 2022

#### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Open to Public Inspection

ANIMAL RESCUE LEAGUE OF BOSTON

Employer identification number \*\*-\*\*\*3714

Pa	rt I Organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, Iir		ds or Accounts.Complete if the
<del></del>	organization answered Tes Offf offi 330, Fart IV, III	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(-)	(a) i and and and another
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		Vised funds
	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a		
•	for charitable purposes and not for the benefit of the donor of		
Pa	rt II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990	), Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	Van-	· · · · · · · · · · · · · · · · · · ·
	Preservation of land for public use (for example, recrea	· · · · · · · · · · · · · · · · · · ·	of a historically important land area
	Protection of natural habitat		of a certified historic structure
	Preservation of open space	<i></i>	
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the for	m of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
C	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired		
	historic structure listed in the National Register  Number of conservation easements modified, transferred, re		2d
3	Number of conservation easements modified, transferred, re-	leased, extinguished, or terminated by t	he organization during the tax
	year		
4	Number of states where property subject to conservation ear	53-5 A	_
5	Does the organization have a written policy regarding the per	iodic monitoring, inspection, handling o	f
	violations, and enforcement of the conservation easements it		Yes L No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing co	inservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conser	vation easements during the year
•	Timount of oxponose intering intering, indposing, hard	and of violations, and emoreing conser	valion easements during the year
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 1	70(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expen	se statement and
	balance sheet, and include, if applicable, the text of the footr		
	organization's accounting for conservation easements.	<b>g</b>	
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasures, or	Other Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statemen	t and balance sheet works
	of art, historical treasures, or other similar assets held for pub	olic exhibition, education, or research in	furtherance of public
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that describes these it	ems.
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement an	d balance sheet works of
	art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items:		•
	(i) Revenue included on Form 990, Part VIII, line 1		\$
	A A		
2	If the organization received or held works of art, historical trea		
	the following amounts required to be reported under FASB A		
а	Revenue included on Form 990, Part VIII, line 1	-	\$
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2022

232051 09-01-22

## 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI | Land, Buildings, and Equipment.

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

(ii) Related organizations

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		504,886.		504,886.
b Buildings		26,131,901.	5,505,913.	20,625,988.
c Leasehold improvements				B 6 B 4 6 4
d Equipment		1,263,616.	696,455.	567,161.
e Other		1,142,729.	630,113.	512,616.
Total. Add lines 1a through 1e. (Column (d) must equ	22,210,651.			

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 ANIMAL RESO	CUE LEAGUE OF 1	BOSTON	**-***3714 Page 3
Part VII Investments - Other Securities.			- O / L X   Rige C
Complete if the organization answered "Yes	on Form 990, Part IV, line 1	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost of	or end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) GLOBAL EQUITIES	28,169,306.	END-OF-YEAR MARI	
(B) HEDGE FUNDS	6,325,041.	END-OF-YEAR MARK	
(C) GLOBAL FIXED INCOME OTHER		END-OF-YEAR MARK	
(D) PRIVATE INVESTMENTS	239,893.	END-OF-YEAR MARK	CET VALUE
(E)			
(F)			
(G)	-		
(H) Total (Cal (h) must equal Form 000 Part V and (B) line 12.)	37,032,311.		
Total. (Ccl. (b) must equal Form 990, Part X, ccl. (8) line 12.)  Part VIII Investments - Program Related.	37,032,311		
Complete if the organization answered "Yes"	on Form 990 Part IV line 1	1c See Form 900 Part V line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost of	r end of year market value
(1)	(a) Book value	(c) Modrica of Valuation. Cost of	r cha-or-year market value
(2)			······································
(3)			
(4)	<i>a</i> :		
(5)	25.		· · · · · · · · · · · · · · · · · · ·
(6)	/03	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
(7)	AI		
(8)			· · · · · · · · · · · · · · · · · · ·
(9)			<u> </u>
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"		1d. See Form 990, Part X, line 15.	
	Description Section		(b) Book value
	VEETOWD IKOSIS	<u> </u>	12,569,835.
(2)	No. All		
(3) (4)			
(5)			
(6)			
(7)		<del></del>	
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		12,569,835.
Part X Other Liabilities.			, , , , , , , , , , , , , , , , , , , ,
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, lir	ne 25.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
6.11			

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

Schedule D (Form 990) 2022

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

	TALL TOO STORM STO			•				
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.						- 4 - 4	
1	Total revenue, gains, and other support per audited financial statements	,			_1_	-6,586	,159	<u>•</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1			A			
а	Net unrealized gains (losses) on investments	2a		352,050.				
b	Donated services and use of facilities	2b		141,737.	12			
c	Recoveries of prior year grants	2c						
d	Other (Describe in Part XIII.)	2d	-3,	653,165.				
e	Add lines 2a through 2d				2e	-22,863		
3	Subtract line 2e from line 1				3	16,277	,319	•
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:							
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		331,770.				
b	Other (Describe in Part XIII.)	4b		<u>-79,238.</u>		0.50		
С	Add lines 4a and 4b				4c		,532	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				5	16,529	,851	•
Dai	t XII Reconciliation of Expenses per Audited Financial Statemer	ats V	Vith E	xpenses per	Retu	ırn.		

	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total expenses and losses per audited financial statements		1	12,748,305.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	45.004		
а	Donated services and use of facilities	46,834.		
b	Prior year adjustments			
С	Other losses 2c	<b>HA</b> 600		
d		79,238.	1 00	106 070
е	Add lines 2a through 2d		2e_	126,072.
3	Subtract line 2e from line 1		3	12,622,233.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	224 880		
a	Investment expenses not included on Form 990, Part VIII, line 7b	331,770.		
b	Other (Describe in Part XIII.)			224 770
c	Add lines 4a and 4b		4c	331,770.
5	Total expenses, Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	12,954,003.

Part XIII Supplemental Information.

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

#### PART X, LINE 2:

ARL ACCOUNTS FOR UNCERTAINTY IN INCOME TAXES IN ACCORDANCE WITH ASC TOPIC, THIS STANDARD CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. TAX POSITIONS AND PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR THE COMBINED FINANCIAL STATEMENTS REGARDING A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. ARL HAS DETERMINED THAT THERE ARE NO UNCERTAIN TAX POSITIONS WHICH QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE COMBINED FINANCIAL STATEMENTS AT DECEMBER 31, 2022. ARL'S INFORMATION RETURNS ARE SUBJECT TO EXAMINATION BY THE FEDERAL AND STATE JURISDICTIONS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

232054 09-01-22

Schedule D (Form 990) 2022 ANIMAL RESCUE LEAGUE OF BOSTON  Part XIII Supplemental Information (continued)	**-***3714 Page 5
Part XIII Supplemental Information (continued)	
CHANGE IN BENEFICIAL INTEREST IN PERPETUAL TRUSTS	-3,653,165.
	3,000,000
PART XI, LINE 4B - OTHER ADJUSTMENTS:	
SPECIAL EVENT EXPENSES	70 220
DI BOLIAB BARAL BALLARDED	-79,238.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
SPECIAL EVENT EXPENSES	79,238.
	<u> </u>

#### **SCHEDULE G** (Form 990)

#### 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.

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990 or Form 990-EZ. Inspection Go to www.irs.gov/Form990 for instructions and the latest information. Employer identification number PESCITE LEAGUE OF BOSTON \*\*-\*\*\*3714

Part   Fundraising Activities. Co	omplete if the organization answe			n Form 990, Part IV,		filers are not
required to complete this part.  1 Indicate whether the organization raised a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written or or key employees listed in Form 990, Part b If "Yes," list the 10 highest paid individu compensated at least \$5,000 by the organization have a written or or key employees listed in Form 990, Part b If "Yes," list the 10 highest paid individual compensated at least \$5,000 by the organization have a written or or key employees listed in Form 990, Part b If "Yes," list the 10 highest paid individual compensated at least \$5,000 by the organization raised at least \$5,000 by the organization	e Solicitat f Solicitat g Special ral agreement with any individual VII) or entity in connection with p lals or entities (fundraisers) pursu	lon of ion of fundra (inclue rofess	non-g gover ising ding o ional f	overnment grants nment grants events fficers, directors, trus fundraising services?	stees, orYes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or con contrib	Did alser ustody, trol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount pald to (or retained by) organization
		Yes,	No			
		17				
		5.6 4.3	7			
		V	<del></del>			
		Ť				
					<u>., </u>	
				· ,		
Total  3 List all states in which the organization is	registered or licensed to solicit	contrib	utions	s or has been notified	d it is exempt from re	egistration
or licensing.	s registered of incertain to domine			0011140 00011110111101		
	•					

Schedule G (Form 990) 2022

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

P	art		ne organization answered	"Yes" on Form 990, Pa	rt IV, line 18, or reported	more than \$15,000
	_	of fundraising event contributions and gr	(a) Event #1	(b) Event #2	(c) Other events	its greater than \$5,000.
				DEDHAM PAWS	(c) Other events	(d) Total events
				TO CELEBRATE	,	(add col. (a) through
	1					col. (c))
E C			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	46,671.	29,246.	21,089.	97,006.
	2	Less: Contributions	46,671.	29,246.	21,089.	97,006.
	3	Gross income (line 1 minus line 2)			· · · · · · · · · · · · · · · · · · ·	
	4	Cash prizes				
8	5	Noncash prizes				
xpens	6	Rent/facility costs	2,704.		1,473.	4,177.
Direct Expenses	7	Food and beverages	5,595.	11,949.	16,756.	34,300.
	8	Entertainment	300.	<u> </u>	300.	600.
	9	Other direct expenses	16,659.	16,216.	7,286.	40,161.
	l -	Direct expense summary. Add lines 4 through		A 1988 W.		79,238.
	11	Net income summary, Subtract line 10 from li	* * * *********************************	(Z No.)		-79,238.
Pε		II Gaming. Complete if the organization				1572001
	<del></del>	\$15,000 on Form 990-EZ, line 6a.	#67.00 h			
d)			(a) Bingo	(b) Pull tabs/instant	(a) Other gening	(d) Total gaming (add
ž			(a) birigo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue	1	Gross revenue		Ÿ.		
es	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct (	4	Rent/facility costs				
	5	Other direct expenses			·	
	<u> </u>	Outer direct expenses	Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	No No	
	7	Direct expense summary. Add lines 2 through	5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			7.
۵	Ent	er the state(s) in which the organization condu	ete gaming activities:			
		ne organization licensed to conduct gaming ac		etatoe?		Yes No
		No," explain:				res INO
	_					
		re any of the organization's gaming licenses re /es," explain:		rminated during the tax	year?	Yes No
	0.10	-27-22			Saha	dule G (Form 990) 2022

Schedule G (Form 990) 2022	ANIMAL RESCUE	LEAGUE O	F BOSTON	**_	<u>***3714</u>	Page 3
11 Does the organization conduct of					Yes	└── No
12 Is the organization a grantor, be	neficiary or trustee of a trust, or	a member of a	partnership or othe	r entity formed		
to administer charitable gaming	?		**********		└── Yes	L No
13 Indicate the percentage of gami					11	
a The organization's facility						<u>%</u>
b An outside facility					13b	%
14 Enter the name and address of	the person who prepares the org	ganization's gan	ning/special events	s books and records:		
<b>\$</b> 1						
Name	<u> </u>					
Address				<del></del>		
15a Does the organization have a co	ontract with a third party from wh	nom the organiz	ation receives gan	ing revenue?	Yes	☐ No
<b>b</b> If "Yes," enter the amount of ga	ming revenue received by the or	ganization \$	<u></u>	and the amount		
of gaming revenue retained by t						
c If "Yes," enter name and addres						
Name			x			
			<u> </u>			
Address						
		L.	7-21			
16 Gaming manager information:		K. 15				
<b>N</b> I						
Name			7			
Gaming manager compensation	n \$					
Carriing manager compensation	· · · · · · · · · · · · · · · · · · ·		47			
Description of services provided	<b>.</b>					
	, and the second					
		<u> </u>				
Director/officer	Employee	independen	nt contractor			
17 Mandatory distributions:			-1			
a is the organization required und					Yes	□ No
retain the state gaming license?				leations or aport in the	163	140
<b>b</b> Enter the amount of distribution		distributed to d	itner exempt organ	lizations or spent in the		
organization's own exempt active Part IV Supplemental Info	ormation. Provide the explana	tions required b	v Part Lline 2h. co	olumns (iii) and (v): and P:	art III. lines 9.	9b. 10b.
	as applicable. Also provide any a				,,	,
100, 100, 10, and 170,	as applicable. 1 lise provide airy c	accincional and				
			***			
				<del>" "</del>		
232083 10-27-22				Sched	lule G (Form	990) 2022

chedule G (Form 990) ANIMAL RESCUE LEAGUE OF BOSTON	**-***3714 Page
Part IV   Supplemental Information (continued)	
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· ·	že at

Schedule G (Form 990)

#### SCHEDULE J (Form 990)

## **Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

ANIMAL RESCUE LEAGUE OF BOSTON

Employer identification number \*\*-\*\*3714

Pa	rt I Questions Regarding Compensation			
-			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel  Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			- 1
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account  Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		ļ
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,		14.9	
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	<u> </u>	<u> </u>
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's	50.1	l , s	
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			3.0
	establish compensation of the CEO/Executive Director, but explain in Part III.	1000		
	X Compensation committee X Written employment contract			
	X Independent compensation consultant X Compensation survey or study	· ·		
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing	3		
	organization or a related organization:			37
a	Receive a severance payment or change-of-control payment?	4a	77	X
b	Participate in or receive payment from a supplemental nongualified retirement plan?	4b	X	X
C	Participate in or receive payment from an equity-based compensation arrangement?	4c		<del>  ^</del> -
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:	_		x
a	The organization?	5a	<del> </del>	X
b	Any related organization?	5b	<u> </u>	<del>  ^</del> -
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	11		
	contingent on the net earnings of:			X
	The organization?	6a	<del>                                     </del>	X
b	Any related organization?	6b	-	<u> </u>
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			х
	not described on lines 5 and 6? If "Yes," describe in Part III	7	<u> </u>	<del>  ^</del>
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	_		x
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	-8	<del> </del>	<del> ^</del> -
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9	L	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2022

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) DR. EDWARD SCHETTINO	(i)	228,066.	26,500.	20,500.	6,712.	13,506.	295,284.	0.
PRESIDENT & CEO	(ii)	0.	0.	0.	<b>4</b> 0.		0.	0.
(2) CONSTANCE DE BRUN	(i)	184,783.	0.	12,000.	5,876.	15,110.	217,769.	0.
	(ii)	0.	0.	0.	<b>∠</b> 0.		0.	0.
(3) DR. NICOLE BREDA	(i)	138,590.	0.	0	2,860.	15,910.	157,360.	0.
VP OF VETERINARY SERVICES	(ii)	0.	0.	<i>.</i> 0 ·	₩ <b>₩ 0.</b>		0.	0.
(4) KAREN WILLIAMS	(i)	132,290.	0.	√ 0 •			155,285.	0.
VP OF FINANCE & ACCOUNTING	(ii)	0.	0.	.0.	0.		0.	0.
	(i)		·	MY YAY	25			
	(ii)		, med denote		*			
	(i)							
	(ii)		[Sulf					
	(i)		i vis					•
	(ii)			7				
	(i)							
	(ii)							
·	(i)				·			
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	(ii)					· · · · · · · · · · · · · · · · · · ·		
:	(i)							
	(ii)						.,	
	(i)		_					
	(ii)				<u> </u>			

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
PART I, LINE 3:
IN 2020, THE BOARD OF DIRECTORS RETAINED THE SERVICES OF AN EXTERNAL FIRM
TO PREPARE A COMPENSATION ANALYSIS OF THE ARL PRESIDENT. THIS RESULTED IN A
COMPENSATION AGREEMENT STRUCTURING HIS PAY OVER THE NEXT 3 YEARS. IN 2022
THEY AGAIN RETAINED AN EXTERNAL CONSULTANT FOR A SIMILAR ANALYSIS. THIS
RESULTED IN A COMPENSATION AGREEMENT STRUCTURING HIS PAY OVER THE 5 YEARS
BEGINNING IN MAY 2023. IN 2022 THE SAME EXTERNAL CONSULTANT WAS UTILIZED
FOR A COMPARATIVE ANALYSIS OF 9 LEADERSHIP POSTTIONS RESULTING IN
ADJUSTMENTS IN THEIR COMPENSATION.
PART I, LINE 4B:
2022 PAYMENTS FOR SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN:
DR. EDWARD SCHETTINO, PRESIDENT - \$20,000
CONSTANCE DE BRUN, CFO/COO & ASST TREASURER - \$12,000

#### SCHEDULE K (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds
Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 2022 Open to Public Inspection

Name of the	e organization ANIMAL RESC	UE LEAGUE	OF BOSTON	Ī	<u> </u>					identif			nber
Part I		E PART VI			INUATIONS		····	<u>'</u>			,		
	(a) issuer name	(b) Issuer EiN	(c) CUSIP#	(d) Date issued	(e) Issue price	(f) Description	on of purpose	( <b>g)</b> De	feased	(h) On of is:		(i) Po	
								Yes	No	Yes	No	Yes	No
	SACHUSETTS LLOPMENT FINANCE AGEN	**-***1814	NONE	10/15/20	12,600,000	PURCHASE ESTATE	OF REAL		х		х		х
В				<u>.                                    </u>	- 4		· · · · · · · · · · · · · · · · · · ·						
С						,			·				
D			<u>-</u>										
Part II	Proceeds					· · · · · · · · · · · · · · · · · · ·	·	<u> </u>		L I			<u> </u>
	•	**		À	****	В	C		- i		D		
_1 Amou	int of bonds retired	************************		54	,026.			-	_				
2 Amou	int of bonds legally defeased	*	ما المعارف المالية		-								
	proceeds of issue				,000.								
	proceeds in reserve funds			10									
	alized interest from proceeds												
		***************************************				-	<u> </u>		-		_		
7 Issuar		***************************************	**		**-		<del></del>		+-				
8 Credit	t enhancement from proceeds	*************					-						
9 Worki	ng capital expenditures from proceeds			9,171	,534.								
	al expenditures from proceeds				,466.								
	spent proceeds					*							
	unspent proceeds						<u>-</u> .		$\top$				
	of substantial completion				21	·			<b>-</b>				
				Yes	No Yes	No	Yes	No	<b>†</b>	Yes		No	
14 Were	the bonds issued as part of a refunding is	ssue of tax-exempt b	onds (or,						1				
	ed prior to 2018, a current refunding issu				x								
	the bonds issued as part of a refunding is										$\top$		
	d prior to 2018, an advance refunding iss		•		x		[						
	ne final allocation of proceeds been made			7.7		1					$\top$		
17 Does :	the organization maintain adequate book								1		1		
	llocation of proceede?	'		x									

Par	t III Private Business Use	****	100						
		į.	A		3		•		
1	Was the organization a partner in a partnership, or a member of an LLC,	Yes	No	Yes	No	Yes	No	Yes	No
	which owned property financed by tax-exempt bonds?		X					٠-	
2	Are there any lease arrangements that may result in private business use of						i I		
	bond-financed property?		X						
За	Are there any management or service contracts that may result in private						i l		1
	business use of bond-financed property?		X		<b> </b>				1
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside								
	counsel to review any management or service contracts relating to the financed property?				]				
	Are there any research agreements that may result in private business use of		,	<u>^</u>					
	bond-financed property?		X	d					
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other								
	outside counsel to review any research agreements relating to the financed property?		2002	(A)	1				
4	Enter the percentage of financed property used in a private business use by entities	ر مر		N.3					
-	other than a section 501(c)(3) organization or a state or local government	1	1/2 %	i i	%		%		%
5	Enter the percentage of financed property used in a private business use as a		636	·					
	result of unrelated trade or business activity carried on by your organization,				į.				
	another section 501(c)(3) organization, or a state or local government		%		%		%		%
6	$\mathcal{N}_{i}$ $\mathcal{N}_{i}$	The state of	%		%		%		%
7	Does the bond issue meet the private security or payment test?		X						
	Has there been a sale or disposition of any of the bond-financed property to a non-								
	governmental person other than a 501(c)(3) organization since the bonds were issued?	1	x						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or			•	•		1		
_	disposed of		%		%	•	%		%
	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations				ŀ				
•	sections 1.141-12 and 1.145-2?		1						1
9	Has the organization established written procedures to ensure that all								
•	nonqualified bonds of the issue are remediated in accordance with the								
	requirements under Regulations sections 1.141-12 and 1.145-2?	x							
Par	t IV Arbitrage	<del>'</del>	<u> </u>		ı		<u> </u>		
			Α		В	(	c		D
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No	Yes	No	Yes	No
-	Penalty in Lieu of Arbitrage Rebate?	100	X						
2	If "No" to line 1, did the following apply?								
	Rebate not due yet?	Х	ļ		L		1		
	Exception to rebate?		X				1		
	No rebate due?	<del> </del>	X						
_	If "Yes" to line 2c, provide in Part VI the date the rebate computation was								-
	performed								
3	Is the bond issue a variable rate issue?	1	Х	<del>                                     </del>	1		T		
	to allo politici locato a variatito i are 10000 :	<u> </u>			1				

Part IV Arbitrage (continued)

4a Has the organization or the governmental issuer entered into a qualified	Yes	A No	Yes	B L M	<del>                                     </del>	<del>}</del>		D
hedge with respect to the bond issue?	162	X	i res	No	Yes	No	Yes	No
b Name of provider		21						
c Term of hedge	<del></del>		<u> </u>		<del></del>			
d Was the hedge superintegrated?	<del>                                     </del>	Τ	<del>                                     </del>	1	<u> </u>	<del> </del>	<u> </u>	
e Was the hedge terminated?	<u>_</u>				<u> </u>			
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?	,	X	<del></del>					<del>                                     </del>
b Name of provider	<del></del>	<del></del>	_		<u> </u>	l,		Щ
c Term of GIC	<u> </u>		rie.	_		<del></del>		· · · · · · · · · · · · · · · · · · ·
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		_X	Maria Maria			<u> </u>		
7 Has the organization established written procedures to monitor the				-		<u> </u>		
requirements of section 148?	x d		NA					
Part V Procedures To Undertake Corrective Action		- 27			·			
		A 🤇		3		<del></del>	1	)
Has the organization established written procedures to ensure that violations	Yes	No	Yes	No	Yes	No	Yes	No
of federal tax requirements are timely identified and corrected through the	<u>)</u>	Y,**		<u> </u>				
voluntary closing agreement program if self-remediation isn't available under	-3							
applicable regulations?		X	•					
Part VI Supplemental Information. Provide additional information for responses to question	s on Schedul	e K. See instr	uctions.			•		
SCHEDULE K, PART I, BOND ISSUES:					·			***
(A) ISSUER NAME: MASSACHUSETTS DEVELOPMENT FINAN	CE AGE	NCY						•
								***************************************
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The state of the s								<del></del> .
							<u></u>	

#### SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

## **Noncash Contributions**

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

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

OMB No. 1545-0047

2022

Open to Public Inspection

Employer identification number

\*\*-\*\*\*3714

Name of the organization

ANIMAL RESCUE LEAGUE OF BOSTON

Types of Property Part I (d) (a) Number of Noncash contribution Method of determining Check if contributions or amounts reported on noncash contribution amounts applicable items contributed Form 990, Part VIII, line 1g Art - Works of art Art - Historical treasures Art - Fractional interests 3 Books and publications 4 Clothing and household goods 5 5,000.FMV X 6 Cars and other vehicles Boats and planes 7 Intellectual property 8 61,690.FMV X 12 Securities - Publicly traded 9 Securities - Closely held stock 10 Securities - Partnership, LLC, or 11 trust interests Securities - Miscellaneous 12 Qualified conservation contribution -Historic structures Qualified conservation contribution - Other 14 Real estate · Residential 15 16 Real estate - Commercial 17 Real estate · Other Collectibles 18 Food inventory ..... 19 Drugs and medical supplies 20 21 Taxidermy 22 Historical artifacts Scientific specimens \_\_\_\_\_ 23 24 Archeological artifacts ..... 112,548.FMV (ANIMAL FOOD X 25 Other 28,810.FMV X 56 EVENT TICKETS Other 26 8,816.FMV ( DRUGS & MEDICIN ) X 3 27 Other 4 1,085.FMV GIFT CARDS & Х 28 Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part V, Donee Acknowledgement No Yes 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 Х 30a

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?

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 X

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

b If "Yes," describe in Part II.

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2022

## **SCHEDULE 0** (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.

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury internal Revenue Service Name of the organization

ANIMAL RESCUE LEAGUE OF BOSTON

Employer identification number \*\*-\*\*\*3714

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

Schedule O (Form 990) 2022

Employer identification number \*\*-\*\*\*3714

ARL STRIVES TO PROVIDE HIGH-QUALITY DIRECT ANIMAL CARE WHICH MEETS BEST

PRACTICE STANDARDS IN ANIMAL WELFARE. TO MEET THESE STANDARDS, ARL

PURSUES CONTINUOUS IMPROVEMENT AND INNOVATION IN PROGRAM MODELS AND

ADMINISTRATIVE OPERATIONS, AND ARL CONTINUALLY MEASURES AND EVALUATES

OUR PERFORMANCE AND IMPACT.

ACKNOWLEDGING THAT OUR SUCCESS RESTS UPON THE SKILLS AND COMMITMENT OF

A WELL-TRAINED AND SUPPORTED TEAM OF STAFF AND VOLUNTEERS, ARL IS

COMMITTED TO CULTIVATING AN ORGANIZATION WHERE THEY CAN EXCEL. IN TURN,

THIS ARL TEAM COLLABORATES WITH COMMUNITY GROUPS AND OTHER ANIMAL

WELFARE ORGANIZATIONS TO LEVERAGE EVEN GREATER IMPACT AND POSITIVE

OUTCOMES FOR ANIMALS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: ANIMAL CARE AND ADOPTION - ARL STHREE CENTERS IN BOSTON, DEDHAM, AND CAPE COD OFFER THE FOLLOWING SERVICES: INTAKE AND SURRENDER, SHELTER AND CARE, BEHAVIORAL ASSESSMENT, ENRICHMENT, AND ADOPTION. IN 2022, ARL'S ANIMAL CARE AND ADOPTION CENTERS SERVED 3,408 DOMESTIC ANIMALS, INCLUDING DOGS, CATS, RABBITS, SMALL ANIMALS, BIRDS, AND LIVESTOCK, COMING FROM A VARIETY OF CONDITIONS AND LIVING SITUATIONS. SPECIAL ADOPTION PROGRAMS FOR CATS INCLUDE TAMING TINY TIGERS, TO HELP UNDER-SOCIALIZED KITTENS LEARN TO BOND WITH HUMAN COMPANIONS, AND WORKING CATS, WHICH PLACES CATS BEST SUITED TO AN ACTIVE WORKING LIFESTYLE. ARL ALSO OFFERS PET BEHAVIORAL RESOURCES TO THE PUBLIC, INCLUDING DOG TRAINING COURSES AND A FREE PET BEHAVIOR HELPLINE. IN 2022, ARL TRAINED 540 OWNED DOGS, AND COUNSELED 291 PET OWNERS ABOUT THEIR CAT, DOG, OR SMALL ANIMAL'S BEHAVIOR CONCERNS. VOLUNTEER

ENGAGEMENT RECRUITS AND SUPPORTS 1,100 TRAINED VOLUNTEERS, INCLUDING
504 FOSTER FAMILIES, THAT PROVIDED 117,843 HOURS OF CRITICAL ASSISTANCE
FOR ANIMAL CARE, ADVOCACY, AND OPERATIONS IN 2022. THE TRANSPORT
WAGGIN' LINKS TOGETHER ARL'S LOCATIONS AND PROGRAMS, ALLOWING TRANSPORT
OF OUT-OF-STATE ANIMALS, AND ASSISTING MUNICIPAL SHELTERS, ANIMAL
CONTROL FACILITIES, AND SMALLER RESCUE GROUPS. IN 2022, THIS PROGRAM
LOGGED 513 ACTIVITIES. HEALTHY MOMS, HAPPY LITTERS OFFERS FREE
HIGH-QUALITY SPAY/NEUTER SERVICES AND VACCINATIONS FOR PARENT CATS OR
DOGS, AND PLACES THE PARENT'S LITTER OF KITTENS OR PUPPIES UP FOR
ADOPTION, ONCE ELIGIBLE. TEMPORARY PET HOUSING SUPPORTS SEVERAL ARL
PROGRAMS, INCLUDING KEEP PETS S.A.F.E., WITH THE GOAL OF REUNITING A
PET WITH ITS OWNER. PINE RIDGE PET CEMETERY, LOCATED ON THE DEDHAM
CAMPUS, FACILITATES BURIAL AND CREMATION SERVICES FOR PETS.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

VETERINARY SERVICES - ARL OPERATES THREE VETERINARY PROGRAMS: 1) BOSTON

VETERINARY CARE PROVIDES A FULL RANGE OF HIGH-QUALITY OUTPATIENT

SERVICES TO PET OWNERS IN GREATER BOSTON. SERVICES INCLUDE WELLNESS

EXAMINATIONS, SURGERY, DENTISTRY, SENIOR PET CARE, LABORATORY

DIAGNOSTICS, AND IMAGING. A CLINIC WITH A MISSION, ALL PROFITS SUPPORT

ARL PROGRAMS; 2) SHELTER VETERINARY SERVICES PROVIDES COMPREHENSIVE

VETERINARY SERVICES, INCLUDING PHYSICAL EXAMS AND VACCINATIONS, FOR ALL

ARL ANIMAL CARE AND ADOPTION CENTERS. IN 2022, THIS PROGRAM PERFORMED A

COMBINATION OF 6,926 VETERINARY EXAMS AND SURGERIES; 3) COMMUNITY

VETERINARY SERVICES SERVES ANIMALS AND PEOPLE IN THE COMMUNITIES WHERE

THEY LIVE. IN 2022, THE SPAY WAGGIN', ARL'S MOBILE VETERINARY SURGICAL

UNIT, PROVIDED LOW COST SPAY AND NEUTER SERVICES TO 4,358 CATS AND DOGS

Schedule O (Form 990) 2022

Name of the organization
ANIMAL RESCUE LEAGUE OF BOSTON

Employer identification number \*\*-\*\*\*3714

IN GREATER BOSTON, SOUTHEASTERN MA, CAPE COD, AND THE ISLANDS. THE

COMMUNITY SURGICAL CLINIC PROVIDES VETERINARY AND SURGICAL SERVICES AT

ARL'S DEDHAM CAMPUS TO SUPPORT OUR PROGRAMS, OTHER ORGANIZATIONS, AND

ANIMAL CONTROL. IN 2022, THIS PROGRAM HELPED 319 ANIMALS IN NEED,

INCLUDING COMMUNITY CATS. IN 2022, THE WELLNESS WAGGIN', A MOBILE

VETERINARY UNIT THAT PROVIDES WEEKLY LOW-COST PET WELLNESS CLINICS IN

DORCHESTER, ROXBURY, MATTAPAN, AND EAST BOSTON, HELPED 4,103 ANIMALS IN

THESE UNDERSERVED NEIGHBORHOODS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: COMMUNITY PROGRAMS - ARL MEETS PEOPLE AND ANIMALS IN THE COMMUNITIES WHERE THEY LIVE. THROUGH STRATEGIC PARTNERSHIPS WITH LOCAL HUMAN SERVICES ORGANIZATIONS, ARL AIMS TO KEEP EVERY MEMBER OF THE HOUSEHOLD HEALTHY, AND FAMILIES TOGETHER COMMUNITY PROGRAMS INCLUDES THE FOLLOWING OUTREACH AND SPECIAL INITIATIVES: 1) FIELD SERVICES PROVIDES TECHNICAL (TREE CLIMBING AND SWIFT/ICE WATER) AND NON-TECHNICAL RESCUES FOR INJURED DOMESTIC ANIMALS, INCLUDING COMMUNITY CATS, LIVESTOCK, AND RAPTORS. IN 2022, THIS PROGRAM HELPED 2,500 ANIMALS IN NEED; 2) THE COMMUNITY CAT PROGRAM ADDRESSES THE 700,000 UNOWNED CATS (FERAL, SEMI-FERAL AND OUTDOOR CATS) IN MASSACHUSETTS, BY ASSESSING CAT COLONIES AND FORMULATING THR (TRAP/NEUTER/RETURN) PLANS. IN 2022, THIS PROGRAM SERVED 413 COMMUNITY CATS IN 48 COLONIES; 4) KEEP PETS S.A.F.E (SUPPORTING ANIMALS FACING EMERGENCIES) PROVIDES CRITICAL SERVICES, SUCH AS PET FOOD AND SUPPLIES, IN RESPONSE TO URGENT COMMUNITY NEEDS. IN 2022, 948 FOOD AND SUPPLY DELIVERIES, PROVIDING 198,987 PET MEALS, WERE MADE THROUGH THIS PROGRAM.

EXPENSES \$ 824,270. INCLUDING GRANTS OF \$ 0. REVENUE \$ 6,209.

232212, 10-28-22

Schedule O (Form 990) 2022

#### UNRELATED BUSINESS INCOME

# **CARRYOVER DATA TO 2023**

Name ANIMAL RESCUE LEAGUE OF BOSTON	Employer Identification Number **-***3714
Based on the Information provided with this return, the following are possible carryover amounts to next year.	
FEDERAL POST-2017 NET OPERATING LOSS - CEMETERY SERVI	CES FOR 148,990.
FEDERAL PRE-2018 NET OPERATING LOSS	135,554.
MA NET OPERATING LOSS	284,544.
<u></u>	
	. 7

ype a	and I	Entity: CEI	E LEAGUE OF BO METERY SERVICE	" '	017 NO	DETAIL O	ARRYOVER SCH	(EDUI) E			FEIN:	**-***37
ection	382 A	onnual Limitation Original	Total	Section 382 Carryover Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount
rigi- ated		Carryover Amount	Amount Used								———	Used for
2018 2019		96,867 24,890	<u>.</u>			registry a system		and the second s	. Turki kili 12 %	entered in the second		
020 021 022		21,305 2,003 3,925		e e e e e e e e e e e e e e e e e e e	en e grant en de altre de la composition della c		Maria de Caracteria de Caracte					
1				en e	e de la companya de l La companya de la co		and the second s	la de la companya de	r guardo karación Respublica de la companya			
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							e e				ty extension	
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