

KARES
Profit & Loss
January through December 2021

	Jan - Dec 21	Jan - Dec 20
Ordinary Income/Expense		
Income		
Direct Public Support		
Corporate/Foundation Grants	75,390.00	20,998.86
Government Grants	13,562.50	10,656.50
Individ, Business Contributions	114,092.53	103,991.99
Total Direct Public Support	203,045.03	135,647.35
Spay & Neuter Reimbursements		
Hawaii Rainbow Rangers	9,353.25	12,932.85
Kohala Ranch Community Assoc.	0.00	1,600.00
Total Spay & Neuter Reimbursements	9,353.25	14,532.85
Total Income	212,398.28	150,180.20
Expense		
Advertising		
T-Shirts	143.21	1,317.72
Advertising - Other	85.32	100.00
Total Advertising	228.53	1,417.72
Business Expenses		
Business Registration Fees	100.00	0.00
Insurance	2,102.90	1,777.40
Total Business Expenses	2,202.90	1,777.40
Contract Services		
Office Help	0.00	73.68
Total Contract Services	0.00	73.68
Facilities and Equipment		
Repairs and Maintenance	661.17	2,303.17
Total Facilities and Equipment	661.17	2,303.17
Fund Raising Expense		
Service Fee	1,125.64	1,004.40
Total Fund Raising Expense	1,125.64	1,004.40
Office Expenses		
Bank Fees	0.00	282.24
Postage, Mailing Service	360.06	406.90
Supplies	536.90	194.59
Office Expenses - Other	0.00	120.00
Total Office Expenses	896.96	1,003.73
Program Expenses		
Animal Rescue	300.00	0.00
Animal Transport	3,228.35	7,771.07
Charity Donation	100.00	0.00
Contract Services	946.86	430.00
Dues	119.00	118.00
Legal Fees for Animal Advocacy	0.00	3,286.10
Pet Grooming	116.92	60.00
Supplies		
Microchips	1,140.20	1,890.93
Other Supplies	3,157.26	1,510.42
Pet Food - Community Outreach	6,288.86	6,529.80
Pet Supplies	3,093.75	171.80
Supplies - Other	412.14	0.00
Total Supplies	14,092.21	10,102.95


5:32 PM

01/18/22

Cash Basis

KARES
Profit & Loss
 January through December 2021

	Jan - Dec 21	Jan - Dec 20
Telephone, Utilities	1,200.00	1,239.11
Van Transport Expenses	11,460.27	12,207.32
Veterinary Expenses		
Spay and Neuter	47,113.89	48,992.51
Veterinary Expenses - Other	79,689.45	68,080.17
Total Veterinary Expenses	126,803.34	117,072.68
Website	163.02	0.00
Total Program Expenses	158,529.97	152,287.23
Total Expense	163,645.17	159,867.33
Net Ordinary Income	48,753.11	-9,687.13
Other Income/Expense		
Other Income		
Gain (Loss) on Sale of Stock		
Unrealized Gain (Loss)	-147.45	0.00
Total Gain (Loss) on Sale of Stock	-147.45	0.00
Total Other Income	-147.45	0.00
Other Expense		
Depreciation Expense		
Management	0.00	15.00
Program Expense	4,567.00	1,422.00
Total Depreciation Expense	4,567.00	1,437.00
Total Other Expense	4,567.00	1,437.00
Net Other Income	-4,714.45	-1,437.00
Net Income	44,038.66	-11,124.13


 MARILYN J. GAGEN, TREASURER

1/18/2022
 DATE

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

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

OMB No. 1545-0047

2021Open to Public
Inspection**A For the 2021 calendar year, or tax year beginning**

and ending

B Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization**KOHALA ANIMAL RELOCATION & EDUCATION SERVICE**

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

P. O. BOX 44670

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

KAMUELA, HI 96743**F** Name and address of principal officer: **DEBORAH M. CRAVATTA
SAME AS C ABOVE****D** Employer identification number**27-0575124****E** Telephone number**808-333-6299****G** Gross receipts \$**212,398.****H(a)** Is this a group returnfor subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions

H(c) Group exemption number ▶**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ **HTTPS://WWW.KARESHAWAII.ORG/****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: **2009** **M** State of legal domicile: **HI****Part I Summary****Activities & Governance****1** Briefly describe the organization's mission or most significant activities: **TO RESCUE AND RELOCATE ABUSED, ABANDONED AND STRAY DOMESTIC ANIMALS, TO PROVIDE TEMPORARY HOUSING****2** Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.**3** Number of voting members of the governing body (Part VI, line 1a)**3** **4****4** Number of independent voting members of the governing body (Part VI, line 1b)**4** **0****5** Total number of individuals employed in calendar year 2021 (Part V, line 2a)**5** **0****6** Total number of volunteers (estimate if necessary)**6** **20****7a** Total unrelated business revenue from Part VIII, column (C), line 12**7a** **0.****b** Net unrelated business taxable income from Form 990-T, Part I, line 11**7b** **0.****Revenue****8** Contributions and grants (Part VIII, line 1h)**Prior Year****Current Year****135,647.** **200,294.****9** Program service revenue (Part VIII, line 2g)**14,533.** **12,104.****10** Investment income (Part VIII, column (A), lines 3, 4, and 7d)**0.** **0.****11** Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)**0.** **0.****12** Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)**150,180.** **212,398.****Expenses****13** Grants and similar amounts paid (Part IX, column (A), lines 1-3)**0.** **100.****14** Benefits paid to or for members (Part IX, column (A), line 4)**0.** **0.****15** Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)**0.** **0.****16a** Professional fundraising fees (Part IX, column (A), line 11e)**0.** **0.****b** Total fundraising expenses (Part IX, column (D), line 25) ▶ **1,355.****17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)**161,304.** **168,012.****18** Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)**161,304.** **168,112.****19** Revenue less expenses. Subtract line 18 from line 12**-11,124.** **44,286.****Net Assets or Fund Balances****20** Total assets (Part X, line 16)**Beginning of Current Year****End of Year****15,644.** **59,783.****21** Total liabilities (Part X, line 26)**0.** **0.****22** Net assets or fund balances. Subtract line 21 from line 20**15,644.** **59,783.****Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here ▶ Signature of officer **MARILYN J. GAGEN, TREASURER** Date

Type or print name and title

Paid Preparer Use Only Print/Type preparer's name Preparer's signature Date Check if self-employed ☐ PTIN

Firm's name ▶

Firm's EIN ▶

Firm's address ▶

Phone no.

May the IRS discuss this return with the preparer shown above? See instructions

☐ Yes ☐ No

132001 12-09-21

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2021)**SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION**

**KOHALA ANIMAL RELOCATION &
EDUCATION SERVICE**

Form 990 (2021)

27-0575124 Page **9**

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	13,562.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	186,732.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 5,193.				
	h Total. Add lines 1a-1f			200,294.			
Program Service Revenue	2 a SPAY NEUTER CLINICS	Business Code	624200	12,104.	12,104.		
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			12,104.			
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)					
4 Income from investment of tax-exempt bond proceeds							
5 Royalties							
6 a Gross rents		6a	(i) Real (ii) Personal				
b Less: rental expenses		6b					
c Rental income or (loss)		6c					
d Net rental income or (loss)							
7 a Gross amount from sales of assets other than inventory		7a	(i) Securities (ii) Other				
b Less: cost or other basis and sales expenses		7b					
c Gain or (loss)		7c					
d Net gain or (loss)							
8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		8a					
b Less: direct expenses		8b					
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19		9a					
b Less: direct expenses		9b					
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances		10a					
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a	Business Code					
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
	12 Total revenue. See instructions			212,398.	12,104.	0.	0.

**KOHALA ANIMAL RELOCATION &
EDUCATION SERVICE**

Form 990 (2021)

27-0575124 Page **10**

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

☒ **X**

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	100.	100.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	126,803.	126,803.		
12 Advertising and promotion	229.			229.
13 Office expenses				
14 Information technology	163.	163.		
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	4,567.	4,567.		
23 Insurance	2,103.		2,103.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a VAN TRANSPORT EXPENSES	11,460.	11,460.		
b PET FOOD - COMMUNITY OU	6,289.	6,289.		
c ANIMAL RESCUE & TRANSP	3,528.	3,528.		
d PET SUPPLIES	3,506.	3,506.		
e All other expenses SEE SCH O	9,364.	7,241.	997.	1,126.
25 Total functional expenses. Add lines 1 through 24e	168,112.	163,657.	3,100.	1,355.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ if following SOP 98-2 (ASC 958-720)

**KOHALA ANIMAL RELOCATION &
EDUCATION SERVICE**

Form 990 (2021)

27-0575124 Page **11**

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	10,745.	1	22,162.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	2,756.	7	0.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	49,345.		
	b Less: accumulated depreciation	16,769.		
	11 Investments - publicly traded securities	2,143.	10c	32,576.
	12 Investments - other securities. See Part IV, line 11		11	5,045.
	13 Investments - program-related. See Part IV, line 11		12	
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11		14	
16 Total assets. Add lines 1 through 15 (must equal line 33)	15,644.	15	59,783.	
Liabilities	17 Accounts payable and accrued expenses		16	
	18 Grants payable		17	
	19 Deferred revenue		18	
	20 Tax-exempt bond liabilities		19	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		20	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		21	
	23 Secured mortgages and notes payable to unrelated third parties		22	
	24 Unsecured notes and loans payable to unrelated third parties		23	
	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		24	
	26 Total liabilities. Add lines 17 through 25	0.	25	0.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions		26	
	28 Net assets with donor restrictions		27	
	Organizations that do not follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds	0.	28	0.
	30 Paid-in or capital surplus, or land, building, or equipment fund	0.	29	0.
	31 Retained earnings, endowment, accumulated income, or other funds	0.	30	0.
	32 Total net assets or fund balances	15,644.	31	59,783.
33 Total liabilities and net assets/fund balances	15,644.	32	59,783.	

Form **990** (2021)

Name of organization

KOHALA ANIMAL RELOCATION &
EDUCATION SERVICE

Employer identification number

27-0575124

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	PETCO 74-5446 MAKALA BLVD. KONA, HI 96740	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	COUNTY OF HAWAII 25 AUPUNI STREET, SUITE 2103 HILO, HI 96720	\$ 13,563.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	BISSELL PET FOUNDATION 2345 WALKER AVE. NW GRAND RAPIDS, MI 49544	\$ 4,990.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	THE GREY MUZZLE ORGANIZATION 14460 FALLS OF NEUSE ROAD, SUITE 149-269 RALEIGH, NC 27614	\$ 9,900.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	NETWORK FOR GOOD 1140 CONNECTICUT AVE NW #700 WASHINGTON, DC 20036	\$ 7,076.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	THOMAS & FRANCIS MCGREGOR FOUNDATION P. O. BOX 6157 KAMUELA, HI 96743	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

**KOHALA ANIMAL RELOCATION &
EDUCATION SERVICE**

Employer identification number

27-0575124

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	D J & T FOUNDATION P. O. BOX 5109 WEST HILLS, CA 91308	\$ 55,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	KATHERINE LEE KOHALA WATERFRONT KAMUELA, HI 96743	\$ 5,193.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
9	PETER B. SPARKS AND CLYTIE P. MEAD 46-4083 KAPENA STREET HONOKAA, HI 96727	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	MARY FOX 2 PAPAYAS, LLC 69-1649 PUAKO BEACH DRIVE KAMUELA, HI 85743	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)