



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](https://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2020**  
Open to Public Inspection

**A** For the **2020** 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 **MONTGOMERY COUNTY PARTNERS FOR**  
Doing business as **ANIMAL WELL BEING**  
Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**7315 MUNCASTER MILL ROAD**  
City or town State ZIP code  
**DERWOOD MD 20855-1160**  
Foreign country name Foreign province/state/county Foreign postal code

**D** Employer identification number  
**27-1335331**  
**E** Telephone number  
**301-468-8919**  
**G** Gross receipts \$ **78066.**

**F** Name and address of principal officer: **STEVE LANDSMAN**  
**7315 MUNCASTER DERWOOD MD 20855-11**  
**H(a)** Is this a group return for 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: ▶**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶ **L** Year of formation: **M** State of legal domicile:**Part I Summary**

**Activities & Governance**

**1** Briefly describe the organization's mission or most significant activities: **MCPAW IS THE DEDICATED PARTNER OF THE MONTGOMERY COUNTY ANIMAL SERVICES AND ADOPTION CENTER AND WORKS TO PROVIDE ENHANCEMENTS AND AGUMENT FUNDING FOR THE SHELTER**

**2** Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

<b>3</b> Number of voting members of the governing body (Part VI, line 1a) . . . . .	<b>3</b>	<b>12</b>
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	<b>4</b>	
<b>5</b> Total number of individuals employed in calendar year 2020 (Part V, line 2a) . . . . .	<b>5</b>	
<b>6</b> Total number of volunteers (estimate if necessary) . . . . .	<b>6</b>	
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .	<b>7a</b>	
<b>7b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11 . . . . .	<b>7b</b>	

**Revenue**

<b>8</b> Contributions and grants (Part VIII, line 1h) . . . . .	<b>Prior Year</b>	<b>Current Year</b>
<b>9</b> Program service revenue (Part VIII, line 2g) . . . . .	<b>110985.</b>	<b>79720.</b>
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .	<b>10252.</b>	<b>-1716.</b>
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . .	<b>161.</b>	<b>62.</b>
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	<b>121398.</b>	<b>78066.</b>

**Expenses**

<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . . . .		
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) . . . . .		
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) . . . . .	<b>55650.</b>	<b>43000.</b>
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) . . . . .	<b>11731.</b>	<b>3000.</b>



Edit

Edit Text & Images

Organize Pages

Add custom page

Split PDF

Recognize Text

Crop Pages



Comment



Convert



E-Sign



1

/ 16

