## \*\* PUBLIC DISCLOSURE COPY \*\* 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.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasu Internal Revenue Service

Form **990** 

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

A For the 2023 calendar year, or tax year beginning MAY 1, 2023 and ending APR 30, C Name of organization D Employer identification number Check if applicable: Address change PRIMARILY PRIMATES, INC. Name change 74-2164756 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ 26099 DULL KNIFE TRAIL 830-755-4616 520,590. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return SAN ANTONIO, TX 78255 H(a) Is this a group return Applica-F Name and address of principal officer: PRISCILLA FERAL for subordinates? \_Yes X No SAME AS C ABOVE H(b) Are all subordinates included? Yes Tax-exempt status: X 501(c)(3) 501(c) ( (insert no.) 4947(a)(1) or If "No," attach a list. See instructions WWW.PRIMARILYPRIMATES.ORG J Website: H(c) Group exemption number Form of organization: X Corporation Trust Other L Year of formation: 1981 M State of legal domicile; TX Part I Summary Briefly describe the organization's mission or most significant activities: PRIMARILY PRIMATES' MISSION IS Governance TO PROVIDE LIFETIME CARE AND HOUSING FOR RESCUED ANIMALS. if the organization discontinued its operations or disposed of more than 25% of its net assets. 7 Number of voting members of the governing body (Part VI, line 1a) 7 Number of independent voting members of the governing body (Part VI, line 1b) 32 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 32 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. 7a b Net unrelated business taxable income from Form 990-T, Part I, line 11 Prior Year **Current Year** 1,196,079. 1,517,846. Contributions and grants (Part VIII, line 1h) e 0. 0. Program service revenue (Part VIII, line 2g) 9 313. ,546. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1,051. 1,198. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,197,443.520,590. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) θ. 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 870,961. 795,597. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. b Total fundraising expenses (Part IX, column (D), line 25) 550,352. 569,092. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,345,949. 1,440,053. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -148,506. 80,537. 19 Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year End of Year 5 5,321,892. 5,578,600. 20 Total assets (Part X, line 16) 68,773. 88,013. 21 Total liabilities (Part X, line 26) 5,253,119. 5,490,587. Net assets or fund balances. Subtract line 21 from line 20 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. Signature of officer Date Sign PRISCILLA FERAL, PRESIDENT Here Type or print name and title Date Print/Type preparer's name Preparer's signature LORI ROTHE YOKOBOSKY, CPALORI ROTHE YOKOBOSKY 08/22/24 P01273422 Paid self-employed COHNREZNICK LLP Firm's EIN 22-1478099 Preparer Firm's name 12TH FLOOR Use Only Firm's address 350 CHURCH STREET, Phone no. 959-200-7000 HARTFORD, CT 06103 X Yes No May the IRS discuss this return with the preparer shown above? See instructions

	990 (2023) PRIMARILY PRIMATES, INC. 74-2164756 Page 2
Pa	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	PRIMARILY PRIMATES MISSION IS TO PROVIDE LIFETIME CARE AND HOUSING FOR
	NATIVE AND NON-NATIVE HOMELESS, ABUSED AND ABANDONED ANIMALS, MOSTLY
	PRIMATES, SAVING THEM FROM DEATH OR CONTINUED EXPLOITATION. PRIMARILY
	PRIMATES IS NOT OPEN TO THE GENERAL PUBLIC AND DOES NOT BREED, SELL,
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	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?
•	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4-	4 046 600
4a	(Code:)(Expenses \$1,346,580. including grants of \$) (Revenue \$1,198.) PRIMARILY PRIMATES, INC. PROVIDES LIFETIME CARE AND HOUSING FOR NATIVE
	·
	AND NON-NATIVE HOMELESS, ABUSED, AND ABANDONED ANIMALS, MOSTLY
	PRIMATES, AND REHABILITATES INJURED AND ILL ANIMALS SAVING THEM FROM
	DEATH AND CONTINUED SUFFERING.
4b	(Code:) (Expenses \$ including grants of \$ } (Revenue \$)
40	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses 1,346,580.
	Form <b>990</b> (2023

Form 990 (2023) PRIMARILY PRIMATES, INC.

Part IV Checklist of Required Schedules

			Yes	No
1	is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	l		
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3	$\Box$	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	-	<u>X</u>
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		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			17
_	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	-	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			1,5
_	Schedule D, Part III	8	-	X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			w
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			Х
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	124639	9200000
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.  Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		BEAR	GE1303
а		11a	х	
h	Part VI  Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	Ha		
	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	-110		
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
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	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	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			
45	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			v
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	40		х
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	4.7		Х
18	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions  Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17	-	
10	UNIX R	18		х
19	1c and 8a? If "Yes," complete Schedule G, Part II  Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		
13		19		х
20a	complete Schedule G, Part III  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<del></del>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	-44		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
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Par	t IV Checklist of Required Schedules (continued)	104/30	. Р	age 4
1 01	Continued)		V	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			<u> </u>
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b 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		
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?			
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		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% control	ed		
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,	7/25		問題
	instructions for applicable filing thresholds, conditions, and exceptions):	1533		
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? #			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M		X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I			X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
ь	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	<u> </u>	X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pai	tV Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			$\Box$
			Yes	No
1a	Enter the number reported in box 3 of Form 1096, Enter -0- if not applicable	26	2007	562
b	Enter the number of Forms W-2G included on line 1a, Enter -0- if not applicable	0	1982	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	54/68	200	Sep.
	(gambling) winnings to prize winners?	1c	X	
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га	Statements negariting Other ins Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		颽級	
	filed for the calendar year ending with or within the year covered by this return 2a 32		100	TABLE .
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	_X_	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	05.7%	X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	Produ	100	\$250 ASS
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	, , , , , , , , , , , , , , , , , , ,			х
	any contributions that were not tax deductible as charitable contributions?  If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6a		
U		6b		
7	were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).	OD.		(100)
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	ASALIT.	х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	88.8E	E25781	THE LAND
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	***************************************	х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
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		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		ER	ALTON AND AND AND AND AND AND AND AND AND AN
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	470	1000	
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:		1	
а	Gross income from members or shareholders 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
40	amounts due or received from them.)		KORST	ere.
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	No. of S	CONTRACT.
_	If "Yes," enter the amount of tax-exempt interest received or accrued during the year  Section 501(c)(29) qualified nonprofit health insurance issuers.	Y	TO SERVICE	12
13	Is the organization licensed to issue qualified health plans in more than one state?	13a	1000	-
a	Note: See the instructions for additional information the organization must report on Schedule O.	ISa	ROS FIRST	HALSO
h	Enter the amount of reserves the organization is required to maintain by the states in which the			LAN
	organization is licensed to issue qualified health plans			1000
_	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	·	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
_	excess parachute payment(s) during the year?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.	XIII	P. Car	SEAT
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.	BM5	A STATE	炒
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.	REAL PROPERTY.	13848	
		_	TYPE	

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Par	tVI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a	*No* /	espon	se
	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			X
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 year 1a 7			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	NEW Y	1000	01000
b	Enter the number of voting members included on line 1a, above, who are independent 1b 7			
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	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		<u>X</u>
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	<u> </u>	X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	Mark Mark	200	477
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	0	24.69	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	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			
	on Schedule O how this was done	12c	Х	L
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent		NO.	
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	184		Mark .
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	明陽	Milds Hilling	19
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	7-5	0.1	
	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 filedIL, MN, NJ, SC, WA, AR, ME, NC, NY	, TN	, WV	, FL
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			
	for public inspection, Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	finan	cial	
٠	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			
	ROBERT BOCK - 830-755-4616			
	26099 DULL KNIFE TRAIL, SAN ANTONIO, TX 78255			
33200	SEE SCHEDULE O FOR FULL LIST OF STATES	Forn	990	(2023)

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

   List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

  Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - · List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee)
   who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization n	•			tion	соп	npen	sate	ed any current officer, d	irector, or trustee.	
(A) Name and title	(B) Average hours per week	box offi	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)		(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other			
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099·MISC/ 1099·NEC)	compensation from the organization and related organizations
(1) KRYSTAL MATHIS	40.00	Г					Г			
EXECUTIVE DIRECTOR		L		X			L	67,078.	0.	6,749.
(2) BARBARA SITOMER	0.10	]								
TRUSTEE		X						0.	0.	0.
(3) PRISCILLA FERAL	10.00		1						ļ	
PRESIDENT / CHAIR		Х	_	Х		<u> </u>		0.	0.	0.
(4) RAYMOND VAGELL	0.10	1								_
TRUSTEE		Х						0.	0.	0.
(5) ROBERT ORABONA	2.00	1			1				_	_
SECRETARY/ TREASURER	ļ <u>.</u>	X	<u> </u>	X	╙	lacksquare	<u> </u>	0.	0.	0.
(6) TERRIN FUHRMANN	0.10						i			
TRUSTEE		X		<u> </u>	┡	_		0.	0.	0.
(7) TANYA SUTTLES	0.10	l								
TRUSTEE		Х			┡			0.	0.	0.
(8) TIFFANY SHEA BULEN	0.10			1						_
TRUSTEE		X	<u> </u>	<u> </u>	┡	_	⊢	0.	0.	0.
		1								
		$\vdash$	$\vdash$		$\vdash$	$\vdash$	$\vdash$			
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Form 990 (2023)

	00 (2023) PRIMARILY									74-2164	756 Page 8
Part V	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
	(A) Name and title	(B) Average hours per week	box. offic	not cl , unles	Pos heck i	more Ison i	Ihan dis both	n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
	19.00			L	_						
						-	-				
c Ti	ubtotal  otal from continuation sheets to Part VI  otal (add lines 1b and 1c)	I, Section A		6	i				67,078. 0. 67,078.	0. 0.	6,749. 0. 6,749.
2 To	otal number of individuals (including but n ompensation from the organization										0
	id the organization list any former officer, ne 1a? If "Yes," complete Schedule J for s							-			Yes No
4 Fo	or any individual listed on line 1a, is the sund related organizations greater than \$150	im of reportabl 0,000? <i>If</i> "Yes,	e co • <i>co</i>	mpe mple	ensa ete S	tion S <i>ch</i> e	and adule	l ati e <i>J f</i>	ner compensation from to for such individual	he organization	4 X
re	id any person listed on line 1a receive or a endered to the organization? If "Yes." com n B. Independent Contractors									dual for services	5 X
	omplete this table for your five highest co e organization. Report compensation for	-	-								ition from
	(A) Name and business			ONE					(B) Description of s		(C) Compensation
	- to the state of							-			
	otal number of independent contractors (i		ot lir	nited	d to		se lis	sted	above) who received m	ore than	
	roopoo or compensation from the organi	EGING!					~	_			Form 990 (2023)

Pa	rt VI	Statement of Revenue	,			
		Check if Schedule O contains a response or note to any lin				
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts	1 a b c c d d e e f f 2 a b c c d d e e	Total. Add lines 1a-1f  Business Code	1,517,846.			3001013 372 314
۵ ا	f	All other program service revenue		(C. 4)		
	3 4 5	Total. Add lines 2a-2f  Investment income (including dividends, interest, and other similar amounts)  Income from investment of tax-exempt bond proceeds	1,546.			1,546.
	6 a	Less: rental expenses 6b  Rental income or (loss) 6c				
9	7 a	Net rental income or (loss)  Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses  (i) Securities (ii) Other  7a				
Other Revenue	d	Ret gain or (loss)  Net gain or (loss)  Gross income from fundraising events (not including \$ of contributions reported on line 1c). See				
	9 a	Part IV, line 18  Less: direct expenses  Net income or (loss) from fundraising events  Gross income from gaming activities. See  Part IV, line 19				
	10 a	Less: direct expenses  Net income or (loss) from gaming activities  Gross sales of inventory, less returns and allowances  Less: cost of goods sold  10a  1,198.	1 100	1 100		
Miscellaneous Revenue			1,198.	1,198.		
Ξ	e	All other revenue		magic real search		
33200	<b>12</b> 9 12-21	Total revenue, See instructions	1,520,590.	1,198.	0.	1,546. Form <b>990</b> (2023)

332010 12-21-23

Form 990 (2023) PRIMARILY PRIMATES, INC.

Part IX Statement of Functional Expenses

Do r	Check if Schedule O contains a respons not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b, i	Bb, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	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	!			
	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,	74,749.	70,105.	2,182.	2 462
	trustees, and key employees	74,743.	70,105.	2,102.	2,462
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(8)		1		
7	Other salaries and wages	693,815.	650,703.	20,257.	22,855
8	Pension plan accruals and contributions (include	0,5,015.	030,7031	20,2374	22,033
0	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	46,069.	43,206.	1,345.	1,518
0	Payroll taxes	56,328.	52,827.	1,645.	1,856
1	Fees for services (nonemployees):	50,0001	0-,0		_,
a	Management	ĺ			
	Legal				
	Accounting	23,342.	20,189.	2,235.	918
	Lobbying				
	Professional fundraising services. See Part IV, line 17		RUE S. Jan S.		
f	Investment management fees				
9	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)				
2	Advertising and promotion				
3	Office expenses	48,247.	26,875.	1,943.	19,429
4	Information technology	14,446.	7,148.	360.	6,938
5	Royalties		-4 04 4	4 404	F.60
6	Occupancy	56,908.	54,914.	1,434.	560
7	Travel	6,431.	6,431.		
8	Payments of travel or entertainment expenses				
_	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
0	Interest				
1	Payments to affiliates  Depreciation, depletion, and amortization	125,687.	125,687.		
2 3	. · · · · · · · · · · · · · · · · · · ·	57,787.	52,815.	4,462.	510
4	Other expenses, Itemize expenses not covered		32,013.		Waller Clark Charles
.4	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	ANIMAL FOOD, SUPPLIES A	140,168.	140,168.		
b	REPAIRS AND MAINTENANCE	83,014.	83,014.		
C	DUES AND SUBSCRIPTIONS	2,568.	2,568.		
d	REGISTRATIONS	1,148.	855.	187.	106
	All other expenses	9,346.	9,075.	271.	
5	Total functional expenses. Add lines 1 through 24e	1,440,053.	1,346,580.	36,321.	57,152
6	Joint costs. Complete this line only if the organization	, ,			
	reported in column (B) joint costs from a combined			11	
	educational campaign and fundraising solicitation.				
	Check here If following SOP 98-2 (ASC 958-720)				

Form 990 (2023)

Par	t X	Balance Sheet				
		Check if Schedule O contains a response or note to an	ny line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		5,250.	1	48,924
	2	Savings and temporary cash investments		62,764.	2	145,010
	3	Pledges and grants receivable, net		"	3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current or forme		90 M		
		trustee, key employee, creator or founder, substantial	contributor, or 35%			
		controlled entity or family member of any of these pers	sons		5	
	6	Loans and other receivables from other disqualified pe	ersons (as defined	and the second second	(80-14 G	
		under section 4958(f)(1)), and persons described in sec		6		
2	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
۲	9			27,569.	9	31,443
	10a	Land, buildings, and equipment: cost or other		Salar State Committee	100	
		basis. Complete Part VI of Schedule D 10a	6,577,958.			
	b	Less: accumulated depreciation 10b		3,235,741.	10c	3,329,544
	11	Investments - publicly traded securities		11		
	12	Investments - other securities. See Part IV, line 11		12		
	13	Investments - program-related. See Part IV, line 11		13		
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11	138123252252525	1,990,568.	15	2,023,679
4	16	Total assets. Add lines 1 through 15 (must equal line	5,321,892.	16	5,578,600	
	17	Accounts payable and accrued expenses	33,037.	17	52,277	
	18	Grants payable		18	<u> </u>	
	19	Deferred revenue		· · · · · · · · · · · · · · · · · · ·	19	·
	20	Tax-exempt bond liabilities		·····	20	
	21	Escrow or custodial account liability. Complete Part IV	of Schedule D		21	
က္ခ	22	Loans and other payables to any current or former offi			Man I	
		trustee, key employee, creator or founder, substantial	T I			
Liabilities		controlled entity or family member of any of these pers	5		22	25 526
-	23	Secured mortgages and notes payable to unrelated th		35,736.	23	35,736
	24	Unsecured notes and loans payable to unrelated third			24	
	25	Other liabilities (including federal income tax, payables	4			
ļ		parties, and other liabilities not included on lines 17-24	I). Complete Part X			
		of Schedule D		CO 773	25	00 013
-	26		[2]	68,773.	26	88,013
ا ي		Organizations that follow FASB ASC 958, check he	re X			
ဗို		and complete lines 27, 28, 32, and 33.	2 200 117	SECULE I	2 222 404	
<u>a</u>	27	Net assets without donor restrictions	3,200,117. 2,053,002.	27	3,322,484 2,168,103	
8	28	Net assets with donor restrictions	2,053,002.	28	2,100,103	
<u></u>		Organizations that do not follow FASB ASC 958, ch	eck here		130	
<u></u>		and complete lines 29 through 33.	1			
S	29	Capital stock or trust principal, or current funds			29	
SSe	30	Paid-in or capital surplus, or land, building, or equipme			30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income,		E 2E2 110	31	5 400 E07
ž	32	Total net assets or fund balances		5,253,119.	32	5,490,587
	33	Total liabilities and net assets/fund balances		5,321,892.	33	5,578,600

Form	990 (2023) PRIMARILY PRIMATES, INC.	74-216	4756	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,520		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,440		
3	Revenue less expenses. Subtract line 2 from line 1	3			37.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,253	3,1	19.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9	156	5,9	31.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (8))	10	5,490	, 5	87.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII			366	
			$\rightarrow$	Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis			3 2	
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,	1960	Wil	200
	consolidated basis, or both:		120		
	X Separate basis Consolidated basis Both consolidated and separate basis		180		
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.	(200	7-21	100
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2023)

#### **SCHEDULE A**

(Form 990)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization Employer identification number									
PRIMA	ARILY PRIMA	ATES, INC.				7	4-2164756		
Part I Reason for Public C	harity Status. (	All organizations must co	omplete th	is part.) S	ee instruction	18.			
The organization is not a private founda	ation because it is: (F	or lines 1 through 12, ch	eck only	one box.)					
1 A church, convention of chu	irches, or association	n of churches described	in sectio	n 170(b)(1	)(A)(i).				
2 A school described in section	on 170(b)(1)(A)(ii). (/	Attach Schedule E (Form	990).)						
3 A hospital or a cooperative i	nospital service orga	nization described in se	ction 170	(b)(1)(A)(iii	i).				
4 A medical research organiza					-	)(iii). Enter	the hospital's name,		
city, and state:	·								
5 An organization operated for	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). (C	omplete Part II.)		•						
6 A federal, state, or local gov	ernment or governm	ental unit described in	section 17	'O(Б)(1)(A)(	v).				
7 X An organization that normal	_					he general r	public described in		
section 170(b)(1)(A)(vi). (Co	-		3			3			
8 A community trust describe		1)(A)(vi). (Complete Part	11.3						
9 An agricultural research orga				ed in coniu	nction with a	land-grant	college		
or university or a non-land-gi						-			
university:				,,					
10 An organization that normal	ly receives (1) more t	than 33 1/3% of its supp	ort from c	ontribution	s. membersh	nin fees, and	d gross receipts from		
activities related to its exem									
income and unrelated busin		•				50.00	-		
See section 509(a)(2). (Con		(1000 DOCTION OF THE A			00 07 1110 015	yan meanion a			
11 An organization organized a		vely to test for public saf	etv. See	section 50	9(a)(4).				
12 An organization organized a	•	•	•			erry out the	purposes of one or		
more publicly supported org	•	•				-			
lines 12a through 12d that of		* ,					3110011 (110 DOX 011		
a Type I. A supporting orga						021 75.	alvina		
the supported organizatio				_					
organization. You must c			majority o	i iiio aiioo	toro or tradeo	00 01 1110 00	.pporting		
b Type II. A supporting orga			ion with its	e eunnorto	d organizatio	un(e) hy hau	vina		
control or management of					_		_		
organization(s). You must	., .		iille bersoi	is that coi	attor or mana	ge trie supp	Jortea		
c Type III functionally integ	*		in connect	ion with a	nd functions	lly integrate	ad with		
its supported organization	-					ny micegrate	o with,		
d Type III non-functionally		•		93		rted organi:	zation/s)		
that is not functionally inte									
· · · · · · · · · · · · · · · · · · ·	-	•	•			Jan allenin	7611622		
requirement (see instruction	•		-			H. Toma 10			
e Check this box if the orga					Type I, Type	п, туре п			
functionally integrated, or		nally integrated supporting	ig organiz	ation,					
f Enter the number of supported og Provide the following information		d organization(s)							
(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount o	f monetary	(vi) Amount of other		
organization	,,	(described on lines 1-10	in your governi	ng document?	support (see i		support (see instructions)		
		above (see instructions))	Yes	NO			<del> </del>		
							<del></del>		
1		'							
							<del>                                     </del>		
~									
	MANAGEMENT OF THE PARTY OF	SUPERIOR PROPERTY AND APPROPRIEST OF	OCCUPATION OF	AVORDONG STREET			T		

Schedule A (Form 990) 2023 PRIMARILY PRIMATES, INC. 74-2164756 Page 2
Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")	1256460.	1479180.	1290422.	1196079.	1517846.	6739987.
2	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
2	The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1256460.	1479180.	1290422.	1196079.	1517846.	6739987.
5	The portion of total contributions	Continue villa		Carried Marie			
•	by each person (other than a						
	governmental unit or publicly						
	supported organization) included			6202			
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						335,018.
6	Public support. Subtract line 5 from line 4.	<b>拉斯斯斯斯斯</b>					6404969.
Se	ction B, Total Support			· · · · · · · · · · · · · · · · · · ·	259 77		
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	1256460.	1479180.	1290422.	1196079.	1517846.	6739987.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources		2.	18.	313.	1,546.	1,879.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	ا م م د م ا	7 204				10 242
	assets (Explain in Part VI.)	2,959.	7,284.		teran um me		10,243. 6752109.
11		ROPER TO REAL VERY REPORT	Maria Maria Sala	DALLET HAR BOOK STREET	TIGHTS OF STREET		5,999.
12	Gross receipts from related activities, First 5 years. If the Form 990 is for the		. ,	laureth an fifeb ears		12	3,333.
13	organization, check this box and stor			•	ear as a section 5		200700000000000000000000000000000000000
Se	ction C. Computation of Publi						
	Public support percentage for 2023 (I	~		column (fi)		14	94.86 %
	Public support percentage from 2022	,		177		15	97.51 %
	33 1/3% support test - 2023. If the					<u> </u>	
	stop here. The organization qualifies	as a publicly suppo	orted organization				X
ŧ	33 1/3% support test - 2022. If the	organization did no	t check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual						
178	10% -facts-and-circumstances test	- 2023. If the org	anization did not o	check a box on line	13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported o	rganization		
-	10% -facts-and-circumstances test	- 2022. If the org	anization did not o	check a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more and if the examination mosts th	ne facts-and-circum	stances test, che	ck this box and st	op here, Explain i	n Part VI how the	
	more, and if the organization meets the	io idolo di id di odi	,	-			_
	organization meets the facts-and-circle Private foundation. If the organization	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	zation	

Schedule A (Form 990) 2023 PRIMARILY PRIMATES, INC.

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to
musilife conduction tente listed below along a seculate Double?

Sec	ction A. Public Support	elow, please comp	nete Fart II.)				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not		1				
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise 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						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received				<del> </del>	<u> </u>	
	from other than disqualified persons that	1					
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b				1		
	Public support. (Subtract line 7c from line 6.)						1
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6						
	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
Ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975				1		
	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included on line 10b, whether or not the business is						
	regularly carried on				1		
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)	L					
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's f	irst, second, third,	fourth, or fifth tax	year as a section !	01(c)(3) organization	on,
	check this box and stop here						
Se	ction C. Computation of Publi	ic Support Pe	rcentage				
15	Public support percentage for 2023 (	line 8, column (f), c	divided by line 13,	column (f))		15	%
16	Public support percentage from 2022	Schedule A, Part	III, line 15			16	%
Se	ction D. Computation of Inves	stment Income	e Percentage				
17	Investment income percentage for 20	023 (line 10c, colu	mn (f), divided by li	ine 13, column (f))		17	%
18	Investment income percentage from	2022 Schedule A,	Part III, line 17			18	%
19 a	33 1/3% support tests - 2023. If the	organization did	not check the box	on line 14, and lin	e 15 is more than	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box as	nd stop here. The	organization qual	fies as a publicly :	supported organiza	ation	
t	33 1/3% support tests - 2022. If the	organization did	not check a box or	line 14 or line 19	a, and line 16 is m	ore than 33 1/3%, a	nd
	line 18 is not more than 33 1/3%, che	ck this box and s	top here. The orga	anization qualifies	as a publicly supp	orted organization	
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t	his box and see in:	structions	
3320	23 12-21-23					Schedule /	(Form 990) 2023

## Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

- 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 Dld 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 1 2 За 3b 3с 4a 4b 4¢ 5a 5b 5c 6 7 8 9a 9b 9c 10a

Schedule A (Form 990) 2023

	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting		izatione	74-2164756 Page 6
1	Check here if the organization satisfied the Integral Part Test as a qualifying			Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus			
Sect	ion 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		1
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	2000 E		No series de la constante de l
	instructions for short tax year or assets held for part of year):	1335		
a	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors	CASS !	A Land	MAKE SEE SECTION SURVEY
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		1
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			1
•	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	3	
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	a different few and	
2	Enter 0.85 of line 1.	2	Andreas to the second	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	CHEMINAL THE EXPLICIT	
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5	market free and also	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			8
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrate	ed Type III supporting orga	anization (see

Schedule A (Form 990) 2023

instructions).

74-2164756 Page 7 PRIMARILY PRIMATES, INC. Schedule A (Form 990) 2023 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** 1 Amounts paid to supported organizations to accomplish exempt purposes 1 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 Amounts paid to acquire exempt-use assets 4 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 Other distributions (describe in Part VI). See instructions. 6 Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive (orovide details in Part VI). See instructions. Distributable amount for 2023 from Section C, line 6 9 Line 8 amount divided by line 9 amount 10 (ii) (iii) (i) Underdistributions Distributable Section E - Distribution Allocations (see instructions) **Excess Distributions** Pre-2023 Amount for 2023 Distributable amount for 2023 from Section C, line 6 1 Underdistributions, if any, for years prior to 2023 (reasonable cause required · explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2023 a From 2018 **b** From 2019 c From 2020 d From 2021 e From 2022 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2023 distributable amount Carryover from 2018 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2023 from Section D, line 7: a Applied to underdistributions of prior years b Applied to 2023 distributable amount c Remainder, Subtract lines 4a and 4b from line 4. Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. 6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2024. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2019 b Excess from 2020 c Excess from 2021

Schedule A (Form 990) 2023

d Excess from 2022 e Excess from 2023

Schedule A (Form 990) 2023 PRIMARILY PRIMATES, INC.	74-2164756 Page 8
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addition (See instructions.)	r 17b; Part III, line 12; I and 2; Part IV, Section C, V. Section B, line 1e; Part V.
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:	
MISCELLANEOUS	The below was a second
2019 AMOUNT: \$ 2,959.	
2020 AMOUNT: \$ 7,284.	
	<del></del>
	3-3-300
OSSUMPTED CONTRACTOR	
10 E- E- H- 0000	

## \*\* PUBLIC DISCLOSURE COPY \*\*

## Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

## **Schedule of Contributors**

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

OMB No. 1545-0047

2023

Name of the organization		Employer identification number				
PR	MIMARILY PRIMATES, INC.	74-2164756				
Organization type (check o						
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
	s covered by the <b>General Rule</b> or a <b>Special Rule.</b> (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rul	le. See instructions.				
General Nule						
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor's					
Special Rules						
sections 509(a)(1) contributor, during	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) line 1. Complete Parts I and II.	d that received from any one				
For an organization described in section 501(c)(7), (8), or (10) filling Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of crueity to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.						
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year						
Caution: An organization th	nat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (F	orm 990), but it must				
	e 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF g requirements of Schedule B (Form 990).	, Part I, line 2, to certify				
For Paperwork Reduction Act	Notice, see the instructions for Form 990, 990-EZ, or 990-PF.	Schedule B (Form 990) (2023)				

(Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

	3 (Form 990) (2023) ganization		Pag Employer identification numbe
RIMAR	RILY PRIMATES, INC.		74-2164756
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		s203,94	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		s <u>424,60</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d)  Type of contribution
3		\$50,00	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d)  Type of contribution
4		\$\$\$\$	Person X Payroll Noncash (Complete Part It for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) s Type of contribution
5		\$\$ \$\$	Person X Payroll  Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) s Type of contribution
6	· ·	ss35,00	Person Payroll

323452 12-26-23

Name of organization

Employer identification number

## PRIMARILY PRIMATES, INC.

74-2164756

art II	Noncash Property (see instructions). Use duplicate copies of Pa	rt II if additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	CAGES		
6			
		\$ 35,000.	04/30/24
(a)		(-)	
No.	(b)	(c) FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions.)	Date received
		\$	
(a)		(c)	
No. from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
Part I	Description of noncasti property given	(See instructions.)	Date received
		_	
		<u> </u>	
		\$	
(a)		(c)	
No. from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
Part I	Description of noncast property given	(See instructions.)	Date received
		—	
ì			
(a)		(c)	
No. from	(b)  Description of noncash property given	FMV (or estimate)	(d) Date received
Part I	group	(See instructions.)	
(a) No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate)	Date received
Part I		(See instructions.)	
	· · · · · · · · · · · · · · · · · · ·	<u> </u>	
3453 12-26	5-23		Schedule B (Form 990) (2

323454 12-26-23

Schedule B (Form 990) (2023)

### SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

## Supplemental Financial Statements

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

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

OMB No. 1545-0047 Open to Public Inspection

Schedule D (Form 990) 2023

Name of the organization

**Employer identification number** PRIMARILY PRIMATES, INC. 74-2164756 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (b) Funds and other accounts (a) Donor advised funds Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last Held at the End of the Tax Year day of the tax year. a Total number of conservation easements 2a Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included on line 2a 2c Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 3 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of No violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III | Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

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

332051 09-28-23

	dule D (Form 990) 2023 PRIMARI t III Organizations Maintaining C	LY PRIMATE ollections of Ar	S, IN t, Histo	IC . orical Tre	asures, or	Othe	r Similar	4-21 Assets	64756 (contin	Pa	ge 2
3	3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its										
	collection items (check all that apply).										
а	Public exhibition				hange progra	m					
b	Scholarly research	•	, [(	Other							
C	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	n how the	ey further th	ne organizatio	n's exer	npt purpos	e in Part	XIII.		
5	During the year, did the organization solicit of		-						-		
	to be sold to raise funds rather than to be maintained as part of the organization's collection?										
Par	t IV Escrow and Custodial Arran		te if the	organization	answered "Y	es" on	Form 990,	Part IV, li	ne 9, or		
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custod								7		e e
	on Form 990, Part X?							L	Yes	$\Box$	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing to	able:							
							$\vdash$	·	Amount		
	Beginning balance										
	Additions during the year										
0	Distributions during the year										
f	Ending balance								1	_	
	Did the organization include an amount on F						ity?	L	」 Yes	님	No
	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds Complete it		T		T			sasa baale	4-3 Cause		
		(a) Current year	(b) P	rior year	(c) Two year	S Dack	(d) Three ye	ears back	(e) Four	years c	Jack
1a	Beginning of year balance		-			-					
b	Contributions		-			$\longrightarrow$					
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
e	Other expenditures for facilities					- 1					
	and programs		-								
f	Administrative expenses				ļ						
9	End of year balance		<u> </u>		<u> </u>						
2	Provide the estimated percentage of the cur	•		), column (a	)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment										
С		_%									
	The percentages on lines 2a, 2b, and 2c sho	•									
3a	Are there endowment funds not in the posse	ession of the organiz	ation tha	t are held ai	nd administer	ed for th	ie		٦	Yes	No.
	organization by:									103	MO
	(i) Unrelated organizations?	***************************************							3a(i)	$\dashv$	
	(ii) Related organizations?								3a(ii)	$\rightarrow$	
b	If "Yes" on line 3a(ii), are the related organiza								3b		
Dai	Describe in Part XIII the intended uses of the		wment i	unds.							-
T all	Complete if the organization answere		0 Part IV	/ line 11a S	See Form 990	Dart Y	line 10				
_									4 B D		
	Description of property	(a) Cost or		'''	t or other		ccumulate preciation	a	(d) Bool	( value	,
		basis (invest	menty		(other)	de	preciation	500750	1 00	1 1/	15
	Land				4,145.	W 5	766 60		1,094		
b	Buildings			1,41	5,759.		766,68	, , ,	443	9,07	**
	Leasehold improvements			2 02	5 630		191 71	<del>,                                    </del>	1 251	3 0 0	11
	Equipment	1			5,630.	۷,	481,72	5.5 •	1,35	$\frac{3,90}{2,42}$	
-	Other				2,424.	11.4555-10-54		-	3,329		
lota	I. Add lines 1a through 1e. (Column (d) must e	egual Form 990. Parl	X. line 1	Oc. column	(8))	*******			0,343	1,59	* # *

Schedule D (Form 990) 2023

(6)
(7)
(8)
(9)

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

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.

Schedule D (Form 990) 2023

(4) (5)

HAS CONCLUDED THAT, AS OF APRIL 30, 2024 AND 2023, THERE ARE NO UNCERTAIN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY (OR ASSET) OR DISCLOSURE IN THE FINANCIAL STATEMENTS. THE ORGANIZATION'S FEDERAL INFORMATION RETURNS PRIOR TO FISCAL YEAR 2021 ARE CLOSED AND MANAGEMENT CONTINUALLY EVALUATES EXPIRING STATUTES OF LIMITATIONS, AUDITS, PROPOSED SETTLEMENTS, CHANGES IN TAX LAW AND NEW AUTHORITATIVE RULINGS.

IF THE ORGANIZATION HAS UNRELATED BUSINESS INCOME TAXES, IT WILL RECOGNIZE INTEREST AND PENALTIES ASSOCIATED WITH ANY TAX MATTERS AS PART OF THE INCOME TAX EXPENSE PROVISION AND INCLUDE ACCRUED INTEREST AND PENALTIES 332054 09-28-23 Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 PRIMARILY PRIMATES, INC.	74-2164756 Page 5
Schedule D (Form 990) 2023 PRIMARILY PRIMATES, INC.  Part XIII Supplemental Information (continued)	
WITH THE RELATED TAX LIABILITY IN THE STATEMENTS OF FINANCI	TAL POSITION.
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
UNREALIZED APPRECIATION ON INTEREST IN LOIS E. WOMER	
FOUNDATION	156,931.
9.	
	000000
	Schedule D (Form 990) 2023

### **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

**Open to Public** Inspection

Name of the organization

PRIMARILY PRIMATES, INC.

**Employer identification number** 

74-2164756 **Types of Property** (a) (b) (d) (c) Number of Noncash contribution Check if Method of determining contributions or amounts reported on applicable noncash contribution amounts items contributed Form 990, Part VIII, line 1g Art · Works of art Art - Historical treasures Art · Fractional interests Books and publications Clothing and household goods Cars and other vehicles Boats and planes Intellectual property Securities - Publicly traded Securities - Closely held stock 10 Securities - Partnership, LLC, or 11 trust interests 12 Securities - Miscellaneous 13 Qualified conservation contribution -Historic structures Qualified conservation contribution - Other 14 Real estate · Residential 15 Real estate - Commercial 16 17 Real estate - Other Collectibles 18 X 9,666.COST Food inventory 19 Drugs and medical supplies \_\_\_\_ 20 Taxidermy ..... 21 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 40,000.FMV ( EQUIPMENT 25 Other 26 Other 27 Other 28 Other Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for X exempt purposes for the entire holding period? 30a b If "Yes," describe the arrangement in Part II. X 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? X 32a

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

Schedule M (Form 990) 2023

33

b If "Yes," describe in Part II.

describe in Part II.

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

Schedule M (Form 990) 2023 PRIMARILY PRIMATES, INC.  Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, a is reporting in Part I, column (b), the number of contributions, the number of items received, or a combit this part for any additional information.	74-2164756 Page 2 and whether the organization nation of both. Also complete
SCHEDULE M, PART I, COLUMN (B):	
THE AMOUNT IN COLUMN B REPRESENTS THE NUMBER OF CONTRIBUTOR	RS.
2115/1-76	
	900 TOPO (C. 1900 TOPO (C.
	. A9
	2
	*
<del></del>	
332142 09-11-23	Schedule M (Form 990) 2023

# SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

## 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.

2023
Open to Public Inspection

Name of the organization

PRIMARILY PRIMATES. INC.

Employer identification number 74-2164756

PRIMARILI PRIMATES, INC.   /4-2164/56
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
OR TRADE ANIMALS OR USE THEM COMMERCIALLY. INJURED AND ILL NATIVE
ANIMALS ARE REHABILITATED AND, WHEN POSSIBLE, RELEASED BACK INTO THEIR
NATIVE HABITAT.
FORM 990, PART VI, SECTION A, LINE 2:
PRISCILLA FERAL, PRESIDENT OF PRIMARILY PRIMATES, INC., AND ROBERT ORABONA,
SECRETARY/TREASURER OF PRIMARILY PRIMATES, INC., HAVE A FAMILY
RELATIONSHIP.
FORM 990, PART VI, SECTION A, LINE 8B:
THIS QUESTION IS NOT APPLICABLE TO PRIMARILY PRIMATES, INC. BECAUSE THERE
ARE NO COMMITTEES WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY.
FORM 990, PART VI, SECTION B, LINE 11B:
THE FINANCIAL STATEMENTS AND THE 990 ARE REVIEWED BY MANAGEMENT PRIOR TO
FILING AND PRESENTED TO THE BOARD OF DIRECTORS OF DIRECTORS FOR REVIEW.
FORM 990, PART VI, SECTION B, LINE 12C:
QUESTIONS REGARDING POTENTIAL CONFLICTS ARE POSED TO THE BOARD OF DIRECTORS
AND REVIEWED AT ONE OR MORE BOARD MEETINGS DURING THE YEAR.
FORM 990, PART VI, SECTION B, LINE 15:
THE BOARD OF DIRECTORS REVIEWS AND APPROVES THE OVERALL SALARY BUDGET FOR
THE ENTIRE ORGANIZATION. IN ADDITION, THE BOARD WILL REVIEW AND APPROVE
ANNUALLY THE EXECUTIVE DIRECTOR'S COMPENSATION AND PERIODICALLY REVIEW THE
For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.  LHA 332211 11-14-23  Schedule O (Form 990) 2023