#### Perkins, Dexter, Sinopoli & Hamm, P.C. 501 W. President George Bush Highway, Suite 130 Richardson, TX 75080 972-669-9730

November 7, 2023

SPAY NEUTER NETWORK PO BOX 515 KAUFMAN, TX 75142

#### SPAY NEUTER NETWORK:

Enclosed is the organization's 2022 Exempt Organization return.

Specific filing instructions are as follows.

#### FORM 990 RETURN:

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-TE to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-TE to us by November 15, 2023.

A copy of the return is enclosed for your files. We suggest that you retain this copy indefinitely.

Sincerely,

Mitch Falls, CPA

#### Form 8879-TF

#### IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2022, or fiscal year beginning	, 2022, and ending	, 20

OMB No. 1545-0047

Do not send to the IRS. Keep for your records. Department of the Treasury Go to www.irs.gov/Form8879TE for the latest information. Internal Revenue Service Name of filer EIN or SSN SPAY NEUTER NETWORK 20-0276988 JORDAN CRAIG Name and title of officer or person subject to tax EXECUTIVE DIRECTOR Type of Return and Return Information Part I Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.  $\underline{\mathbb{K}}$  b Total revenue, if any (Form 990, Part VIII, column (A), line 12) \_\_\_\_\_ 1b  $\underline{2,858,291}$ . Form 990 check here ...... 1a **b Total revenue,** if any (Form 990-EZ, line 9) **2b** 2a Form 990-EZ check here Form 1120-POL check here b Total tax (Form 1120-POL, line 22) 3a **b Tax based on investment income** (Form 990-PF, Part V, line 5) 4a Form 990-PF check here Form 8868 check here ...... b Balance due (Form 8868, line 3c) 5b 5a Form 990-T check here ..... **b Total tax** (Form 990-T, Part III, line 4) 6a 7a Form 4720 check here ..... b Total tax (Form 4720, Part III, line 1) 7b 8a Form 5227 check here ..... **b** FMV of assets at end of tax year (Form 5227, Item D) Form 5330 check here ..... **b** Tax due (Form 5330, Part II, line 19) 9a 9b Form 8038-CP check here **b** Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10b 10a **Declaration and Signature Authorization of Officer or Person Subject to Tax** Part II Under penalties of perjury, I declare that X I am an officer of the above entity or I am a person subject to tax with respect to (name of entity), (EIN) 20-0276988 and that I have examined a continuous continuous and the second continuous con and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and/to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information processary to answer inquiries and resolve issues related to the payment. I have selected a payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only 75142 X | authorize PERKINS, DEXTER, SINOPOLI & HAMM P.C. to enter my PIN Enter five numbers, but ERO firm name do not enter all zeros as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. **Certification and Authentication** Part III ERO's EFIN/PIN. Enter your six-digit electronic filing identification 75794275075 number (EFIN) followed by your five-digit self-selected PIN. I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. MITCH FALLS, CPA 11/07/23 ERO's signature Date **ERO Must Retain This Form - See Instructions** 

Do Not Submit This Form to the IRS Unless Requested To Do So

202521 12-16-22

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2022)

EXTENDED TO NOVEMBER 15, 2023

## **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 Treasury Internal Revenue Service

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

AF	or the	2022 calendar year, or tax year beginning and	enaing						
	heck if pplicable	C Name of organization		D Employer identific	cation number				
	Addres	SPAY NEUTER NETWORK							
	Name change	Doing business as		20-02769	88				
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number					
	Final return/	PO BOX 515		972-472-3	3500				
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	14,300,256.				
	Ameno	KAUFMAN, TX 75142		H(a) Is this a group re	eturn				
	Application	F Name and address of principal officer: JORDAN CRAIG		for subordinates					
	pendin	g SAME AS C ABOVE		H(b) Are all subordinates in	—				
ΙT	ax-exe	empt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) o	or 527	1	list. See instructions				
	Vebsit		J 02.	H(c) Group exemption					
		organization: X Corporation Trust Association Other	I Year	<del> </del>	1 State of legal domicile: TX				
Pa	rt I	Summary	<b>L</b> 1001	01101111441011, = 0 0 0 1 1	- Otato or logar dominono, = ==				
		Briefly describe the organization's mission or most significant activities: SPAY	NEUTE	R NETWORK'S	(SNN)				
8		MISSION IS TO ELIMINATE PET OVERPOPULTION							
ш		Check this box if the organization discontinued its operations or dispos							
ē				1.1	7				
္မ		Number of independent voting members of the governing body (Part VI, line 1b)			7				
∞					0				
ies		Total number of individuals employed in calendar year 2022 (Part V, line 2a)			0				
Activities & Governance		Total number of volunteers (estimate if necessary)			0.				
R				7a	0.				
$\dashv$	D	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b Prior Year	Current Year				
		Ocal Services and secreta (Ded VIII. Sec. 41)		1,658,231.	755,094.				
e		Contributions and grants (Part VIII, line 1h)		2,659,134.					
ē		Program service revenue (Part VIII, line 2g)			2,398,377.				
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		537,143.	-314,092.				
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,205.	18,912.				
-		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,856,713.	2,858,291.				
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.				
		Benefits paid to or for members (Part IX, column (A), line 4)	1,368,673.	0. 1,429,342.					
es			alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)						
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.				
Š		Total fundraising expenses (Part IX, column (D), line 25)113,13		0 010 544	1 005 150				
۳		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,210,544.	1,885,159.				
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,579,217.	3,314,501.				
		Revenue less expenses. Subtract line 18 from line 12		1,277,496.	-456,210.				
Pos			Ве	ginning of Current Year	End of Year				
et Assets or nd Balances	20	Total assets (Part X, line 16)		11,641,330.	10,136,357.				
ğ	21	Total liabilities (Part X, line 26)		164,788.	190,269.				
		Net assets or fund balances. Subtract line 21 from line 20		11,476,542.	9,946,088.				
	rt II	Signature Block							
		lties of perjury, I declare that I have examined this return, including accompanying schedules			knowledge and belief, it is				
rue,	correc	t, and complete. Declaration of proparer (other than officer) is based on all information of wh	ich preparer						
		Signature of officer	<u>′                                    </u>	11/10/2	023				
Sigr		//		Date					
Here	е	JORDAN CRAIG, EXECUTIVE DIRECTOR							
		Type or print name and title	1.	Ooto I	DTIN				
		Print/Type preparer's name Preparer's signature		Date Check	PTIN				
Paid		MITCH FALLS, CPA		.1/07/23 self-employ					
	arer	Firm's name PERKINS, DEXTER, SINOPOLI & HAMM		Firm's EIN 7	5-1969466				
Jse	Only	Firm's address 501 W PRES GEORGE BUSH HWY. STE 1	30						
		RICHARDSON, TX 75080		Phone no. 97	2-669-9730				
Мау	the IF	RS discuss this return with the preparer shown above? See instructions			X Yes No				

Form	n 990 (2022) SPAY NEUTER NETWORK	20-0276988	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		[==]
'	,	e nometecc	
	OUR VISION IS TO CREATE COMPASSIONATE COMMUNITIES FREE OF		
	PETS. SPAY NEUTER NETWORK'S (SNN) MISSION IS TO ELIMINATE		
	OVERPOPULATION THROUGH SPAY/NEUTER WHILE EMPOWERING COMM	JNITIES TO	
	CARE RESPONSIBLY FOR DOGS AND CATS. THE SPAY NEUTER NETT	WORK TEAM AL	SO
2	Did the organization undertake any significant program services during the year which were not listed on the		
		Voc	X No
			21 110
	If "Yes," describe these new services on Schedule O.		77
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as r	neasured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	s, the total expenses, ar	nd
	revenue, if any, for each program service reported.	s, 1.10 total oxportoss, a.	
4-	0.000.400	ue\$ 2,398,	377
4a			
	FOUNDED IN 2003, SPAY NEUTER NETWORK (SNN) IS NATIONALLY		
	ITS EXPERTISE IN HIGH-QUALITY, HIGH-VOLUME SPAY/NEUTER S	ERVICES. OU	R
	MISSION IS ACCOMPLISHED BY OFFERING FREE AND AFFORDABLE 1	HIGH-VOLUME	
	SPAY/NEUTER, WELLNESS AND VACCINATION SERVICES FOR DOGS A	AND CATS IN	
	NORTH TEXAS. SINCE OUR FOUNDING, WE HAVE ALTERED MORE TI		
		· · · · · · · · · · · · · · · · · · ·	
	,	HILE WE'RE	
	, , ,	WE'RE ALSO	
	BUILDING ON THESE PROGRAMS TO MAKE SERVICES EASIER THAN 1	EVER FOR	
	LOW-INCOME PET OWNERS TO ACCESS IN ORDER TO HELP SAVE LIV	VES AND IMPR	OVE
		ATE THREE	
	BRICK-AND-MORTAR CLINICS LOCATED IN CRANDALL, FORT WORTH		
		•	
	TEXAS, IN AREAS OF TOWN WHERE LOW-COST SERVICES ARE MOST	NEEDED. WE	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue	ue \$	
4c	(Code:) (Expenses \$	ie \$	,
	, (100)		
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses 2,802,102.	,	

# Form 990 (2022) SPAY NEUTER NETWORK 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)?			
	If "Yes," complete Schedule A	1	X	
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		Х
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		х
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	<u> </u>		<del></del>
U	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,	-		
′		7		x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	<b>-</b>		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			<sub>V</sub>
	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?			
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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	<b></b> -		
ızu	•	12a		x
h	Schedule D, Parts XI and XII  Was the organization included in consolidated, independent audited financial statements for the tax year?	124		<del></del>
b	•	12b		x
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	13		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
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			x
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
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			<b>.</b>
	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			\ <b>.</b> ,
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			,,
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> X</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
<b>20</b> a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

232003 12-13-22

Form 990 (2022) SPAY NEUTER NETWORK
Part IV Checklist of Required Schedules (continued)

	· (continued)		Yes	Na
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		162	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			<del> </del>
	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		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	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% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			1,7
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			X
0.4	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	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		X
22	Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33		X
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		122
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34		X
35.0	Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			<del></del>
	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?	555		
	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		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	Х	
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		$oxed{oxed}$
22200	1 10 12 22	Eorm	990	(2022)

Form 990 (2022) SPAY NEUTER NETWORK

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

					Yes	No			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return	2a	0						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b					
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За		X			
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0 .		3b					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	author	ity over, a						
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccour	nt)?	4a		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 Advanced in the Financi	ccoun	ts (FBAR).						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X			
b	<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?								
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e orga	anization solicit						
	any contributions that were not tax deductible as charitable contributions?			6a		X			
b	If "Yes," did the organization include with every solicitation an express statement that such contributi								
	were not tax deductible?			6b					
7	Organizations that may receive deductible contributions under section 170(c).		_			7.7			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices p	provided to the payor?	7a		<u> </u>			
b				7b					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			_		v			
	to file Form 8282?	1	1	7c		X			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	•	7.		Х			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or		t?	7e 7f		X			
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?								
g	h If the organization received a contribution of qualified intellectual property, and the organization file a Form 1098-C?								
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained			7h					
Ü		-		8					
9	Sponsoring organizations maintaining donor advised funds.								
а				9a					
b									
10	Section 501(c)(7) organizations. Enter:								
а	Initiation fees and capital contributions included on Part VIII, line 12	10a							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b							
11	Section 501(c)(12) organizations. Enter:								
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								
	amounts due or received from them.)	11b							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	12a					
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	Is the organization licensed to issue qualified health plans in more than one state?			13a					
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which the	۱	1						
	organization is licensed to issue qualified health plans	13b							
C	Enter the amount of reserves on hand	13c	•	44-		v			
14a				14a		<u> </u>			
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner			14b					
15				15		Х			
	excess parachute payment(s) during the year?  If "Yes," see the instructions and file Form 4720, Schedule N.			13					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	inco	ne?	16		Х			
10	If "Yes," complete Form 4720, Schedule O.	. 11 1001		.0					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivitie	3						
••	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17					
	If "Yes," complete Form 6069.								
	· · · · · ·				000	(0000)			

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section 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 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. 7 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 6 Х 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? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official X 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16h Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Another's website X Upon request Own website Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records MONICA RODRIGUEZ - 972-472-3500

Form **990** (2022)

BOX 515, KAUFMAN, TX

## 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

X

#### 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.

(A)	(B)			_ ((	C)			(D)	(E)	(F)
Name and title	Average	(do		Pos heck i			one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss per	rson i	is both	n an	compensation	compensation	amount of
	week		T an		10010	T	100,	from the	from related	other
	(list any hours for	direct				_		organization	organizations (W-2/1099-MISC/	compensation from the
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	trust	nal tru		oyee	om pe		1099-NEC)	,	and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) JORDAN CRAIG	50.00	Pul	lus	#0	Ke	훈등	For			
EXECUTIVE DIR	30.00	X		х				132,404.	0.	0.
(2) DAVID CHADWICK DERESZ	3.00					$\vdash$		152,404.	•	· •
SECRETARY	3,00	х		х				8,140.	0.	0.
(3) BEN LEE	3.00	<u> </u>		<u> </u>		H		5,2100		
DIRECTOR		х						0.	0.	0.
(4) URSULA EVERING	3.00									
PRESIDENT		Х		X				0.	0.	0.
(5) LISA RAMOS	3.00									
TREASURER		Х		Х				0.	0.	0.
(6) ZACH PACE	3.00									
DIRECTOR		X						0.	0.	0.
(7) BONNIE HILL	3.00									
DIRECTOR		Х						0.	0.	0.
		-								
		-		<del>                                     </del>						
		-								
-										
		-								
						$\vdash$				
		-								
		$\vdash$			$\vdash$	$\vdash$				
		1								
				1		1				

ı aı	T VII Section A. Officers, Directors, Trus	1	oloy	ees,			gnes	st C					<b>(F)</b>	
	(A)	(B)			Pos	C) ition	1		(D)	(E)		_	(F)	
	Name and title	Average hours per		not c	heck	more	than		Reportable compensation	Reportable compensation		l	stimate nount	
		week		, unle cer ar					from	from related		اما	other	OI .
		(list any	ctor						the	organization		com	pensa	tion
		hours for	r dire				ted		organization	(W-2/1099-MIS	SC/	fr	om th	е
		related	stee o	rustee			ensa		(W-2/1099-MISC/	1099-NEC)	1	ı ~	anizat	
		organizations below	altru	onal t		loyee	la com		1099-NEC)			l	d relat	
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	anizati	ons
		,	드	트	ō	포	포함	굔						
							$\vdash$							
							$\vdash$							
			-											
1b	Subtotal								140,544.		0.			0.
С	Total from continuation sheets to Part VI								0.		0.			0.
	Total (add lines 1b and 1c)								140,544.		0.			0.
2	Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable	Э			
	compensation from the organization													1
													Yes	No
3	Did the organization list any former officer	director, trust	ee, ł	кеу є	empl	loye	e, or	hig	phest compensated emp	loyee on				
	line 1a? If "Yes," complete Schedule J for s	uch individual										3		X
4	For any individual listed on line 1a, is the su													
	and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	edule	e J 1	for such individual			4		Х
5	Did any person listed on line 1a receive or a	•				•			•					
	rendered to the organization? If "Yes, " con	plete Schedule	e J f	or su	ıch <u>ı</u>	oers	on					5		X
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest co										pensa	tion fro	om	
	the organization. Report compensation for	the calendar ye	ear e	endir	ng w	ith c	or wi	thin		ear.				
	(A)	addrass							(B)	orvicos	_	)) oamo:	<b>C)</b> nsatio	n
·									<u> </u>	ompe	iisatio			
KELLI S TAYLOR 1301 MOBILE LN, WYLIE, TX 75098 VETERINARIAN SERVICE										12	2 2	ດລ		
	THERINE ROSENTHAL	13090						-	VETEKTNAKTAN	SEKVICE		13	2,3	94.
	1 PIKES PEAK RD, KERRVI	יד.ד.בי ידע	7	۵n	28			-	VETERINARIAN	CEDVICE		11	6,6	70
50.	FIRES FEAR RD, RERRY	. 111111, 111		00	<u> </u>			-	ARIBKINAKIAN	SEKVICE			0,0	70.
								$\dashv$						
								$\neg$						
2	Total number of independent contractors (i	ncludina but n	ot lir	nited	d to	thos	se lis	ted	above) who received mo	ore than				
	\$100,000 of compensation from the organi					_	2		•					

Form 990 (2022) SPAY NEUTER NETWORK
Part VIII Statement of Revenue

		Check if Schedule O contains a respons	e or note to anv lin	e in this Part VIII			
		•	,	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
					function revenue	business revenue	sections 512 - 514
SS	1	a Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		b Membership dues 1b					
S S		c Fundraising events 1c					
fts,		d Related organizations					
ية إق							
ons,		e Government grants (contributions) 1e					
utic		f All other contributions, gifts, grants, and	755,094.				
ë		similar amounts not included above 1f	733,034.				
o d		g Noncash contributions included in lines 1a-1f		755 004			
Oa		h Total. Add lines 1a-1f	Business Code	755,094.			
		LOW GOOD VED OF THE		2 200 277	2 200 277		
<u>ic</u> e		a LOW COST VET CLINIC	541900	2,398,377.	2,398,377.		
er Je		b	-				
n S		c	_				
irar 3ev		d	_				
Program Service Revenue		e	_				
Δ.		f All other program service revenue					
_		g Total. Add lines 2a-2f		2,398,377.			
	3	Investment income (including dividends, inte					
		other similar amounts)		170,039.			170,039.
	4	Income from investment of tax-exempt bond	proceeds				
	5	Royalties					
		(i) Real	(ii) Personal				
	6	a Gross rents 6a					
		b Less: rental expenses 6b					
		c Rental income or (loss) 6c					
		d Net rental income or (loss)					
	7	a Gross amount from sales of (i) Securities	s (ii) Other				
		assets other than inventory <b>7a</b> 10,957,83	1.				
		<b>b</b> Less: cost or other basis					
e		and sales expenses	5.				
her Revenue		<b>c</b> Gain or (loss) <b>7c</b> 484,13	1.				
Re		d Net gain or (loss)		-484,131.			-484,131.
ē		a Gross income from fundraising events (not					
₹		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18	Ba				
			Bb				
		c Net income or (loss) from fundraising events					
		a Gross income from gaming activities. See					
			)a				
			9b				
		c Net income or (loss) from gaming activities_					
		a Gross sales of inventory, less returns					
		-	0a				
			0b				
		c Net income or (loss) from sales of inventory	•				
		, , , , , , , , , , , , , , , , , , , ,	Business Code				
snc	11	a MISCELLANEOUS INCOME	541900	18,912.			18,912.
nec		b		,			,
Miscellaneous Revenue		c					
isc.		d All other revenue					
Σ		e Total. Add lines 11a-11d		18,912.			
	12	Total revenue. See instructions		2,858,291.	2,398,377.	0.	-295,180.

232009 12-13-22

#### 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 (C) Management and general expenses (D) Do not include amounts reported on lines 6b. Program service expenses Total expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ...... Benefits paid to or for members ..... Compensation of current officers, directors, 115,219. 140,544. 19,501. 5,824. trustees, and key employees ..... Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 1,288,798. 1,056,570. 178,824. 53,404. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 10 Payroll taxes Fees for services (nonemployees): Management Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, 76,568. 76,568. column (A), amount, list line 11g expenses on Sch O.) 149,534. 98,835. 50,699. Advertising and promotion 12 216,166. 133,854. 79,873. Office expenses 13 Information technology 14 15 Royalties 137,773. 7,251. 145,024. 16 Occupancy 68,750. 68,750. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates 21 5,476. 85,947. 79,704. 767. 22 Depreciation, depletion, and amortization 79,432. 47,659. 31,773. 23 Other expenses. Itemize expenses not covered 24 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.) 592,815. 592,815. CLINIC SUPPLIES TECHNICAL AND VETERINAR 470,923. 470,923. С d All other expenses 3,314,501. 2,802,102. 399,266. 113,133. Total functional expenses. Add lines 1 through 24e 25 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)

Form **990** (2022)

11551107 160165 74250

I a	IL A	Dalance Sneet					
		Check if Schedule O contains a response or note	to any	/ line in this Part X		······	
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			676,614.	1	472,968.
	2	Savings and temporary cash investments			515,145.	2	518,023.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			69,922.	4	27,047.
	5	Loans and other receivables from any current or f					
		trustee, key employee, creator or founder, substa	ntial c	ontributor, or 35%			
		controlled entity or family member of any of these	perso	ons		5	
	6	Loans and other receivables from other disqualified	ed per	sons (as defined			
		under section 4958(f)(1)), and persons described i	in sect	tion 4958(c)(3)(B)		6	
ß	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			129,623.	8	65,024.
ğ	9	B			19,425.	9	72,998.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D Less: accumulated depreciation	10a	1,547,500.			
	b	Less: accumulated depreciation	10b	1,010,118.	544,799.	10c	537,382.
	11	Investments - publicly traded securities			9,683,240.	11	8,431,577.
	12	Investments - other securities. See Part IV, line 11				12	
	13	Investments - program-related. See Part IV, line 1	1			13	
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			2,562.	15	11,338.
	16	Total assets. Add lines 1 through 15 (must equal	line 3	3)	11,641,330.	16	10,136,357.
	17	Accounts payable and accrued expenses	164,788.	17	181,421.		
	18	Grants payable		18			
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Pa	art IV o	of Schedule D		21	
S	22	Loans and other payables to any current or forme	r offic	er, director,			
Liabilities		trustee, key employee, creator or founder, substa	ntial c	ontributor, or 35%			
iabi		controlled entity or family member of any of these	perso	ons		22	
_	23	Secured mortgages and notes payable to unrelate	ed thir	d parties		23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, paya					
		parties, and other liabilities not included on lines	17-24).	. Complete Part X			0.040
		of Schedule D			0.	25	8,848.
	26	Total liabilities. Add lines 17 through 25			164,788.	26	190,269.
"		Organizations that follow FASB ASC 958, chec	k here	e X			
ĕ		and complete lines 27, 28, 32, and 33.			11 202 202		0 555 544
<u>la</u>	27				11,323,090.	27	9,555,541.
B	28	Net assets with donor restrictions			153,452.	28	390,547.
Ĭ.		Organizations that do not follow FASB ASC 95	8, che	ck here			
Ē		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds				29	
Se	30	Paid-in or capital surplus, or land, building, or equ				30	
tΑ	31	Retained earnings, endowment, accumulated inco			11 186 510	31	0.046.000
R	32	Total net assets or fund balances		L	11,476,542.	32	9,946,088.
	33	Total liabilities and net assets/fund balances			11,641,330.	33	10,136,357.

Form	n 990 (2022) SPAY NEUTER NETWORK	20-	-0276	988	Pac	ge <b>12</b>	
Pa	rt XI Reconciliation of Net Assets				•		
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2	,858	3,29	91.	
2	Total expenses (must equal Part IX, column (A), line 25)	2		,314			
3	Revenue less expenses. Subtract line 2 from line 1	3		-456	5,2	10.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	11	,476	5,54	42.	
5	Net unrealized gains (losses) on investments	5	-1	,074	1,24	44.	
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))						
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>					
					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	Ο.					
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						
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,					
	consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,					
	review, or compilation of its financial statements and selection of an independent accountant?			2c			
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule C	).				
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.E.B. Dart 200, Subport E2		l	20	I	X	

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

232012 12-13-22

#### **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.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Part I Reason for Public Charity Status. (All organizations must complete this part.) Sale instructions.  The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)    A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).   A school described in section 170(b)(1)(A)(ii). (Attach Schodule E (Form 1900))   A church, convention of churches, or association of churches described in section 170(b)(1)(A)(ii).   A hospital or a cooperative hospital described in section 170(b)(1)(A)(iii).   A hospital or a cooperative hospital described in section 170(b)(1)(A)(iii).   A hospital or accordance of the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)   A norganization part and many operation of the section 170(b)(1)(A)(iv).   A norganization stan normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(iv).   A norganization stan normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(iv).   A norganization described in section 170(b)(1)(A)(iv). (Complete Part III.)   A norganization described in section 170(b)(1)(A)(iv). (Complete Part III.)   A norganization described in section 170(b)(1)(A)(iv). (Complete Part III.)   A norganization described in section 170(b)(1)(A)(iv). (Complete Part III.)   A norganization described in section 170(b)(1)(A)(iv). (Complete Part III.)   A norganization described in section 170(b)(1)(A)(iv). (Complete Part III.)   A norganization described in section 170(b)(1)(A)(iv). (Complete Part III.)   A norganization described in section 170(b)(1)(A)(iv). (Complete Part III.)   A norganization described in section 170(b)(1)(A)(iv). (Complete Part III.)   A norganization described in section 170(b)(1)(A)(iv). (Complete Part III.)   A norganization described in sec	Name of	the organization		TI TO DIE					identification number
The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)    A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).   A church, convention of churches, or association of churches described in section 170(b)(1)(A)(ii).   A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).   A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii).   A morganization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(v).   A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).   A organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(v). (Complete Part II.)   A community trust described in section 170(b)(1)(A)(v). (Complete Part III.)   A community trust described in section 170(b)(1)(A)(v). (Complete Part III.)   A community trust described in section 170(b)(1)(A)(v). (Complete Part III.)   A nagricultural research organization described in section 170(b)(1)(A)(v). (Complete Part III.)   A nagricultural research organization described in section 170(b)(1)(A)(v). (Complete Part III.)   A norganization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to the severpt functions, subject to certain exceptions, and (2) no more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to the severpt functions, subject to certain exceptions, and (2) no more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to the severpt functions, subject to certain exceptions, and (2) no more than 33 1/3% of its support from contributions, membership fee	Part I	SPAY  Reason for Public (	NEUTER NET	'I'WORK	omploto th	nic part \ S	oo instructions		0-02/6988
A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).  A school described in section 170(b)(1)(A)(ii), (Attach Schedule E (Form 1901)).  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)  A norganization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv).  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(iv). (Complete Part II.)  An agricultural research organization described in section 170(b)(1)(A)(ix). Operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university.  10 [X] An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).  11 An organization organ		•					ee mstructions	•	
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control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.  c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.  d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.  e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.  f Enter the number of supported organizations  g Provide the following information about the supported organization(s).  (ii) Name of supported  (iii) EIN  (iii) Type of organization  (v) Amount of monetary support (see instructions) support (see instructions)	ь Г	¬ ~	-		tion with it	e cupporto	od organization	(c) by bay	ina
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organization (iii) Lit (iiii) yee of organization (described on lines 1-10 (described on lines 1-10) (see instructions) (vi) Amount of more larged (vii) Amount of order (viii) Amount of orde									
	(	.,	(ii) EIN		in your governi	anization listed ing document?	1 ' '	•	' '
		organization			Yes	No	support (see ins	structions)	support (see instructions)
Total									

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
_	tion B. Total Support			•	•	•	
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4						
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	<b>Total support.</b> Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instruction	ons)		•	12	
	First 5 years. If the Form 990 is for the	•				i01(c)(3)	
	organization, check this box and stop	here					
Sec	tion C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2022 (I	ine 6, column (f), d	ivided by line 11,	column (f))		14	%
	Public support percentage from 2021					15	%
16a	33 1/3% support test - 2022. If the	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				
b	33 1/3% support test - 2021. If the	organization did no	t check a box on	line 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances test	- <b>2022.</b> If the org	anization did not	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact						
	meets the facts-and-circumstances te	st. The organization	n qualifies as a pu	ıblicly supported o	rganization		
b	10% -facts-and-circumstances test	- 2021. If the org	anization did not o	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circun	nstances test, che	ck this box and s	<b>top here.</b> Explain i	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	alifies as a publicly	supported organi	zation	
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	nd see instructions	3
						Cohodulo A	(Form 990) 2022

Schedule A (Form 990) 2022

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sed	ction A. Public Support		•				
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	5276712.	2760834.	2071225.	1368557.	755,094.	12232422.
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	2072318.	1725239.	2015950.	2659134.	2398377.	10871018.
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	7349030.	4486073.	4087175.	4027691.	3153471.	23103440.
	Amounts included on lines 1, 2, and						
_	3 received from disqualified persons			220,000.	50,000.	115,000.	385,000.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year			220,000.	50 000	115 000	385,000.
	Add lines 7a and 7b			220,000.	30,000.		22718440.
	Public support. (Subtract line 7c from line 6.)						22/104408
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	7349030.	4486073.	4087175.	4027691.	3153471.	23103440.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources			152,930.	233,846.		
b	Unrelated business taxable income	-	-	-	-	-	
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	: Add lines 10a and 10b	137,698.	112,692.	152,930.	233,846.	170,039.	807,205.
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital	7,806.	30,981.	8,631.	2,205.	18,912.	68,535.
13	assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)	7494534.	4629746.	4248736.	4263742.		23979180.
	First 5 years. If the Form 990 is for th	e organization's fir	st, second, third, f	ourth, or fifth tax y	rear as a section 50	01(c)(3) organizatio	on,
				<u></u>		-	
Sec	ction C. Computation of Publi	c Support Per	centage			_	
	Public support percentage for 2022 (li	, , , , , ,	,	olumn (f))		15	94.74 %
	Public support percentage from 2021		· ·			16	95.74 %
	Section D. Computation of Investment Income Percentage						2 27
17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) 17					3.37 %		
	8 Investment income percentage from 2021 Schedule A, Part III, line 17						
19a							v
b	more than 33 1/3%, check this box are 33 1/3% support tests - 2021. If the						
	line 18 is not more than 33 1/3%, check	ck this box and <b>st</b> e	op here. The orga	nization qualifies a	s a publicly suppor	rted organization	
20	Drivate foundation If the organization	n did not obook a l	ooy on line 14 10c	or 10h obook th	ic hay and acc inct	ruotiono	

#### 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 Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
За		
- Gu		
3b		
36		
20		
3c		
4-		
4a		
4b		
4c		
5a		
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5c		
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8		
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9a		
01-		
9b		
9c		
10a		
10b		

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Pai	Supporting Organizations (continued)			
		$\perp$	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	а		
	A family member of a person described on line 11a above?	b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	С		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
_	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
<u>Sac</u>	supervised, or controlled the supporting organization. 2 tion C. Type II Supporting Organizations			
<u> </u>	non o. Type ii oupporting organizations	$\neg$	<b>V</b>	NI -
	Ways a projective of the consequentiants of directors on two stages of wines the decrease and a projective of the directors		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)			
Sec	the supported organization(s). 1 tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		103	110
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	;		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instruc	tion <u>s</u>	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	3		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
_	these activities but for the organization's involvement.	)		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
h	trustees of each of the supported organizations? <i>If</i> "Yes" or "No" provide details in <b>Part VI.</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	1		
	TANK THE PROPERTY OF A SERVICE OF A SERVICE OF CHEER OF THE CONCRES OF COURTES AND SERVICES OF EACH			

of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.

Schedule A (Form 990) 2022

instructions).

Schedule A (Form 990) 2022

e Excess from 2022

Schedule A (Form 990) 2022 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. Part VI (See instructions.)

SCHEDULE A, PA	ART	III,	LINE 12,	EXPLANATI	ON FOR	OTHER	INCOME:
MISCELLANEOUS	INC	OME					
2018 AMOUNT: 5	\$	7,806	5.				
2019 AMOUNT: 5	\$	30,98	31.				
2020 AMOUNT: 5	\$	8,631	L.				
2021 AMOUNT: 5	\$	2,205	5.				
2022 AMOUNT: 5	\$	18,91	L2.				

Schedule A

# Payments from Disqualified Persons Included on Part III, Line 7a

2022

\*\* Do Not File \*\*

\*\*\* Not Open to Public Inspection \*\*\*

Payer's Name	2018 Amount	2019 Amount	2020 Amount	2021 Amount	2022 Amount
J. L. WILLIAMS FOUNDATION, INC.	0.	0.	20,000.	0.	0.
SUMMERLEE FOUNDATION	0.	0.	30,000.	0.	0.
REES-JONES FOUNDATION	0.	0.	145,000.	0.	0.
BYRNE FAMILY FOUNDATION	0.	0.	25,000.	40,000.	40,000.
JEAN WALKER BHAGWAN PRAGJI	0.	0.	0.	10,000.	0.
THACKER	0.	0.	0.	0.	25,000.
MADDIE'S FUND	0.	0.	0.	0.	40,000.
MARGARET HOLLAND	0.	0.	0.	0.	10,000.
Total to Schedule A, Part III, Line 7a			220,000.	50,000.	115,000.

#### Schedule B

(Form 990)

**Schedule of Contributors** Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

SPAY NEUTER NETWORK

**Employer identification number** 

20-0276988

Organization type (check one):						
Filers of:		Section:				
Form 990	or 990-EZ	$\boxed{\textbf{X}}$ 501(c)( $3$ ) (enter number) organization				
		4947(a)(1) nonexempt charitable trust <b>not</b> 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				
•	y a section 501(c)(7	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 Rule. See instructions.				
	-	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special R	ules					
s	ections 509(a)(1) a contributor, during	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under nd 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; line 1. Complete Parts I and II.				
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, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.						
y is F	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 <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year					
	· ·	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it <b>must</b>				

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

that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022) Page **2** 

Name of organization

Employer identification number

#### SPAY NEUTER NETWORK

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	BEST FRIEND ANIMAL SOCIETY  5001 ANGEL CANYON ROAD  KANAB, UT 84741	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	BYRNE FAMILY FOUNDATION  5950 SHERRY LANE, SUITE 6000  DALLAS, TX 75225	\$\$	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	THE PETCO FOUNDATION  654 RICHLAND HILLS DR  SAN ANTONIO, TX 78245	- \$ 75,000.	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	THE MOODY FOUNDATION  2303 POST OFFICE STREET STE 704  GALVESTON, TX 77550	- \$\$0,000.	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
5_	THE BANFIELD FOUNDATION  18101 SE 6TH WAY  VANCOUVER, WA 98683	- - \$\$6,272.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
223452 11-14	BHAGWAN PRAGJI THACKER  4969 ELMGATE DR  WEST BLOOMFIELD, MI 89451	- \$\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022) Page **2** 

Name of organization

Employer identification number

#### SPAY NEUTER NETWORK

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	JO ANN SWIENTON PO BOX 565266 MIAMI, FL 33256	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	CYNTHIA ROSS  14742 CR 4015  MABANK, TX 75147	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	ROBERT & PEARL KNOX CHARITABLE FOUNDATION  PO BOX 831041  DALLAS, TX 75283	\$ 10,000.	Person X Payroll
(a)	(b)	(c)	(d)
10	Name, address, and ZIP + 4  PETSMART CHARITIES  19601 N 27TH AVE  PHOENIX, AZ 85027	Total contributions  \$ 75,000.	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
11	MADDIE'S FUND  6150 STONERIDGE MALL RD STE 125  PLEASANTON, CA 94588	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	FIFTH GENERATION, INC  1406 SMITH ROAD BUILDING C  AUSTIN, TX 78721	\$5,000.	Person X Payroll

Schedule B (Form 990) (2022)

Name of organization

Employer identification number

#### SPAY NEUTER NETWORK

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
13	CUDDLY  909 ELECTRIC AVE SUITE 208  SEAL BEACH, CA 90740	\$5,451.	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
14	PEW CHARITIES  2005 MARKET ST SUITE 2800  PHILADELPHIA, PA 19103	\$\$	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
15	THE RACHEL AND BEN FAUGHAN FOUNDATION PO BOX 460968 SAN ANTONIO, TX 78246	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16	MARGARET HOLLAND  120 WILLIAMSBURG LANE  FORT WORTH, TX 76107	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash (Complete Part II for noncash contributions.)

Page 3

Name of organization Employer identification number

#### SPAY NEUTER NETWORK

Part II	Noncash Property (see instructions). Use duplicate copies of Part	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
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<b>\$</b>	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<b>\$</b>	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Page 4

Name of organization **Employer identification number** SPAY NEUTER NETWORK 20-0276988 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

#### **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 Inspection

Name of the organization

SPAY NEUTER NETWORK

**Employer identification number** 20-0276988

Par			or Accounts. Complete if the			
	organization answered "Yes" on Form 990, Part IV, lin	· · · · · · · · · · · · · · · · · · ·	(b) Funds and other accounts			
_	Total growth and and of const	(a) Donor advised funds	(b) Funds and other accounts			
1	Total number at end of year					
2 3	Aggregate value of contributions to (during year)  Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advis	eed funds			
J	are the organization's property, subject to the organization's	_				
6	Did the organization inform all grantees, donors, and donor a					
•	for charitable purposes and not for the benefit of the donor o					
Par						
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).				
	Preservation of land for public use (for example, recrea	tion or education) Preservation o	f a historically important land area			
	Protection of natural habitat	Preservation o	f a certified historic structure			
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form				
	day of the tax year.		Held at the End of the Tax Year			
	Total number of conservation easements		l l			
			I I			
	Number of conservation easements on a certified historic stru		2c			
d	Number of conservation easements included in (c) acquired a	•				
•	historic structure listed in the National Register					
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	e organization during the tax			
4	year Number of states where property subject to conservation eas	sement is located				
5	Does the organization have a written policy regarding the per					
Ŭ	violations, and enforcement of the conservation easements it		Yes No			
6	Staff and volunteer hours devoted to monitoring, inspecting,					
			,			
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	tion easements during the year			
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of section 170	(h)(4)(B)(i)			
	and section 170(h)(4)(B)(ii)?		Yes No			
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	statement and			
	balance sheet, and include, if applicable, the text of the footn	note to the organization's financial statem	ents that describes the			
Dos	organization's accounting for conservation easements.	i Aut Historiaal Trassures or Of	thay Cimilay Assats			
Par	t III Organizations Maintaining Collections of		ther Similar Assets.			
	Complete if the organization answered "Yes" on Form		and below as also also as the sales			
па	If the organization elected, as permitted under FASB ASC 95	•				
	of art, historical treasures, or other similar assets held for pub	, ,	'			
h	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					
D	art, historical treasures, or other similar assets held for public					
	provide the following amounts relating to these items:	exhibition, education, or research in full	lerance of public service,			
	(i) Revenue included on Form 990, Part VIII, line 1		\$			
			•			
2	If the organization received or held works of art, historical trea					
_	the following amounts required to be reported under FASB A		J , F			
а	Revenue included on Form 990, Part VIII, line 1	·	\$			
	Assets included in Form 990, Part X					
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2022			

Par	rt III Organizations Maintaining C	ollections of Art	, Histori	cal Tre	asures, o	r Other	Simila	r Assets	(continu	ıed)
3	<del></del>									
	collection items (check all that apply):									
а	Public exhibition									
b	Scholarly research									
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explain	how they	further th	e organizatio	n's exem	pt purpo	se in Part	XIII.	
5	During the year, did the organization solicit or	r receive donations of	f art, histo	rical treas	sures, or othe	er similar a	assets			
	to be sold to raise funds rather than to be ma								Yes	☐ No
Par	t IV Escrow and Custodial Arrang		te if the or	ganizatio	n answered '	"Yes" on F	orm 990	, Part IV, I	ine 9, or	
	reported an amount on Form 990, Par	t X, line 21.								
1a	Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included									
	on Form 990, Part X?								Yes	No
b	If "Yes," explain the arrangement in Part XIII a	and complete the follo	owing tabl	e:						
									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line 2	21, for esc	row or cu	stodial acco	unt liabilit	y?	<u> </u>	Yes	No
	If "Yes," explain the arrangement in Part XIII.									
Par	rt V Endowment Funds. Complete in	f the organization ans	wered "Ye	es" on Fo	rm 990, Part					
		(a) Current year	<b>(b)</b> Prio		(c) Two year			ears back	• • •	years back
1a	Beginning of year balance	153,452.	4:	24,874.		3,867.	2,9	78,263.	1,025,384.	
b	Contributions	541,262.	1,1	98,725.	1,547	7,956.	2,5	56,572.	5,3	131,166.
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs	304,167.	1,4	70,147.	2,556	6,949.	4,1	00,968.	3,3	178,289.
f	Administrative expenses									
g	End of year balance	390,547.	1	53,452.	424	4,874.	1,4	33,867.	2,9	978,261.
2	Provide the estimated percentage of the curr	ent year end balance	(line 1g, c	olumn (a)	) held as:					
а	Board designated or quasi-endowment%									
b	Permanent endowment									
С	Term endowment									
	The percentages on lines 2a, 2b, and 2c shou	uld equal 100%.								
За	Are there endowment funds not in the posses	Are there endowment funds not in the possession of the organization that are held and administered for the								
	9									
	(i) Unrelated organizations								3a(i)	X
	(ii) Related organizations								3a(ii)	X
b	"Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?							3b		
4	Describe in Part XIII the intended uses of the		ment fund	ds.						
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answered	d "Yes" on Form 990,	Part IV, lii	ne 11a. S	ee Form 990	, Part X, li	ne 10.			
	Description of property	(a) Cost or oth		(b) Cost		. ,	cumulate	ed	(d) Book	value
				dep	reciation	eciation				
	Land			67,729.				67,729.		
	Buildings			523,491. 22		26,8	46.	296,645.		
	Leasehold improvements									
	Equipment			95	6,280.	7	83,2	12.	173	,008.
	Other									
Total	I. Add lines 1a through 1e. (Column (d) must ea	gual Form 990 Part X	column i	(R) line 10	OC )				537	,382.

Schedule D (Form 990) 2022

Description of security or category (including name of security)	(b) Book value	<ul><li>11b. See Form 990, Part X, line 12.</li><li>(c) Method of valuation: Cost or end</li></ul>	-of-vear market value
Figure sign standards	(a) Book value	(2) mounds of valuation, cost of one	5. your market value
Olasak, kalaka awitu intawata			
Other			
A)			
В)			
C)			
D)			
E)			
=)			
G)			
H)			
I. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)  Investments - Program Related.  Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
1)			
2)			
3)			
4)			
5)			
6)			
7)			
3)			
9)			
Complete if the organization answered "Yes" o	n Form 990, Part IV, line of Description	11d. See Form 990, Part X, line 15.	(b) Book value
1)			
2)			
3)			
3) 4)			
3) 4) 5)			
3) 4) 5) 6)			
3) 4) 5) 6) 7)			
3) 4) 5) 6) 7)			
3) 4) 5) 6) 7) 8)			
3) 4) 5) 6) 7) 8) 9) II. (Column (b) must equal Form 990, Part X, col. (B) line rt X Other Liabilities.		11e or 11f. See Form 990, Part X, line 25.	
3) 4) 5) 6) 7) 8) 9) 1. (Column (b) must equal Form 990, Part X, col. (B) line		11e or 11f. See Form 990, Part X, line 25.	(b) Book value
3) 4) 5) 6) 7) 8) 9) II. (Column (b) must equal Form 990, Part X, col. (B) line rt X Other Liabilities.  Complete if the organization answered "Yes" o  (a) Description of liability		11e or 11f. See Form 990, Part X, line 25.	(b) Book value
3) 4) 5) 6) 7) 8) 9) N. (Column (b) must equal Form 990, Part X, col. (B) line rt X Other Liabilities.  Complete if the organization answered "Yes" o  (a) Description of liability  1) Federal income taxes		11e or 11f. See Form 990, Part X, line 25.	
3) 4) 5) 6) 7) 8) 9) nl. (Column (b) must equal Form 990, Part X, col. (B) line rt X Other Liabilities.  Complete if the organization answered "Yes" o  (a) Description of liability  1) Federal income taxes 2) OPERATING LEASE LIABILITY		11e or 11f. See Form 990, Part X, line 25.	
3) 4) 5) 6) 7) 8) 9) 1. (Column (b) must equal Form 990, Part X, col. (B) line rt X Other Liabilities.  Complete if the organization answered "Yes" o  (a) Description of liability  1) Federal income taxes 2) OPERATING LEASE LIABILITY  3)		11e or 11f. See Form 990, Part X, line 25.	(b) Book value 8,84
3) 4) 5) 6) 7) 8) 9) al. (Column (b) must equal Form 990, Part X, col. (B) line rt X Other Liabilities.  Complete if the organization answered "Yes" o  (a) Description of liability  1) Federal income taxes 2) OPERATING LEASE LIABILITY  3) 4)		11e or 11f. See Form 990, Part X, line 25.	
3) 4) 5) 6) 7) 8) 9) al. (Column (b) must equal Form 990, Part X, col. (B) line rt X Other Liabilities.  Complete if the organization answered "Yes" o  (a) Description of liability  1) Federal income taxes 2) OPERATING LEASE LIABILITY 3) 4) 5)		11e or 11f. See Form 990, Part X, line 25.	
3) 4) 5) 6) 7) 8) 9) N. (Column (b) must equal Form 990, Part X, col. (B) line rt X Other Liabilities.  Complete if the organization answered "Yes" o  (a) Description of liability  1) Federal income taxes 2) OPERATING LEASE LIABILITY 3) 4) 5) 6)		11e or 11f. See Form 990, Part X, line 25.	
3) 4) 5) 6) 7) 8) 9) N. (Column (b) must equal Form 990, Part X, col. (B) line rt X Other Liabilities. Complete if the organization answered "Yes" o  (a) Description of liability  1) Federal income taxes 2) OPERATING LEASE LIABILITY 3) 4) 5) 6) 7)		11e or 11f. See Form 990, Part X, line 25.	
3) 4) 5) 6) 7) 8) 9) 1. (Column (b) must equal Form 990, Part X, col. (B) line rt X Other Liabilities.  Complete if the organization answered "Yes" o  (a) Description of liability  1) Federal income taxes 2) OPERATING LEASE LIABILITY  3) 4) 5) 6) 7) 8)		11e or 11f. See Form 990, Part X, line 25.	
3) 4) 5) 6) 7) 8) 9) N. (Column (b) must equal Form 990, Part X, col. (B) line rt X Other Liabilities.  Complete if the organization answered "Yes" o  (a) Description of liability  1) Federal income taxes 2) OPERATING LEASE LIABILITY 3) 4) 5) 6)	n Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	

Schedul	e D (Form 990) 2022 SPAY NEUTER NETWORK		20-0276988	Page 4
Part >	Reconciliation of Revenue per Audited Financial S	Statements With Revenu	e per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV	/, line 12a.		
	tal revenue, gains, and other support per audited financial statements		1	
	nounts included on line 1 but not on Form 990, Part VIII, line 12:	1.1		
	t unrealized gains (losses) on investments			
	onated services and use of facilities			
	coveries of prior year grants			
	her (Describe in Part XIII.)		20	
	Id lines 2a through 2d			
	ounts included on Form 990, Part VIII, line 12, but not on line 1:			
	vestment expenses not included on Form 990, Part VIII, line 7b	4a		
	her (Describe in Part XIII.)			
	Id lines <b>4a</b> and <b>4b</b>		4c	
	tal revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I. line			
Part >	II Reconciliation of Expenses per Audited Financial	Statements With Expens	ses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV	/, line 12a.		
<b>1</b> To	tal expenses and losses per audited financial statements		1	
	nounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b> Do	nated services and use of facilities	2a		
<b>b</b> Pr	or year adjustments	2b		
c Of	her losses	2c		
<b>d</b> Of	her (Describe in Part XIII.)	2d		
	ld lines 2a through 2d			
	btract line <b>2e</b> from line <b>1</b>		3	
	nounts included on Form 990, Part IX, line 25, but not on line 1:	1 1		
	vestment expenses not included on Form 990, Part VIII, line 7b			
	her (Describe in Part XIII.)			
	Id lines 4a and 4b			
Part )	tal expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin [III] Supplemental Information.	<u>ne 18.)                                    </u>	5	
	the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	nd 1: Part IV lines 1h and 2h: P	eart V line 1: Part Y line 2: Part Y	
	and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid		art v, iiile 4, i art X, iiile 2, i art X	',
11100 20	and 45, and 1 are Mi, intel 2d and 45. 7 100 complete this part to provid	o arry additional information.		
PART	V, LINE 4:			
remp	DRARILY RESTRICTED NET ASSETS CONSIS	ST OF CONTRIBUTION	ONS TO BE USED FO	R
PET	STERILIZATION AND MARKETING.			

#### 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.

2022 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

SPAY NEUTER NETWORK

Employer identification number 20-0276988

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

SPAY/NEUTER SERVICES, WHILE EMPOWERING COMMUNITIES TO CARE RESPONSIBLY

FOR DOGS AND CATS.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

TAKES IT'S MISSION BEYOND THE CLINIC AND SURGICAL MASH TO COLLABORATE

AND ENGAGE IN THE COMMUNITY BY SERVING ON TEAMS WORKING TO DEVELOP

POWERFUL ANIMAL WELFARE PLANS AND POLICIES FOR CITIES, COUNTIES AND

MUNICIPALITIES IN THE NORTH TEXAS REGION.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: OPERATE MOBILE SPAY-NEUTER AND VACCINATION CLINICS, WHICH FOCUS ON BRINGING SERVICES DIRECTLY TO UNDERSERVED LOW-INCOME NEIGHBORHOODS IN WE PROVIDE ANIMAL TRANSPORTS TO AND FROM MORE THAN 35 NORTH TEXAS. LOCATIONS TO ONE OF OUR CLINIC LOCATIONS. OUR OUTREACH PROGRAM EDUCATES PET OWNERS BY GOING TO COMMUNITY EVENTS IN TARGETED NEIGHBORHOODS. ADDITIONALLY, WE OFFER HUMANE EDUCATION TO NORTH TEXAS SCHOOLS TO HELP THE NEXT GENERATION BECOME MORE RESPONSIBLE PET OWNERS. OUR PET SUPPORT AND RESOURCE CENTER, FOUNDED IN 2020, SEEKS TO FURTHER SUPPORT PET OWNERS BY CONNECTING THEM WITH RESOURCES AND INFORMATION TO HELP THEM KEEP THEIR PETS, REHOME THEIR PETS OR FIND DIRECT RESCUE PLACEMENT FOR THEIR PETS. THIS PROGRAM IS HELPING TO REDUCE OVERCROWDING IN SHELTERS AND EUTHANISIA DUE TO SPACE. AS OUR MISSION STATES, WE ARE WORKING TO ELIMINATE PET OVERPOPULATION WHILE HELPING PET OWNERS LEARN HOW TO TAKE CARE OF THEIR DOGS AND CATS - AND WE ARE ALWAYS LOOKING FOR INNOVATIVE WAYS TO APPROACH THIS PROBLEM.

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

Schedule O (Form 990) 2022

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Name of the organization SPAY NEUTER NETWORK Employer identification number 20-0276988

#### VARIOUS PROGRAMS

SNN CONTINUES TO BE ON THE FOREFRONT OF THE MANY POSITIVE CHANGES HAPPENING FOR ANIMALS IN DALLAS. SNN IS PROUD TO SAY WE HAVE BEEN A CATALYST FOR THIS SUCCESS, INITIATING PARTNERSHIPS WITH THE CITY OF DALLAS, DALLAS ANIMAL SERVICES, CITY OFFICIALS, LOCAL ANIMAL GROUPS AND LOCAL FUNDERS TO FOCUS ON THE KINDS OF CHANGES WE COULD MAKE FOR ANIMALS IN DALLAS. AS A WAY TO SUPPORT DALLAS, WE SPAY AND NEUTER COMMUNITY CATS THAT WOULD OTHERWISE END UP AT THE SHELTERS. IN 2022, WE PROVIDED THESE SERVICES FOR MORE THAN 1,700 COMMUNITY CATS IN DALLAS, AND NEARLY ANOTHER 500 FOR THE SURROUNDING AREAS. ALL OF THESE CATS ARE SPAYED/NEUTERED, VACCINATED AND MICROCHIPPED BEFORE BEING RETURNED. OUR EXPANDED PARTNERSHIPS WITH LOCAL COMMUNITIES HAS ALLOWED US TO MICROCHIP MORE THAN 105,000 DOGS AND CATS TO HELP LOW-INCOME PET OWNERS WITH MICROCHIP COMPLIANCE. THIS HELPS THE COMMUNITY BY INCREASING THE CHANCES A LOST DOG PICKED UP CAN BE SCANNED AND RETURNED TO THEIR OWNER WITHOUT EVER GOING TO THE ANIMAL SHELTER. WE'VE SPAYED AND NEUTERED MORE THAN 28,000 DOGS THROUGH THE SOUTHERN DALLAS SPAY/NEUTER SURGE PROJECT BETWEEN 2017 AND 2022, AND WE CONTINUE TO OFFER LOW COST SERVICES IN THIS SERVICE AREA FOLLOWING THE COMPLETION OF THE PROJECT. WE HAVE PROVIDED MORE THAN 34,000 FREE AND LOW-COST SERVICES TO THE FORT WORTH COMMUNITY SINCE OPENING OUR CLINIC IN FORT WORTH IN 2019. IN LATE 2022, WE STARTED OUR EXPANSION BEYOND NORTH TEXAS AND INTO SAN ANTONIO. WE SIGNED A LEASE AND STARTED PLANNING FOR A CLINIC TO OPEN IN EARLY 2023.

FORM 990, PART VI, SECTION A, LINE 2:

BOARD MEMBER DAVID CHADWICK DERESZ HAS A BUSINESS RELATIONSHIP.

Schedule O (Form 990) 2022 Page **2** 

Name of the organization  SPAY NEUTER NETWORK	Employer identification number 20-0276988				
FORM 990, PART VI, SECTION B, LINE 11B:					
FORM 990 IS REVIEWED BY THE DIRECTOR OF FINANCE. A FINAL COPY OF THE FORM					
990 IS DISTRIBUTED TO THE BOARD OF DIRECTORS.					
FORM 990, PART VI, SECTION B, LINE 12C:					
EMPLOYEES AND BOARD MEMBERS SIGN A CONFLICT OF INTEREST POLICY. A					
SUGGESTION BOX IS AVAILABLE TO EMPLOYEES TO CONFIDENTIALLY	RAISE CONCERNS				
TO BE ADDRESSED BY THE EXECUTIVE DIRECTOR. THE BOARD OF D	IRECTORS THEN				
DISCUSSES ANY ISSUES AT BOARD MEETINGS, WHICH ARE HELD QUA	RTERLY.				
FORM 990, PART VI, SECTION C, LINE 19:					
DOCUMENTS SUBJECT TO PUBLIC DISCLOSURE ARE AVAILABLE UPON	REQUEST.				
EMPLOYEE LEASING					
EMPLOYEES OF SPAY NEUTER NETWORK ARE LEASED FROM A PROFESS	IONAL				
EMPLOYER ORGANIZATION. AS SUCH, PAYROLL RELATED EXPENSES	ARE REPORTED				
AS SALARIES ON THE FORM 990 AND INCLUDE SALARIES AND PAYROLL TAXES.					