

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

▶ Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

**A For the 2021 calendar year, or tax year beginning** , 2021, and ending , 20

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization Animal Network, Inc.		<b>D</b> Employer identification number 59-3591574
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>E</b> Telephone number 2404811522
	3230 East Bay Drive #103		<b>F</b> Group Exemption Number ▶
	City or town, state or province, country, and ZIP or foreign postal code Holmes Beach, FL 34217		

**G** Accounting Method:  Cash  Accrual Other (specify) ▶ \_\_\_\_\_

**I Website:** ▶ <https://animalnetworkinc.com/>

**J Tax-exempt status** (check only one) –  501(c)(3)  501(c) ( ) ◀ (insert no.)  4947(a)(1) or  527

**K Form of organization:**  Corporation  Trust  Association  Other \_\_\_\_\_

**L** Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ . . . . . ▶ \$ 115,993.

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)  
 Check if the organization used Schedule O to respond to any question in this Part I . . . . .

<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received . . . . .	<b>1</b>	101,861.
	<b>2</b> Program service revenue including government fees and contracts . . . . .	<b>2</b>	
	<b>3</b> Membership dues and assessments . . . . .	<b>3</b>	
	<b>4</b> Investment income . . . . .	<b>4</b>	
	<b>5a</b> Gross amount from sale of assets other than inventory . . . . .	<b>5a</b>	
	<b>b</b> Less: cost or other basis and sales expenses . . . . .	<b>5b</b>	
	<b>c</b> Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) . . . . .	<b>5c</b>	
	<b>6</b> Gaming and fundraising events:		
	<b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	<b>6a</b>	
<b>b</b> Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . . .	<b>6b</b>	11,255.	
<b>c</b> Less: direct expenses from gaming and fundraising events . . . . .	<b>6c</b>	2,818.	
<b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	<b>6d</b>	8,437.	
<b>7a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>7a</b>	2,819.	
<b>b</b> Less: cost of goods sold . . . . .	<b>7b</b>	1,130.	
<b>c</b> Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) . . . . .	<b>7c</b>	1,689.	
<b>8</b> Other revenue (describe in Schedule O) . . . . . See Line 8 Stmt.	<b>8</b>	58.	
<b>9 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . ▶	<b>9</b>	112,045.	
<b>Expenses</b>	<b>10</b> Grants and similar amounts paid (list in Schedule O) . . . . .	<b>10</b>	27,887.
	<b>11</b> Benefits paid to or for members . . . . .	<b>11</b>	
	<b>12</b> Salaries, other compensation, and employee benefits . . . . .	<b>12</b>	
	<b>13</b> Professional fees and other payments to independent contractors . . . . .	<b>13</b>	3,594.
	<b>14</b> Occupancy, rent, utilities, and maintenance . . . . .	<b>14</b>	193.
	<b>15</b> Printing, publications, postage, and shipping . . . . .	<b>15</b>	
	<b>16</b> Other expenses (describe in Schedule O) . . . . . See Line 16 Stmt.	<b>16</b>	5,153.
<b>17 Total expenses.</b> Add lines 10 through 16 . . . . . ▶	<b>17</b>	36,827.	
<b>Net Assets</b>	<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 9) . . . . .	<b>18</b>	75,218.
	<b>19</b> Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .	<b>19</b>	270,394.
	<b>20</b> Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>20</b>	
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . . ▶	<b>21</b>	345,612.

**Part II Balance Sheets** (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
<b>22</b> Cash, savings, and investments	271,344.	<b>22</b> 338,023.
<b>23</b> Land and buildings		<b>23</b>
<b>24</b> Other assets (describe in Schedule O)	94.	<b>24</b> 7,589.
<b>25</b> Total assets	271,438.	<b>25</b> 345,612.
<b>26</b> Total liabilities (describe in Schedule O)	1,044.	<b>26</b>
<b>27</b> Net assets or fund balances (line 27 of column (B) must agree with line 21)	270,394.	<b>27</b> 345,612.

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? Helping people, helping animals.

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

<b>28</b> <u>Shelter Diversion</u> Diverting pets from entering the county shelter. We organize, fund and participate in low cost / no cost clinics that offer microchipping, spay and neuter. (Grants \$ 0. ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>	8,274.
<b>29</b> <u>Shelter Manatee</u> Partnered with Manatee County to support building a new shelter. The campaign raised \$59,107 in 2021. (Grants \$ 0. ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>	866.
<b>30</b> <u>Community Support: Funding pet needs to ensure family pets are not relinquished to local shelters. Boarding pets, funding emergency treatment, free sterilization, free microchips and supplying pet food banks.</u> (Grants \$ 0. ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>	8,668.
<b>31</b> Other program services (describe in Schedule O) (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>	
<b>32</b> Total program service expenses (add lines 28a through 31a)	<b>32</b>	17,808.

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated—see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
<u>Pam Freni</u> President	30.00	0.	0.	0.
<u>Joanne Sampson</u> Vice President	2.00	0.	0.	0.
<u>Wendy Crawford</u> Secretary	2.00	0.	0.	0.
<u>Mike Mathews</u> Treasurer	10.00	0.	0.	0.
<u>Michelle Tourjee</u> Director	2.00	0.	0.	0.
<u>Kathy Guitierrez</u> Director	2.00	0.	0.	0.

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?
35b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N
37a Enter amount of political expenditures, direct or indirect, as described in the instructions
37b Did the organization file Form 1120-POL for this year?
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
38b If "Yes," complete Schedule L, Part II, and enter the total amount involved
39 Section 501(c)(7) organizations. Enter:
39a Initiation fees and capital contributions included on line 9
39b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955
40b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I
40c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
40d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization
40e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T
41 List the states with which a copy of this return is filed
42a The organization's books are in care of Pam Freni Telephone no. (240) 481-1522 Located at 7815 Senrab Drive, Bradenton FL ZIP + 4 34209
42b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).
42c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44c Did the organization receive any payments for indoor tanning services during the year?
44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions

	<b>Yes</b>	<b>No</b>
<b>46</b> Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .	46	X

**Part VI Section 501(c)(3) Organizations Only**

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

	<b>Yes</b>	<b>No</b>
<b>47</b> 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 . . . . .	47	X
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	48	X
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization? . . . . .	49a	X
<b>b</b> If "Yes," was the related organization a section 527 organization? . . . . .	49b	
<b>50</b> Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."		

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
None				

**f** Total number of other employees paid over \$100,000 . . . . . ▶ \_\_\_\_\_

**51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
None		

**d** Total number of other independent contractors each receiving over \$100,000 . . . . . ▶ \_\_\_\_\_

**52** Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A . . . . . ▶  **Yes**  **No**

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

<b>Sign Here</b>	▶ Signature of officer Pam Freni, President	Date
	▶ Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name Kathleen H Yanevich	Preparer's signature Kathleen H Yanevich	Date 06/23/2022	Check <input checked="" type="checkbox"/> if self-employed	PTIN P00543810
	Firm's name ▶ Kathleen H. Yanevich, CPA, LLC			Firm's EIN ▶ 75-3130292	
	Firm's address ▶ 2004 72nd St NW, Bradenton, FL 34209			Phone no. (941) 251-4000	

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ▶  **Yes**  **No**

**Additional information from your Form 990-EZ: Short Form Return of Organization Exempt from Income Tax****Form 990-EZ: Short Form Return of Organization Exempt from Income Tax****Line 8: Other Revenue****Continuation Statement**

Description	Amount
Interest Income	2.
Amazon Smile	56.
<b>Total</b>	58.

**Form 990-EZ: Short Form Return of Organization Exempt from Income Tax****Line 16: Other Expenses****Continuation Statement**

Description	Amount
Bank Charges	
Insurance	2,245.
Office Supplies	45.
Taxes and Licenses	61.
Advertising / Social Media	539.
Web Services	877.
Depreciation	63.
Interest	353.
Dues and Memberships	970.
<b>Total</b>	5,153.

**SCHEDULE A  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

<b>Name of the organization</b> Animal Network, Inc.	<b>Employer identification number</b> 59-3591574
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**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  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:
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  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:
- 10  An organization that normally receives (1) more than 33<sup>1</sup>/<sub>3</sub>% 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<sup>1</sup>/<sub>3</sub>% 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.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - 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).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4 Total.</b> Add lines 1 through 3 . . . . .						
<b>5</b> 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) . . . . .						
<b>6 Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4 . . . . .						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) . . . . .	<b>14</b>	%
<b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14 . . . . .	<b>15</b>	%
<b>16a 33 1/3% support test—2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>b 33 1/3% support test—2020.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>17a 10%-facts-and-circumstances test—2021.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>b 10%-facts-and-circumstances test—2020.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .		<input type="checkbox"/>

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	40,072.	49,152.	153,231.	160,647.	101,861.	504,963.
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . .	18,722.	42,190.	26,220.	25,042.	10,126.	122,300.
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . .	58,794.	91,342.	179,451.	185,689.	111,987.	627,263.
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . .						
<b>b</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						
<b>c</b> Add lines 7a and 7b . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . .						627,263.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>9</b> Amounts from line 6 . . . .	58,794.	91,342.	179,451.	185,689.	111,987.	627,263.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . .	0.	2.	451.	51.	58.	562.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . .						
<b>c</b> Add lines 10a and 10b . . . .	0.	2.	451.	51.	58.	562.
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . .	58,794.	91,344.	179,902.	185,740.	112,045.	627,825.
<b>14 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) . . . .	<b>15</b>	99.91 %
<b>16</b> Public support percentage from 2020 Schedule A, Part III, line 15 . . . .	<b>16</b>	99.92 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2021</b> (line 10c, column (f), divided by line 13, column (f)) . . . .	<b>17</b>	0.09 %
<b>18</b> Investment income percentage from <b>2020</b> Schedule A, Part III, line 17 . . . .	<b>18</b>	0.08 %
<b>19a 33 1/3% support tests—2021.</b> If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . <input checked="" type="checkbox"/>		
<b>b 33 1/3% support tests—2020.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . <input type="checkbox"/>		
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . <input type="checkbox"/>		



**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on 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**

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
3b	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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
3c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
4b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
4c	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)? <i>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.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
5b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5c	<b>Substitutions only.</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
9b	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? <i>If "Yes," provide detail in Part VI.</i>		
9c	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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
10b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

		Yes	No
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b>	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?		
	<b>11a</b>		
<b>b</b>	A family member of a person described on line 11a above?		
	<b>11b</b>		
<b>c</b>	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 <b>Part VI</b> .		
	<b>11c</b>		

**Section B. Type I Supporting Organizations**

		Yes	No
<b>1</b>	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.		
	<b>1</b>		
<b>2</b>	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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
	<b>2</b>		

**Section C. Type II Supporting Organizations**

		Yes	No
<b>1</b>	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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
	<b>1</b>		

**Section D. All Type III Supporting Organizations**

		Yes	No
<b>1</b>	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the 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?		
	<b>1</b>		
<b>2</b>	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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
	<b>2</b>		
<b>3</b>	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 <b>Part VI</b> the role the organization's supported organizations played in this regard.		
	<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).		
<b>2</b>	Activities Test. <b>Answer lines 2a and 2b below.</b>		
		Yes	No
<b>a</b>	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 <b>Part VI</b> 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.		
	<b>2a</b>		
<b>b</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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
	<b>2b</b>		
<b>3</b>	Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b>		
<b>a</b>	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in <b>Part VI</b> .		
	<b>3a</b>		
<b>b</b>	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.		
	<b>3b</b>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1**  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A—Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3.	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>	
<b>Section B—Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
<b>2</b>	Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d.	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by 0.035.	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C—Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, column A)	<b>1</b>	
<b>2</b>	Enter 0.85 of line 1.	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3.	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>	
<b>7</b>	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**Part V** Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D—Distributions		Current Year
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required—provide details in <b>Part VI</b> )	<b>5</b>
<b>6</b>	Other distributions (describe in <b>Part VI</b> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2021 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

Section E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
<b>1</b> Distributable amount for 2021 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2021 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2021			
<b>a</b> From 2016 . . . . .			
<b>b</b> From 2017 . . . . .			
<b>c</b> From 2018 . . . . .			
<b>d</b> From 2019 . . . . .			
<b>e</b> From 2020 . . . . .			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2021 distributable amount			
<b>i</b> Carryover from 2016 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2021 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2021 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2017 . . . . .			
<b>b</b> Excess from 2018 . . . . .			
<b>c</b> Excess from 2019 . . . . .			
<b>d</b> Excess from 2020 . . . . .			
<b>e</b> Excess from 2021 . . . . .			



**SCHEDULE G  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

Name of the organization

Animal Network, Inc.

Employer identification number

59-3591574

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a**  Mail solicitations
  - b**  Internet and email solicitations
  - c**  Phone solicitations
  - d**  In-person solicitations
  - e**  Solicitation of non-government grants
  - f**  Solicitation of government grants
  - g**  Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  **Yes**  **No**
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b>						

- 3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1 <u>Yappy Hour</u> (event type)	(b) Event #2 _____ (event type)	(c) Other events <u>None</u> (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	<b>1</b> Gross receipts . . . . .	10,923.			10,923.
	<b>2</b> Less: Contributions . . . . .				
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	10,923.			10,923.
Direct Expenses	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .				
	<b>7</b> Food and beverages . . . . .				
	<b>8</b> Entertainment . . . . .				
	<b>9</b> Other direct expenses . . . . .	1,952.			1,952.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				1,952.
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶				8,971.	

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	<b>1</b> Gross revenue . . . . .				
	<b>2</b> Cash prizes . . . . .				
Direct Expenses	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
Revenue	<b>6</b> Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶				
Revenue	<b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . . ▶				

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

**a** Is the organization licensed to conduct gaming activities in each of these states? . . . . .  Yes  No

**b** If "No," explain: \_\_\_\_\_

\_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? . . . . .  Yes  No

**b** If "Yes," explain: \_\_\_\_\_

\_\_\_\_\_





**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Name of the organization

Animal Network, Inc.

Employer identification number

59-3591574

Pt VI, Line 11b: Organization's Process to Review Form 990

Pt VI, Line 11b: A review will be conducted with the governing upon

Pt VI, Line 11b: their request.

Pt VI, Line 19: Governing Documents Disclosure Explanation

Pt VI, Line 19: Animal Network makes all governing documents, policies

Pt VI, Line 19: and three most recent tax returns available to the

Pt VI, Line 19: public upon request.

Pt I, Line 8:

Description: Interest Income \$2

Description: Amazon Smile \$56

Pt I, Line 10:

Description: Community Support

Class of activity: Rescue Support

Grantee's name: Shiba Inu Rescue of Florida, Inc.

Grantee's address: 15275 Collier Blvd 201-377 Naples FL 34119

Grantee's relationship: Unrelated

Amount given: \$1,203

Description: Shelter Diversion Program, Pet Retention, Spay / Neuter

Class of activity: Shelter Diversion Spay / Neuter

Grantee's name: Friends of Manatee County Animal Services

Grantee's address: 3230 E Bay Dr #316 Holmes Beach FL 34217

Grantee's relationship: Unrelated

Amount given: \$2,342

Description: Community Support

Class of activity: Rescue Support

Name of the organization Animal Network, Inc.	Employer identification number 59-3591574
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Grantee's name: Satchel's Last Resort, Inc.

Grantee's address: 8101 Coash Rd Sarasota FL 34241

Grantee's relationship: Unrelated

Amount given: \$1,812

Description: Community Support

Class of activity: Rescue Support

Grantee's name: Love4Paws, Inc.

Grantee's address: 7330 Richardson Road Sarasota FL 34240

Grantee's relationship: Unrelated

Amount given: \$1,470

Description: Community Support

Class of activity: Rescue Support

Grantee's name: Underdog Rescue of Florida, Inc.

Grantee's address: 407 75th St NW Bradenton FL 34209

Grantee's relationship: Unrelated

Amount given: \$2,582

Description: Community Support

Class of activity: Rescue Support

Grantee's name: The Perfect Pup Rescue

Grantee's address: 1801 Verna Road Myakka City FL 34251

Grantee's relationship: Unrelated

Amount given: \$1,536

Description: Shelter Diversion Program, Pet Retention, Spay / Neuter

Class of activity: Spay / Neuter Pet Retention Shelter Diversio

Grantee's name: Humane Society of Manatee County

Grantee's address: 2515 14th St W Bradenton FL 34205

Grantee's relationship: Unrelated

Name of the organization Animal Network, Inc.	Employer identification number 59-3591574
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Amount given: \$3,449

Description: Shelter Diversion Program, Pet Retention, Spay / Neuter

Class of activity: Spay / Neuter Pet Retention

Grantee's name: Veterinary Surgery Center

Grantee's address: 8033 Cooper Creek Blvd # 101 Sarasota FL 34201

Grantee's relationship: Unrelated

Amount given: \$750

Description: Shelter Diversion Program, Pet Retention, Spay / Neuter

Class of activity: Spay / Neuter Pet Retention

Grantee's name: Harmony Vet Care

Grantee's address: 5420 Webb Road Tampa FL 33615

Grantee's relationship: Unrelated

Amount given: \$1,064

Description: Shelter Diversion Program, Pet Retention, Spay / Neuter

Class of activity: Spay / Neuter Pet Retention

Grantee's name: Bay Road Animal Hospital

Grantee's address: 1712 Bay Road Sarasota FL 34239

Grantee's relationship: Unrelated

Amount given: \$355

Description: Shelter Diversion Program / Spay & Neuter

Class of activity: Spay / Neuter Shelter Diversion

Grantee's name: Animal Rescue Coalition

Grantee's address: 6320 Tower Lane Sarasota FL 34240

Grantee's relationship: Unrelated

Amount given: \$4,970

Description: Community Support

Class of activity: Community Support

Name of the organization Animal Network, Inc.	Employer identification number 59-3591574
--	--

Grantee's name: The Last Paw LLC

Grantee's address: 4550 Morningside Sarasota FL 34235

Grantee's relationship: Unrelated

Amount given: \$65

Description: Shelter Diversion Program / Spay & Neuter

Class of activity: Shelter Diversion

Grantee's name: DeSoto Animal Clinic

Grantee's address: 2910 Manatee Ave W Bradenton FL 34205

Grantee's relationship: Unrelated

Amount given: \$1,540

Description: Shelter Diversion Program, Pet Retention, Spay / Neuter

Class of activity: Shelter Diversion

Grantee's name: Bradenton Small Animal Clinic

Grantee's address: 1324 17th Ave W Bradenton FL 34205

Grantee's relationship: Unrelated

Amount given: \$4,024

Description: Shelter Diversion Program, Pet Retention, Spay / Neuter

Class of activity: Shelter Diversion

Grantee's name: Woofdorf Astoria of Lakewood Ranch

Grantee's address: 10615 Technology Terrace #104 Bradenton FL 34211

Grantee's relationship: Unrelated

Amount given: \$265

Description: Shelter Diversion Program, Pet Retention, Spay / Neuter

Class of activity: Shelter Diversion

Grantee's name: Levine Veterinary

Grantee's address: 8460 Cooper Creek Blvd, Ste 101 University Park FL 34201

Grantee's relationship: Unrelated

Name of the organization Animal Network, Inc.	Employer identification number 59-3591574
--	--

Amount given: \$160

Description: Shelter Diversion Program / Spay & Neuter

Class of activity: Spay / Neuter

Grantee's name: Pet Resort Animal Clinic

Grantee's address: 7081 Prospect Road Sarasota FL 34243

Grantee's relationship: Unrelated

Amount given: \$300

Pt I, Line 16:

Description: Bank Charges 0

Description: Insurance \$2,245

Description: Office Supplies \$45

Description: Taxes and Licenses \$61

Description: Advertising / Social Media \$539

Description: Web Services \$877

Description: Depreciation \$63

Description: Interest \$353

Description: Dues and Memberships \$970

Pt II, Line 24:

Description: Laptop and Computers (net of depreciation) Beginning of Year: \$94 End of Year: \$31

Description: Tax Refund Receivable Beginning of Year: \$0 End of Year: \$7,558

Pt II, Line 26:

Description: Credit Cards Beginning of Year: \$1,044 End of Year: 0

**Exempt Organization Business Income Tax Return  
(and proxy tax under section 6033(e))**

**2021**

Department of the Treasury  
Internal Revenue Service

For calendar year 2021 or other tax year beginning \_\_\_\_\_, 2021, and ending \_\_\_\_\_, 20\_\_\_\_\_

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

**Open to Public Inspection  
for 501(c)(3)  
Organizations Only**

<b>A</b> <input type="checkbox"/> Check box if address changed.	<b>Print or Type</b>	Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.) Animal Network, Inc.	<b>D Employer identification number</b> 59-3591574
		Number, street, and room or suite no. If a P.O. box, see instructions. 3230 East Bay Drive #103	<b>E Group exemption number</b> (see instructions)
		City or town, state or province, country, and ZIP or foreign postal code Holmes Beach, FL 34217	<b>F</b> <input type="checkbox"/> Check box if an amended return.
<b>B</b> Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A	<b>C</b> Book value of all assets at end of year . . . . . ▶ 345,612.		

**G** Check organization type ▶  501(c) corporation  501(c) trust  401(a) trust  Other trust

**H** Check if filing only to ▶  Claim credit from Form 8941  Claim a refund shown on Form 2439

**I** Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation . . . . . ▶

**J** Enter the number of attached Schedules A (Form 990-T) . . . . . ▶ 0

**K** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶  Yes  No  
If "Yes," enter the name and identifying number of the parent corporation ▶

**L** The books are in care of ▶ 7815 Senrab Drive Bradenton FL 34209 Telephone number ▶ (240) 481-1522

**Part I Total Unrelated Business Taxable Income**

<b>1</b>	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) . . . . .	<b>1</b>	0.
<b>2</b>	Reserved . . . . .	<b>2</b>	
<b>3</b>	Add lines 1 and 2 . . . . .	<b>3</b>	0.
<b>4</b>	Charitable contributions (see instructions for limitation rules) . . . . .	<b>4</b>	
<b>5</b>	Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 . . . . .	<b>5</b>	0.
<b>6</b>	Deduction for net operating loss. See instructions . . . . .	<b>6</b>	
<b>7</b>	Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5 . . . . .	<b>7</b>	0.
<b>8</b>	Specific deduction (generally \$1,000, but see instructions for exceptions) . . . . .	<b>8</b>	
<b>9</b>	<b>Trusts.</b> Section 199A deduction. See instructions . . . . .	<b>9</b>	
<b>10</b>	<b>Total deductions.</b> Add lines 8 and 9 . . . . .	<b>10</b>	
<b>11</b>	<b>Unrelated business taxable income.</b> Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero . . . . .	<b>11</b>	0.

**Part II Tax Computation**

<b>1</b>	<b>Organizations taxable as corporations.</b> Multiply Part I, line 11 by 21% (0.21) . . . . . ▶	<b>1</b>	0.
<b>2</b>	<b>Trusts taxable at trust rates.</b> See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) . . . . . ▶	<b>2</b>	
<b>3</b>	<b>Proxy tax.</b> See instructions . . . . . ▶	<b>3</b>	
<b>4</b>	Other tax amounts. See instructions . . . . .	<b>4</b>	
<b>5</b>	Alternative minimum tax (trusts only) . . . . .	<b>5</b>	
<b>6</b>	<b>Tax on noncompliant facility income.</b> See instructions . . . . .	<b>6</b>	
<b>7</b>	<b>Total.</b> Add lines 3 through 6 to line 1 or 2, whichever applies . . . . .	<b>7</b>	0.

For Paperwork Reduction Act Notice, see instructions.

**Part III Tax and Payments**

<b>1a</b>	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	<b>1a</b>		
<b>b</b>	Other credits (see instructions)	<b>1b</b>		
<b>c</b>	General business credit. Attach Form 3800 (see instructions)	<b>1c</b>		
<b>d</b>	Credit for prior year minimum tax (attach Form 8801 or 8827)	<b>1d</b>		
<b>e</b>	<b>Total credits.</b> Add lines 1a through 1d	<b>1e</b>		
<b>2</b>	Subtract line 1e from Part II, line 7	<b>2</b>		0.
<b>3</b>	Other amounts due. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement)	<b>3</b>		
<b>4</b>	<b>Total tax.</b> Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	<b>4</b>		0.
<b>5</b>	Current net 965 tax liability paid from Form 965-A, Part II, column (k)	<b>5</b>		
<b>6a</b>	Payments: A 2020 overpayment credited to 2021	<b>6a</b>		
<b>b</b>	2021 estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	<b>6b</b>		
<b>c</b>	Tax deposited with Form 8868	<b>6c</b>		
<b>d</b>	Foreign organizations: Tax paid or withheld at source (see instructions)	<b>6d</b>		
<b>e</b>	Backup withholding (see instructions)	<b>6e</b>	7,558.	
<b>f</b>	Credit for small employer health insurance premiums (attach Form 8941)	<b>6f</b>		
<b>g</b>	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	<b>6g</b>		
<b>7</b>	<b>Total payments.</b> Add lines 6a through 6g	<b>7</b>		7,558.
<b>8</b>	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	<b>8</b>		
<b>9</b>	<b>Tax due.</b> If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	<b>9</b>		
<b>10</b>	<b>Overpayment.</b> If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	<b>10</b>		7,558.
<b>11</b>	Enter the amount of line 10 you want: <b>Credited to 2022 estimated tax</b> <input type="checkbox"/> <b>Refunded</b> <input type="checkbox"/>	<b>11</b>		7,558.

**Part IV Statements Regarding Certain Activities and Other Information** (see instructions)

<b>1</b>	At any time during the 2021 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here	Yes	No
			X
<b>2</b>	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
<b>3</b>	Enter the amount of tax-exempt interest received or accrued during the tax year		
<b>4</b>	Enter available pre-2018 NOL carryovers here. Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
<b>5</b>	Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		
	Business Activity Code	Available post-2017 NOL carryover	
		\$	
		\$	
		\$	
		\$	
<b>6a</b>	Did the organization change its method of accounting? (see instructions)		X
<b>b</b>	If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V.		

**Part V Supplemental Information**

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

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

**Sign Here**

Signature of officer: \_\_\_\_\_ Date: \_\_\_\_\_ President Title: \_\_\_\_\_

May the IRS discuss this return with the preparer shown below (see instructions)?  Yes  No

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN
	Kathleen H Yanevich	Kathleen H Yanevich	06/23/2022		P00543810
	Firm's name	Firm's EIN	Firm's address		
	Kathleen H. Yanevich, CPA, LLC	75-3130292	2004 72nd St NW, Bradenton, FL 34209		
	Firm's address	Phone no.			
	2004 72nd St NW, Bradenton, FL 34209	(941) 251-4000			

Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury Internal Revenue Service (99)

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

Table with 3 columns: Name(s) shown on return, Business or activity to which this form relates, Identifying number. Row 1: Animal Network, Inc., Form 990 / Form 990EZ, 59-3591574

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

Table with 5 columns: Line number, Description, Column (b) Cost, Column (c) Elected cost, Line number. Rows 1-13 covering Section 179 election details.

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

Table with 2 columns: Line number, Description. Rows 14-16 covering special depreciation allowance.

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

Table with 2 columns: Line number, Description. Rows 17-18 covering MACRS deductions.

Section B - Assets Placed in Service During 2021 Tax Year Using the General Depreciation System

Table with 7 columns: (a) Classification, (b) Month and year placed in service, (c) Basis, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Rows 19a-i covering various property types.

Section C - Assets Placed in Service During 2021 Tax Year Using the Alternative Depreciation System

Table with 7 columns: (a) Class life, (b) Recovery period, (c) Convention, (d) Method, (e) Depreciation deduction. Rows 20a-d covering alternative depreciation system.

Part IV Summary (See instructions.)

Table with 2 columns: Line number, Description. Rows 21-23 covering summary of listed property and MACRS costs.







**Grants and Changes: Form 990-EZ**

**Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid**

**Continuation Statement**

Purpose of Payment  
Community Support

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Rescue Support	Business . . . . <input checked="" type="checkbox"/> Person . . . . . <input type="checkbox"/> Shiba Inu Rescue of Florida, Inc. 15275 Collier Blvd 201-377 Naples FL 34119	Unrelated	1,203.

If property other than cash was given, the following additional information needs to be provided:

Description of Property . \_\_\_\_\_

Date of Gift . . . . . \_\_\_\_\_

Book Value	How Book Value Determined
FMV	How FMV Determined

Shelter Diversion Program, Pet Retention, Spay / Neuter

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Shelter Diversion Spay / Neuter	Business . . . . <input checked="" type="checkbox"/> Person . . . . . <input type="checkbox"/> Friends of Manatee County Animal Services 3230 E Bay Dr #316 Holmes Beach FL 34217	Unrelated	2,342.

If property other than cash was given, the following additional information needs to be provided:

Description of Property . \_\_\_\_\_

Date of Gift . . . . . \_\_\_\_\_

Book Value	How Book Value Determined
FMV	How FMV Determined

**Grants and Changes: Form 990-EZ**

**Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid**

**Continuation Statement**

Purpose of Payment

Community Support

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Rescue Support</u>	Business . . . . <input checked="" type="checkbox"/> Person . . . . . <input type="checkbox"/>	<u>Unrelated</u>	<u>1,812.</u>
	<u>Satchel's Last Resort, Inc.</u>		
	<u>8101 Coash Rd</u>		
	<u>Sarasota FL 34241</u>		

If property other than cash was given, the following additional information needs to be provided:

Description of Property . \_\_\_\_\_

Date of Gift . . . . . \_\_\_\_\_

Book Value	How Book Value Determined
FMV	How FMV Determined

Community Support

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Rescue Support</u>	Business . . . . <input checked="" type="checkbox"/> Person . . . . . <input type="checkbox"/>	<u>Unrelated</u>	<u>1,470.</u>
	<u>Love4Paws, Inc.</u>		
	<u>7330 Richardson Road</u>		
	<u>Sarasota FL 34240</u>		

If property other than cash was given, the following additional information needs to be provided:

Description of Property . \_\_\_\_\_

Date of Gift . . . . . \_\_\_\_\_

Book Value	How Book Value Determined
FMV	How FMV Determined

**Grants and Changes: Form 990-EZ**

**Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid**

**Continuation Statement**

Purpose of Payment

Community Support

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Rescue Support</u>	Business . . . . <input checked="" type="checkbox"/> Person . . . . . <input type="checkbox"/>	<u>Unrelated</u>	<u>2,582.</u>
	<u>Underdog Rescue of Florida, Inc.</u>		
	<u>407 75th St NW</u> <u>Bradenton FL 34209</u>		

If property other than cash was given, the following additional information needs to be provided:

Description of Property . \_\_\_\_\_  
Date of Gift . . . . . \_\_\_\_\_

Book Value	How Book Value Determined
FMV	How FMV Determined

Community Support

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Rescue Support</u>	Business . . . . <input checked="" type="checkbox"/> Person . . . . . <input type="checkbox"/>	<u>Unrelated</u>	<u>1,536.</u>
	<u>The Perfect Pup Rescue</u>		
	<u>1801 Verna Road</u> <u>Myakka City FL 34251</u>		

If property other than cash was given, the following additional information needs to be provided:

Description of Property . \_\_\_\_\_  
Date of Gift . . . . . \_\_\_\_\_

Book Value	How Book Value Determined
FMV	How FMV Determined

Grants and Changes: Form 990-EZ

Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid

Continuation Statement

Purpose of Payment

Shelter Diversion Program, Pet Retention, Spay / Neuter

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
	Business . . . . <input checked="" type="checkbox"/> Person . . . . . <input type="checkbox"/>		
Spay / Neuter	Humane Society of Manatee County	Unrelated	
Pet Retention	2515 14th St W		
Shelter Diversio	Bradenton FL 34205		3,449.

If property other than cash was given, the following additional information needs to be provided:

Description of Property . \_\_\_\_\_  
Date of Gift . . . . . \_\_\_\_\_

Book Value	How Book Value Determined
FMV	How FMV Determined

Shelter Diversion Program, Pet Retention, Spay / Neuter

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
	Business . . . . <input checked="" type="checkbox"/> Person . . . . . <input type="checkbox"/>		
Spay / Neuter	Veterinary Surgery Center	Unrelated	
Pet Retention	8033 Cooper Creek Blvd # 101		
	Sarasota FL 34201		750.

If property other than cash was given, the following additional information needs to be provided:

Description of Property . \_\_\_\_\_  
Date of Gift . . . . . \_\_\_\_\_

Book Value	How Book Value Determined
FMV	How FMV Determined

**Grants and Changes: Form 990-EZ**

**Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid**

**Continuation Statement**

Purpose of Payment

Shelter Diversion Program, Pet Retention, Spay / Neuter

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
	Business . . . . <input checked="" type="checkbox"/> Person . . . . . <input type="checkbox"/>		
<u>Spay / Neuter</u>	<u>Harmony Vet Care</u>	<u>Unrelated</u>	
<u>Pet Retention</u>	<u>5420 Webb Road</u>		
	<u>Tampa FL 33615</u>		<u>1,064.</u>

If property other than cash was given, the following additional information needs to be provided:

Description of Property . \_\_\_\_\_  
 Date of Gift . . . . . \_\_\_\_\_

Book Value	How Book Value Determined
FMV	How FMV Determined

Shelter Diversion Program, Pet Retention, Spay / Neuter

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
	Business . . . . <input checked="" type="checkbox"/> Person . . . . . <input type="checkbox"/>		
<u>Spay / Neuter</u>	<u>Bay Road Animal Hospital</u>	<u>Unrelated</u>	
<u>Pet Retention</u>	<u>1712 Bay Road</u>		
	<u>Sarasota FL 34239</u>		<u>355.</u>

If property other than cash was given, the following additional information needs to be provided:

Description of Property . \_\_\_\_\_  
 Date of Gift . . . . . \_\_\_\_\_

Book Value	How Book Value Determined
FMV	How FMV Determined

**Grants and Changes: Form 990-EZ**

**Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid**

**Continuation Statement**

Purpose of Payment  
Shelter Diversion Program / Spay & Neuter

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Spay / Neuter</u> <u>Shelter Diversion</u>	Business . . . . <input checked="" type="checkbox"/> Person . . . . . <input type="checkbox"/>	<u>Unrelated</u>	<u>4,970.</u>
	<u>Animal Rescue Coalition</u>		
	<u>6320 Tower Lane</u> <u>Sarasota FL 34240</u>		

If property other than cash was given, the following additional information needs to be provided:

Description of Property . \_\_\_\_\_  
 Date of Gift . . . . . \_\_\_\_\_

Book Value	How Book Value Determined
FMV	How FMV Determined

Community Support

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Community Support</u>	Business . . . . <input checked="" type="checkbox"/> Person . . . . . <input type="checkbox"/>	<u>Unrelated</u>	<u>65.</u>
	<u>The Last Paw LLC</u>		
	<u>4550 Morningside</u> <u>Sarasota FL 34235</u>		

If property other than cash was given, the following additional information needs to be provided:

Description of Property . \_\_\_\_\_  
 Date of Gift . . . . . \_\_\_\_\_

Book Value	How Book Value Determined
FMV	How FMV Determined



Grants and Changes: Form 990-EZ

Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid

Continuation Statement

Purpose of Payment
Shelter Diversion Program / Spay & Neuter

Table with 4 columns: Class of Activity, Grantee's Name and Address, Grantee's Relationship, Amount Given. Row 1: Shelter Diversion, DeSoto Animal Clinic, Unrelated, 1,540.

If property other than cash was given, the following additional information needs to be provided:

Description of Property .
Date of Gift . . . . .

Table with 2 columns: Book Value, How Book Value Determined; FMV, How FMV Determined.

Shelter Diversion Program, Pet Retention, Spay / Neuter

Table with 4 columns: Class of Activity, Grantee's Name and Address, Grantee's Relationship, Amount Given. Row 1: Shelter Diversion, Bradenton Small Animal Clinic, Unrelated, 4,024.

If property other than cash was given, the following additional information needs to be provided:

Description of Property .
Date of Gift . . . . .

Table with 2 columns: Book Value, How Book Value Determined; FMV, How FMV Determined.

Grants and Changes: Form 990-EZ

Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid

Continuation Statement

Purpose of Payment

Shelter Diversion Program, Pet Retention, Spay / Neuter

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Shelter Diversion	Business . . . . <input checked="" type="checkbox"/> Person . . . . . <input type="checkbox"/>	Unrelated	265.
	Woofdorf Astoria of Lakewood Ranch		
	10615 Technology Terrace #104 Bradenton FL 34211		

If property other than cash was given, the following additional information needs to be provided:

Description of Property . \_\_\_\_\_  
Date of Gift . . . . . \_\_\_\_\_

Book Value	How Book Value Determined
FMV	How FMV Determined

Shelter Diversion Program, Pet Retention, Spay / Neuter

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Shelter Diversion	Business . . . . <input checked="" type="checkbox"/> Person . . . . . <input type="checkbox"/>	Unrelated	160.
	Levine Veterinary		
	8460 Cooper Creek Blvd, Ste 101 University Park FL 34201		

If property other than cash was given, the following additional information needs to be provided:

Description of Property . \_\_\_\_\_  
Date of Gift . . . . . \_\_\_\_\_

Book Value	How Book Value Determined
FMV	How FMV Determined

**Grants and Changes: Form 990-EZ**

**Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid**

**Continuation Statement**

Purpose of Payment

Shelter Diversion Program / Spay & Neuter

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Spay / Neuter	Business . . . . <input checked="" type="checkbox"/> Person . . . . . <input type="checkbox"/>	Unrelated	300.
	Pet Resort Animal Clinic		
	7081 Prospect Road		
	Sarasota FL 34243		

If property other than cash was given, the following additional information needs to be provided:

Description of Property . \_\_\_\_\_  
 Date of Gift . . . . . \_\_\_\_\_

Book Value	How Book Value Determined
FMV	How FMV Determined