** PUBLIC DISCLOSURE COPY **

Form **990**

Return of Organization Exempt From Income Tax

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

2021

OMB No. 1545-0047

pen to Public Inspection

Department of the Treasury Internal Revenue Service Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2021 calendar year, or tax year beginning and ending Check if applicable: C Name of organization D Employer identification number Address change Pet Network Humane Society Name change 94-3162646 Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 401 Village Blvd 775-832-4404 4,461,766. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return Incline Village, NV 89451 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: Simi Balter for subordinates? Yes X No same as C above H(b) Are all subordinates included? Tax-exempt status: \mathbf{X} 501(c)(3) $\mathbf{\Box}$ 501(c) () ◀ (insert no.) 4947(a)(1) or If "No," attach a list. See instructions J Website: ► WWW.PETNETWORK.ORG **H(c)** Group exemption number ▶ K Form of organization: X Corporation Association Other > L Year of formation: 1991 M State of legal domicile: NV Trust Part I Summary Briefly describe the organization's mission or most significant activities: To rescue and rehabilitate Activities & Governance animals in danger of euthanasia. if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 5 4 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b **Prior Year Current Year** 807,605. 4,341,943. Contributions and grants (Part VIII, line 1h) 117,121. Program service revenue (Part VIII, line 2g) 56,318. 16,234. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 -12,727.-9,963. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 928,233. 4,388,298. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 687,964. 1,117,962. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 500,069. 804,550. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,922,512. 1,188,033. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -259,800. 2,465,786. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year** End of Year 28 3,816,439. 6,368,338. 20 Total assets (Part X, line 16) 25,638. 111,751.21 Total liabilities (Part X, line 26) 三年 790,801. 6,256,587 22 Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign Simi Balter, Executive Director Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature 11/14/22 | "self-employed Deb Nelson, CPA P01264758 Deb Nelson, CPA Paid Firm's name ▶ Eide Bailly LLP Firm's EIN ▶ 45-0250958 Preparer Firm's address 800 Nicollet Mall, Ste. 1300 Use Only Phone no. 612-253-6500 Minneapolis, MN 55402-7033

X Yes

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

	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	Pet Network rescues adoptable animals from euthanasia, connects
	abandoned animals with loving families, instills respect for animals
	through humane education, and enhances lives through animal
	companionship.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? 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 measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$1,517,547. including grants of \$) (Revenue \$)
	In 2021, Pet Network adopted out 532 animals, finding them new families
	in our own community and far beyond. Many of these animals were
	transferred in from other shelters in our region. These shelters are
	generally under resourced and overburdened, which can lead to
	euthanasia of adoptable pets in their community. To reduce their
	community's need for preventable euthanasia, Pet Network transports
	animals into our facility to provide a second chance at a new home. Our
	staff provide individualized support to our adopters, offering
	education and advice to help make the transition to home life as smooth
	as possible for the pets and the humans.
	Pet Network focuses on providing individualized care for animals in our
4b	(Code:) (Expenses \$) (Revenue \$)
	JHUE' ANDY
40	(Out
4c	(Code:) (Expenses \$
4d	Other program services (Describe on Schedule O.)
-	(Expenses \$ including grants of \$) (Revenue \$)
4-	Total program conting expenses 1 517 547.

Form 990 (2021) Pet Network Humane Society 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_	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		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		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	<u> </u>		
	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			
5	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		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			1
10		10		x
44	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		25
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,		Х	
	Part VI	11a		
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			_V
	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	١		, v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
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		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			<u></u>
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			<u></u>
	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			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
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		X
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	Х	
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
20a	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		X

Pa	n 990 (2021) Pet Network Humane Society 94-316 rt IV Checklist of Required Schedules (continued)	2040	Р	age 4
	Continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	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			
	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		
С	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		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	. 25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			37
	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,	\blacktriangleleft 1		
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			- v
	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	200		X
h	"Yes," complete Schedule L, Part IV			X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	. 200		1
Ĭ	"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		Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	. 23		
-	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			Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	·		
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V. line 1	34		Х

	Part V, line 1	34								
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х						
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity									
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b								
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?									
	If "Yes," complete Schedule R, Part V, line 2	36		X						
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization									
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI									
38	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									
Par	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									
			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	Х							
132004	12-09-21	Form	990	(2021)						

Part V, line 1

Form 990 (2021) Pet Network Humane Society

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) 94-3162646 Page **5**

					Yes	No					
2 a	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	44								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return			2b	Х						
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions	s		-		37					
				3a		X					
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b							
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a					x					
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccoun	t)?	4a							
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 Actions 114, Report of Foreign Bank and Financia	noount									
52	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		х					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?			5b		X					
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c							
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the										
-	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 contribution										
	were not tax deductible?										
7	Organizations that may receive deductible contributions under section 170(c).			6b							
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices pi	rovided to the payor?	7a		Х					
b											
С	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required										
	to file Form 8282?										
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d									
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract	?	7e		X					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?		7f		X					
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 889	99 as required?	7g							
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion file	e a Form 1098-C?	7h							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the)								
	sponsoring organization have excess business holdings at any time during the year?										
9 Sponsoring organizations maintaining donor advised funds.											
a				9a							
10				9b							
10	Section 501(c)(7) organizations. Enter:	10a									
a b	Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a									
11	Section 501(c)(12) organizations. Enter:	100									
	Gross income from members or shareholders	11a									
	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		•	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							
	Note: 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										
	organization is licensed to issue qualified health plans	13b									
С	Enter the amount of reserves on hand	13c				77					
14a				14a		X					
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner			15		x					
excess parachute payment(s) during the year?											
If "Yes," see the instructions and file Form 4720, Schedule N.											
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?											
If "Yes," complete Form 4720, Schedule O. 17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any											
17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?											
	If "Yes," complete Form 6069.			17							
	· I · · · · · · · · · · · · · · · · · ·										

Form 990 (2021) Pet Network Humane Society 94-3162646 Page
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.

<u> </u>							X				
Sec	tion A. Governing Body and Management										
			ı	_ =		Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>		5							
	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.										
b	Enter the number of voting members included on line 1a, above, who are independent	1b		5							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with	any other								
	officer, director, trustee, or key employee?			. L	2		Х				
3	Did the organization delegate control over management duties customarily performed by or under the	direc	t supervision								
	of officers, directors, trustees, or key employees to a management company or other person?				3		Х				
4	Did the organization make any significant changes to its governing documents since the prior Form 9				4		Х				
5	5 Did the organization become aware during the year of a significant diversion of the organization's assets?										
6											
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap										
	more members of the governing body?				7a		Х				
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, st			` T							
					7b		х				
8	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the yea			-	"						
		-	=		8a	X					
a b				- 47	8b		Х				
				4	on		21				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read						Х				
500	organization's mailing address? If "Yes," provide the names and addresses on Schedule O				9		Λ				
360	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)								
				Г		Yes	No				
	Did the organization have local chapters, branches, or affiliates?			. -	10a		X				
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters	s, affiliates,		10b						
	and branches to ensure their operations are consistent with the organization's exempt purposes?										
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?										
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13										
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			-	12b	X					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If " γ	'es," a	lescribe								
	on Schedule O how this was done			L	12c	X					
13	Did the organization have a written whistleblower policy?			.	13	Х					
14	Did the organization have a written document retention and destruction policy?			. L	14	X					
15	Did the process for determining compensation of the following persons include a review and approva	l by in	dependent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?										
а	The organization's CEO, Executive Director, or top management official			. L	15a	X					
b	Other officers or key employees of the organization			. L	15b		Х				
	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	nent w	vith a								
	taxable entity during the year?				16a		Х				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	e its p	articipation								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	izatior	า'ร								
	exempt status with respect to such arrangements?				16b						
Sec	tion C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filed ▶ None			•							
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	nd 990)-T (section 501(c)(3)s c	only) a	availat	ole				
	for public inspection. Indicate how you made these available. Check all that apply.		. , ,		• •						
	Own website Another's website X Upon request Other (explain	on S	chedule (0)								
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co			and f	inano	ial					
	statements available to the public during the tax year.		['							
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks an	d records								
	Kimberly Highfill - 775-832-4404										
	401 Village Blvd, Incline Village, NV 89451										

Form 990 (2021)

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, 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.

Executive Director (From May) (2) Jamie Fitzpatrick Executive Director (Left February) (3) Jerleen Bryant Chairperson (4) Alan Wechsler Vice Chair (5) Scott Menath Treasurer (6) Nancy Willis Secretary (7) Kim McClain X X 109,816. 0. 0. 0. 4,623. 0. 0. 0. 0. 0. 0. 0. 0. 0.	Check this box if neither the organization ne	or any related	orga	niza	tion	con	nper	sate	ed any current officer, d	irector, or trustee.	
Condition that the compensation week (list any hours for related organizations below line) The policy of the compensation from the organizations below line) The policy of the compensation from the organizations (W-2/1099-MISC/ 1099-NEC) The policy of the compensation from the organizations (W-2/1099-MISC/ 1099-NEC) The policy of the compensation from the organizations (W-2/1099-MISC/ 1099-NEC) The policy of the compensation from the organizations (W-2/1099-MISC/ 1099-NEC) The policy of the compensation from the organizations (W-2/1099-MISC/ 1099-NEC) The policy of the compensation from the organizations (W-2/1099-MISC/ 1099-NEC) The policy of the compensation from the organizations (W-2/1099-MISC/ 1099-NEC) The policy of the compensation from the organizations (W-2/1099-MISC/ 1099-NEC) The policy of the compensation of the policy of the	(A)	(B)	(C)					, ,	(E)	(F)	
hours per week (list any hours for related organizations below with line) (1) Simi Balter Executive Director (From May) (2) Jamie Fitzpatrick Executive Director (Left February) (3) Jerleen Bryant Chairperson (4) Alan Wechsler (5) Scott Menath Treasurer (6) Nancy Willis Secretary (7) Kim McClain Apply box, unless person is both and officetor/trustee) organization from the organization from the organization from the organization (W-2/1099-MISC/ 1099-NEC) 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0	Name and title		(do					one	•		
Week (list any hours for related organizations below line) Simi Balter Executive Director (From May) 20 Jamie Fitzpatrick Executive Director (Left February) 20 Jamie Fitzpatrick 20 Jamie Fitzpatrick 20 Jamie Fitzpatrick 20 Jamie Fitzpatrick 20 Jamie Bayant 20 Jamie Bayant 20 Jamie Bayant 20 Jamie Bayant 20 Jamie Fitzpatrick 20 Jamie Fitzpatrick 20 Jamie Fitzpatrick 20 Jamie Bayant 20 Jam		1	box	, unle:	ess person is both an and a director/trustee)			n an			
(1) Simi Balter						l	1 1				
(1) Simi Balter			irecto								
(1) Simi Balter			or d	ee			sated				
(1) Simi Balter			ustee	trust		ee	ubeu		II	1099-NEC)	
(1) Simi Balter		"	lualti	tiona		oldr	yee Co	_	1033 (420)		
(1) Simi Balter			ndivic	nstitu)fficer	(ey er	lighe	orme		חווי	ol garnzation o
(2) Jamie Fitzpatrick 40.00 Executive Director (Left February) X 105,192. 0. 4,623. (3) Jerleen Bryant 1.00 X X 0. 0. 0. 0. Chairperson X X 0. 0. 0. 0. 0. (4) Alan Wechsler X X 0. 0. 0. 0. 0. Vice Chair X X 0. 0. 0. 0. 0. (5) Scott Menath 1.00 X X 0. 0. 0. Treasurer X X 0. 0. 0. 0. 0. (6) Nancy Willis 1.00 X X 0. 0. 0. Secretary X X X 0. 0. 0. (7) Kim McClain 1.00 0. 0. 0. 0. 0. 0.	(1) Simi Balter	40.00		_			1 0		1		
(2) Jamie Fitzpatrick 40.00 Executive Director (Left February) X 105,192. 0. 4,623. (3) Jerleen Bryant 1.00 X X 0. 0. 0. 0. Chairperson X X 0. 0. 0. 0. 0. (4) Alan Wechsler X X 0. 0. 0. 0. 0. Vice Chair X X 0. 0. 0. 0. 0. (5) Scott Menath 1.00 X X 0. 0. 0. Treasurer X X 0. 0. 0. 0. 0. (6) Nancy Willis 1.00 X X 0. 0. 0. Secretary X X X 0. 0. 0. (7) Kim McClain 1.00 0. 0. 0. 0. 0. 0.	Executive Director (From May)				X				109,816.	0.	0.
1.00	(2) Jamie Fitzpatrick	40.00									
X X 0.	Executive Director (Left February)				X				105,192.	0.	4,623.
(4) Alan Wechsler 1.00 Vice Chair X (5) Scott Menath 1.00 Treasurer X (6) Nancy Willis 1.00 Secretary X (7) Kim McClain 1.00	(3) Jerleen Bryant	1.00									_
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X X 0. 0. 0. 0. (6) Nancy Willis 1.00 X X 0. 0. 0. 0. 0. 0		1.00			^)			0.	0.	0.
(6) Nancy Willis 1.00 Secretary X X 0. 0. 0. (7) Kim McClain 1.00 0. 0. 0. 0. 0.	Treasurer	1.00	x		X				0.	0.	0.
(7) Kim McClain 1.00	(6) Nancy Willis	1.00									
	Secretary		Х		Х				0.	0.	0.
X	(7) Kim McClain	1.00									
	Director		Х						0.	0.	0.
			-								
			1								
			1								
			1								
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			1								
000											

Form **990** (2021)

ı aı	Section A. Officers, Directors, Trus	tees, Key Emp	oloy•	ees,	anc	<u> Hig</u>	ghes	st C	ompensated Employee	s (continued)				
	(A) (B)			(C)					(D)	(E)			(F)	
	Name and title	Average	Position (do not check more than one					one	Reportable Reportab			Es	timate	d
		hours per week	box	, unle	ss pe	rson i	is both or/trus	n an	compensation	compensation		l	nount (of
		(list any	_	T a		10010	1	100)	from the	from related organization		l	other	tion
	hours						_		organization	(W-2/1099-MI		ı	pensa om the	
		related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC		l	anizati	
		organizations	Individual trustee or director	Institutional trustee		oyee	Highest compensated employee		1099-NEC)			and	d relate	ed
		below	vidua	itutio	Officer	Key employee	hest c	Former				orga	anizatio	ons
		line)	Pul	lus	₩ 0	Key	e Hig	For						
			_				\vdash							
							\vdash			111				
			_						100					
1b	Subtotal								215,008.		0.		4,62	23.
	Total from continuation sheets to Part VI								0.		0.			0.
	Total (add lines 1b and 1c)								215,008.		0.		4,62	23.
2	Total number of individuals (including but n	ot limited to th	ose	liste	ed ab	oove	e) wh	o re	eceived more than \$100,	000 of reportabl	е			2
	compensation from the organization												Yes	No
3	Did the organization list any former officer,	director, trust	ee, k	кеу е	empl	loye	e, or	hig	hest compensated emp	loyee on				
	line 1a? If "Yes," complete Schedule J for s	uch individual										3		Х
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	Jf	or such individual			4		X
5	Did any person listed on line 1a receive or a									dual for services				
Soc	rendered to the organization? If "Yes," comtion B. Independent Contractors	plete Schedule	∋ <i>J f</i> ¢	or su	ıch į	pers	on .					5		X
1	Complete this table for your five highest co	mpensated inc	 lepe	nder	nt co	ontra	acto	rs th	nat received more than \$	S100.000 of com	pensa	tion fro	m	
	the organization. Report compensation for													
	(A)				_				(B)			(0		
	Name and business	address	NC	ONE	<u> </u>				Description of s	services		ompe	nsation	1
								\dashv			 			
	Total number of independent control	noludina but -		nite:	1 + ~ ·	the:	20 11-	to al	aboual who received	are then				
	Total number of independent contractors (i \$100,000 of compensation from the organic		טנ ווח	intec	י נס	(108))	iea	above) who received mo	ore urall			000	
												_		

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (D) Unrelated Related or exempt Revenue excluded Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a 1b **b** Membership dues 32,631. c Fundraising events 1c d Related organizations 1d 12,073. e Government grants (contributions) 1e f All other contributions, gifts, grants, and 4,297,239. similar amounts not included above ... 1f 73,505. g Noncash contributions included in lines 1a-1f \blacktriangleright 4,341,943. h Total. Add lines 1a-1f **Business Code** 56,318. 56,318. 2 a Adoption Fees 813312 Program Service Revenue f All other program service revenue 56,318. g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents 6b **b** Less: rental expenses ... c Rental income or (loss) 6c d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory 7a **b** Less: cost or other basis Other Revenue and sales expenses 7b c Gain or (loss) ______7c d Net gain or (loss) 8 a Gross income from fundraising events (not including \$32,631. ofcontributions reported on line 1c). See Part IV, line 18 9,963. **b** Less: direct expenses -9,963. -9,963. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 10a 63,505 and allowances 63,505. **b** Less: cost of goods sold 10b 0. c Net income or (loss) from sales of inventory **Business Code** 11 a d All other revenue e Total. Add lines 11a-11d 4,388,298. 56,318. -9,963. 12 Total revenue. See instructions ...

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 (B)
Program service
expenses (**D**)
Fundraising (C) Management and general expenses (A) Total expenses Do not include amounts reported on lines 6b. expenses 7b, 8b, 9b, and 10b of Part VIII. 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, 219,631. 164,723. 54,908. 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) Other salaries and wages 626,816. 516,133. 55,022. 55,661. 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9,897. 6,314. 85,726. 69,515. Other employee benefits 9 185,789. 149,554. 23,883. 12,352. 10 Payroll taxes 11 Fees for services (nonemployees): Management Legal 108. 410. 302. Accounting _____ Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 817. column (A), amount, list line 11g expenses on Sch O.) 236. 581. 18,916. 58,046. 2,965. 36,165. Advertising and promotion 12 51,690. 9,056. 36,991. Office expenses 13 14 Information technology Royalties 15 235,272. 234,195. 1,077. 16 Occupancy 6,282. 6,282. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates 21 <u>17,</u>828. 134,087. 116,259. Depreciation, depletion, and amortization 22 31,854. 25,064. 6,790. 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.) 130,663. 109,283. 21,380. Animal Supplies 74,464. Thrift Shop 74,038. 426. 43,644. 6,600. 37,044. Campaign Expense 18,029. 18,029. Veterinary Expense 19,292. 15,313. 693. 3,286. e All other expenses 1,922,512. 1,517,547. 248,500. 156,465. 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 (2021)
Part X Balance Sheet

Pa	rt X	Balance Sneet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	7,484.	1	2,577,615.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	12,821.	4	14.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
Ŋ	7	Notes and loans receivable, net	4,459.	7	5,272.
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	553.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 5,400,868.			
	b		3,078,808.	10c	2,963,813.
	11	Investments - publicly traded securities	692,867.	11	801,071.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets	20,000.	14	20,000.
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	3,816,439.	16	6,368,338.
	17	Accounts payable and accrued expenses	25,638.	17	111,751.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Ŋ	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
abi		controlled entity or family member of any of these persons		22	
=	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	25,638.	26	111,751.
		Organizations that follow FASB ASC 958, check here X			
ces		and complete lines 27, 28, 32, and 33.			
au	27	Net assets without donor restrictions	3,790,801.	27	6,256,587.
Ва	28	Net assets with donor restrictions		28	
pur		Organizations that do not follow FASB ASC 958, check here			
Ę		and complete lines 29 through 33.			
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
: As	31	Retained earnings, endowment, accumulated income, or other funds		31	
<u>R</u>	32	Total net assets or fund balances	3,790,801.	32	6,256,587.
	33	Total liabilities and net assets/fund balances	3,816,439.	33	6,368,338.

- 3	1	<u>62</u>	64	6	Page	<u>12</u>

Form	n 990 (2021) Pet Network Humane Society	94-	3162646	Р	age 12				
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	4,38						
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,92 2,46						
3									
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,79	0,8	<u>301.</u>				
5	Net unrealized gains (losses) on investments	5							
6	Donated services and use of facilities	6							
7	Investment expenses	7							
8	Prior period adjustments	8							
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,			_					
_	column (B))	10	6,25	6,5	<u>587.</u>				
Pa	rt XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII								
				Yes	No				
1	Accounting method used to prepare the Form 990:								
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.								
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u> </u>				
	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								
	review, or compilation of its financial statements and selection of an independent accountant?				_				
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch								
3a	3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit								
Act and OMB Circular A-133?									
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi								
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			000	Щ.				
			Forn	n 99 0	(2021)				

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization Pet Network Humane Society 94-3162646 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I 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 Schedule E (Form 990).) 3 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.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X 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.) A community trust described in section 170(b)(1)(A)(vi). (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 10 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 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. 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. 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. 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. 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. 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. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

94-3162646 Page 2

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

(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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	495,602.	481,885.	577,791.	807,605.	4341943.	6704826.
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	405 600	404 005		005 605	4044040	6504006
	Total. Add lines 1 through 3	495,602.	481,885.	577,791.	807,605.	4341943.	6704826.
5	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,						1201100
_	column (f)						4301129.
<u>6</u>	Public support. Subtract line 5 from line 4.						2403697.
	• • • • • • • • • • • • • • • • • • • •	(-) 0047	(1-) 0040	* \0000	(4) 2000	(1) 2004	(6) T-+-1
	ndar year (or fiscal year beginning in)	(a) 2017 495,602.	(b) 2018 481, 885.	(c) 2019 577, 791.	(d) 2020 807,605.	(e) 2021 4341943.	(f) Total 6704826.
	Amounts from line 4	493,002.	401,003.	311,131.	007,005.	4341343.	0704020.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources	18,279.	31,618.	27,291.	12,214.		89,402.
9	Net income from unrelated business	10,275.	31,010.	27,231.	12,211.		05,402.
3	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.)		1,432.				1,432.
11	Total support. Add lines 7 through 10						6795660.
	Gross receipts from related activities,	etc. (see instruction	ons)			12 1	,081,565.
	First 5 years. If the Form 990 is for th						
	organization, check this box and stop	-		•			
Sec	ction C. Computation of Publi						
14	Public support percentage for 2021 (li	ne 6, column (f), d	ivided by line 11, c	olumn (f))		14	35.37 %
15	Public support percentage from 2020	Schedule A, Part	II, line 14			15	65.50 %
16a	33 1/3% support test - 2021. If the o	organization did no	t check the box or	line 13, and line 1	14 is 33 1/3% or m	ore, check this box	
	stop here. The organization qualifies	as a publicly supp	orted organization				►X
b	33 1/3% support test - 2020. If the o	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization quali	ifies as a publicly s	supported organiza	ition			
17a	10% -facts-and-circumstances test	- 2021. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10% o	or more,
	and if the organization meets the facts	s-and-circumstance	es test, check this	box and stop he	r e. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	•	•				
b	10% -facts-and-circumstances test	- 2020. If the org	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the		•		•		
	organization meets the facts-and-circu						▶∐
18	Private foundation. If the organizatio	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	· ▶

Schedule A (Form 990) 2021 Pet Network Humane Society | 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 be Section A. Public Support	elow, please comp	olete Part II.)				
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and	(4) = 2 · ·	(-7	(=, == : =	(-,	(-,	(-,
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the						
organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus- iness under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons				00	IIK	
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		15	CL	02	O 1	
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
	(-) 0017	(h) 0010	(-) 0010	(4) 0000	(=) 0001	(f) T-+-!
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources		ال				
b Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
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 assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) organization	on,
check this box and stop here				•		
Section C. Computation of Publ	ic Support Per	centage				
15 Public support percentage for 2021 (line 8, column (f), d	livided by line 13, o	column (f))		15	%
16 Public support percentage from 2020					16	%
Section D. Computation of Inves						
17 Investment income percentage for 2	021 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
18 Investment income percentage from					18	%
19a 33 1/3% support tests - 2021. If the						
more than 33 1/3%, check this box a						
b 33 1/3% support tests - 2020. If the	e organization did n	not check a box on	line 14 or line 19	a, and line 16 is mo	re than 33 1/3%, a	and
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organization	on did not check a	box on line 14, 19a	a, or 19b, check t	his box and see ins	tructions	

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

- 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
	4		
	1		
	2		
	3a		
	3b		
	Зс		
	40		
	4a		
) k		
	4b		
	4c		
	5a		
	- Ou		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	0.		
	9b		
	9c		
	30		
	10a		
	10b		
lule	A (Forn	n 990)	2021

Par	t IV	Supporting Organizations (continued)			
	•			Yes	No
11	Has th	he organization accepted a gift or contribution from any of the following persons?			
а		son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
		elow, the governing body of a supported organization?	11a		
b	A fam	illy member of a person described on line 11a above?	11b		
С	A 35%	6 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.	11c		
Sec	tion E	3. Type I Supporting Organizations			
				Yes	No
1		ne governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		ors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
		ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
		orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		ne organization operate for the benefit of any supported organization other than the supported			
	organ	ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part \	how providing such benefit carried out the purposes of the supported organization(s) that operated,			
800	super	vised, or controlled the supporting organization.	2		
Sec	tion C	C. Type II Supporting Organizations			I
				Yes	No
1		a majority of the organization's directors or trustees during the tax year also a majority of the directors			
		stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		nagement of the supporting organization was vested in the same persons that controlled or managed			
Sec	<i>the su</i> tion F	upported organization(s). D. All Type III Supporting Organizations	1		
000	CIOII E	5. All Type III oupporting organizations		V	N.
4	Did th	or organization provide to each of its supported organizations, by the lost day of the fifth month of the		Yes	No
1		ne organization provide to each of its supported organizations, by the last day of the fifth month of the ization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2		any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	'		
-		ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
		ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3		ason of the relationship described on line 2, above, did the organization's supported organizations have a			
	-	cant voice in the organization's investment policies and in directing the use of the organization's			
	incom	ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	suppo	orted organizations played in this regard.	3		
Sec	tion E	E. Type III Functionally Integrated Supporting Organizations			
1	Check	k 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 ins	struction	s).	
2	Activit	ties Test. Answer lines 2a and 2b below.		Yes	No
а	Did su	ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
		upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those	e supported organizations and explain how these activities directly furthered their exempt purposes,			
	how ti	he organization was responsive to those supported organizations, and how the organization determined	_		
		hese activities constituted substantially all of its activities.	2a		
b		ne activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
		r more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		If the reasons for the organization's position that its supported organization(s) would have engaged in	Ol-		
2		activities but for the organization's involvement.	2b		
3		nt of Supported Organizations. Answer lines 3a and 3b below.			
а		ne organization have the power to regularly appoint or elect a majority of the officers, directors, or each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b		ne organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		

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

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	Orga	nizations	J
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust o	n Nov. 20, 1970 (<i>explain in</i> l	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must c	omplet	te Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
_4	Add lines 1 through 3.	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990) 2021

instructions).

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizatione /	-1\	
		aj(o) Supporting Orga	nizations _(continue)	<u>a)</u>	O Vaav
	on D - Distributions	mat numana		_	Current Year
1	Amounts paid to supported organizations to accomplish exer		1		
2	Amounts paid to perform activity that directly furthers exemp	it purposes of supported		٦	
	organizations, in excess of income from activity	o of augmented argenizations		3	
3	Administrative expenses paid to accomplish exempt purpose	s or supported organizations)	4	
<u>4</u> 5	Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required - pro	id- dataile in Part VII		5	
6	Other distributions (describe in Part VI). See instructions.	ovide details in Fait VI)		6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
Ü	(provide details in Part VI). See instructions.	ic organization is responsive		8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
	Elifo o amount arriada by ilifo o arribant	(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2021		Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
С	From 2018	V			
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.	$\Delta \cup X$			
4	Distributions for 2021 from Section D, line 7:				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2017				
b	Excess from 2018				
	Excess from 2019				
d	Excess from 2020				

Schedule A (Form 990) 2021

e Excess from 2021

Schedule A (Form 990) 2021 Pet Network Humane Society	94-3162646	Page 8
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a of Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addition (See instructions.)	⊢and 2; Part IV, Section /, Section B, line 1e; Pa	ı C,
Schedule A, Part II, Line 10, Explanation for Other Income:		
Miscellaneous		
2018 Amount: \$ 1,432.		
	·n[
	IKE	
310CLU3		
- IC DISOF		
DIBLI ODPY		

132028 01-04-22 Schedule A (Form 990) 2021

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2021

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
r. and Mrs. David Duffield, Duffield Foundation	3,772,955.	3,637,042
eno Mencheti	800,000.	664,087
	nsU	RE
- nisch		
PUBLIC COPY		
		4,301,129

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service **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

2021

Name of the organization

Pet Network Humane Society

94-3162646

Organization type (check one):						
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
	ion is covered by the General Rule or a Special Rule. 01(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
property) from Special Rules X For an organiz sections 509(a contributor, du	ration filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. ration described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one uring 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; 0-EZ, line 1. Complete Parts I and II.					
contributor, du literary, or edu	cation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one uring the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, acational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering nn (b) instead of the contributor name and address), II, and III.					
year, contribut is checked, en purpose. Don'	tation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the tions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box after here the total contributions that were received during the year for an exclusively religious, charitable, etc., to complete any of the parts unless the General Rule applies to this organization because it received nonexclusively itable, etc., contributions totaling \$5,000 or more during the year					
answer "No" on Part IV	on that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must , line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify filing requirements of Schedule B (Form 990).					

 $\ \ \, \text{LHA} \ \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Schedule B (Form 990) (2021)

Name of organization Employer identification number

Pet Network Humane Society

94-3162646

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 3,223,879.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 800,000.	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
P	UBLIC DISC	\$	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 Noncash (Complete Part II for noncash contributions.)
(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 Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

Pet Network Humane Society

94-3162646

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional 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
		\$	RE
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a)	UBLIC COP	\$	
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
		\$	
123/153 11-11-	21		Schedule B (Form 990) (2021)

Employer identification number

Name of organization

94-3162646 Pet Network Humane Society 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 Part III 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 Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP 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 Relationship of transferor to transferee Transferee's name, address, and ZIP + 4

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

Pet Network Humane Society

Employer identification number 94-3162646

Pa	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		or Accounts. Complete if the
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	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 w	riting that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's e		
6	Did the organization inform all grantees, donors, and donor ac	lvisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose	
Da			
Pa			Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizatio	`	
	Preservation of land for public use (for example, recreat	· —	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 qualific	ed conservation contribution in the form	of a conservation easement on the last Held at the End of the Tax Year
	day of the tax year.		
_	Total number of conservation easements		
b			1 1
	Number of conservation easements on a certified historic stru		
a	Number of conservation easements included in (c) acquired at		
_	listed in the National Register		
3	Number of conservation easements modified, transferred, relevant	ased, extinguished, or terminated by the	e organization during the tax
4	Number of states where property subject to conservation ease	ement is located	
5	Does the organization have a written policy regarding the period		
3	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting, h		
Ū	>		oor valuer oddorrionto darinig and year
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and enforcing conserva	ation easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170	(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservatio		
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's financial statem	ents that describes the
	organization's accounting for conservation easements.	-	
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its revenue statement a	and balance sheet works
	of art, historical treasures, or other similar assets held for publ	ic exhibition, education, or research in fo	urtherance of public
	service, provide in Part XIII the text of the footnote to its finance	cial statements that describes these iten	ns.
b	If the organization elected, as permitted under FASB ASC 958	s, to report in its revenue statement and	balance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furt	herance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
			L 4
2	If the organization received or held works of art, historical trea	sures, or other similar assets for financia	al gain, provide
	the following amounts required to be reported under FASB AS	_	
а	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		> \$

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		655,139.		655,139.
b Buildings		3,865,100.	2,054,670.	1,810,430.
c Leasehold improvements				
d Equipment		880,629.	382,385.	498,244.
e Other				
Total Add lines 1a through 1e (Calumn (d) must ague	L Forms 000 Dort V colum	nn (D) line 10e)	7	2 963 813.

Schedule D (Form 990) 2021

(a) Description of security or category (including name of security)	(b) Book value (c)	Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		·
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes" of	on Form 990, Part IV, line 11c. See	e Form 990, Part X, line 13.
(a) Description of investment		Method of valuation: Cost or end-of-year market value
(1)		•
(2)		
(3)		
(4)		
(5)		
(6)		ACHRE
(7)		
(8)		
(9)	31GH	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		
Part IX Other Assets.		
Complete if the organization answered "Yes"	on Form 990, Part IV, line 11d. See	Form 990, Part X, line 15.
(a)	Description	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15)	
Part X Other Liabilities.	15.)	
	on Form 990. Part IV. line 11e or 1	1f. See Form 990. Part X. line 25.
Complete it the organization answered "Yes" (
Complete if the organization answered "Yes" ((a) Description of liability		(b) Book value
1. (a) Description of liability		(b) Book value
(a) Description of liability (1) Federal income taxes		(b) Book value
(a) Description of liability (1) Federal income taxes (2)		(b) Book value
1. (a) Description of liability (1) Federal income taxes (2) (3)		(b) Book value
1. (a) Description of liability (1) Federal income taxes (2) (3) (4)		(b) Book value
1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)		(b) Book value
1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)		(b) Book value
1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)		(b) Book value
1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)		(b) Book value

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Pa	rt XI	Reconciliation of Revenue per Audited Financial Statemen	ts With Revenue per Re	turn.	
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total	revenue, gains, and other support per audited financial statements		1	
2	Amou	ints included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net u	nrealized gains (losses) on investments	2a		
b		ted services and use of facilities	2b		
С		veries of prior year grants	2c		
d		(Describe in Part XIII.)	1		
е	Add li	nes 2a through 2d		2e	
3	Subtr	act line 2e from line 1		3	
4		ints included on Form 990, Part VIII, line 12, but not on line 1:			
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other	(Describe in Part XIII.)	4b		
С		nes 4a and 4b		4c	
5	Total	revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	
Pa	rt XII	Reconciliation of Expenses per Audited Financial Statemer	nts With Expenses per R	letur	n.
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total	expenses and losses per audited financial statements		1	
2		ints included on line 1 but not on Form 990, Part IX, line 25:			
а	Donat	ted services and use of facilities	2a		
b		year adjustments	2b		
С		losses	2c		
d	Other	(Describe in Part XIII.)	2d		
е	Add li	nes 2a through 2d		2e	
3	Subtr	act line 2e from line 1		3	
4		ints included on Form 990, Part IX, line 25, but not on line 1:			
а		tment expenses not included on Form 990, Part VIII, line 7b	4a		
b		(Describe in Part XIII.)	4b		
С		nes 4a and 4b		4c	
5	Total	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	
Pa	rt XIII	Supplemental Information.	Y		
Prov	ide the	descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV	, lines 1b and 2b; Part V, line 4;	; Part	X, line 2; Part XI,
lines	2d and	l 4b; and Part XII, lines 2d and 4b. Also complet <mark>e</mark> this pa <mark>rt to</mark> prov <mark>i</mark> de any additi	onal information.		

SCHEDULE G (Form 990)

Department of the Treasury

(i) Name and address of individual

or entity (fundraiser)

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 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

(vi) Amount paid

to (or retained by)

organization

(v) Amount paid

to (or retained by)

fundraiser

listed in col. (i)

(iv) Gross receipts

from activity

Internal Revenue Service Name of the organization Employer identification number Pet Network Humane Society 94-3162646 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. Mail solicitations Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events С In-person solicitations 2 a 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. (iii) Did fundraiser have custody or control of contributions?

> Yes No

(ii) Activity

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

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 (b) Event #2 (c) Other events (d) Total events None (add col. (a) through Fur Ball col. (c)) (event type) (event type) (total number) 25,000. 25,000. 1 Gross receipts 25,000. 25,000. 2 Less: Contributions **3** Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs _____ 7 Food and beverages 8 Entertainment 9,963. 9,963 9 Other direct expenses 9,963 **10** Direct expense summary. Add lines 4 through 9 in column (d) -9,963 11 Net income summary. Subtract line 10 from line 3, column (d) 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. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in 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? **b** If "No," explain: _ 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

Sch	nedule G (Form 990) 2021 Pet Network Humane Society 94	-316264	16 Page 3
11	Does the organization conduct gaming activities with nonmembers?	Ye	s No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?		s No
13	Indicate the percentage of gaming activity conducted in:		
a	a The organization's facility	13a	%
	b An outside facility		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Ye	s No
k	b If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount		
	of gaming revenue retained by the third party ▶\$		
C	c If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:	R	
	Name ▶		
	Gaming manager compensation ▶ \$		
	Description of services provided		
	nikid n		
	UHUE AAUT		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions:		
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Ye	s No
k	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year > \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	Part III, lines	9, 9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		

Schedule G	(Form 990)	Pet Ne	twork	Humane	Society	94-3162646	Page 4
Part IV	(Form 990) Supplemental Inf	ormation (col	ntinued)				
		(55)	100.0.0.				
						IDL	
				10			
	. 101	11 /					

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

➤ Attach to Form 990.

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

Name of the organization Pet Network Humane Society Employer identification number 94-3162646

Par	t I Types of Property						
		(a) Check if applicable	(b) Number of contributions or	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of dete noncash contributio	•	s
1	Art - Works of art		items contributed	TOTTI 990, Fait VIII, IIIIe 19			
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods	X		63,505.	FMV		
6	Cars and other vehicles			00,000	<u> </u>		
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded						
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or						
	trust interests						
12	Securities - Miscellaneous	X	1	10,000.	FMV		
13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies		>()				
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other ()						
26	Other ()						
27 20	Other ()						
28 29	Other ()	otion during	the tay year for a	natributiana			
29	Number of Forms 8283 received by the organization completed Form 828						
	for which the organization completed Form 626	oo, Fait V, L	onee Acknowledg	ement		Yes	No
30a	During the year, did the organization receive by	, contributio	n any property rep	orted in Part I lines 1 throug	h 28 that it	163	NO
Jua	must hold for at least three years from the date		* ' ' ' '	· · · · · · · · · · · · · · · · · · ·			
	exempt purposes for the entire holding period?			Willow Isin't required to be de		30a	х
h	If "Yes," describe the arrangement in Part II.					, Jou	
31	Does the organization have a gift acceptance p	olicy that re	quires the review o	of any nonstandard contribut	ions?	31	х
	Does the organization hire or use third parties of	•	•	•			\Box
	contributions?		•		ا	32a	Х
b	If "Yes," describe in Part II.						
33	If the organization didn't report an amount in co	olumn (c) foi	a type of property	for which column (a) is chec	ked,		
	describe in Part II.						

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.

2021
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Pet Network Humane Society

Employer identification number 94-3162646

Form 990, Part III, Line 4a, Program Service Accomplishments:

facility and in foster homes, enabling pets to be adopted into new
homes with the necessary medical and behavioral support. The majority
of the animals cared for at Pet Network require basic medical treatment
such as vaccinations, spay/neuter surgery, and other preventative care.

These services along with other more complex surgical procedures are
provided in our onsite medical clinic facility by our staff and a
contracted veterinarian.

Form 990, Part VI, Section A, line 8b:

There are no committees with authority to act on behalf of the Governing Body.

Form 990, Part VI, Section B, line 11b:

A draft copy of the Form 990 is provided to and approved by the Board of Directors and management prior to filing. Any necessary adjustments are made based on their review. The final draft is approved and the Form 990 is filed.

Form 990, Part VI, Section B, Line 12c:

The Board of Directors are required to disclose a possible conflict of interest when it arise; it is then addressed by the Board to determine if a conflict does exist. If a conflict is found to exist, the board member involved is excluded from discussion and voting on the issue.

Form 990, Part VI, Section B, Line 15a:

Schedule O (Form 990) 2021 Page **2**

	Name of the organization Pet Network Humane Society	Employer identification number $94-3162646$
local area, and the decision was documented. This was last completed in fall of 2020 and recorded in personnel file. Form 990, Part VI, Section C, Line 19: The governing documents, conflict of interest policy, financial statements and Form 990 are available upon request for public inspection, and copies	The compensation of the Executive Director is determined b	y the Board of
fall of 2020 and recorded in personnel file. Form 990, Part VI, Section C, Line 19: The governing documents, conflict of interest policy, financial statements and Form 990 are available upon request for public inspection, and copies	Directors. The Board of Directors reviewed comparability s	tudies for the
Form 990, Part VI, Section C, Line 19: The governing documents, conflict of interest policy, financial statements and Form 990 are available upon request for public inspection, and copies	local area, and the decision was documented. This was last	completed in
The governing documents, conflict of interest policy, financial statements and Form 990 are available upon request for public inspection, and copies	fall of 2020 and recorded in personnel file.	
The governing documents, conflict of interest policy, financial statements and Form 990 are available upon request for public inspection, and copies		
and Form 990 are available upon request for public inspection, and copies	Form 990, Part VI, Section C, Line 19:	
	The governing documents, conflict of interest policy, fina	ncial statements
can be made during normal business hours Monday through Friday.	and Form 990 are available upon request for public inspect	ion, and copies
PUBLIC DISCLOSURE COPY	can be made during normal business hours Monday through Fr	iday.
PUBLIC DISCLOSURY COPY		· IDE
PUBLIC DISCLUSCE COPY		UKL
PUBLIC DISCOPY COPY	- accio	
PUBLIO COPY		
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	PU^{-}	

CARRYOVER DATA TO 2022

Name Pet Network Humane Society	Employer Identification Number 94-3162646
Based on the information provided with this return, the following are possible carryover amounts to next year.	
Federal Net Positive ACE Adjustment	10,092.
Federal Pre-2018 Net Operating Loss	121,439.
	ALIRE
	SUIVE
aig(ilu	
DIBLIV DV	
PUPE COPT	

Name: Pet Network Humane Society	FEIN:	94-3162646

	and Entity: Net 382 Annual Limitation	Positive ACE	Adjustment Fi	ED	DETAIL C	ARRYOVER SCH	EDULE				
Year Origi- nated	Original Carryover Amount	Total Amount Used	Amount Used for								
2020	10,092.										
									RE		
					016			50			
		~1 1	21	\C	Uh	50					
Detail Type	S Used for B C	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for

	2646
--	------

		and Entity: Pre	-2018 NOL FED	Section 382 Carryover		DETAIL C	ARRYOVER SCH	EDULE				
	Year Origi- nated	Original Carryover Amount	Total Amount Used	Amount Used for 12/31/15	Amount Used for 12/31/12	Amount Used for 12/31/13	Amount Used for					
A B C D E F G H L	2009 2010 2014 2016 2017	13,002. 20,257. 7,860. 44,544. 76,895.	13,002. 20,257. 7,860.	7,860.	2,563. 3,680.	16,577.						
J K L M Z O P Q R Ø							3C1		sU	RE		
T U V W		E Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount
	Detail Type	E Amount S Used for B C	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for
A B C D												
D E F G H												
J K L												
M N O P												
Q R S T												
U V W												