

PUBLIC DISCLOSURE COPY \*\*

## Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury Go to www.irs.gov/Form990 for instructions and the latest information. 2023 A For the 2022 calendar year, or tax year beginning APR 2022 and ending MAR Check if applicable: C Name of organization D Employer identification number SPAY NEUTER IMPERATIVE PROJECT Address change CALIFORNIA Name change 46-1587546 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite Final return/ termin-ated 925-895-8531 PO BOX 1066 2,395,235. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return 93953 PEBBLE BEACH, CA H(a) Is this a group return Applica-tion pending F Name and address of principal officer: MARC SISLER for subordinates? ..... Yes X No SAME AS C ABOVE \_\_Yes **H(b)** Are all subordinates included? Tax-exempt status: **X** 501(c)(3) 501(c) ( 527 (insert no.) 4947(a)(1) or If "No," attach a list. See instructions WWW.SNIPBUS.ORG H(c) Group exemption number **K** Form of organization: **X** Corporation Trust Association Other L Year of formation: 2012 M State of legal domicile: CA Part I Summary Briefly describe the organization's mission or most significant activities: TO PROVIDE A NON-LETHAL SOLUTION Activities & Governance TO THE HOMELESS, ABANDONED AND FERAL ANIMAL POPULATIONS IN CA. 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2022 (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 7h **Prior Year Current Year** 1,266,371. 846,409. Contributions and grants (Part VIII, line 1h) 8 230,097. 479,340. Program service revenue (Part VIII, line 2g) 0. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 11,580. -66,050. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 2,259,699. 1,508,048. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ....... 12 13,586. 45,386. 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) 0. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 15 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. **b** Total fundraising expenses (Part IX, column (D), line 25) 1,447,841. 2,307,372. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 2,352,758. 1,461,427. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 46,621.-93,059. Revenue less expenses. Subtract line 18 from line 12

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.

**Beginning of Current Year** 

-150.

287,415.

437,627.

212.

Sign	Signature of officer		Date	
Here	MARC SISLER, CFO			
	Type or print name and title			
	Print/Type preparer's name	Preparer's signature	Date Check	PTIN
Paid	AUTUMN ROSSI	AUTUMN ROSSI	02/15/24 self-emplo	pyed P01404602
Preparer	Firm's name CLIFTONLARSONALLE	N LLP	Firm's EIN 4	11-0746749
Use Only	Firm's address 1188 PADRE DRIVE,	STE 101		
	SALINAS, CA 93901		Phone no. ( 8	331) 759-6300
May the IF	RS discuss this return with the preparer shown abo	ve? See instructions		X Yes No

**End of Year** 

735,299.

973,637

-238,338

Net assets or fund balances. Subtract line 21 from line 20

三年

Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

Part II Signature Block

Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE ORGANIZATION PROVIDES COMMUNITIES OF CALIFORNIA A NON-LETHAL
	SOLUTION TO THE HOMELESS, ABANDONED AND FERAL ANIMAL POPULATIONS SO
	THAT EUTHANASIA IS NO LONGER AN ACCEPTABLE MEANS OF POPULATION
	CONTROL.
2	Did the organization undertake any significant program services during the year which were not listed on the
2	
	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 \$2, 200, 872 •including grants of \$ 45, 386 •) (Revenue \$1, 479, 340 •)
	THE ORGANIZATION OPERATES A TRAVELING CLINIC FOR SPAYING, NEUTERING AND
	EMERGENCY CARE OF HOMELESS, ABANDONED AND FERAL ANIMALS.
	EMERGENCI CARE OF HOMEDESS, ADANDONED AND FERAL ANIMALS.
4b	(Code:) (Expenses \$
4c	(Code:) (Expenses \$
4d	Other program services (Describe on Schedule O.)
14	(Expenses \$ including grants of \$ ) (Revenue \$ )
40	0.000.070
<u>4e</u>	Total program service expenses 2, 200, 872.  Form <b>990</b> (2022)
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Form 990 (2022) CALIFORNIA
Part IV Checklist of Required Schedules

	111 Checkingt of Heddings Concurred			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		37	
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	١.		<del>.</del>
_	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		x
6	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			x
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		x
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	⊢′		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	8		x
9	Schedule D, Part III  Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	l °		
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		X
10	If "Yes," complete Schedule D, Part IV	-		
10		10		X
11	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
u	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	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	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> X</u>
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		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			,,
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		3.7	
	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
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		_
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX. column (A), line 1? If "Yes " complete Schedule I, Parts I and II	21	х	
	AUTHOSIIC GOVERNMENT ON FAIT IA. COIGINI IAI. IIIC 11 II "YES " COMDIETE SCHEANIE I PART I ANA II	1 4 1	47	i

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SPAY NEUTER IMPERATIVE PROJECT CALIFORNIA

Form 990 (2022)

Part IV Checklist of Required Schedules (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		<u> </u>
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			٦,
	Schedule K. If "No," go to line 25a	24a		<u> </u>
	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	04-		
	any tax-exempt bonds?	24c 24d		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	<b>24</b> 0		
ZJa	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	254		
-	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	X	
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a	X	
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			٦,
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			х
31	contributions? If "Yes," complete Schedule M	30 31		X
32	Did the organization required the transfer more than 25% of its net assets? If "Yes," complete	31		
JZ	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- 02		
-	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
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
35 a	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	37		<u> X</u>
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		37	
Par	Note: All Form 990 filers are required to complete Schedule O  Statements Regarding Other IRS Filings and Tax Compliance	38	X	
ı al	Check if Schedule O contains a response or note to any line in this Part V			
	Check if Schedule O contains a response of note to any line in this Part V		V	N <sub>C</sub>
10	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 40  Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 1			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
J	(gambling) winnings to prize winners?	1c	Х	
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Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return2a	0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authorit	y over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account	)?	4a		X
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	s (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have a greater	nization solicit			
	any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	-			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).		_		37
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services pr		7a		X
b	•		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was requi	ired	<b>-</b> .		
	to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year  7d		7.		
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract' Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		<u>7e</u> 7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 889		7g		
9 h	If the organization received a contribution of qualified intellectual property, and the organization file form odd		7 <u>9</u> 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?		8		
9	Sponsoring organizations maintaining donor advised funds.		_		
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b			9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year				
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.				
D	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				
_					
			14a		х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration of		. 70		
	excess parachute payment(s) during the year?		15		x
	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 incom	e?	16		х
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				

Form **990** (2022)

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	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	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?	2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b		Х
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed CA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only)	availal	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	MELANIE SCHERER - 925-895-8531			
	PO BOX 1066, PEBBLE BEACH, CA 93953			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

X Check this box if neither the organization no (A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average			Pos	itior			Reportable	Reportable	Estimated
Name and title	hours per	(do	not c	heck i	more	than o	one n an	compensation	compensation	amount of
	week	offic	cer ar	id a d	irecto	or/trus	tee)	from	from related	other
	(list any	tor						the	organizations	compensation
	hours for	direc				, ,		organization	(W-2/1099-MISC/	from the
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	Individual trustee or director	Institutional trustee		oyee	ed mo		1099-NEC)	·	and related
	below	ridual	tutior	Ja Ja	Key employee	est c	Jer.			organizations
	line)	Indiv	Insti	Officer	Key	Highest compensated employee	Forn			
(1) MELANIE SCHERER	20.00									
SECRETARY		Х		Х				0.	0.	0.
(2) MARC SISLER	2.00									
CFO		Х		х				0.	0.	0.
(3) MARK TRUITT	2.00							•		•
CEO	2.00	Х		х				0.	0.	0 .
(4) LISA SEARS	2.00	Δ						· ·	0.	0.
BOARD MEMBER	2.00	Х						0.	0.	0.
	2 00	Λ						0.	0.	0.
(5) MARK SEARS	2.00	٠,,								•
BOARD MEMBER		Х						0.	0.	0.
						$\vdash$				
		ŀ								
				ı	I	1			l	

Form 990 (2022)

Form 990 (2022) CALIFORN	IA								46-15	87546	Page 8
Part VII   Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	Ηiς	ghes	t C	ompensated Employee	s (continued)		
(A) Name and title	Desition 1									n am comp C/ fro orga and	timated abount of pother pensation om the anization direlated nizations
1b Subtotal	L							0.		0.	0.
c Total from continuation sheets to Part V								0.		0.	0.
d Total (add lines 1b and 1c)	ot limited to th							0.		0.	0.
compensation from the organization	ot illilited to til	036	iiste	u ab	JOVE,	) vvii	016	ceived more than \$100,	ooo or reportable		0
3 Did the organization list any former officer											Yes No
<ul> <li>line 1a? If "Yes," complete Schedule J for s</li> <li>For any individual listed on line 1a, is the st</li> <li>and related organizations greater than \$15</li> </ul>	um of reportabl	е со	mpe	nsa	tion	and	oth	er compensation from the	ne organization		X
5 Did any person listed on line 1a receive or	accrue compen	sati	on fr	om a	any	unre	late	ed organization or individ	lual for services		
rendered to the organization? If "Yes," con Section B. Independent Contractors	<u>iplete Schedule</u>	e J fo	or su	ch r	<u>oers</u>	on .				5	X
Complete this table for your five highest countered the organization. Report compensation for	•	-							•	ensation fro	m
(A) Name and business	address							(B) Description of s	ervices	(C Comper	
KIMBERLY A. KING, 14823 (BAKERSFIELD, CA 93314	CONEFLOW	ER	DI	RI	VE	,	_(	ASSISTANCE W CLINICS		354	1,800.
ANDICE WEBB 6612 PALM AVE, BAKERSFIELD, CA 93314							ASSISTANCE W	ITH	160	160,300.	
							_				
2 Total number of independent contractors (i	ncluding but no	ot lin	nited	l to t	thos	e lis	ted	above) who received mo	ore than		
\$100,000 of compensation from the organi	zation				2	2				Form	990 (2022)

Part VIII Statement of Revenue

		Check if Schedule O contains a response	or note to any lin	e in this Part VIII			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Siδ	1 a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b						
يَ ق		Fundraising events 1c	21,800.				
ifts ar A		Related organizations 1d	•				
nis,		Government grants (contributions) 1e					
Sig		All other contributions, gifts, grants, and					
her St			824,609.				
풀	g	Noncash contributions included in lines 1a-1f	-				
Cor	h	Total. Add lines 1a-1f		846,409.			
			Business Code				
ø	2 a	SPAY & NEUTER CLINICS	621300	1,479,340.	1,479,340.		
Program Service Revenue	b						
Se	С						
an eve	d						
90 B	е						
4	f	All other program service revenue					
	g			1,479,340.			
	3	Investment income (including dividends, intere	st, and				
		other similar amounts)					
	4	Income from investment of tax-exempt bond p					
	5	Royalties(i) Real					
		.,,	(ii) Personal				
	6 a						
	b	Less: rental expenses 6b					
	C	` ,					
		Net rental income or (loss)	(ii) Other				
	<i>i</i> a	assets other than inventory 7a	(ii) Otrici				
	h	Less: cost or other basis					
<u>o</u>		and sales expenses <b>7b</b>					
ther Revenue	c	Gain or (loss) 7c					
Š	d	Net gain or (loss)	l				
ē		Gross income from fundraising events (not					
퉏		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18	9,486.				
	b	Less: direct expenses 8b	83,536.				
	С	Net income or (loss) from fundraising events		-74,050.			-74,050.
	9 a	Gross income from gaming activities. See					
		Part IV, line 19					
		Less: direct expenses 9b	52,000.	2 2 2 2			0.000
		Net income or (loss) from gaming activities	 I	8,000.			8,000.
	10 a	Gross sales of inventory, less returns					
		and allowances 10a					
		Less: cost of goods sold10b					
	С	Net income or (loss) from sales of inventory	Business Osd				
sn	44 -		Business Code				
Jeo Tue	11 a						
e la	b c						
Miscellaneous Revenue	4	All other revenue					
Σ	e	Total. Add lines 11a-11d					
	12	Total revenue. See instructions		2,259,699.	1,479,340.	0.	-66,050.
							F 000 (2222)

### Part IX | Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All othe	r organizations must con	nplete column (A).	
	Check if Schedule O contains a respons				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	45,386.	45,386.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
3	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
Ü	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b	Legal	0 400		0 400	
С	Accounting	9,480.		9,480.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.)	56,550.	56,550.		
12	Advertising and promotion	47,600.			47,600
13	Office expenses	40,700.		40,700.	
14	Information technology	35.		35.	
15	Royalties	22.512			
16	Occupancy	80,640.	75,000.	5,640.	
17	Travel	10,984.	10,984.		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	5,865.		5,865.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	92,479.	92,479.	15 440	
23	Insurance	17,410.		17,410.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	OT THE OFFICE OF	1,877,642.	1,877,642.		
b	TRUCK/VAN/BUS EXPENSES	32,618.	32,618.		
С	GRANT WRITING	24,800.			24,800
d	TRANSPORT	10,213.	10,213.		
е	All other expenses	356.		356.	
25	Total functional expenses. Add lines 1 through 24e	2,352,758.	2,200,872.	79,486.	72,400
26	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 <b>990</b> (202)

Form 990 (2022)

Part X | Balance Sheet

	Balance Sheet					
	Check if Schedule O contains a response or no	te to any	line in this Part X			
				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
1	Cash - non-interest-bearing			70,796.	1	98,826
2					2	
3	Pledges and grants receivable, net			3		
4					4	
5						
	trustee, key employee, creator or founder, subs					
	controlled entity or family member of any of the		5	512,333		
6	Loans and other receivables from other disqual	ified perso	ons (as defined			
	under section 4958(f)(1)), and persons describe	d in sectio	on 4958(c)(3)(B)		6	
7	Notes and loans receivable, net				7	
8	Inventories for sale or use				8	
9	Prepaid expenses and deferred charges				9	
10a						
	basis. Complete Part VI of Schedule D	10a	483,013.			
b				216,619.	10c	124,140
11					11	
12					12	
13					13	
14					14	
15	Other assets. See Part IV, line 11			007 447		=
16				287,415.		735,299
17						
					21	
22						
						E07 400
	. ,					507,402
			Г		24	
25						
	•	•	· .	137 627	0.5	466,235
00	***************************************					973,637
26				437,027.	26	313,031
		eck nere				
27				-150 212.	27	-238,338
				130/2121		230,330
20					20	
		oo, chec	K Here			
29					29	
				-150.212.		-238,338
	. S.a. Hot accord of faria balarious			287,415.	33	735,299
_	1 2 3 4 5 5 6 7 8 9 10a b 11 12 13 14 15 16	Check if Schedule O contains a response or no  Cash · non-interest-bearing Savings and temporary cash investments Pledges and grants receivable, net Accounts receivable, net Loans and other receivables from any current of trustee, key employee, creator or founder, substanced controlled entity or family member of any of the Loans and other receivables from other disqual under section 4958(f)(1)), and persons described Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments · other securities. See Part IV, line Investments · other securities. See Part IV, line Intangible assets Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal to the same payable and accrued expenses Grants payable Deferred revenue Tax-exempt bond liabilities Escrow or custodial account liability. Complete Loans and other payables to any current or form trustee, key employee, creator or founder, substanced entity or family member of any of the Secured mortgages and notes payable to unrelate Unsecured notes and loans payable to unrelate Other liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, cheand complete lines 27, 28, 32, and 33. Net assets with donor restrictions Organizations that do not follow FASB ASC 958, cheand complete lines 29 through 33. Capital stock or trust principal, or current funds Organizations that do not follow FASB ASC 958, cheand complete lines 29 through 33. Capital stock or trust principal, or current funds	Check if Schedule O contains a response or note to any  Cash - non-interest-bearing Savings and temporary cash investments Pledges and grants receivable, net Accounts receivable, net Loans and other receivables from any current or former of trustee, key employee, creator or founder, substantial co controlled entity or family member of any of these persor under section 4958(f)(1)), and persons described in section Notes and loans receivables from other disqualified person under section 4958(f)(1)), and persons described in section Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, line 11 Intangible assets Other assets. See Part IV, line 11 Intangible assets Other assets. Add lines 1 through 15 (must equal line 33 Accounts payable and accrued expenses Grants payable Deferred revenue Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of 22 Loans and other payables to any current or former officer trustee, key employee, creator or founder, substantial co controlled entity or family member of any of these persor Secured mortgages and notes payable to unrelated third payables and once payable to unrelated third unsecured notes and loans payable to unrelated third payaties, and other liabilities not included on lines 17:24). Of Schedule D Total liabilities (including federal income tax, payables to parties, and other liabilities not included on lines 17:24). Of Schedule D Total sessets with donor restrictions Net assets with donor restrictions Net assets with donor restrictions Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. Potaties for trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment and complete lines 29 through	Check if Schedule O contains a response or note to any line in this Part X    Cash - non-interest-bearing	Check if Schedule O contains a response or note to any line in this Part X    Reginning of year	Check if Schedule O contains a response or note to any line in this Part X    Cash - non-interest-bearing   T0 , 796 . 1

Form **990** (2022)

Pa	TEXT RECONCILIATION OF NET ASSETS				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,25	9,6	<u>99.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,35	2,7	<u>58.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3	-9	3,0	59.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	-15	0,2	12.
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		4,9	33.
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,				
	coluṃn (B))	10	-23	8,3	<u> 38.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit	t		
	an availte availeie valeva de Celegalule O en el elegación a constant telegación a valegación availte		01-		I

#### **SCHEDULE A**

(Form 990)

Department of the Treasury Internal Revenue Service

## **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

2022

OMB No. 1545-0047

Open to Public Inspection

Name of the organization SPAY NEUTER IMPERATIVE PROJECT CALIFORNIA

 $\begin{array}{c} \textbf{Employer identification number} \\ 46-1587546 \end{array}$ 

Pa	rt I	Reason for Public 0	Charity Status. (	(All organizations must o	omplete th	nis part.) S	ee instructions.	
The	organ	ization is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only	one box.)		
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).						
_	H							
2	H		cribed in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)					
3	=	A hospital or a cooperative					•	
4	Ш	A medical research organization	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:						
5		An organization operated for	or the benefit of a col	lege or university owned	l or operat	ed by a go	vernmental unit describe	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)					
6		A federal, state, or local gov	vernment or aovernm	nental unit described in	section 17	70(b)(1)(A)	(v).	
7	X	An organization that norma	-					oublic described in
•		section 170(b)(1)(A)(vi). (C	•	mai pai t or no support ii	o a go		anni or morni and gomeran	
8		A community trust describe		1VAVvi) (Complete Par	+ 11 \			
_	H					nd in aanii	unation with a land grant	aallaga
9		An agricultural research org				-	-	•
		or university or a non-land-g	grant college of agrici	ulture (see instructions).	Enter the i	name, city	, and state of the college	or
		university:						
10	Ш	An organization that norma						
		activities related to its exem	npt functions, subjec	t to certain exceptions;	and (2) no	more than	33 1/3% of its support f	rom gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the organization a	after June 30, 1975.
		See section 509(a)(2). (Con	mplete Part III.)					
11		An organization organized a	and operated exclusi	vely to test for public sa	fety.See	section 50	)9(a)(4).	
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	he functio	ns of, or to carry out the	purposes of one or
		more publicly supported or	ganizations describe	d in <b>section 509(a)(1)</b> o	r section	509(a)(2).	See <b>section 509(a)(3).</b> (	Check the box on
		lines 12a through 12d that	describes the type of	f supporting organization	and com	plete lines	12e, 12f, and 12g.	
а		Type I. A supporting orga	anization operated, si	upervised, or controlled	by its supp	orted org	anization(s), typically by	giving
		the supported organization	· · · · · · · · · · · · · · · · · · ·		•	_		
		organization. You must o			, ,			11 3
b		Type II. A supporting org	- ·		ion with its	s supporte	ed organization(s) by hav	vina
-		control or management o						
		organization(s). You mus			arric perso	iis triat coi	Titlor of manage the supp	Jorted
_		¬ • • • • • • • • • • • • • • • • • • •	-		in connect	ion with c	and functionally integrate	od with
С		☐ Type III functionally inte					• •	eu with,
		its supported organization		-				
d	L						· · · · · · · · · · · · · · · · · · ·	* *
		that is not functionally int		• ,	•		•	/eness
	_	requirement (see instructi	•	•	•			
е		Check this box if the orga	anization received a v	vritten determination fro	m the IRS	that it is a	Type I, Type II, Type III	
		functionally integrated, or	• •	nally integrated supportion	ng organiz	ation.		
f	Ente	er the number of supported o	organizations					
g		vide the following information			I (iii) la tha assa	-iti listad		T
	(	i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	nization listed ng document?	(v) Amount of monetary	(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
Tate								

CALIFORNIA

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

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

Se	ction A. Public Support	71	1	,				
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
	Gifts, grants, contributions, and		` ,	` ,	, ,	` ,	,,	
	membership fees received. (Do not							
	include any "unusual grants.")	325,136.	552,896.	549,756.	1266764.	824,609.	3519161.	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3	325,136.	552,896.	549,756.	1266764.	824,609.	3519161.	
	The portion of total contributions							
	by each person (other than a							
	governmental unit or publicly							
	supported organization) included							
	on line 1 that exceeds 2% of the							
	amount shown on line 11,							
	column (f)						23,457.	
6	Public support. Subtract line 5 from line 4.						3495704.	
	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
	Amounts from line 4	325,136.	552,896.	549,756.	1266764.	824,609.	3519161.	
	Gross income from interest,	,		•		•		
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources							
9	Net income from unrelated business							
	activities, whether or not the							
	business is regularly carried on					8,000.	8,000.	
10	Other income. Do not include gain					·		
	or loss from the sale of capital							
	assets (Explain in Part VI.)							
11	<b>Total support.</b> Add lines 7 through 10						3527161.	
	Gross receipts from related activities,	etc. (see instruction	ns)			12 1	,709,437.	
	First 5 years. If the Form 990 is for the						· · · · · · · · · · · · · · · · · · ·	
	organization, check this box and stop	-		•				
Se	ction C. Computation of Publi	c Support Per	centage					
14	Public support percentage for 2022 (I	ine 6, column (f), d	ivided by line 11, c	column (f))		14	99.11 %	
	Public support percentage from 2021					15	100.00 %	
	33 1/3% support test - 2022. If the					ore, check this box	k and	
	stop here. The organization qualifies							
k	33 1/3% support test - 2021. If the							
	and stop here. The organization qual	lifies as a publicly s	upported organiza	ation				
17a	10% -facts-and-circumstances test							
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization							
	meets the facts-and-circumstances te							
k	10% -facts-and-circumstances test	-	-	*	-			
	more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization							
18								
	Schedule A (Form 990) 2022							

232022 12-09-22

CALIFORNIA Schedule A (Form 990) 2022

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

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

Sed	ction A. Public Support	siow, picase comp	oicte i art ii.j				
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
_	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	(a) 2010	(6) 2019	(6) 2020	(4) 2021	(6) 2022	(i) iotai
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
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	J		,	•	( ) ( )	· —
	check this box and stop here						
	ction C. Computation of Publi					<del> </del>	
	Public support percentage for 2022 (li	, ,,,	•	column (f))		15	%
	Public support percentage from 2021					16	%
	ction D. Computation of Inves			. 10 1 (0)		14-1	
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	% 7 in
198	33 1/3% support tests - 2022. If the						
b	more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the	organization did r	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che	ck this box and st	<b>top here.</b> The orga	anization qualifies a	as a publicly supp	orted organization	
20	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 19h check th	nis hox and see in	structions	

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### Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	•		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	ou		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	4		
	9b		
	9c		
	10a		
	10b		
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	rt IV Supporting Organizations (continued)	0,01	•	age <b>o</b>
	Continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		103	140
	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
_	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	1112		
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations	•		
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
<u>Sac</u>	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
300	tion 6. Type it dupporting Organizations		V	
4	Mars a majority of the averagination's divertous by twisters duving the tay year also a majority of the divertous		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations	•		
	, <del>.</del>		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
800	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
	, , , , , , , , , , , , , , , , , , ,			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)	)-		
a b	The organization satisfied the Activities Test. Complete line 2 below.  The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization is the parent of each of its supported organizations. Complete line's perow.  The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	otruotion	, a)	
2	Activities Test. Answer lines 2a and 2b below.	Struction	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	3	<b>A</b> 1		
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

232025 12-09-22 Schedule A (Form 990) 2022

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1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on N	lov. 20, 1970 ( <i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	t complete S	Sections A through E.	T
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):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
	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		
7	Check here if the current year is the organization's first as a non-functional	Illy integrated	d Type III supporting orga	nization (see
-	instructions)	, .g	,,	1

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Par	t V Type III Non-Functionally Integrated 509(	(a)(3) Supporting Orga	nizations (continu	ued)	100/010   age /
Sect	on D - Distributions		•		Current Year
_1_	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity	2			
_3_	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	}	3	
4	Amounts paid to acquire exempt-use assets			4	
_5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
_6	Other distributions (describe in Part VI). See instructions.			6	
_7_	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	1		10	
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	ns	(iii) Distributable Amount for 2022
_1_	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
c	From 2019				
d	From 2020				
e	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2022 distributable amount				
<u>i_</u>	Carryover from 2017 not applied (see instructions)				
i_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D, line 7:				
a	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j and 4c.				
8	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				
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# SPAY NEUTER IMPERATIVE PROJECT

46-158<u>7546 Page 8</u> CALIFORNIA Schedule A (Form 990) 2022 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. Part VI (See instructions.)

232028 12-09-22

## Schedule B

## Schedule of Contributors

Attach to Form 990 or Form 990-PF.

OMB No. 1545-0047

2022

Department of the Treasury Internal Revenue Service

(Form 990)

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

Name of the organization

SPAY NEUTER IMPERATIVE PROJECT

CALIFORNIA

Employer identification number

46-1587546

Organization type (check one):							
Filers of	:	Section:					
Form 99	0 or 990-EZ	X 501(c)( 3 ) (enter number) organization					
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation					
		527 political organization					
Form 99	0-PF	501(c)(3) exempt private foundation					
		4947(a)(1) nonexempt charitable trust treated as a private foundation					
		501(c)(3) taxable private foundation					
Note: Or	nly a section 501(c)(	covered by the <b>General Rule</b> or a <b>Special Rule</b> .  7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General	Rule						
	-	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special	Rules						
X	sections 509(a)(1) a contributor, during	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under nd 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; line 1. Complete Parts I and II.					
	For an organization described in section 501(c)(7), (8), or (10) filling Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.						
	year, contributions is checked, enter he purpose. Don't com	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., aplete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively, etc., contributions totaling \$5,000 or more during the year \$					
answer "	Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, 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 that it doesn't meet the filing requirements of Schedule B (Form 990).						

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

Schedule B (Form 990) (2022)

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

Name of organization
SPAY NEUTER IMPERATIVE PROJECT
CALIFORNIA

Employer identification number

46-1587546

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	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		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ 68,001.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$	Person X Payroll

Schedule B (Form 990) (2022)

Name of organization
SPAY NEUTER IMPERATIVE PROJECT
CALIFORNIA

Employer identification number

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Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$17,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4	Total contributions  - \$ 94,000.	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
		\$	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
SPAY NEUTER IMPERATIVE PROJECT
CALIFORNIA

Employer identification number

46-1587546

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
_		\$				
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$	Cabadala P. (Farm 000) (0000)			

Name of organization **Employer identification number** SPAY NEUTER IMPERATIVE PROJECT CALIFORNIA 46-1587546 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047

Inspection

SPAY NEUTER IMPERATIVE PROJECT Name of the organization CALIFORNIA

**Employer identification number** 46-1587546

Pai	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		r Si	milar Funds o	r Ac	coun	ts. Complete if the
	organization anomorou neo orni om oco, natriv, iiii	(a) Donor adv	vised	funds	(1	<b>b)</b> Fun	ds 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 v	vriting that the assets	held	d in donor advised	d fund	s	
	are the organization's property, subject to the organization's	-					Yes No
6	Did the organization inform all grantees, donors, and donor ad						
	for charitable purposes and not for the benefit of the donor or						
	impermissible private benefit?						
Par	t II Conservation Easements. Complete if the org	ganization answered "	Yes	" on Form 990, Pa	art IV,	line 7.	
1	Purpose(s) of conservation easements held by the organization	on (check all that appl	y).				
	Preservation of land for public use (for example, recreat	tion or education)		Preservation of a	a histo	rically	important land area
	Protection of natural habitat			Preservation of a	certif	fied his	storic structure
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation cont	ribu	tion in the form of	a cor	servat	
	day of the tax year.						Held at the End of the Tax Year
а	Total number of conservation easements					2a	
b						2b	
С	Number of conservation easements on a certified historic stru					2c	
d	Number of conservation easements included in (c) acquired a						
	historic structure listed in the National Register					2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguished, o	or te	rminated by the o	organiz	zation	during the tax
	year						
4	Number of states where property subject to conservation eas	_					
5	Does the organization have a written policy regarding the per						
	violations, and enforcement of the conservation easements it						Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, l	handling of violations,	, and	l enforcing conse	rvatioi	n ease	ments during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and	enfo	orcina conservatio	on eas	ement	ts during the vear
		,		J			,
8	Does each conservation easement reported on line 2(d) above	e satisfy the requireme	ents	of section 170(h)	(4)(B)(	i)	
	and section 170(h)(4)(B)(ii)?						Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its re	venu	ue and expense st	tateme	ent and	d
	balance sheet, and include, if applicable, the text of the footn	ote to the organization	n's f	inancial statemen	its tha	t desc	ribes the
Da	organization's accounting for conservation easements.	Aut Historiaal T		Oth	- · · · ·	:1	w Accete
Pai	t III Organizations Maintaining Collections of		rea	sures, or Oth	er Si	ımııaı	r Assets.
	Complete if the organization answered "Yes" on Form						
1a	If the organization elected, as permitted under FASB ASC 956	•					
	of art, historical treasures, or other similar assets held for pub	•				ce of p	DUBLIC
	service, provide in Part XIII the text of the footnote to its finan						
b	If the organization elected, as permitted under FASB ASC 956	•					
	art, historical treasures, or other similar assets held for public	exhibition, education	, or	research in furthe	rance	of pub	olic service,
	provide the following amounts relating to these items:						•
	(i) Revenue included on Form 990, Part VIII, line 1						
•							\$
2	If the organization received or held works of art, historical treat				gain, p	rovide	•
_	the following amounts required to be reported under FASB AS						¢
a	Revenue included on Form 990, Part VIII, line 1						Φ
D	Assets included in Form 990, Part X						φ

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

Part III   Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)		dule D (Form 990								46-15	8754	б Р	age <b>2</b>
a Public exhibition   d   Lan or exchange program   a   Public exhibition   d   Lan or exchange program   b   Scholarly research   e   Other	Pai	rt III   Organi	izations Maintaining C	collections of Ar	t, His	torical Tre	asures, o	r Other	Simila	r Assets	(contin	nued)	
a Public exhibition d	3	Using the organ	nization's acquisition, accessi	on, and other record	ls, chec	k any of the f	ollowing that	make si	gnificant ι	use of its			
b Scholarly research e Other  c Preservation for future generations 4 Provide a description of the organizations collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sed for asias funds rather than to be maintained as part of the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X 2.  1b if "Yes," explain the arrangement in Part XIII and complete the following table:  C Beginning balance  1						1							
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets 10 be sold to raise funds rather than to be maintained as part of the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  1a Is the organization an agent, frustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.  1a Is the organization an agent, frustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.  1b If "Yes," explain the arrangement in Part XIII and complete the following table:  1	а	Public exl	hibition	· ·	j	1							
4. Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.  5. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds at wheth han to be maintained as part of the organization's collection?  Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or Form 990, Part IV, line 10, li	b			•	• 🖳	Other							
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?    Secrow and Oustodial Arrangements. Complete if the organization anawered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.    Is the organization anawered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X	С	c Preservation for future generations											
To be sold to raise funds rather than to be maintained as part of the organization's collection?	4		•	· ·		•	-			se in Part	XIII.		
Secrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X?    It is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?   It is if "Yes," explain the arrangement in Part XIII and complete the following table:	5	•	•				•				7		٦
Teleported an amount on Form 990, Part X, line 21.   Teleported an any trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.   Teleported Press   Segment   Segm	Da												_ No
18 Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	Pai				ete if th	ie organizatio	n answered '	"Yes" on	Form 990	), Part IV, I	ine 9, or		
on Form 990, Part X?  If "Yes," explain the arrangement in Part XIII and complete the following table:    Amount													
B   If   Yes,   explain the arrangement in Part XIII or morphise the following table:   C   Beginning balance	та										7		٦
Amount		on Form 990, P	art X?			4 - 1 - 1					」 Yes		」No
c Beginning balance d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.	b	it "Yes," explain	the arrangement in Part XIII	and complete the to	ilowing	table:					Amoun	+	
d Additions during the year  E Distributions during the year  1 Ending balance  2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Part V Endowment Funds. Complete if the organization has been provided on Part XIII  Beginning of year balance  C Net investment earnings, gains, and losses  d Grants or scholarships  C Net investment earnings, gains, and losses  d Grants or scholarships  g End of year balance  Permanent endowment  Administrative expenses  g End of year balance  Permanent endowment  S Permanent endowment  S Permanent endowment  S Permanent endowment  S Permanent endowment into a not in the possession of the organization that are held and administered for the organization by  (ii) Unrelated organizations  (iii) Related organizations  C Nonlete if the organizations isited as required on Schedule R?  Description of property  (a) Curent year  (b) Prior year  (c) Two years back  (d) Three years back  (e) Four y	_	Designing heles							10		Amoun		
e Distributions during the year   f   E   If   I   I   I   I   I   I   I   I													
f Ending balance													
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	_												
Body   Fi **Ves,** explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII											Ves		No
Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.		-							·y·		_ 100		]
(a) Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years back					•				0.				
b Contributions										ears back	(e) Four	years	back
b Contributions	1a	Beginning of ye	ar balance										
c Net investment earnings, gains, and losses d Grants or scholarships													
e Other expenditures for facilities and programs  f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment													
e Other expenditures for facilities and programs  f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	d	Grants or schola	arships										
f Administrative expenses g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment	е												
g End of year balance		and programs											
g End of year balance	f	Administrative e	expenses										
Board designated or quasi-endowment	g												
b Permanent endowment	2	Provide the esti	mated percentage of the cur	rent year end balanc	e (line 1	g, column (a)	) held as:						
The percentages on lines 2a, 2b, and 2c should equal 100%.  Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iii) Related organizations (iii) Related organizations (iii) Related organizations (iv) Related organiz	а	Board designate	ed or quasi-endowment		%								
The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) Unrelated organizations  (ii) Related organizations  (iii) Related organizations  (iv) In a 3a(iv)   3a(iv)	b	Permanent end	owment	%									
Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) Unrelated organizations (ii) Related organizations (iii) Related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value  Buildings  Land  Buildings  C Leasehold improvements  C Leasehold improvements  G Equipment  C Other  D	С			•′ -									
Ves   No		The percentage	s on lines 2a, 2b, and 2c sho	uld equal 100%.									
(i) Unrelated organizations (ii) Related organizations  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other)  (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value  b Buildings  c Leasehold improvements  d Equipment	За	Are there endov	wment funds not in the posse	ession of the organiza	ation th	at are held ar	nd administer	ed for the	е		1		
(ii) Related organizations  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  b Buildings  c Leasehold improvements  d Equipment  e Other  280,676. 261,888. 18,788. 202,337. 96,985. 105,352.		,										Yes	No
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  b Buildings  c Leasehold improvements  d Equipment  e Other  Other  280,676.  261,888.  18,788.  202,337.  96,985.													
Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  Buildings  Leasehold improvements  d Equipment  e Other  Other  Description in Part XIII the intended uses of the organization's endowment funds.  (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value  280,676 • 261,888 • 18,788 • 202,337 • 96,985 • 105,352 •	_												
Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (other) (c) Accumulated depreciation  1a Land b Buildings c Leasehold improvements d Equipment 280,676 261,888 18,788 105,352 105,352 105,352	_										3b		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other)  (b) Cost or other basis (other)  (c) Accumulated depreciation  1a Land  b Buildings  c Leasehold improvements  d Equipment  e Other  280,676. 261,888. 18,788. 202,337. 96,985.					wment	funds.							
Description of property   (a) Cost or other basis (investment)   (b) Cost or other basis (other)   (c) Accumulated depreciation	Fai		• • • • •		) Dort I	\/ line 11a S	00 Form 000	Dort V	lino 10				
tal Land         basis (investment)         basis (other)         depreciation           b Buildings         c Leasehold improvements         280,676.         261,888.         18,788.           d Equipment         202,337.         96,985.         105,352.		•		1		1					(d) D	ا دا حاد د	
1a Land         b Buildings         c Leasehold improvements         d Equipment       280,676.       261,888.       18,788.         e Other       202,337.       96,985.       105,352.		Descr	ipuon or property	1 ' '						eu	(a) R00	k valu	е
b Buildings       C Leasehold improvements         c Leasehold improvements       280,676.       261,888.       18,788.         e Other       202,337.       96,985.       105,352.		Land		<u> </u>	. ioi itj	Dasis	(54101)	Ger	J. COIALIOIT				
c Leasehold improvements       280,676.       261,888.       18,788.         e Other       202,337.       96,985.       105,352.	_					+							
d Equipment       280,676.       261,888.       18,788.         e Other       202,337.       96,985.       105,352.													
e Other 202,337. 96,985. 105,352.	_					2.8	0.676.	-	261 8	88.	1	8.7	88.
					X colu	_							

SIAI NEOIEK	THI DIVELLAR II	COLCI
Schedule D (Form 990) 2022 CALIFORNIA		46-1587546 P
Part VII Investments - Other Securities.		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market valu
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990. Part X. col. (B) line 13.)		

#### Part IX Other Assets.

(B) (C) (D) (E) (F) (G) (H)

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.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LUKE'S LEGACY LOAN	339,201.
(3) FREMONT BANK LOAN	75,000.
(4) TRUCK LOAN	16,299.
(5) SILVERADO LOAN	33,585.
(6) PREPAID EVENT INCOME	2,150.
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	466,235.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

#### SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

	UTER IMPERATIVE PRO	OJEC	СТ				ntification number	
CALIFORNIA 46-1587546								
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.								
Indicate whether the organization rais	e Solicitat f Solicitat g Special  or oral agreement with any individual tart VII) or entity in connection with prividuals or entities (fundraisers) pursuit	tion of tion of fundra (includ	non-g gover aising ding of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	·	Yes		
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contribu	ustody itrol of	(iv) Gross receipts from activity	to (o	Amount paid or retained by) fundraiser ed in col. (i)	(vi) Amount paid to (or retained by) organization	
		Yes	No					
Total								
List all states in which the organization or licensing.			utions	or has been notified	it is e	exempt from re	gistration	

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

Sch	edul	le G (Form 990) 2022 CALIFOR	NIA		46-	1587546 Page 2
Pa	rt I					
		of fundraising event contributions and gro				s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
				PAWS OF A	_	(add col. (a) through
			PORSHE EVENT		3	col. <b>(c)</b> )
e			(event type)	(event type)	(total number)	
Revenue			7 000	18,754.	1 722	21 206
Вè	1	Gross receipts	7,800.	10,734.	4,732.	31,286.
	2	Less: Contributions	7,800.	14,000.		21,800.
		Less. Contributions	7,000.	14,000.		21,000.
	3	Gross income (line 1 minus line 2)		4,754.	4,732.	9,486.
		Cross moone (line 1 minds line 2)		277520	27.521	3,1000
	4	Cash prizes				
	5	Noncash prizes				
ses						
sua	6	Rent/facility costs				
Direct Expenses						
ect	7	Food and beverages				
ä						
	8	Entertainment	10 000	10 600	60 550	02 526
	9	Other direct expenses		10,689.	60,779.	83,536.
	10	Direct expense summary. Add lines 4 through				83,536.
Ps	rt I	Net income summary. Subtract line 10 from li <b>Gaming.</b> Complete if the organization a		000 Port IV line 10 or		-74,050.
1 6		\$15,000 on Form 990-EZ, line 6a.	answered res on Form	1990, Part IV, line 19, or	reported more than	
		ψ10,000 0111 01111 000 E2, iii1e σα.		(b) Pull tabs/instant		(d) Total gaming (add
Φ						i <b>ioi</b> rotal gallillo tagg
2			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
evenu			(a) Bingo		(c) Other gaming	
Revenue	1	Gross revenue	(a) Bingo		(c) Other gaming 60,000.	col. (a) through col. (c))
Revenu	1	Gross revenue	(a) Bingo		60,000.	col. (a) through col. (c))
	1 2	Gross revenue	(a) Bingo			col. (a) through col. (c))
	2	Cash prizes	(a) Bingo		60,000.	col. (a) through col. (c))
	2		(a) Bingo		60,000.	col. (a) through col. (c))
t Expenses	3	Cash prizes  Noncash prizes	(a) Bingo		60,000.	col. (a) through col. (c))
t Expenses		Cash prizes	(a) Bingo		60,000.	col. (a) through col. (c))
Expenses	3	Cash prizes  Noncash prizes  Rent/facility costs	(a) Bingo		60,000.	col. (a) through col. (c))
t Expenses	3	Cash prizes  Noncash prizes		bingo/progressive bingo	60,000. 52,000.	col. (a) through col. (c))
t Expenses	3 4 5	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses		bingo/progressive bingo  Yes%	60,000. 52,000. X Yes 100 %	col. (a) through col. (c))
t Expenses	3	Cash prizes  Noncash prizes  Rent/facility costs		bingo/progressive bingo	60,000. 52,000.	col. (a) through col. (c))
t Expenses	3 4 5	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor	Yes%  No	bingo/progressive bingo  Yes%  No	60,000. 52,000.  X Yes 100 % No	60,000. 52,000.
t Expenses	3 4 5	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses	Yes%  No	bingo/progressive bingo  Yes%	60,000. 52,000.  X Yes 100 % No	col. (a) through col. (c))
t Expenses	3 4 5	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 through	Yes % No  15 in column (d)	yes% No	60,000. 52,000.  X Yes100 % No	52,000.
t Expenses	3 4 5 6 7	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor	Yes % No  15 in column (d)	yes% No	60,000. 52,000.  X Yes100 % No	60,000. 52,000.
<b>6</b> Direct Expenses	3 4 5 6 7 8 Ent	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 through  Net gaming income summary. Subtract line 7	Yes%  No  15 in column (d)  from line 1, column (d)  cts gaming activities: C	Yes% No	60,000. 52,000.  X Yes 100 % No	52,000.  52,000.
<b>6</b> Direct Expenses	3 4 5 6 7 8 Ent	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 through	Yes%  No  15 in column (d)  from line 1, column (d)  cts gaming activities: C	Yes% No	60,000. 52,000.  X Yes 100 % No	52,000.  8,000.
<b>b c</b> Direct Expenses	3 4 5 6 7 8 Entities to	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 through  Net gaming income summary. Subtract line 7	Yes%  No  1 5 in column (d)  from line 1, column (d)  acts gaming activities: Cotivities in each of these	Yes% No	60,000. 52,000.  X Yes 100 % No	52,000.  8,000.
<b>b c</b> Direct Expenses	3 4 5 6 7 8 Entities to	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 through  Net gaming income summary. Subtract line 7  ter the state(s) in which the organization conducts organization licensed to conduct gaming acts	Yes%  No  1 5 in column (d)  from line 1, column (d)  acts gaming activities: Cotivities in each of these	Yes% No	60,000. 52,000.  X Yes 100 % No	52,000.  52,000.
Direct Expenses	3 4 5 6 7 8 Entils t	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 through  Net gaming income summary. Subtract line 7  ter the state(s) in which the organization conducte organization licensed to conduct gaming action, "explain:	Yes%  No  15 in column (d)  from line 1, column (d)  acts gaming activities: Continuities in each of these services.	Yes% No  A states?	60,000. 52,000.  X Yes 100 %  No	52,000.  System 10 through col. (c)
10a	3 4 5 6 7 8 Ent   Is t	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 through  Net gaming income summary. Subtract line 7  ter the state(s) in which the organization conducte organization licensed to conduct gaming action," explain:	Yes%  No  15 in column (d)  from line 1, column (d)  cts gaming activities: Cetivities in each of these services are considered.	Yes% No  A states?	60,000. 52,000.  X Yes 100 %  No	52,000.  \$ 0,000.  \$ 1,000.  \$ 1,000.  \$ 1,000.
10a	3 4 5 6 7 8 Ent   Is t	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 through  Net gaming income summary. Subtract line 7  ter the state(s) in which the organization conducte organization licensed to conduct gaming action, "explain:	Yes%  No  15 in column (d)  from line 1, column (d)  cts gaming activities: Cetivities in each of these services are considered.	Yes% No  A states?	60,000. 52,000.  X Yes 100 %  No	52,000.  System 10 through col. (c)

Schedule G (Form 990) 2022

232082 10-27-22

# SPAY NEUTER IMPERATIVE PROJECT

Sch	edule G (Form 990) 2022	CALIFORNIA	4	6-15	875	46	Page 3
11	Does the organization conduct ga	aming activities with nonmembers?			Y	'es	X No
		neficiary or trustee of a trust, or a member of					
				Γ	Y	'es	X No
13	Indicate the percentage of gamin						
				1.	13a		%
					13b		<del>//</del>
				L	130		
14	Enter the name and address of tr	ne person who prepares the organization s	gaming/special events books and records:				
	Name						
	Address						
				_			
15a	Does the organization have a cor	tract with a third party from whom the org	anization receives gaming revenue?	L	Y	'es	X No
b	If "Yes," enter the amount of gam	ning revenue received by the organization	\$ and the amou	nt			
		e third party \$					
,	If "Yes," enter name and address						
٠	in 163, Chief Hame and address	of the time party.					
	Name						
	Name						
	Address						
16	Gaming manager information:						
	Name						
	•						
	Gaming manager compensation	\$					
	3 3 1	· -					
	Description of services provided						
	Description of services provided						
	Director/officer	Employee Indepe	ndent contractor				
17	Mandatory distributions:						
а	Is the organization required unde	er state law to make charitable distributions	from the gaming proceeds to	-			
	retain the state gaming license?			L	Y	es (	X No
b	Enter the amount of distributions	required under state law to be distributed	to other exempt organizations or spent in the	ne			
	organization's own exempt activi	ties during the tax year \$					
Pa			red by Part I, line 2b, columns (iii) and (v); ar	nd Part I	I, line	s 9, 9	b, 10b,
		s applicable. Also provide any additional in			,	,	,
	,,,	s approacher, not provide any additional in					

## SPAY NEUTER IMPERATIVE PROJECT

Schedule G	G (Form 990)	CALIFORNIA	46-1587546	Page 4
Part IV	G (Form 990) <b>Supplemental Infor</b>	rmation (continued)		
		(Community)		
-				

#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

**Grants and Other Assistance to Organizations, Governments, and Individuals in the United States** 

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

SPAY NEUTER IMPERATIVE PROJECT

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Schedule I (Form 990) 2022

CALIFORNI	A						46-1587546
Part I General Information on Grants a	nd Assistance						
1 Does the organization maintain records t	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the selection	
criteria used to award the grants or assis	stance?						Yes X No
2 Describe in Part IV the organization's pro	ocedures for monit	oring the use of grant	funds in the United	States.			
Part II Grants and Other Assistance to					anization answered "Y	es" on Form 990, Part	IV, line 21, for any
recipient that received more than \$	· ·		· ·		(f) Method of		T
Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
PET MATCHMAKER RESCUE							
16612 PALM AVE							ASSITANCE SPAY COSTS FOR
BAKERSFIELD, CA 93314	47-2647608	501 C 3	7,326.	0.			ANIMALS TO BE ADOPTED
,				-			
RANCHO CIELO							
PO BOX 6948							PROGRAM FOR STUDENTS TO
SALINAS, CA 93912	77-0555859	501 C 3	10,000.	0.			WORK WITH THERPAY DOGS
MONTEREY COUNTY SHERIFF ADVISORY							MILEDARY DOG MDATNING AND
COUNCIL - 412 SOUTH MAIN ST SALINAS, CA 93901	77-0118273	501 C 3	15,000.	0.			THERAPY DOG TRAINING AND CANINE PROGRAM
SALINAS, CA 93901	77-0110273	501 C 3	13,000.	0.			CANTINE PROGRAM
2 Enter total number of section 501(c)(3) an	nd government or	ganizations listed in the	l e line 1 table		1		<u> </u>
3 Enter total number of section 50 (c)(3) at 3	-	=					······
= =::::: total marrisor or other organizations	55.6G iii ti io iii io						

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

Page 2

Part III	Grants and Other Assistance to Domestic Individuals. Part III can be duplicated if additional space is needed.	. Complete if the	organization answ	ered "Yes" on Form 9	90, Part IV, line 22.	
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV	Supplemental Information. Provide the information req	uired in Part I, lin	e 2; Part III, columr	(b); and any other ac	Iditional information.	

#### **SCHEDULE L**

Department of the Treasury

Internal Revenue Service

(Form 990)

### **Transactions With Interested Persons**

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

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

Name of the organization

SPAY NEUTER IMPERATIVE PROJECT CALIFORNIA

Employer identification number 46-1587546

Part I	Excess Bene	fit Transa	ctions (sec	tion 50	1(c)(3)	), secti	on 501(c)(4), and sec	ction	501(c)(29) orga	nizatio	ns onl	y).				
							ırt IV, line 25a or 25b									
1 (a) Name of disqualified person			(b) Relationship between disqualified person and organization				ified ,							(d) Corrected?		
							(0	(c) Description of transaction						es	No	
														$\neg$		
		•	-		-		ualified persons dur	-	-		\$		1			
3 Enter							ganization									
	,	<b>,</b> ,	, ,		,											
Part II	Loans to and	l/or From	Interested	Perso	ons.											
	Complete if the o	organization a	nswered "Yes	s" on Fo	orm 9	90-EZ.	Part V, line 38a or F	orm !	990. Part IV. line	e 26: c	or if the	e orga	nizatio	n		
	reported an amo	•					,		,	,		5				
(a) Name of (b) Relation						an to or	(e) Original	(f) Balance due		(g) In		(h) Approved		(i) W	ritten	
		with organizat				n the zation?	principal amount	(,, = =================================		default?		by board or committee?		agreement?		
					To	From				Yes	No	Yes	No	Yes	No	
MELAN:	IE SCHERER	EXECUT:	IVOPERA	TIO		Х	525,558.	5	512,333.		X	X		X		
									,							
Total		1					\$		512,333.						l	
Part III	Grants or As	sistance E	Senefitina	ntere	stec	Per			712,333.							
	Complete if the o		•													
(a) N									(d) Typo	of	Т	10	\ Durn	000 01	:	
(a) Name of interested person			(b) Relationship between interested person and the organization				(c) Amount of assistance		(d) Type of assistance			(e) Purpose of assistance				
								$\dashv$			$\dashv$					
								+			$\dashv$					
								$\dashv$								
								$\dashv$			-+					
								+			_					
								$\dashv$			_					
								+			-+					

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

Schedule L (Form 990) 2022

SEE PART V FOR CONTINUATIONS

46-1587546 Page 2 CALIFORNIA Schedule L (Form 990) 2022 Part IV Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c (e) Sharing of (a) Name of interested person (b) Relationship between interested (c) Amount of (d) Description of organization's person and the organization transaction transaction revenues? Yes No RICHARD SCHERER FAMILY MEMBER OF 75,000. LEASING OF EΧ Х Part V Supplemental Information. Provide additional information for responses to questions on Schedule L (see instructions) SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS: (A) NAME OF PERSON: MELANIE SCHERER (B) RELATIONSHIP WITH ORGANIZATION: EXECUTIVE DIRECTOR (C) PURPOSE OF LOAN: OPERATIONS (D) LOAN TO OR FROM ORGANIZATION? = FROM (E) ORIGINAL PRINCIPAL AMOUNT \$ 525,558. (F) BALANCE DUE \$ 512,333. (G) LOAN IN DEFAULT? = NO (H) APPROVED BY BOARD OR COMMITTEE? = YES (I) WRITTEN AGREEMENT? = YES SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS: (A) NAME OF PERSON: RICHARD SCHERER (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: FAMILY MEMBER OF EXECUTIVE DIRECTOR (D) DESCRIPTION OF TRANSACTION: LEASING OF PROPERTY AND EQUIPMENT

### **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.

OMB No. 1545-0047

Inspection

Name of the organization

SPAY NEUTER IMPERATIVE PROJECT CALTFORNIA

Employer identification number 46-1587546

CADIFORNIA
FORM 990, PART VI, SECTION A, LINE 2:
TWO BOARD MEMBERS, MARK SEARS AND LISA SEARS, HAVE A FAMILY RELATIONSHIP
WITH EACH OTHER. NO EFFECTS NOTED ON THE ENTITY FROM THIS RELATIONSHIP.
FORM 990, PART VI, SECTION A, LINE 8B:
THERE ARE NO COMMITTEES THAT ACT ON BEHALF OF THE BOARD.
FORM 990, PART VI, SECTION B, LINE 11B:
A COPY OF THE 990 IS PROVIDED TO ALL BOARD MEMEBERS BEFORE FILING.
FORM 990, PART VI, SECTION B, LINE 12C:
THE ORGANIZATION EVALUATES TRANSACTIONS AS THEY OCCUR AS WELL AS ANNUALLY
TO DETERMINE IF A CONFLICT EXSIST AND IF SO THOSE WHO ARE INVOLVED RECUSE
THEMSELVES FROM ANY DECISION BEING MADE.
FORM 990, PART VI, SECTION C, LINE 18:
A REQUEST FOR THE ORGANIZATION 'S FOUNDING DOCUMENTS CAN BE MADE THROUGH
WRITTEN REQUEST.
FORM 990, PART VI, SECTION C, LINE 19:
UPON REQUEST, A COPY OF THE 990 AND COPIES OF THE CURRENT BYLAWS WILL BE
MAILED OR PROVIDED ELECTRONICALLY.