** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information. A For the 2022 calendar year, or tax year beginning and ending

3 c	heck if pplicabl	E: C Name of organization		D Employer identification number				
	Addre	SAVE GIRAFFES NOW						
	Name chang			83-44238	42			
П	Initial return		Room/suite	E Telephone number				
	Final return	8333 DOUGLAS AVENUE SULTE 300	toom, oano	214-760-				
	termin ated			G Gross receipts \$	338,152.			
	Amen	ded DATTAC MY 75225		H(a) Is this a group re				
	Applic				? Yes X No			
	pendir	SAME AS C ABOVE		H(b) Are all subordinates in				
ΙT	ax-ex	empt status: $\overline{\mathbf{X}}$ 501(c)(3) $\overline{}}$ 501(c) () (insert no.) $\overline{}}$ 4947(a)(1) or	527		list. See instructions			
J۷	Vebsi			H(c) Group exemptio				
K F	orm of	forganization: X Corporation Trust Association Other	L Year	of formation: 2019	1 State of legal domicile: TX			
Pa	rt I	Summary						
•	1	Briefly describe the organization's mission or most significant activities: WE SA	VE GI	RAFFES THROU	JGH			
Governance		CONSERVATION IN THEIR NATURAL HABITATS THE	ROUGHO	UT NINE AFR	ICAN			
r	2	Check this box if the organization discontinued its operations or dispose	ed of more	than 25% of its net ass	sets.			
ove	ı			3	3			
Ğ		Number of independent voting members of the governing body (Part VI, line 1b)			1			
es &	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)			2			
Activities &		Total number of volunteers (estimate if necessary)			30			
Λcti		Total unrelated business revenue from Part VIII, column (C), line 12			0.			
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.			
				Prior Year	Current Year			
ē	l	Contributions and grants (Part VIII, line 1h)		797,231.	338,152.			
en	l	Program service revenue (Part VIII, line 2g)		0.	0.			
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	7 205			
_	l	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	<u>-7,385.</u>			
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		797,231. 218,911.	330,767.			
	l	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		210,911.	160,617.			
		Benefits paid to or for members (Part IX, column (A), line 4)		123,847.	134,915.			
ses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	134,913.			
Expenses		Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 52,43	······	0.	0.			
Exp	ı			313,799.	447,999.			
_		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		656,557.	743,531.			
	ı	Revenue less expenses. Subtract line 18 from line 12		140,674.	-412,764.			
or		nevenue less expenses. Subtract line 10 from line 12		ginning of Current Year	End of Year			
ets c	20	Total assets (Part X, line 16)		509,038.	86,511.			
t Assets d Balanc	21	Total liabilities (Part X, line 26)		9,788.	25.			
Net	1	Net assets or fund balances. Subtract line 21 from line 20		499,250.	86,486.			
Pa	rt II	Signature Block		•	•			
Jnde	er pena	alties of perjury, I declare that I have examined this return, including accompanying schedules a	and stateme	nts, and to the best of my	knowledge and belief, it is			
rue,	correc	ct, and complete. Declaration of preparer (other than officer) is based on all information of whic	ch preparer	has any knowledge.				
		▼						
Sigr	ı	Signature of officer		Date				
Her	е	SUSAN MYERS, PRESIDENT						
		Type or print name and title						
		Print/Type preparer's name Preparer's signature		Date Check C	PTIN			
Paid		WILLIAM H. SIMS WILLIAM H. SIMS		3/09/23 self-employ				
	arer		PLLC	Firm's EIN 0	<u>5-0568611</u>			
Jse	Only	Firm's address 12720 HILLCREST ROAD, SUITE 500			50. 000 1115			
		DALLAS, TX 75230-2039		Phone no. (9	72) 392-1143			
Иay	the IF	RS discuss this return with the preparer shown above? See instructions			X Yes No			

Form 990 (2022) SAVE GIRAFFES NOW Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	> .		
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
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		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			l
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			,,
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			37
_	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			, v
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	1/16		x
15	or more? If "Yes," complete Schedule F, Parts I and IV	14b		125
IJ		15	х	
16		15		
10		16		Х
17		_ 		
		17		x
18		_ ., _		<u> </u>
		18	х	
19				
	,	19		x
20a				х
		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	
	5 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 5 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 7 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 8 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 9 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 II 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 10 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			

Form 990 (2022) SAVE GIRAFFES NOW
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		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			,,
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			,,
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	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			x
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		<u> </u>
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	00-		x
	"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		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	000		x
20	"Yes," complete Schedule L, Part IV	28c 29		X
29 30		29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30		x
31	contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization required, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
32		32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		
55	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
0 T	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			<u> </u>
~	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		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u> .		
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
		_	$\Omega\Omega$	/a a a - ·

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b	X	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	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 Action 114, Report of Fi	ccounts (FBAR).			
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organization solicit			
	any contributions that were not tax deductible as charitable contributions?		<u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributi	ons or gifts			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				37
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser		7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	·			37
	to file Form 8282?	1 1	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	7d	_		v
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizations are statistical funds. Did a deep reduced funds are related to the contribution of cars, boats, airplanes, or other vehicles, did the organizations are related to the contribution of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, airplanes, airplane		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the	8		
9	sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.				
a	Did the appropriate appropriation realized and total distributions and appropriation (ACCO		9a		
			9b		
10	Section 501(c)(7) organizations. Enter:				
	Initiation fees and capital contributions included on Part VIII, line 12	10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the	1 1			
	organization is licensed to issue qualified health plans	13b			
	Enter the amount of reserves on hand	13c			
			14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner		l .		7.7
	excess parachute payment(s) during the year?		15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.				3.7
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	: income?	16		X
. –	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 ac				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes." complete Form 6069.				

SAVE GIRAFFES NOW 83-4423842 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 Section A. Governing Body and Management No Yes 3 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 1 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? Х 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Х 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х on Schedule O how this was done 12c Х Did the organization have a written whistleblower policy? 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Х 15a Other officers or key employees of the organization Х 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Own website Another's website Upon request ___ Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records

75220

RICHARD MYERS - 214-760-6000

5333 NORTH DENTWOOD DRIVE, DALLAS,

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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per	box	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)		(D) Reportable compensation	(E) Reportable compensation from related	(F) Estimated amount of			
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) DAVID O'CONNOR FORMER PRESIDENT/EXECUTIVE DIRECTOR	40.00			х				63,696.	0.	0.
(2) SUSAN G. M. MYERS FOUNDER/CEO/DIRECTOR	40.00	х		х				0.	0.	0.
(3) RICHARD A. MYERS	20.00	Λ		•				0.	0.	0.
TREASURER/DIRECTOR	20.00	X		х				0.	0.	0.
(4) MARY ELLEN ZELLERBACK	10.00									
BOARD PRESIDENT/DIRECTOR		Х		х				0.	0.	0.
•	6									
▼										

(A) Name and title	(B) Average hours per		Average Position					(D) Reportable compensation from	(E) Reportable compensation from related	1	an	(F) stimate nount other	of
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS(1099-NEC)	- 1	com fr org and	pensa om th aniza d relat anizat	ation ne tion ted
										K			
		-											
		-											
		_						C	2				
		_											
		_											
		_											
1h Subtatal			\					63,696.		0.			0.
1b Subtotal c Total from continuation sheets to Part V	II, Section A							0.		0.			0.
d Total (add lines 1b and 1c)					_		·· 	63,696.		0.			0.
2 Total number of individuals (including but compensation from the organization	not limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	,000 of reportable				0
3 Did the organization list any former office	, director, trust	ee. k	ev e	empl	ove	e. or	hia	hest compensated emp	lovee on	ſ		Yes	No
line 1a? If "Yes," complete Schedule J for	such individual									[3		Х
4 For any individual listed on line 1a, is the s													Х
and related organizations greater than \$15Did any person listed on line 1a receive or	0,000? If "Yes,	co. Sati	<i>mple</i> on fr	ete S	Sche anv	unre	J fo	or such individual ed organization or individ	dual for services	····	4		<u> ^</u>
rendered to the organization? If "Yes," con											5		х
Section B. Independent Contractors													
 Complete this table for your five highest co the organization. Report compensation for 										ensat	ion fro	om	
(A) Name and business			ONE		1011	<u> </u>		(B) Description of s		C	(Compe		on
2 Total number of independent contractors (\$100,000 of compensation from the organ	•	ot lin	nited	d to t	thos		ted	above) who received m	ore than				
232008 12-13-22	-										Form	990	(2022)

83-4423842

Form 990 (2022) SAVE GIRAFFES NOW
Part VIII Statement of Revenue

		Check if Schedule O contains a response or note to any lin	e in this Part VIII			
			(A)	(B)	(C)	(D)
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
				iunction revenue	business revenue	sections 512 - 514
လ လ	1 8	Federated campaigns 1a				
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues 1b				
fts, r A	Ì					
ig je						
Sin	•	, ,				
e ti	1	All other contributions, gifts, grants, and similar amounts not included above 1f 318, 303.				
들 된						
o d	9	· · · · · · · · · · · · · · · · · · ·	338,152.			
O g		Total. Add lines 1a-1f	330,132.			
		Business Code				
<u>e</u>	2 8					
Program Service Revenue	ŀ	·				
S c	•	;				
ran Sev	•	I				
F	•					
<u> </u>	1	All other program service revenue				
	9	Total. Add lines 2a-2f				
	3	Investment income (including dividends, interest, and				
		other similar amounts)				
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
		(i) Real (ii) Personal				
	6 a	Gross rents 6a				
	ŀ	Less: rental expenses 6b				
	(
		Gross amount from sales of (i) Securities (ii) Other				
		assets other than inventory 7a				
		Less: cost or other basis				
Ð	•	and sales expenses 7b				
Ľ		Gain or (loss) 7c				
her Revenue		Net gain or (loss)				
×		Gross income from fundraising events (not				
Othe	0 0	including \$ 19,849. of				
٥١		contributions reported on line 1c). See				
		,				
	ŀ		-7,385.			-7,385.
	0	, , , ,	-1,303.			-1,363.
	9 8	Gross income from gaming activities. See				
		Part IV, line 19 9a				
	ŀ					
		Net income or (loss) from gaming activities				
	10 a	Gross sales of inventory, less returns				
		and allowances 10a				
	ŀ	Less: cost of goods sold 10b				
		Net income or (loss) from sales of inventory				
S		Business Code				
on e	11 a	·				
ane	ŀ	D				
Miscellaneous Revenue	(;				
Λiš	(All other revenue				
_		Total. Add lines 11a-11d				
	12	Total revenue See instructions	330.767.	0.	0.	-7 385.

Form 990 (2022) SAVE GIRAFFES NOW Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).										
	Check if Schedule O contains a respon	se or note to any line in			X					
	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	(D) Fundraising expenses					
1	Grants and other assistance to domestic organizations									
	and domestic governments. See Part IV, line 21	57,950.	57,950.							
2	Grants and other assistance to domestic									
	individuals. See Part IV, line 22									
3	Grants and other assistance to foreign									
	organizations, foreign governments, and foreign									
	individuals. See Part IV, lines 15 and 16	102,667.	102,667.							
4	Benefits paid to or for members									
5	Compensation of current officers, directors,									
	trustees, and key employees	63,696.	63,696.							
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	64,430.	25,183.	12,592.	26,655.					
8	Pension plan accruals and contributions (include									
	section 401(k) and 403(b) employer contributions)	1,860.		1,438.	422.					
9	Other employee benefits									
10	Payroll taxes	4,929.		3,853.	1,076.					
11	Fees for services (nonemployees):									
а	Management	10.00		10.00						
b	Legal	18,671.		18,671.						
С	Accounting	5,100.		5,100.						
d	Lobbying									
е	Professional fundraising services. See Part IV, line 17									
f	Investment management fees									
g	,	0.7. 0.5.6	77 055	1 001	0 000					
	column (A), amount, list line 11g expenses on Sch O.)	87,056.	77,255. 5,112.	1,801.	8,000.					
12	Advertising and promotion	5,112.		17 170	2 427					
13	Office expenses	34,554. 39,136.	14,945. 20,127.	17,172. 5,166.	2,437. 13,843.					
14	Information technology	39,130.	20,127.	3,100.	13,043.					
15	Royalties									
16	Occupancy	209,990.	209,155.	835.						
17	Travel Payments of travel or entertainment expenses	200,000	207,133.	055.						
18	for any federal, state, or local public officials									
19	Conferences, conventions, and meetings									
20	Interest									
21	Payments to affiliates									
22	Depreciation, depletion, and amortization									
23	Insurance	2,261.		2,261.						
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	PUBLIC EDUCATION & AWAR	26,511.								
b	PROGRAM SUPPORT	19,608.	19,608.							
С										
d										
	All other expenses	742 521	600 000	60 000	E0 422					
25	Total functional expenses. Add lines 1 through 24e	743,531.	622,209.	68,889.	52,433.					
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)									
	Check here if following SOP 98-2 (ASC 958-720)									

Form 990 (2022)
Part X Balance Sheet

Pa	rt X	Balance Sneet				
		Check if Schedule O contains a response or n	ote to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		501,838.	1	86,511.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current				
		trustee, key employee, creator or founder, sub	stantial contributor, or 35%			
		controlled entity or family member of any of th	ese persons		5	
	6	Loans and other receivables from other disqua	• •			
		under section 4958(f)(1)), and persons describ	ed in section 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
⋖	9	Prepaid expenses and deferred charges		7,200.	9	0.
	10a	Land, buildings, and equipment: cost or other	1 I			
		basis. Complete Part VI of Schedule D	10a			
	b	1			10c	
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line		12		
	13	Investments - program-related. See Part IV, lin		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11		F00 030	15	0.6 511
	16	Total assets. Add lines 1 through 15 (must ed		509,038.	16	86,511
	17	Accounts payable and accrued expenses		9,788.	17	25.
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities	o Dort IV of Cohodulo D		20 21	
	22	Escrow or custodial account liability. Complet Loans and other payables to any current or fo			21	
Liabilities	22	trustee, key employee, creator or founder, sub				
≣		controlled entity or family member of any of the			22	
Ë.	23	Secured mortgages and notes payable to unre			23	
	24	Unsecured notes and loans payable to unrelate	•		24	
	25	Other liabilities (including federal income tax,)				
		parties, and other liabilities not included on lin				
		of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		9,788.	26	25.
		Organizations that follow FASB ASC 958, cl				
es		and complete lines 27, 28, 32, and 33.				
anc	27	Net assets without donor restrictions		499,250.	27	86,486
Bal	28	Net assets with donor restrictions			28	
nd I		Organizations that do not follow FASB ASC				
Ť		and complete lines 29 through 33.				
Net Assets or Fund Balances	29	Capital stock or trust principal, or current fund	ls		29	
set	30	Paid-in or capital surplus, or land, building, or	equipment fund		30	
t As	31	Retained earnings, endowment, accumulated			31	
Ret	32	Total net assets or fund balances		499,250.	32	86,486.
	33	Total liabilities and net assets/fund balances		509,038.	33	86,511.

Pai	T XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>						
1	Total revenue (must equal Part VIII, column (A), line 12)	1		0,7				
2	Total expenses (must equal Part IX, column (A), line 25)	2		3,5				
3	Revenue less expenses. Subtract line 2 from line 1	3	-41	2,7 9,2				
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4							
5	Net unrealized gains (losses) on investments	5						
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain on Schedule O)	9	<u>></u>		0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,		71					
	column (B))	10	8	6,4	<u>86.</u>			
Pai	t XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII				<u>Ш</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	О.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b		_X_			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,						
	consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c					
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	dule 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?		За		Х			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require							
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b					
			Form	990	(2022)			

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022 Open to Public

Inspection
Employer identification number

		SAVE	GIRAFFES 1	WOM					3-4423842
Pa	rt I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	See instructions		
The	organ	ization is not a private found							
1		A church, convention of ch					1)(A)(i).		
2	\Box	A school described in sect	•				<i>x x</i> ,		
3	一	A hospital or a cooperative				(b)(1)(A)(ii	ii).		
4	H	A medical research organiz					•	iii) Enter	the hospital's name
7	ш	city, and state:	ation operated in cor	ijanotion with a noopital	400011004	000110	//	my. Lincon	and modplical difficulties,
5		An organization operated for	or the benefit of a col	lege or university owned	or operat	ed by a go	vernmental un	it describe	ad in
3	ш	section 170(b)(1)(A)(iv). (C		lege of differently owned	or operat	cd by a gc	overninental dir	it describe	
6		A federal, state, or local gov		contal unit described in	ootion 17	70/6//4// 8\	(sA)		
6	X								aviblia alasavibasi is
7	Δ	An organization that norma	•	ntiai part of its support ir	om a gove	ernmentai	unit or from the	e general i	oublic described in
_		section 170(b)(1)(A)(vi). (C		(4VAV 1) (0					
8	H	A community trust describe							
9	Ш	An agricultural research org							
		or university or a non-land-g	grant college of agricu	ulture (see instructions).	Enter the i	name, city	, and state of t	he college	or
		university:			_		_		
10		An organization that norma							
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	support f	rom gross investment
		income and unrelated busing	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the orga	anization a	after June 30, 1975.
		See section 509(a)(2). (Con	mplete Part III.)						
11	Ш	An organization organized a	and operated exclusi	vely to test for public saf	ety. See	section 50	09(a)(4).		
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	he functio	ns of, or to car	y out the	purposes of one or
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section	509(a)(2).	See section 5	09(a)(3). (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, s	upervised, or controlled I	by its supp	orted org	anization(s), typ	cically by	giving
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority o	of the direc	ctors or trustee	s of the su	upporting
		organization. You must o	complete Part IV, Se	ections A and B.					
b		Type II. A supporting org	anization supervised	or controlled in connect	ion with its	s supporte	ed organization	(s), by hav	ving
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manag	e the supp	ported
		organization(s). You mus			·		J		
С		Type III functionally inte			in connect	tion with, a	and functionally	/ integrate	ed with.
		its supported organization		, .				3	,
d		Type III non-functionally						ed organi:	zation(s)
-		that is not functionally int						-	
		requirement (see instructi						arr accorner	7011000
е		Check this box if the orga		•	•			Type III	
·	_	functionally integrated, or					Type i, Type ii	, Type III	
	Ente	er the number of supported of		ially liftegrated supporting	ig organiz	ation.			
q		vide the following information	•	d organization(s)					
9		i) Name of supported	(ii) EIN	(iii) Type of organization		nization listed	(v) Amount of	monetary	(vi) Amount of other
	·	organization	. ,	(described on lines 1-10	in your governi	No No	support (see ins	structions)	support (see instructions)
				above (see instructions))	103	140			
							 		
							1		
							-		
							1		
Tota	I						I		

83-4423842 Page 2 Schedule A (Form 990) 2022

Part II Support Schedule

Pa	(Complete only if you checke fails to qualify under the tests	ed the box on line 5	, 7, or 8 of Part I o	r if the organization			
Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")		285,409.	633,381.	796,839.	338,152.	2053781.
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		285,409.	633,381.	796,839.	338,152.	2053781.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the					7	
	amount shown on line 11,						1053305
	column (f)						1053385.
	Public support. Subtract line 5 from line 4.						1000396.
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2010	(c) 2020	(d) 2021	(a) 2022	(f) Total
	Amounts from line 4	(a) 2018	(b) 2019 285, 409.	633,381.	796,839.	(e) 2022 338,152.	(f) Total 2053781.
	Gross income from interest,		203,1031	033/3011	750,0351	330,1321	20337011
Ü	dividends, payments received on		• (
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
_	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital		· ·				
	assets (Explain in Part VI.)	• (1					
11	Total support. Add lines 7 through 10						2053781.
	Gross receipts from related activities,	, etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third, f	fourth, or fifth tax y	ear as a section 5	01(c)(3)	
	organization, check this box and stop	p here					X
Sec	ction C. Computation of Publi	ic Support Per	centage				
14	Public support percentage for 2022 (14	%
15	Public support percentage from 2021						%
16a	33 1/3% support test - 2022. If the	organization did no	ot check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this box	x and
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2021. If the						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact			-		VI how the organiz	ration
	meets the facts-and-circumstances to	-	•		-		
b	10% -facts-and-circumstances test	-					10% or
	more, and if the organization meets the	ne facts-and-circum	nstances test, ched	ck this box and st	t op here. Explain i	n Part VI how the	

organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990) 2022 SAVE GIRAFFES NOW 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	etion A. Public Support	clow, picase comp	nete i art ii.j				
	ndar year (or fiscal year beginning in)	(a) 2018	(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 business 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				3		
	Total. Add lines 1 through 5						
7a	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		•				
	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	(2) 2010	(b) 2013	(6) 2020	(u) 2021	(6) 2022	(i) rotai
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
11	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						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for the	ne organization's fir	rst. second. third	fourth, or fifth tax	vear as a section 5	i01(c)(3) organizatio	on.
	check this box and stop here	•			•	. , . ,	. —
Sed	ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2022 (I			column (f))		15	%
	Public support percentage from 2021					16	%
	ction D. Computation of Inves		-			<u> </u>	
17	Investment income percentage for 20	022 (line 10c, colur	mn (f), divided by l	ine 13, column (f))		17	%
	Investment income percentage from					18	%
	33 1/3% support tests - 2022. If the					3 1/3%, and line 1	
	more than 33 1/3%, check this box as						
b	33 1/3% support tests - 2021. If the	=		•			
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	nization qualifies a	as a publicly suppo	orted organization	
20	Private foundation. If the organization	on did not check a	hox on line 14 19	a or 19h check th	nis hox and see ins	tructions	

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
			110
	1		
4			
	2		
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◂	3a		
	3b		
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	4a		
	41.		
	4b		
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	9a		
	Jd		
	9b		
	9с		
	90		
	10a		
	,		
	10b		1

Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has t	the organization accepted a gift or contribution from any of the following persons?			
а	A per	rson who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c k	below, the governing body of a supported organization?	11a		
b	A fan	nily member of a person described on line 11a above?	11b		
		% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		il in Part VI.	11c		
Sect	ion	B. Type I Supporting Organizations			
				Yes	No
1	Did tl	he governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		e supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		tors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		tively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
		nization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the ported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
		he organization operate for the benefit of any supported organization other than the supported			
		nization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	_	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		ervised, or controlled the supporting organization.	2		
Sect	ion (C. Type II Supporting Organizations			
				Yes	No
1	Were	e a majority of the organization's directors or trustees during the tax year also a majority of the directors			140
		ustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		anagement of the supporting organization was vested in the same persons that controlled or managed			
		supported organization(s).	1		
Sect	ion	D. All Type III Supporting Organizations	•		
		J1 11 0 0		Yes	No
1	Did t	he organization provide to each of its supported organizations, by the last day of the fifth month of the		100	140
		nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		nization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
		e any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
		nization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
			2		
		organization maintained a close and continuous working relationship with the supported organization(s). Deason of the relationship described on line 2, above, did the organization's supported organizations have a			
		ficant voice in the organization's investment policies and in directing the use of the organization's			
		me or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		, ,	3		
Sect	ion	orted organizations played in this regard. E. Type III Functionally Integrated Supporting Organizations			
		ck the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
· a		The organization satisfied the Activities Test. Complete line 2 below.			
b	П	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	П	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	truction	c)	
	Activ	vities Test. Answer lines 2a and 2b below.	itiaction	Yes	No
		substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	_	supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		e supported organizations and explain how these activities directly furthered their exempt purposes,			
		the organization was responsive to those supported organizations, and how the organization determined			
		the organization was responsive to those supported organizations, and now the organization determined these activities constituted substantially all of its activities.	2a		
		he activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
		or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		VI the reasons for the organization's position that its supported organization(s) would have engaged in			
		e activities but for the organization's involvement.	2b		
		nt of Supported Organizations. Answer lines 3a and 3b below.			
		he organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		ees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	За		
		he organization exercise a substantial degree of direction over the policies, programs, and activities of each			
		supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Sche	dule A (Form 990) 2022 SAVE GIRAFFES NOW		8	3-4423842 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying the	trust or	n Nov. 20, 1970 (<i>explain in</i> I	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must c	omplet	e Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		

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

6

Schedule A (Form 990) 2022

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

instructions).

Par	t V Ty	pe III Non-Functionally Integrated 509((a)(3) Supporting Orga	nizations (continued))	
Secti	on D - Dis	tributions				Current Year
1	Amounts	paid to supported organizations to accomplish exe	mpt purposes	1	1	
2	Amounts	paid to perform activity that directly furthers exemp	t purposes of supported			
	organizati	ons, in excess of income from activity		2	2	
3	Administra	ative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts	paid to acquire exempt-use assets		4	<u>ا</u> ي	
5	Qualified s	set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	5	5	
6	Other dist	ributions (describe in Part VI). See instructions.		6	<u> </u>	
7	Total ann	ual distributions. Add lines 1 through 6.		7		
8	Distribution	ns to attentive supported organizations to which the	ne organization is responsive			
	(provide d	etails in Part VI). See instructions.		8	3	
9	Distributa	ole amount for 2022 from Section C, line 6		9		
10	Line 8 am	ount divided by line 9 amount	1	10		
Secti	on E - Dis	tribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022		(iii) Distributable Amount for 2022
1_	Distributa	ole amount for 2022 from Section C, line 6			4	<u> </u>
2	Underdist	ributions, if any, for years prior to 2022 (reason-				
	able cause	e required - explain in Part VI). See instructions.				
3	Excess dis	stributions carryover, if any, to 2022			_	
a	From 201	7				
b	From 201	3				
С	From 2019	9			_	
d	From 202)			_	
е	From 202	1			_	
f	Total of li	nes 3a through 3e			_	
g	Applied to	underdistributions of prior years				
h	Applied to	2022 distributable amount				
i_		from 2017 not applied (see instructions)			_	
j_	Remainde	r. Subtract lines 3g, 3h, and 3i from line 3f.			_	
4		ns for 2022 from Section D,				
	line 7:	\$			_	
		underdistributions of prior years				
		2022 distributable amount				
		r. Subtract lines 4a and 4b from line 4.			_	
5		g underdistributions for years prior to 2022, if				
	-	ract lines 3g and 4a from line 2. For result greater				
		explain in Part VI. See instructions.				
6		g underdistributions for 2022. Subtract lines 3h				
		m line 1. For result greater than zero, explain in				
		ee instructions.				
7	and 4c.	stributions carryover to 2023. Add lines 3j				
8	Breakdow	n of line 7:				
а	Excess fro	m 2018				
b	Excess fro	om 2019				
С	Excess fro	om 2020				
d	Excess fro	om 2021				
е	Excess fro	om 2022				

Schedule A (Form 990) 2022

Part VI	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. (See instructions.)
	* C
-	

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No. 1545-0047

2022

Employer identification number

SAVE GIRAFFES NOW 83-4423842 Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during 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; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ Caution: An organization 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)

Name of organization Employer identification number

SAVE GIRAFFES NOW

83-4423842

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$5,000.	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
2		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 15,000.	Person X Payroll
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4	* 10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ 5,000.	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
6		\$89,519.	Person X Payroll

Name of organization Employer identification number

SAVE GIRAFFES NOW

83-4423842

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$5,000.	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
8		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$ 10,000.	Person X Payroll
(a)	(b)	(c)	(d)
No. 10	Name, address, and ZIP + 4	Total contributions \$ 5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$6,000.	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
12		\$\$21,992.	Person X Payroll

Name of organization Employer identification number

SAVE GIRAFFES NOW

83-4423842

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(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
		\$	Cabadula P. (Farry 200) (2000)

Employer identification number Name of organization SAVE GIRAFFES NOW 83-4423842 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 Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 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 F (Form 990)

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990.

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

Go to ${\it www.irs.gov/Form990}$ for instructions and the latest information.

Inspection **Employer identification number**

	/E GIRAFFES N	OW				83-442384	12
Pa			ctivities Out	side the United States. Comple	ete if the organi	zation answered "	Yes" on
	Form 990, Part IV						
1				ds to substantiate the amount of its gran			.
	the grantees' eligibility fo	or the grants or a	assistance, and t	the selection criteria used to award the	grants or assis	tance?	Yes X No
2	For grantmakers. Desc United States.	ribe in Part V the	e organization's	procedures for monitoring the use of its	grants and oth	ner assistance outs	side the
3	· · · · · · · · · · · · · · · · · · ·			n be duplicated if additional space is n			
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a prog describe	rity listed in (d) gram service, specific type s) in the region	(f) Total expenditures for and investments in the region
					3		
				·(S)			
			C				
	·	10					
	0) , ,					
3 a	Subtotal	0	0				0.
b	Total from continuation sheets to Part I	0	0				0.
С	Totals (add lines 3a						
	and Oh)	l	۱ ،				0

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

	т		1	ı		1		
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)		(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		AFRICA	GRANT	35,606.		0.		
		AFRICA	GRANT	31,753.	S	0.		
			GRANT	16,717.		0.		
			GRANT	6,500.		0.		
				•				
			C					
		.0						
2 Enter total number of	reginient ergenization	no lieted above that are r	rocognized as charities by the f	oroian country	rocognized on a tay			

ightharpoonup	
	

Part III				tes. Complete i	f the organization answered "Yes" o	n Form 990, Part	: IV, line 16.	
	Part III can be duplicated if a	additional space is needed		·		T		
(a)	Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
				♦				
			* (

Page 4

Schedule F (Form 990) 2022 Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2022

Page 5 Supplemental Information Part V Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions. PART I, LINE 2: THE ORGANIZATION SELECTS GRANT RECIPIENTS BASED ON ITS INDEPENDENT RESEARCH AND REQUIRES PERIODIC PERFORMANCE REPORTS AND A FINAL REPORT ONCE THE GRANT FUNDS HAVE BEEN FULLY EXPENDED TO DETERMINE THE RESPECTIVE DONEES' UTILIZATION OF ANY MONIES RECEIVED.

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

Name of the organization Employer identification number SAVE GIRAFFES NOW 83-4423842 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations Solicitation of non-government grants Internet and email solicitations b Solicitation of government grants Phone solicitations Special fundraising events С In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (iv) Gross receipts (i) Name and address of individual to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

(a) Event #1 (b) Event #2 (c) Other events

		or furfulaising event contributions and gro		LZ, iii les i ai la ob. List e	<u> </u>	3 greater than \$5,000.
			(a) Event #1 GIRAFFE JAM 5K	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
ē			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	19,849.			19,849.
	2	Less: Contributions	19,849.			19,849.
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				U
Ø	5	Noncash prizes	1,935.			1,935.
ense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages			5	
Ö	8	Entertainment				
	9	Other direct expenses				5,450.
	10	,				7,385.
Pa	rt l	Net income summary. Subtract line 10 from line Gaming. Complete if the organization a	ne 3, column (a) answered "Yes" on Form	990, Part IV, line 19, or i	reported more than	-7,303.
		\$15,000 on Form 990-EZ, line 6a.			•	
une			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue				
Se	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct F	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes % No	Yes % No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)					
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
	_					
		ter the state(s) in which the organization conducter the organization licensed to conduct gaming ac	_	states?		Yes No
		No," explain:				
10a b	We If "	Yes No				

Sch	nedule G (Form 990) 2022 SAVE GIRAFFES NOW	33-442	23842	Page 3
11	Does the organization conduct gaming activities with nonmembers?	[Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?	[Yes	No
13	Indicate the percentage of gaming activity conducted in:			
a	The organization's facility	<u>1</u> ;	3a	%
k	An outside facility	<u>1</u> :	3b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records	:		
	Name			
	Address			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
k	o If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue received by the organization	unt		
	of gaming revenue retained by the third party \$			
c	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Carming manager information.			
	Name			
	Gaming manager compensation \$			
	Description of services provided			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions:			
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to	_	_	
	retain the state gaming license?		Yes	No
k	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	the		
	organization's own exempt activities during the tax year \$			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); a 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	nd Part III,	lines 9,	9b, 10b,

232083 10-27-22 Schedule G (Form 990) 2022

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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.

2022
Open to Public

Inspection

OMB No. 1545-0047

Name of the organization **Employer identification number** 83-4423842 SAVE GIRAFFES NOW Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? X Yes Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant noncash noncash assistance or assistance FMV, appraisal, assistance other) INTERNATIONAL FUND FOR ANIMAL WELFARE INC. - 290 SUMMER STREET -31-1594197 501(C)(3) YARMOUTH PORT, MA 02675 36 000 GRANT GLOBAL CONSERVATION 110 WILLOWBROOK DRIVE 47-4042992 501(C)(3) PORTOLA VALLEY, CA 94028 16 200 0. GRANT 2. Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

Enter total number of other organizations listed in the line 1 table

Part III Grants and Other Assistance to Domestic Individuals. Part III can be duplicated if additional space is needed.	Complete if the	organization answe	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 requ	uired in Part I, lin	e 2; Part III, column	(b); and any other ad	ditional information.	
PART I, LINE 2:					
THE ORGANIZATION SELECTS GRANT RECI	PIENTS B	ASED ON IT	S INDEPEND	ENT RESEARCH	
AND REQUIRES PERIODIC PERFORMANCE F	REPORTS A	ND A FINAL	REPORT ON	CE THE GRANT	
FUNDS HAVE BEEN FULLY EXPENDED TO I					
UTILIZATION OF ANY MONIES RECEIVED.					

SCHEDULE 0 (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.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

SAVE GIRAFFES NOW

Employer identification number 83-4423842

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
COUNTRIES.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
- DE-SNARING, ANTI-POACHING, CANINE UNITS, AND RAPID RESPONSE TEAMS IN
ZAMBIA, ZIMBABWE, SOUTH SUDAN, UGANDA, AND KENYA
- POPULATION STUDIES, SATELLITE TRACKING AND APPLIED CONSERVATION
RESEARCH PROJECTS IN SOUTH AFRICA, SOUTH SUDAN, TANZANIA, KENYA, AND
UGANDA
- PARTNERING WITH CHEYENNE MOUNTAIN ZOO AND OTHERS ON RESEARCH TO
DEVELOP TECHNIQUES TO INCREASE WELFARE OF WILD GIRAFFE DURING CRUCIAL
REWILDING AND REINTRODUCTION OPERATIONS
FORM 990, PART VI, SECTION A, LINE 2:
SUSAN G. R. MYERS AND RICHARD A. MYERS HAVE A FAMILY RELATIONSHIP.
FORM 990, PART VI, SECTION B, LINE 11B:
A DRAFT OF THE FORM 990 IS PROVIDED TO THE ORGANIZATION'S GOVERNING BODY
FOR REVIEW AND APPROVAL PRIOR TO FILING.
FORM 990, PART VI, SECTION B, LINE 12C:
THE ORGANIZATION'S CONFLICT OF INTEREST POLICY IS MADE AVAILABLE TO ALL
DIRECTORS, OFFICERS AND MEMBERS HAVING BOARD AUTHORITY. ADDITIONALLY, THE
SECRETARY OF THE ORGANIZATION DISTRIBUTES A COPY OF THE ORGANIZATION'S
CONFLICT OF INTEREST POLICY WITHIN 30 DAYS AFTER EACH ANNUAL MEETING OF THE
BOARD OF DIRECTORS TO ALL DIRECTORS, OFFICERS AND MEMBERS HAVING BOARD

Schedule O (Form 990) 2022 Page 2

Name of the organization **Employer identification number** 83-4423842 SAVE GIRAFFES NOW AUTHORITY. EACH SUCH PERSON MUST ANNUALLY SIGN A STATEMENT THAT THEY A) RECEIVED A COPY OF THE POLICY B) HAS READ AND UNDERSTANDS THE POLICY C) AGREES TO COMPLY WITH THE POLICY D) UNDERSTANDS THE POLICY APPLIES TO ALL COMMITTEES AND SUBCOMMITTEES, IF ANY, HAVING BOARD AUTHORITY; AND E) UNDERSTANDS THAT FOR THE CHARITABLE ORGANIZATION TO MAINTAIN ITS TAX-EXEMPT STATUS, IT MUST CONTINUOUSLY ENGAGE PRIMARILY IN ACTIVITIES THAT ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES. FORM 990, PART VI, SECTION B, LINE 15: THE PROCESS FOR DETERMINING COMPENSATION OF THE ORGANIZATION'S CEO, EXECUTIVE DIRECTOR, OFFICERS, AND KEY EMPLOYEES INCLUDES A REVIEW AND APPROVAL BY INDEPENDENT PERSONS, COMPARABILITY DATA, AND CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATION AND DECISION. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATIONS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE. FORM 990, PART IX, LINE 11G, OTHER FEES: OTHER PROFESSIONAL FEES: PROGRAM SERVICE EXPENSES 77,255. MANAGEMENT AND GENERAL EXPENSES 750. FUNDRAISING EXPENSES 8,000. 86,005. TOTAL EXPENSES