# TAX RETURN FILING INSTRUCTIONS

FORM 990

# FOR THE YEAR ENDING

**DECEMBER 31, 2022** 

## PREPARED FOR:

TEXAS HEARING & SERVICE DOGS, INC. 4925 BELL SPRING ROAD DRIPPING SPRINGS, TX 78620

## PREPARED BY:

ATCHLEY & ASSOCIATES, LLP 1005 LA POSADA DRIVE AUSTIN, TX 78752

## **AMOUNT DUE OR REFUND:**

**NOT APPLICABLE** 

### **MAKE CHECK PAYABLE TO:**

**NOT APPLICABLE** 

# MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

**NOT APPLICABLE** 

## **RETURN MUST BE MAILED ON OR BEFORE:**

NOT APPLICABLE

## **SPECIAL INSTRUCTIONS:**

THIS COPY OF THE RETURN IS PROVIDED ONLY FOR PUBLIC DISCLOSURE PURPOSES. ANY CONFIDENTIAL INFORMATION REGARDING LARGE DONORS HAS BEEN REMOVED.

PUBLIC DISCLOSURE COPY

# **Return of Organization Exempt From Income Tax**

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

OMB No. 1545-0047

Department of the Treasury

A For the 2022 calendar year, or tax year beginning and ending Check if applicable: C Name of organization D Employer identification number Address change TEXAS HEARING & SERVICE DOGS, INC. Name change 76-0260567 SERVICE DOGS INC. Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 4925 BELL SPRING ROAD 512-858-1495 868,888. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return DRIPPING SPRINGS, TX 78620 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: SHERI SOLTES Yes X No for subordinates? ..... SAME AS C ABOVE **H(b)** Are all subordinates included? Yes Tax-exempt status:  $\mathbf{X}$  501(c)(3)  $\mathbf{\Box}$  501(c) ( (insert no.) 4947(a)(1) or If "No," attach a list. See instructions WWW.SERVICEDOGS.ORG H(c) Group exemption number **K** Form of organization: **X** Corporation Other L Year of formation: 1988 M State of legal domicile: TX Trust Association Part I Summary Briefly describe the organization's mission or most significant activities:  $\ensuremath{\mathtt{TRAIN}}$ SERVICE DOGS FOR DISABLED **Activities & Governance** PERSONS. 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 9 3 Number of voting members of the governing body (Part VI, line 1a) 9 Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h **Prior Year Current Year** 715,815. 813,169. Contributions and grants (Part VIII, line 1h) 8 0. Program service revenue (Part VIII, line 2g) 0. 0. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 24,800. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 14,645. 11 740,615. 827.814 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 0. 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 393,206. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 445,320. 15 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 294,871. 357,127. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 802,447. 688,077. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 52,538. 25,367. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5 1,118,695. 1,148,285. Total assets (Part X, line 16) 5,9291,706. 21 Total liabilities (Part X, line 26) 三年 116,989. 142,356 Net assets or fund balances. Subtract line 21 from line 20 ... Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign SHERI SOLTES, PRESIDENT AND FOUNDER Here Type or print name and title Date PTIN Print/Type preparer's name Preparer)s signature 04/10/23 P01257722 RENAE DUNCAN Paid self-employed Firm's name ATCHLEY & ASSOCIATES, LLPFirm's EIN 74-2920819 Preparer Firm's address 1005 LA POSADA DRIVE Use Only Phone no. (512)346-2086 AUSTIN, TX 78752

Yes

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

Page 2

Гаі	Statement of Frogram dervice Accomplishments	\
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	DOGG TO
	TEXAS HEARING AND SERVICE DOGS (DBA SERVICE DOGS, INC) TRAINS	
		TRAINS
	FIRST RESPONDER DOGS TO HELP MITIGATE THE EMOTIONAL STRESS OF FRONTLINE WORKERS, AND COURTHOUSE DOGS TO ASSIST CHILDREN AND	VICTIMO
	·	VICIIMS
2	Did the organization undertake any significant program services during the year which were not listed on the	Yes X No
	prior Form 990 or 990-EZ?  If "Yes," describe these new services on Schedule O.	Yes _A_No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
3	If "Yes," describe these changes on Schedule O.	Yes _A_ NO
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	w ovpopoo
7	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total	
	revenue, if any, for each program service reported.	expenses, and
4a	(Code:) (Expenses \$ 715 , 243 • including grants of \$ ) (Revenue \$	1
ти	THE ORGANIZATION TRAINS TWO TYPES OF ASSISTANCE DOGS. HEARING	DOGS
	ALERT THEIR DEAF PARTNERS TO IMPORTANT SOUNDS IN THEIR ENVIRON	
	LEADING THEM TO THE SOUND SOURCE. MOBILITY SERVICE DOGS ASSIST	
	IN WHEELCHAIRS, WALKERS, OR WITH OTHER MOBILITY IMPAIRMENTS IN	
	DIFFICULT TASKS (I.E. OPENING DOORS, RETRIEVING DROPPED OBJECT	
	PULLING THE WHEELCHAIR, BRACING TO HELP THEIR PARTNER MOVE TO/	
	WHEELCHAIR, ETC.). THE ORGANIZATION ALSO TRAINS TWO TYPES OF	
	DOGS. COURTHOUSE DOGS COMFORT CHILDREN BEING INTERVIEWED OR T	ESTIFYING
	IN COURT ABOUT ABUSE AND OTHER CRIMES. THEY WORK WITH VICTIMS	
	ASSISTANCE STAFF IN DISTRICT ATTORNEYS' OFFICES. FIREHOUSE DO	GS
	PROVIDE EMOTIONAL SUPPORT TO FIRST RESPONDERS AND OTHERS IN TH	E
	COMMUNITY, SUCH AS CHILDREN RECEIVING MEDICAL TREATMENT AT HOS	PITALS.
4b	(Code:) (Expenses \$	)
4c	(Code:) (Expenses \$	)
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$	)
4e	Total program service expenses 715, 243.	
	· · · · · · · · · · · · · · · · · · ·	- 000 (

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	۰		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	<b>-</b> '-		1
0	, ,			x
_	Schedule D, Part III	8		
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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	_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			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			T -
_	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	<u></u>		
.5	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		<del>  ^`</del>
"		47		X
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<del>  ^</del> `
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40	Х	
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			<sub>V</sub>
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<del>                                     </del>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

232003 12-13-22

Form **990** (2022)

Form	1990 (2022) TEXAS HEARING & SERVICE DOGS, INC. 76-0260	<u> </u>	Р	age <b>4</b>
Pai	rt 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	1		
	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			<b> </b> ₩
	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	051		x
00	Schedule L, Part I	25b		
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%			x
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
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	0.7		x
00	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		_
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			<b> </b> ₩
	"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			, v
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			<b> </b> ₩
•	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	00		<sub>v</sub>
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	00		x
04	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Α.
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24		х
25.0	Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34		X
		35a		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	25h		
26	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?	26		x
27	If "Yes," complete Schedule R, Part V, line 2	36		
37		27		x
20	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37	1	
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	20	х	
Pai	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	38	Λ	<u> </u>
. ui	Chapter if Cahadula Chaptains a reasonage or note to any line in this Dart V			
	Check if Schedule O contains a response or note to any line in this Part V			<u> </u>
<b>.</b>	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
1a		_		
D -	Enter the Hamber of Forms W 2d moldaded of line fat. Enter of the dephicable	4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			

232004 12-13-22

Form **990** (2022)

(gambling) winnings to prize winners?

Form 990 (2022) TEXAS HEARING & SERVICE DOGS, INC.

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

2a 12  1b If the number of employees reported on Form W3. Transmittal of Wage and Tax Statements.  1cled for the calendar year ending with or within the year covered by this return  1cled to the calendar year ending with or within the year covered by this return  1cled to the calendar year ending with or within the year covered by this return  1cled to the calendar year.  2cled As A ray time during the calendar year, did the organization fine a income of \$1,000 or more during the year?  2cled As A ray time during the calendar year. Ad the organization have an interest in or a signature or other authority over, a manufacture or other authority over, a signature or other authority over, a manufacture or other authority over, a signature or other authority over, a manufacture or other authority over, a signature or other authority over, a manufacture or other authority over, a signature or other authority over, and a signature or other authority over a signature or other authority over, and a profit of a signature or other authority over a signa						Yes	No				
the for the calendary year ending with or within the year covered by this return 2 a 12 b 1	2a	Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements.	1			100	110				
b If a least one is reported on line 2a, did the organization file all required federal employment tax returns?  2b If Yes, "has it filed a Form 990-T for this year?" If yo' to line 3b, provide an explanation on Schodule 0  3ch If Yes, "has it filed a Form 990-T for this year?" If yo' to line 3b, provide an explanation on Schodule 0  3ch If Yes, "has it filed a Form 990-T for this year?" If yo' to line 3b, provide an explanation on Schodule 0  3ch If Yes, "has it filed a Form 990-T for this year?" If yo' to line 3b, provide an explanation on Schodule 0  3ch If Yes, "has it filed a Form 990-T for this year?" If yo' to line 3b, provide an explanation on Schodule 0  3ch If Yes, "a file of the calendar year, did the organization that was an interest in, or a signature or other authority over, a financial accounts (FBAR).  5ch Was the organization appropriate on that It was or is a party to a prohibitote tax sheller transaction?  5ch Did any taxolization from 114, Report of Foreign Bank and Financial Accounts (FBAR).  5ch Did any taxolization from 900-T for organization that was or is a party to a prohibitote tax sheller transaction?  5ch Did any taxolization state organization file Form 88867?  5ch Did any taxolization state was on the state an ormally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  6ch If Yes, "did the organization network spury solicitation and express statement that such contributions or gifts were not tax deductible?  7ch Did the organization received any primer in excess of \$5° nade party is a contribution and party for goods and services provided?  7ch Did the organization selection selection of the value of the goods or services provided?  7ch Did the organization selection selection of the value of the goods or services provided?  7ch Did the organization selection selection of the value of the goods or services provided?  8ch Did the organization of the contribution of case, solicity organization selection			2a	12							
3a   X   X   1   1   1   1   1   1   1   1	b			•	2b	х					
b If Yes, "Itasi if lied a Form 980T for this year? If 'No' for lies Sp, provide an explanation on Schedule O At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  4a	_						Х				
4a A any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts?  b if "Yes," enter the name of the foreign country  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF).  5a Was the organization aparty to a prohibited tax shefter transaction at any time during the tax year?  5b Id any taxable party nority the organization that it was or is a party to a prohibited tax shefter transaction?  5c If "Yes" to time Sao r5b, did the organization the organization the organization than the organization than the organization and the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles a charitable contributions?  7 Organizations that may receive deductible contributions under section 170(c).  a bill the organization receive a payment in extress of \$75 made partly as a contribution and partly for goods and services provided to the payer?  7 Organizations that may receive deductible contributions under section 170(c).  b If "Yes," indicate the number of Forms 8282 filed during the year  10 bill the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 To X  7 To X  7 Did the organization receive any premiums, directly or indirectly, on a personal benefit contract?  9 To Identify the organization receive any premiums, directly or indirectly, on a personal benefit contract?  9 To Identify the organization receive any premium in directly or indirectly, on a personal benefit contract?  9 To Identify the organization receive any premium in directly o											
francial account in a foreign country (such as a bank account, securities account, or other financial account)?  b if Yes, instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b Did any stackle party notify the organization file Form 88861?  6c If Yes' to line Sa or Sb, did the organization file Form 88861?  6d Does the organization annual gross necepits that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  b If Yes, 'did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  8 If Yes, 'did the organization notify the donor of the value of the goods or services provided?  7 Organizations that may receive deductible contributions under section 170(c).  8 If Yes, 'did the organization notify the donor of the value of the goods or services provided?  7 Organization services applied to the payor?  7 If X X  10 If the services are all the services are all the services provided to the payor?  8 If Yes, 'did the organization notify the donor of the value of the goods or services provided?  9 If If Yes, 'did the organization notify the donor of the value of the goods or services provided?  7 If X X  10 If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  9 If Yes, 'did the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  9 If If the organization received a contribution of cars, boats, sirplanes, or other vehicles, did the organization file a Form 1086-07  15 Sponsoring organization have excess business holding as lary time during the year?  16 If the erganization have excess business holding as											
b If Yes, "increase the name of the foreign country See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b Id any taxable party notify the organization that it was or is a party to a prohibited six shelter transaction?  5c If Yes's 10 ine Sa or 8b, did the organization flore Form 888617 (Fernal 88617)  5c If Yes's 10 ine Sa or 8b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5c If Yes's 10 ine Sa or 8b, did the organization include with every solicitation are express statement that such contributions or gifts were not tax deductibles a charitable contributions?  7b Organizations that may receive deductible contribution an express statement that such contributions or gifts were not tax deductibles a charitable contribution and express statement that such contributions or gifts were not tax deductibles a charitable contribution and partly to goods and services provided to the payor?  7b Organizations that may receive deductible contributions under section 17g(c).  8b If Yes, "did the organization notify the donor of the value of the goods or services provided?  7c If Yes, "indicate the number of Forms 88821 fled during the year  8c If If Yes, "indicate the number of Forms 88822 fled during the year  9c If If the organization received a contribution of gene indicately, to pay premiums on a personal benefit contract?  7c X  7d If If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization flee a Form 1088 C?  8c Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. Did a conor advised fund maintained by the sponsoring organizations maintaining donor advised funds. Did a conor advised fund maintained by the sponsoring organizations makes any taxabilid				•	4a		Х				
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b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b  Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 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. a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand  13a  14a Did the organization receive any payments for indoor tanning services during the tax year? 14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.  16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.  17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			10a								
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Form **990** (2022)

TEXAS HEARING & SERVICE DOGS, INC. 76-0260567 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. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 9 **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 X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? Х 14 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? X The organization's CEO, Executive Director, or top management official 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16h Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Another's website X Upon request \_\_\_ Other (explain on Schedule O) Own website 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

Form **990** (2022)

SHERI SOLTES, PRESIDENT - 512-858-1495 4925 BELL SPRINGS ROAD, DRIPPING SPRINGS,

# 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)	(B) (C) Average Position							(D)	(E)	(F)
Name and title	Average	(do	not c	heck i	more	than o	one	Reportable	Reportable	Estimated
	hours per week	box offi	, unle cer ar	ss per id a d	rson i: irecto	s both r/trus	n an tee)	compensation from	compensation from related	amount of other
	(list any	tor						the	organizations	compensation
	hours for	r direc				8		organization	(W-2/1099-MISC/	from the
	related	tee or	ustee			ensati		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	al trus	onal tr		loyee	comp		1099-NEC)		and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) SHERI SOLTES	40.00	_	<del>  -</del>		×	1 0				
PRESIDENT				х				91,422.	0.	11,943.
(2) KIM OLSON	1.00									-
BOARD CHAIRMAN		Х		Х				0.	0.	0.
(3) DOUGLAS FULLERTON	1.00									
VICE CHAIRMAN		Х		Х				0.	0.	0.
(4) DAN CHRISTENSEN	1.00									
SECRETARY		Х		Х				0.	0.	0.
(5) JONATHAN BICKHAM	1.00									
TREASURER		X		Х				0.	0.	0.
(6) ALEXANDRA MILLER	1.00									
DIRECTOR		Х						0.	0.	0.
(7) JIM SPENCER	1.00									
DIRECTOR	1	Х						0.	0.	0.
(8) ROBERT YORDI	1.00									_
DIRECTOR	1	Х						0.	0.	0.
(9) STEVEN KLING	1.00	l								
DIRECTOR	1 00	Х						0.	0.	0.
(10) LEANNE JAKUBOWSKI	1.00	.,							_	•
DIRECTOR	1	Х						0.	0.	0.
	1									
	1						-			
		-								
										- 000 (assa)

Form 990 (2022)

Form 990 (2022) TEXAS HEA	RING &	SE	RV	ΊC	E	DO	GS	, INC.	76-02	605	567	Page 8
Part VII Section A. Officers, Directors, Trust	tees, Key Emp	oloye	es,	and	l Hig	ghes	t Co	ompensated Employee	s (continued)			
(A) Name and title	(B) Average hours per week	box,	not cl unles	ss per	ition more fr son is	than o s both r/trust	an	( <b>D)</b> Reportable compensation from	<b>(E)</b> Reportable compensatior from related	n	(F Estim amou oth	nated unt 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)		organi	the zation elated
1b Subtotal								91,422.		0.	11,	943.
c Total from continuation sheets to Part VII d Total (add lines 1b and 1c)	, Section A							0. 91,422.		0.		0.
Total number of individuals (including but no compensation from the organization									000 of reportable			0
3 Did the organization list any <b>former</b> officer,	director, truste	ee, k	еу е	emple	oyee	e, or	higł	nest compensated emp	loyee on		Ye	es No
line 1a? If "Yes," complete Schedule J for so 4 For any individual listed on line 1a, is the su	m of reportable	e co	mpe	ensat	tion	and	oth	er compensation from t	he organization		3	X
and related organizations greater than \$150  5 Did any person listed on line 1a receive or a	ccrue compen	satio	on fr	om a	any	unre	late	d organization or individ	dual for services		5	X
rendered to the organization? If "Yes," com Section B. Independent Contractors	plete Schedule	J to	or su	ich <u>r</u>	oerso	on .					<b>5</b>	A
Complete this table for your five highest conthe organization. Report compensation for the organization.	•	•							•	ensat	ion from	
(A) Name and business	address	NC	NE	3				(B) Description of s	ervices	C	(C) ompensa	ation
-												
Total number of independent contractors (ir \$100,000 of compensation from the organize)	•	ot lim	nitec	d to t	thos 0		ted a	above) who received mo	ore than			

		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	Unrelated	Revenue excluded
					function revenue	business revenue	from tax under sections 512 - 514
							30000013 3 12 3 14
nts		Federated campaigns 1a					
žra ou		Membership dues1b					
s, C	c	Fundraising events	78,704.				
a jį	c	d Related organizations 1d					
Contributions, Gifts, Grants and Other Similar Amounts	e	Government grants (contributions) 1e					
Sign	f	All other contributions, gifts, grants, and					
he		similar amounts not included above 1f	734,465.				
를		Noncash contributions included in lines 1a-1f	20,472.				
Š	•	Total. Add lines 1a-1f		813,169.			
<u> </u>			Business Code	, , , , , ,			
_	0.6						
/ice	2 a						_
er ue	k						
n S	c						
rar Sev	C	<u> </u>					
Program Service Revenue	e	·					_
<u>a</u>	f	All other program service revenue					
	ç	Total. Add lines 2a-2f					
	3	Investment income (including dividends, interest	est, and				
		other similar amounts)					
	4	Income from investment of tax-exempt bond p					
	5	Royalties					
	•	(i) Real	(ii) Personal				
	6 -	a Gross rents 6a	(.,,				
		Less: rental expenses 6b					
		Rental income or (loss)					
			//» O.:				
	7 a	a Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory <b>7a</b>					
	b	Less: cost or other basis					
ne		and sales expenses <b>7b</b>					
le l	c	Gain or (loss)7c					
Be	c	Net gain or (loss)					
her Revenue		Gross income from fundraising events (not					
퉏		including \$ 78,704. of					
		contributions reported on line 1c). See					
		' '	54,491.				
		Less: direct expenses					
			, 11,0,11	13,417.			13,417.
		Net income or (loss) from fundraising events		10,41/0			10,41,0
	9 8	Gross income from gaming activities. See					
	_	Part IV, line 19					
		Less: direct expenses 9b	) ]				
		Net income or (loss) from gaming activities					
	10 a	a Gross sales of inventory, less returns					
		and allowances10	a				
	k	Less: cost of goods sold10	b				
	c	Net income or (loss) from sales of inventory .					
			Business Code				
snc	11 a	MISCELLANEOUS REVENUE	900099	1,228.	1,228.		
ne Due	k			-	-		
Miscellaneous Revenue							
Sce		All other revenue					
Σ		Total. Add lines 11a-11d		1,228.			
	12			827,814.	1,228.	0.	13,417.
	14	Total revenue. See instructions		U2/,U1=•	1 1,440.	ı •	,,•

Secti	on 501(c)(3) and 501(c)(4) organizations must comple				X
	Check if Schedule O contains a respons	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		·		·
	and domestic governments. See Part IV, line 21				
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				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	103,364.	91,087.	9,580.	2,697.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	055 004	226 225	05 140	6 800
7	Other salaries and wages	257,904.	226,025.	25,149.	6,730.
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	F0 000	47 000	2 5 7 7	1 250
9	Other employee benefits	52,028.	47,093.	3,577.	1,358.
10	Payroll taxes	32,024.	28,220.	2,968.	836.
11	Fees for services (nonemployees):				
a	Management				
b	Legal	16,536.	16,536.		
_	Accounting	10,330.	10,330.		
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	132,007.	103,593.	1,180.	27,234.
12	column (A), amount, list line 11g expenses on Sch 0.)  Advertising and promotion	132,007	103,333.	1,100.	21,2546
13	Office expenses	7,186.	7,186.		
14	Information technology	74.	74.		
15	Royalties	, 1	, 1		
16	Occupancy	16,826.	16,779.	47.	
17	Travel	26,364.	25,509.	2,0	855.
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	375.	375.		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	34,050.	34,050.		
23	Insurance	28,185.	28,185.		
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 0.)				
а	TELEPHONE & COMMUNICATI	29,530.	29,530.		
b	REPAIRS & MAINTENANCE	12,438.	10,640.	1,798.	
С	UNIFORMS	12,189.	12,189.		
d	DOG SUPPLIES	11,434.	11,184.		250.
е	All other expenses	29,933.	26,988.	1,397.	1,548.
25	Total functional expenses. Add lines 1 through 24e	802,447.	715,243.	45,696.	41,508.
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)				000

ı uı	LA	Balance Sheet					
		Check if Schedule O contains a response or no	te to any	line in this Part X	(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			437,809.	1	498,367.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net		4	400.		
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subs	tantial co	ontributor, or 35%			
		controlled entity or family member of any of the				5	
	6	Loans and other receivables from other disqual	ified pers				
		under section 4958(f)(1)), and persons describe	d in sect	ion 4958(c)(3)(B)		6	
Ø	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	Prepaid expenses and deferred charges			2,760.	9	655.
	10a	Land, buildings, and equipment: cost or other	1 1				
		basis. Complete Part VI of Schedule D	10a	1,234,735.			
	b	Less: accumulated depreciation	10b	585,872.	678,126.	10c	648,863.
	11	Investments - publicly traded securities			•	11	•
	12	Investments - other securities. See Part IV, line		ı		12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equ	1,118,695.	16	1,148,285.		
	17	Accounts payable and accrued expenses				17	5,929.
	18	Grants payable	ı		18		
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
G	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subs					
lige		controlled entity or family member of any of the				22	
Ë	23	Secured mortgages and notes payable to unrel	•		1,706.	23	0.
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on line					
		of Schedule D	ŕ			25	
	26	Total liabilities. Add lines 17 through 25			1,706.	26	5,929.
		Organizations that follow FASB ASC 958, che					
es		and complete lines 27, 28, 32, and 33.					
anc	27	Net assets without donor restrictions			1,116,989.	27	1,142,356.
Bal	28	Net assets with donor restrictions				28	
nd		Organizations that do not follow FASB ASC 9					
Ŀ		and complete lines 29 through 33.					
S O	29	Capital stock or trust principal, or current funds				29	
sets	30	Paid-in or capital surplus, or land, building, or e				30	
As	31	Retained earnings, endowment, accumulated in				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			1,116,989.	32	1,142,356.
	33	Total liabilities and net assets/fund balances		ı	1,118,695.	33	1,148,285.

Form **990** (2022)

Form **990** (2022)

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	8	27,	814	<u>4.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	8	02,	44'	<u>7.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3		25,		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,1	16,	989	<u>9.</u>
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9			(	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	1,1	42,	350	6.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
				Υe	es l	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2	а		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?		2	b 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:					
	X 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?		2	c X		
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		з	а	:	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required					
	or guidite, explain why on Schedule O and describe any steps taken to undergo such guidits		l a	h		

232012 12-13-22

## **SCHEDULE A**

(Form 990)

**Total** 

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

TEXAS HEARING & SERVICE DOGS, INC.

Employer identification number

				SERVICE DO					6-0260567				
Par	ŧΙ	Reason for Public C	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.					
he o	gani	zation is not a private found											
1													
2		A school described in secti											
з [		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).											
4	一	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,											
		city, and state:											
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in											
		section 170(b)(1)(A)(iv). (Complete Part II.)											
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
7	X	An organization that normal	-					e general r	oublic described in				
• -		section 170(b)(1)(A)(vi). (Co	•	That part of its support if	om a gove	on in the state of		o gonorar p	Jubilo accoribed in				
8		A community trust describe		1VAVvi) (Complete Par	+ II \								
9	=	An agricultural research org				nd in coni	nction with a	land grant	collogo				
<b>9</b> L		or university or a non-land-g				-		-	-				
		· · · · · · · · · · · · · · · · · · ·	rant conege or agrici	ulture (see iristructions).	Lillei lile i	name, city	, and state or	irie college	· UI				
10	$\neg$	university:An organization that normal	lly receives (1) more t	than 22 1/20/ of its supp	ort from o	ontribution	ne momboreh	in foot, and	d gross receipts from				
10 L		activities related to its exem											
				•	` '			• •	•				
		income and unrelated busin		(less section 511 tax) inc	iii busiiles	ses acqui	red by the org	ariizatiori a	itter Julie 30, 1975.				
11 [		See section 509(a)(2). (Cor An organization organized a	-	volv to toot for public oo	iotu Coo	aaatian E(	20(=)(4)						
11 L 12 [	퓜	•	•	•	•			m, out the	nurnages of one or				
12 _		An organization organized a	•	- ·	-			-	•				
		more publicly supported org	-						DIECK THE DOX OH				
_		lines 12a through 12d that of	* *					-	aivin a				
а		Type I. A supporting orga	•		•	_							
		the supported organization		• • • •	majority c	or trie direc	tors or trustee	es or the st	ipporting				
		organization. You must o			:			-(-) hh	.i				
D		Type II. A supporting orga	•				-	•	-				
		control or management of			arne perso	ns mai co	ntroi or manaç	je trie supp	ortea				
_		organization(s). You mus			in connoct	مطانيي مما	and franctional		d with				
C		Type III functionally inte						y integrate	d with,				
٠.		its supported organization						tad araani	ration(a)				
d		Type III non-functionally						-					
		that is not functionally interest that is not functionally interest.	-		-		-	an attentiv	reness				
_		requirement (see instructi	•	•	•			I. Tupo III					
е		<ul> <li>Check this box if the orga functionally integrated, or</li> </ul>					Type I, Type I	i, iype iii					
	Ento	r the number of supported of			ig organiz	ation.							
		ide the following information	•	d organization(s)									
9_		) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of	monetary	(vi) Amount of other				
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see in	structions)	support (see instructions)				
				above (see instructions))									

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1047231.	536,136.	1054088.	715,815.	813,169.	4166439.
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	1047231.	536,136.	1054088.	715,815.	813,169.	4166439.
	The portion of total contributions					•	
_	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						835,161.
6	Public support. Subtract line 5 from line 4.						3331278.
	etion B. Total Support						00011700
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	1047231.	536,136.	1054088.	715,815.	813,169.	4166439.
	Gross income from interest.				, _ , , , _ ,	,	
Ŭ	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	441.	29.	14.			484.
۵	Net income from unrelated business		250				1010
9	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	•	10,766.	1,859.	1,192.	1,452.	1,228.	16,497.
44	assets (Explain in Part VI.)  Total support. Add lines 7 through 10	10,7001	1,000.	1,152.	1,132.	1,220.	4183420.
	Gross receipts from related activities,	oto (soo instructio	ne)			12	11031201
	First 5 years. If the Form 990 is for the	•	,	iourth, or fifth tax v			
13	organization, check this box and stop	-					
Sec	ction C. Computation of Publi						
	Public support percentage for 2022 (I			column (f))		14	79.63 %
	Public support percentage from 2021					15	78.97 %
	<b>33 1/3% support test - 2022.</b> If the o						
	stop here. The organization qualifies						77
b	33 1/3% support test - 2021. If the o		-				
-	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances test						
174	and if the organization meets the fact	_					
	meets the facts-and-circumstances te			=		_	
h	10% -facts-and-circumstances test	-	•	*	-	72 and line 15 is 1	
b	more, and if the organization meets the	_					1070 OI
	organization meets the facts-and-circu				-		
12	•			. ,	•		
10	Private foundation. If the organization	in ala not check a l	JOA UITIIIIE TO, TOE	a, 100, 17a, 01 17b	, CHECK HIS DOX AL		/Form 000\ 2022

Schedule A (Form 990) 2022

Part III Support Schedule for Organizations Described in Section 509(a)(2)								
fails to								
qualify under the tests listed below, please complete Part II.)								
(f) Total								

Calendar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Lotal
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital						

**13** Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage

15	Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16	Public support percentage from 2021 Schedule A, Part III, line 15	16	%
<u> </u>	alle a D. Oanne delle and the college and become Demonstrate.		

# Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18	Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2022.	If the organization did not check the box on line 14, and $\mbox{\scriptsize I}$	ine 15 is more than 33 1/3%, and line 17 is not
more than 33 1/3%, check this	pox and stop here. The organization qualifies as a public	y supported organization

b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions 232023 12-09-22

Schedule A (Form 990) 2022

# Part IV | Supporting Organizations

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

# Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a		
3b		
0.2		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
,		
8		
9a		
Qh		
9b		
9с		
10a		
401		
10b		

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Par	t IV	Supporting Organizations (continued)			<u></u>
		Commody		Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
		son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
_	•	elow, the governing body of a supported organization?	11a		
h		ily member of a person described on line 11a above?	11b		
		6 controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	115		
·		in Part VI.	11c		
Sec		3. Type I Supporting Organizations	110		
		,pooupporung organizations		Yes	No
4	Did th	so governing body, members of the governing body, officers esting in their official consoity, or membership of one or		162	NO
1		le governing body, members of the governing body, officers acting in their official capacity, or membership of one or supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		ors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)			
		ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
		ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	4		
•		orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		e organization operate for the benefit of any supported organization other than the supported			
		ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		how providing such benefit carried out the purposes of the supported organization(s) that operated,			
800		vised, or controlled the supporting organization.  C. Type II Supporting Organizations	2		
Sec	LIOIT	5. Type II Supporting Organizations			
				Yes	No
1		a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trus	stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or mai	nagement of the supporting organization was vested in the same persons that controlled or managed			
800	the su	pported organization(s).  D. All Type III Supporting Organizations	1		
Sec	LIOII L	5. All Type III Supporting Organizations		1	
	<b>-</b>			Yes	No
1		e organization provide to each of its supported organizations, by the last day of the fifth month of the			
	•	ization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	4		
•	-	ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2		any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
		ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	•		
•	•	ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	-	ason of the relationship described on line 2, above, did the organization's supported organizations have a			
	-	cant voice in the organization's investment policies and in directing the use of the organization's			
		ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	•		
Sec	<i>suppo</i> tion E	orted organizations played in this regard.  E. Type III Functionally Integrated Supporting Organizations	3		
1		k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a b		The organization satisfied the Activities Test. <i>Complete line 2 below.</i> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
C		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	.ttia.m	۵۱	
2		ties Test. <b>Answer lines 2a and 2b below.</b>	truction	Yes	No
a		ubstantially all of the organization's activities during the tax year directly further the exempt purposes of		103	140
ŭ		upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		e supported organization(s) to which the organization was responsive: If Yes, then if Yes, then the organization was responsive.			
		the organization was responsive to those supported organizations, and how the organization determined			
			2a		
h		nese activities constituted substantially all of its activities.  The activities described on line 2a, above, constitute activities that, but for the organization's involvement,	<u>-u</u>		
D		r more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		-			
		If the reasons for the organization's position that its supported organization(s) would have engaged in	2b		
3		activities but for the organization's involvement. t of Supported Organizations. Answer lines 3a and 3b below.	20		
		ne organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а		es of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI.</b>	За		
	4010		Ju	!	

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b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations				
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( explain in Part VI). See instructions.						
	All other Type III non-functionally integrated supporting organizations mu		•				
Section 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					
	Total (add lines 1a, 1b, and 1c)	1d					
е	Discount claimed for blockage or other factors						
	(explain in detail in Part VI):						
2	Acquisition indebtedness applicable to non-exempt-use assets	2					
3	Subtract line 2 from line 1d.	3					
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,						
	see instructions).	4					
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
6	Multiply line 5 by 0.035.	6					
7	Recoveries of prior-year distributions	7					
8	Minimum Asset Amount (add line 7 to line 6)	8					
Sect	ion C - Distributable Amount			Current Year			
1	Adjusted net income for prior year (from Section A, line 8, column A)	1					
2	Enter 0.85 of line 1.	2					
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3					
4	Enter greater of line 2 or line 3.	4					
5	Income tax imposed in prior year	5					
6	Distributable Amount. Subtract line 5 from line 4, unless subject to						
	emergency temporary reduction (see instructions).	6					
7	Check here if the current year is the organization's first as a non-function	ally integrated	Type III supporting orga	nization (see			
	instructions).	. •		•			

Schedule A (Form 990) 2022

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reason-			
able cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2022			
<b>a</b> From 2017			
<b>b</b> From 2018			
<b>c</b> From 2019			
<b>d</b> From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D,			
line 7: \$			
Applied to underdistributions of prior years			
<b>b</b> Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if			
any. Subtract lines 3g and 4a from line 2. For result greater			
than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h			
and 4b from line 1. For result greater than zero, explain in			
Part VI. See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j			
and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
<b>b</b> Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

Schedule A (Form 990) 2022

# Schedule B

(Form 990)

# **Schedule of Contributors**

Attach to Form 990 or Form 990-PF.

OMB No. 1545-0047

Schedule B (Form 990) (2022)

Department of the Treasury Internal Revenue Service

Name of the organization

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

**Employer identification number** 

	TEX	XAS H	EARING &	SERVICE D	OGS, INC.		76-0260567
Organiza	tion type (check one	ie):					
Filers of:		Section:					
Form 990	or 990-EZ	X 501	1(c)( 3 ) (enter i	number) organizatio	on		
	[	494	47(a)(1) nonexem <sub> </sub>	pt charitable trust	<b>not</b> treated as a pr	vate foundation	
	1	527	7 political organiz	ation			
Form 990	-PF	501	1(c)(3) exempt pri	vate foundation			
	[	494	47(a)(1) nonexem <sub> </sub>	pt charitable trust t	reated as a private	foundation	
	I	501	1(c)(3) taxable priv	vate foundation			
•			-	=		Rule and a Special Rul	e. See instructions.
						c, contributions totaling	\$5,000 or more (in money or stotal contributions.
Special R	Rules						
9	sections 509(a)(1) an	nd 170(b)( the year, to	(1)(A)(vi), that chectorial contributions	cked Schedule A (F s of the greater of (	Form 990), Part II, I	ne 13, 16a, or 16b, and	est of the regulations under d that received from any one Form 990, Part VIII, line 1h;
l	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.						
i ,	year, contributions <sub>e</sub> s checked, enter he ourpose. Don't comp	exclusively ere the tota plete any	y for religious, cha al contributions the of the parts unles	aritable, etc., purpo hat were received on ss the <b>General Ru</b>	oses, but no such of during the year for a le applies to this o	ontributions totaled mo an exclusively religious	received nonexclusively
answer "N	-	2, of its Fo	orm 990; or check	the box on line H	•	sn't file Schedule B (Foor on its Form 990-PF,	orm 990), but it <b>must</b> Part I, line 2, to certify

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

Name of organization Employer identification number

# TEXAS HEARING & SERVICE DOGS, INC.

76-0260567

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		\$	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		\$ 50,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Nume, address, and Zii + +	\$ 20,000.	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		\$ 20,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)

Name of organization Employer identification number

# TEXAS HEARING & SERVICE DOGS, INC.

76-0260567

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		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$ 27,927.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)

Name of organization Employer identification number

# TEXAS HEARING & SERVICE DOGS, INC.

76-0260567

Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		  \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
223/53 11-15.			Schedule B (Form 990) (2022)

Name of organization **Employer identification number** TEXAS HEARING & SERVICE DOGS, INC. 76-0260567 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

# **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

TEXAS HEARING & SERVICE DOGS, INC.

**Employer identification number** 76-0260567

Pai	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		r Accounts. Complete if the
	organization answered Tes off offi 550, Fartiv, inf	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(4)	(4) - 11-12 - 11-12 - 11-12
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		_
4	Aggregate value at end of year		_
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advised	funds
_	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor a		
_	for charitable purposes and not for the benefit of the donor or		
Pai			
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recreated	tion or education) Preservation of a	historically important land area
	Protection of natural habitat	Preservation of a	certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form of	a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after July 25,2006, and not on a	
	historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the o	rganization during the tax
	year		
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conser	vation easements during the year
7	Annual of constant in annual in annu		a conservato di viine the conserv
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation	n easements during the year
8	Does each conservation easement reported on line 2(d) above	a satisfy the requirements of section 170/b)	(4)(D)(i)
0			
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense st	
3	balance sheet, and include, if applicable, the text of the footn		
	organization's accounting for conservation easements.	iote to the organization's infancial statement	to that describes the
Pai	rt III Organizations Maintaining Collections of	Art, Historical Treasures, or Other	er Similar Assets.
	Complete if the organization answered "Yes" on Form		
	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statement and	I balance sheet works
	of art, historical treasures, or other similar assets held for pub	· ·	
	service, provide in Part XIII the text of the footnote to its finan	,	·
b	If the organization elected, as permitted under FASB ASC 95		ance sheet works of
	art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items:	•	•
	(i) Revenue included on Form 990, Part VIII, line 1		\$ <u></u>
2	If the organization received or held works of art, historical trea		
	the following amounts required to be reported under FASB A	SC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		\$
			<u> </u>
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.	Schedule D (Form 990) 2022

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

# Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		145,792.		145,792.
<b>b</b> Buildings		792,671.	354,134.	438,537.
c Leasehold improvements		102,696.	50,503.	52,193.
<b>d</b> Equipment		108,406.	96,065.	12,341.
e Other		85,170.	85,170.	0.
Total. Add lines 1a through 1e. (Column (d) must eq		nn (B) line 10c )		648,863.

Schedule D (Form 990) 2022

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.  (a) Description of security or category (including name of security)  (b) Book value  (c) Method of valuation: Cost or end-of-year market value (l) Financial derivatives  (2) Closely held equity interests  (3) Other  (A)  (B)  (C)  (D)  (E)  (F)  (G)  (H)  Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)  Part VIII Investments - Program Related.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.  (a) Description of investment  (b) Book value  (c) Method of valuation: Cost or end-of-year market value)  (d)  (e) Method of valuation: Cost or end-of-year market value)  (f)  (g)  (g)  (h)  Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)  Part VIII Investments  (a) Description of investment  (b) Book value  (c) Method of valuation: Cost or end-of-year market value)  (d)  (e)  Method of valuation: Cost or end-of-year market value)  (f)  (g)  Method of valuation: Cost or end-of-year market value)  (g)  Method of valuation: Cost or end-of-year market value)  (g)  Method of valuation: Cost or end-of-year market value)  (g)  Method of valuation: Cost or end-of-year market value)  (g)  Method of valuation: Cost or end-of-year market value)  (g)  Method of valuation: Cost or end-of-year market value)  (g)  Method of valuation: Cost or end-of-year market value)  (g)  Method of valuation: Cost or end-of-year market value)  (g)  Method of valuation: Cost or end-of-year market value)  (g)  Method of valuation: Cost or end-of-year market value)  (g)  Method of valuation: Cost or end-of-year market value)  (g)  Method of valuation: Cost or end-of-year market value)  (g)  Method of valuation: Cost or end-of-year market value)  (g)  Method of valuation: Cost or end-of-year market value)  (g)  Method of valuation: Cost or end-of-year market value)  (g)  Method of valuation: Cost or end-of-year market value)		G & SERVICE	DOGS, INC. 7	6-0260567 Page
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(1) Financial derivatives (2) Closely held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)  Part VIII Investments - Program Related.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.  (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value) (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.				ind-of-vear market value
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(3) Other (A) (B) (C) (C) (D) (E) (F) (G) (H) (ID) (ID) (ID) (ID) (ID) (ID) (ID) (ID	••••••			
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(a) Description (b) Book value				
(1)	Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
	(a) D	Description		(b) Book value
	(1)			
\ <u>&lt;</u>	(2)			
(3)				

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(9)	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)

Part X Other Liabilities.

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

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990 Part X col. (B) lina 25.)	

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

Schedule D (Form 990) 2022

	dule D (Form 990) 2022 TEXAS HEARING & SERVICE D				260567	Page 4
Pa	TXI Reconciliation of Revenue per Audited Financial Staten		Revenue per Re	turn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.				
1	Total revenue, gains, and other support per audited financial statements			1	868	,888.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments					
b	Donated services and use of facilities	2b				
С	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e		0.
3	Subtract line 2e from line 1			3	868	,888.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b	-41,074.			
С	Add lines 4a and 4b			4c	-41	,074.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	827	,814.
Pa	rt XII Reconciliation of Expenses per Audited Financial State	ments With	Expenses per F	Return.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.				
1	Total expenses and losses per audited financial statements			1	843	<u>,521.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a				
b	Prior year adjustments	1 1				
С	Other losses					
d	Other (Describe in Part XIII.)		41,074.			
е	Add lines 2a through 2d			2e	41,	,074. ,447.
3	Subtract line 2e from line 1			3	802,	,447.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)					
С	Add lines 4a and 4b			4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)			5	802	,447.
	rt XIII Supplemental Information.					
Prov	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P.	art IV, lines 1b a	and 2b; Part V, line 4	; Part X, li	ne 2; Part X	I,
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a				ŕ	,
PAI	RT X, LINE 2:					
AC	COUNTING FOR UNCERTAINTY IN INCOME TAXES					

THE ORGANIZATION HAS ADOPTED ASC 740, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. THAT STANDARD PRESCRIBES A MINIMUM THRESHOLD AND MEASUREMENT METHODOLOGY THAT A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN IS REQUIRED TO MEET BEFORE BEING RECOGNIZED IN FINANCIAL STATEMENTS. IT ALSO PROVIDES GUIDANCE FOR DE-RECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES, ACCOUNTING IN INTERIM PERIODS, DISCLOSURE, AND TRANSITION. AS OF DECEMBER 31, 2022 AND 2021, THE ORGANIZATION HAS NOT RECOGNIZED LIABILITIES FOR UNCERTAIN TAX POSITIONS OR ASSOCIATED INTEREST AND PENALTIES.

Schedule D (Form 990) 2022 TEXAS HEARING & SERVICE DOGS, INC.  Part XIII Supplemental Information (continued)	76-0260567 Page <b>5</b>
Supplemental information (continued)	
PART XI, LINE 4B - OTHER ADJUSTMENTS:	
IMI AI, BINE ID OTHER IDOODINENTS.	
SPECIAL EVENT EXPENSE	-41,074.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
SPECIAL EVENT EXPENSE	41,074.
	,

# **SCHEDULE G** (Form 990)

Department of the Treasury

# Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization Employer identification number 76-0260567 TEXAS HEARING & SERVICE DOGS, 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 b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events С In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts 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.

232081 10-27-22

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

Schedule G (Form 990) 2022

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

		of fundraising event contributions and gro	ss income on Form 990-	EZ, lines 1 and 6b. List e	vents with gross receipt	s greater than \$5,000.
			(a) Event #1			(d) Total events (add col. (a) through
			DOG WALK (event type)	(event type)	(total number)	col. <b>(c)</b> )
e E			(event type)	(event type)	(total flumber)	
Revenue	1	Gross receipts	133,195.			133,195.
	2	Less: Contributions	78,704.			78,704.
	3	Gross income (line 1 minus line 2)	54,491.			54,491.
	4	Cash prizes				
v	5	Noncash prizes				
bense	6	Rent/facility costs	17,781.			17,781.
Direct Expenses	7	Food and beverages	541.			541.
۵	8	Entertainment	375.			375.
	9	Other direct expenses	22,377.			22,377.
	10	Direct expense summary. Add lines 4 through				41,074.
	11	Net income summary. Subtract line 10 from lin				13,417.
Pa	rt I	<b>III Gaming.</b> Complete if the organization a	answered "Yes" on Form	990, Part IV, line 19, or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a.				_
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Be	1	Gross revenue				
nses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direc	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	rom line 1, column (d)			
۵	En	ter the state(s) in which the organization condu	cts gaming activities:			
		the organization licensed to conduct gaming ac				Yes No
		No," explain:				
~						
	_					
		ere any of the organization's gaming licenses re Yes," explain:			ear?	Yes No

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Sch	edule G (Form 990) 2022 TEXAS HEARING & SERVICE DOGS, INC. 76-0	<u> </u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity conducted in:		
		13a	%
	The organization's facility	13b	
	An outside facility	ISD	<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	No
b	If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount		
	of gaming revenue retained by the third party \$		
С	If "Yes," enter name and address of the third party:		
_			
	Name		
	TAUTO		
	Addings		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
47	Mandaton diatributions		
	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		┌
	retain the state gaming license?	Yes	∟ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
_	organization's own exempt activities during the tax year \$		
Pa	Tt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	rt III, lines 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		

Schedule Gifforn 990) TEXAS HEARING & SERVICE DOGS, INC. 76-0260567 Page 4 Part IV Supplemental Information (continued)	Schedule G	(Form 990)	TEXAS	HEARING	&	SERVICE	DOGS,	INC.	76-0260567	Page 4
	Part IV	Supplemental Infor	mation <sub>(cc</sub>	ontinued)						
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# SCHEDULE O (Form 990)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022
Open to Public Inspection

Internal Revenue Service

Name of the organization

TEXAS HEARING & SERVICE DOGS, INC.

Employer identification number 76-0260567

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
OF DOMESTIC VIOLENCE.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
THEY ARE HANDLED BY A STAFF MEMBER OF THE FIRE DEPARTMENT/EMERGENCY
MEDICAL TREATMENT TEAM.
FORM 990, PART VI, SECTION B, LINE 11B:
THE PRESIDENT, VICE PRESIDENT, AND TREASURER REVIEW THE FORM 990 IN DETAIL.
THE FORM IS ALSO EMAILED TO THE FINANCE COMMITTEE FOR REVIEW AND PRESENTED
TO THE BOARD AT THE NEXT BOARD MEETING.
FORM 990, PART VI, SECTION B, LINE 12C:
A WRITTEN CONFLICT OF INTEREST POLICY WAS COMPLETED AND SIGNED BY ALL
OFFICERS, MANAGERS, AND BOARD MEMBERS. NEW BOARD MEMBERS SIGN THE
AGREEMENT AS THEY JOIN. THE AGREEMENT SPECIFIES SIGNERS WILL BRING "ANY
POTENTIONAL CONFLICT OF INTEREST SITUATIONS OF WHICH I AM AWARE TO THE
BOARD FOR CONSIDERATION". REVIEWING THIS POLICY WITH THE BOARD IS AN ANNUAL
AGENDA ITEM.
FORM 990, PART VI, SECTION C, LINE 19:
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS
AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

OTHER PROFESSIONAL FEES:

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

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022	Page 2
Name of the organization TEXAS HEARING & SERVICE DOGS, INC.	Employer identification number 76-0260567
PROGRAM SERVICE EXPENSES	103,593.
MANAGEMENT AND GENERAL EXPENSES	1,180.
FUNDRAISING EXPENSES	27,234.
TOTAL EXPENSES	132,007.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	132,007.
FORM 990, PART XII, LINE 2C	
AUDIT COMMITTEE	
THE COMMITTEE THAT ASSUMES RESPONSIBILITY FOR THE OVERSIG	HT OF THE
AUDIT AND THE SELECTION OF AN INDEPENDENT ACCOUNTANT HAS	NOT CHANGED
SINCE PRIOR YEAR.	