

Form **8879-TE**

IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2021, or fiscal year beginning OCT 1, 2021, and ending SEP 30, 2022

2021

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **Go to www.irs.gov/Form8879TE for the latest information.**

Name of filer BEST FRIENDS ANIMAL SOCIETY EIN or SSN 23-7147797

Name and title of officer or person subject to tax STEPHEN HOWELL
CHIEF OPERATING OFFICER

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a	Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>141,488,178.</u>
2a	Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b	
5a	Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	
6a	Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b	
7a	Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b	
8a	Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b	
9a	Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b	
10a	Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize TANNER LLC to enter my PIN 47797
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax Stephen Howell Date Aug 30, 2023

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 87123787123
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature MARC A. METCALF Date 08/28/23

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Privacy act and Paperwork Reduction Act Notice, see instructions. Form **8879-TE** (2021)

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2021

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A For the 2021 calendar year, or tax year beginning OCT 1, 2021 and ending SEP 30, 2022

Form header section containing organization name (BEST FRIENDS ANIMAL SOCIETY), address (5001 ANGEL CANYON ROAD, KANAB, UT 84741), and identification numbers.

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include mission statement, governance metrics, revenue (Total: 141,488,178), expenses (Total: 123,525,355), and net assets (Total: 120,895,118).

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.

Signature block containing officer signature (STEPHEN HOWELL), preparer signature (MARC A. METCALF), and firm information (TANNER LLC).

May the IRS discuss this return with the preparer shown above? See instructions [X] Yes [] No

Part III Statement of Program Service 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: TO BRING ABOUT A TIME WHEN THERE ARE NO MORE HOMELESS PETS. WE DO THIS BY DEMONSTRATING AND PROMOTING EXEMPLARY ANIMAL CARE AND BUILDING COMMUNITY PROGRAMS AND PARTNERSHIPS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 29,927,614. including grants of \$ 447,765.) (Revenue \$ 1,551,932.) ANIMAL CARE ACTIVITIES (SANCTUARY) - SEE SCHEDULE O

4b (Code:) (Expenses \$ 62,175,353. including grants of \$ 7,390,825.) (Revenue \$ 1,184,339.) INITIATIVES, PROGRAM CITIES, EMERGENCY RESPONSE, NETWORK PARTNERS AND OTHER NATIONAL OUTREACH - SEE SCHEDULE O

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 92,102,967.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		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? <i>If "Yes," complete Schedule C, Part II</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>		X
c 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? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	X	
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	X	
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	X	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and various organizational requirements.

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

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 12; 1b Enter the number of voting members included... 7; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets... X; 6 Did the organization have members or stockholders... X; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body... X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? X; 8b Each committee with authority to act on behalf of the governing body? X; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O... X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? X; 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X; 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13... X; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done... X; 13 Did the organization have a written whistleblower policy? X; 14 Did the organization have a written document retention and destruction policy? X; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official... X; 15b Other officers or key employees of the organization... X; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X; 16b 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?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records STEPHEN HOWELL, CHIEF OPERATING OFFICER - 435-644-2001 5001 ANGEL CANYON ROAD, KANAB, UT 84741

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JULIANNE CASTLE CHIEF EXECUTIVE OFFICER	40.00			X				371,385.	0.	33,000.
(2) STEPHEN HOWELL CHIEF OPERATING OFFICER	40.00			X				372,201.	0.	30,261.
(3) SUSAN CITRO CHIEF EXPERIENCE OFFICER	40.00			X				229,289.	0.	22,593.
(4) GREGORY CASTLE BOARD MEMBER / CEO EMERITUS	40.00	X						235,373.	0.	14,300.
(5) VALERIE DORIAN CHIEF DEVELOPMENT OFFICER	40.00			X				219,571.	0.	28,431.
(6) KAREN GALLARDO SR. DIRECTOR - MAJOR & PLANNED GIVIN	40.00					X		217,377.	0.	7,000.
(7) TARA TIMPSON STAFF VETERINARIAN	40.00					X		180,385.	0.	22,559.
(8) GRETA PALMER CHIEF BRAND & COMMUNICATIONS	40.00			X				181,655.	0.	14,424.
(9) JOSE OCANO SR. DIRECTOR - TALENT & CULTURE	40.00					X		176,573.	0.	15,659.
(10) REBECCA HUSS GENERAL COUNSEL	40.00					X		178,481.	0.	12,863.
(11) JUDAH BATTISTA CHIEF SANCTUARY OFFICER	40.00			X				163,681.	0.	23,144.
(12) ERIKA ARNOLD DIRECTOR - PROCESS EXCELLENCE	40.00					X		177,129.	0.	7,843.
(13) MARC PERALTA CHIEF PROGRAM OFFICER	40.00			X				161,043.	0.	22,483.
(14) HOLLY SIZEMORE CHIEF MISSIONS OFFICER	40.00			X				166,083.	0.	14,457.
(15) ALFRED BATTISTA BOARD CHAIR INTERNAL CONSULTANT	40.00	X						158,284.	0.	16,151.
(16) AMY STARNES CHIEF INNOVATION OFFICER	40.00			X				141,219.	0.	30,772.
(17) BERNADETTE MEJIA BOARD SECRETARY DIRECTOR	40.00	X						124,603.	0.	14,424.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) CYRUS MEJIA BOARD MEMBER	40.00	X						88,975.	0.	14,424.
(19) ABIGAIL JONES BOARD VICE-CHAIR	1.00	X						0.	0.	0.
(20) LYNN FLANDERS BOARD TREASURER	1.00	X						0.	0.	0.
(21) MICARL HILL BOARD MEMBER	1.00	X						0.	0.	0.
(22) MOLLY JORDAN KOCH BOARD MEMBER	1.00	X						0.	0.	0.
(23) OKE MUELLER BOARD MEMBER	1.00	X						0.	0.	0.
(24) LONA WILLIAMS BOARD MEMBER	1.00	X						0.	0.	0.
(25) DENISE CLARK BOARD MEMBER	1.00	X						0.	0.	0.
(26) JOSEPH ANGELO BOARD MEMBER	1.00	X						0.	0.	0.
1b Subtotal								3,543,307.	0.	344,788.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								3,543,307.	0.	344,788.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 125

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
FORWARDPMX LLC, ONE WORLD TRADE CT 63RD FLOOR, NEW YORK, NY 10007	PROF FEES	1,416,989.
H&C DEVELOPMENT LLC 248 S 100 E #3, KANAB, UT 84741	CONSTRUCTION	521,335.
ENDLESS EVENTS LLC 11201 N TATUM BLVD, PHOENIX, AZ 85028	PROF FEES	283,615.
CASANOVA PUBLICIDAD LLC PO BOX 511463, LOS ANGELES, CA 90051	PROF FEES	265,184.
MICHAEL & CHRISTINE HOWARTH 4880 S ALTANTA RD SE, ATLANTA, GA 30339	RENT	159,171.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 9

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)		
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514		
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	43,051.					
	1 b	Membership dues						
	1 c	Fundraising events	8,000.					
	1 d	Related organizations						
	1 e	Government grants (contributions)	193,939.					
	1 f	All other contributions, gifts, grants, and similar amounts not included above	136,744,689.					
	1 g	Noncash contributions included in lines 1a-1f	\$ 2,880,638.					
	1 h	Total. Add lines 1a-1f		136,989,679.				
Program Service Revenue	2 a	PROGRAM EVENTS	901101	1,300,016.	1,300,016.			
	2 b	CLINIC REVENUE	541900	151,164.	151,164.			
	2 c							
	2 d							
	2 e							
	2 f	All other program service revenue						
	2 g	Total. Add lines 2a-2f		1,451,180.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		2,318,609.	2,318,609.			
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties		23,720.	23,720.			
	6 a	Gross rents	(i) Real	1,863,142.				
			(ii) Personal					
	6 b	Less: rental expenses		1,951,575.				
	6 c	Rental income or (loss)		-88,433.				
		d	Net rental income or (loss)		-88,433.	108,910.	-250,776.	
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	35,901,257.	4,715,822.			
			(ii) Other					
	7 b	Less: cost or other basis and sales expenses		36,139,465.	4,747,658.			
7 c	Gain or (loss)		-238,208.	-31,836.				
	d	Net gain or (loss)		-270,044.	-270,044.			
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18							
8 b	Less: direct expenses							
	c	Net income or (loss) from fundraising events						
9 a	Gross income from gaming activities. See Part IV, line 19							
9 b	Less: direct expenses							
	c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances		1,694,823.					
10 b	Less: cost of goods sold		961,006.					
	c	Net income or (loss) from sales of inventory		733,817.	962,106.	-228,289.		
Miscellaneous Revenue	11 a	MAGAZINE ADVERTISING	541800	116,958.	15,323.	101,635.		
	11 b	ANGELS REST	812900	103,359.	103,359.			
	11 c	CAFETERIA	722514	101,402.	101,402.			
	11 d	All other revenue	901101	7,931.		7,931.		
	11 e	Total. Add lines 11a-11d		329,650.				
12	Total revenue. See instructions		141,488,178.	4,814,565.	-377,430.	61,364.		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	7,837,007.	7,837,007.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1,583.	1,583.		
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	3,664,537.	952,059.	1,734,139.	978,339.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	50,993,791.	40,245,674.	2,633,732.	8,114,385.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,028,621.	1,410,422.	309,149.	309,050.
9 Other employee benefits	7,446,011.	5,700,392.	930,880.	814,739.
10 Payroll taxes	4,074,627.	3,143,366.	297,603.	633,658.
11 Fees for services (nonemployees):				
a Management				
b Legal	1,355,367.	1,167,853.	96,575.	90,939.
c Accounting	139,936.		139,936.	
d Lobbying	700,361.	700,361.		
e Professional fundraising services. See Part IV, line 17	423,834.			423,834.
f Investment management fees	605,903.		540,497.	65,406.
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	4,279,176.	2,913,120.	872,437.	493,619.
12 Advertising and promotion	4,243,891.	1,684,005.	4,573.	2,555,313.
13 Office expenses	1,052,172.	531,980.	489,754.	30,438.
14 Information technology	3,068,620.	2,253,356.	419,814.	395,450.
15 Royalties				
16 Occupancy	2,894,539.	2,774,712.	98,011.	21,816.
17 Travel	2,642,806.	2,191,866.	93,714.	357,226.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	1,148,631.	1,202,953.	13,006.	-67,328.
20 Interest	711,931.	12,508.	696,805.	2,618.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,461,339.	2,384,090.	63,126.	14,123.
23 Insurance	2,027,172.	1,540,032.	278,650.	208,490.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a ANIMAL FOOD MEDICAL SUP	8,156,882.	8,156,882.		
b PRINTING	5,523,348.	1,864,597.	8,544.	3,650,207.
c POSTAGE AND SHIPPING	3,768,279.	1,615,961.	5,021.	2,147,297.
d MISCELLANEOUS	2,274,991.	1,818,188.	140,780.	316,023.
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	123,525,355.	92,102,967.	9,866,746.	21,555,642.
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 <input checked="" type="checkbox"/> X if following SOP 98-2 (ASC 958-720)	2,349,571.	1,037,876.	0.	1,311,695.

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	2,751,335.	1	2,228,141.
	2 Savings and temporary cash investments	9,477,396.	2	4,742,603.
	3 Pledges and grants receivable, net	8,131,567.	3	7,079,764.
	4 Accounts receivable, net	1,665,908.	4	217,117.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	1,002,141.	8	928,955.
	9 Prepaid expenses and deferred charges	3,043,123.	9	3,548,339.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 96,043,576.		
	b Less: accumulated depreciation	10b 26,490,641.	60,913,736.	10c 69,552,935.
	11 Investments - publicly traded securities	87,114,574.	11	83,726,800.
	12 Investments - other securities. See Part IV, line 11	2,476,754.	12	2,520,972.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	3,638,902.	15	3,651,802.
16 Total assets. Add lines 1 through 15 (must equal line 33)	180,215,436.	16	178,197,428.	
Liabilities	17 Accounts payable and accrued expenses	13,287,042.	17	13,426,094.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	40,076,515.	23	39,965,376.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	4,352,420.	25	3,910,840.
	26 Total liabilities. Add lines 17 through 25	57,715,977.	26	57,302,310.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	79,794,409.	27	84,425,535.
	28 Net assets with donor restrictions	42,705,050.	28	36,469,583.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	122,499,459.	32	120,895,118.
33 Total liabilities and net assets/fund balances	180,215,436.	33	178,197,428.	

Part 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	141,488,178.
2	Total expenses (must equal Part IX, column (A), line 25)	2	123,525,355.
3	Revenue less expenses. Subtract line 2 from line 1	3	17,962,823.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	122,499,459.
5	Net unrealized gains (losses) on investments	5	-18,833,486.
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	-733,678.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	120,895,118.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
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?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** 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?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form **990** (2021)

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	88,864,738.	95,305,864.	103,580,343.	120,675,384.	136,989,679.	545,416,008.
2 Tax revenues levied for the organization'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	88,864,738.	95,305,864.	103,580,343.	120,675,384.	136,989,679.	545,416,008.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						545,416,008.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	88,864,738.	95,305,864.	103,580,343.	120,675,384.	136,989,679.	545,416,008.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2,051,512.	2,895,636.	168,709.	1,933,664.	3,020,436.	10,069,957.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	8,394.					8,394.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	402,212.	246,157.	259,345.	271,840.	321,719.	1,501,273.
11 Total support. Add lines 7 through 10						556,995,632.
12 Gross receipts from related activities, etc. (see instructions)					12	9,268,814.
13 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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	97.92 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	97.24 %
16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support.

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

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2020 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2020. 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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls... b A family member... c A 35% controlled entity...

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity... Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s)...

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year... Row 2: Were any of the organization's officers, directors, or trustees either (i) appointed or elected... Row 3: By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice...

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test... Row 2: Activities Test. Answer lines 2a and 2b below. a Did substantially all of the organization's activities during the tax year directly further... b Did the activities described on line 2a, above, constitute activities that... Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. a Did the organization have the power to regularly appoint or elect a majority... b Did the organization exercise a substantial degree of direction over the policies, programs, and activities...

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

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

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	

Section 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	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	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	

Section 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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

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

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

Schedule A (Form 990) 2021

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
(See instructions.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

CAFETERIA

2017 AMOUNT: \$ 196,077.

2018 AMOUNT: \$ 178,807.

2019 AMOUNT: \$ 83,652.

2020 AMOUNT: \$ 89,163.

2021 AMOUNT: \$ 101,402.

ADVERTISING

2017 AMOUNT: \$ 140,829.

2019 AMOUNT: \$ 123,430.

2020 AMOUNT: \$ 93,897.

2021 AMOUNT: \$ 116,958.

ANGEL'S REST

2017 AMOUNT: \$ 65,306.

2018 AMOUNT: \$ 67,350.

2019 AMOUNT: \$ 52,263.

2020 AMOUNT: \$ 88,780.

2021 AMOUNT: \$ 103,359.

SCHEDULE A PART II SECTION B LINE 10

CAFETERIA & VENDING INCOME \$ 101,402

ADVERTISING \$116,958

ANGELS REST \$ 103,359

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2021

Name of the organization

BEST FRIENDS ANIMAL SOCIETY

Employer identification number

23-7147797

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization BEST FRIENDS ANIMAL SOCIETY	Employer identification number 23-7147797
--	---

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	<hr/> <hr/> <hr/>	\$ 5,248,186.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 4,443,475.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 3,500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 2,809,141.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization BEST FRIENDS ANIMAL SOCIETY	Employer identification number 23-7147797
---	--

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
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

Name of organization BEST FRIENDS ANIMAL SOCIETY	Employer identification number 23-7147797
---	--

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
 ▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
 ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization <p style="text-align: center;">BEST FRIENDS ANIMAL SOCIETY</p>	Employer identification number <p style="text-align: center;">23-7147797</p>
--	---

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ▶ \$ _____
- 3 Volunteer hours for political campaign activities _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990) 2021

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grassroots lobbying)	4,484.													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	350,761.													
c	Total lobbying expenditures (add lines 1a and 1b)	355,245.													
d	Other exempt purpose expenditures	123,170,110.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	123,525,355.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000.													
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0.													
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
c Total lobbying expenditures	147,793.	146,947.	335,764.	355,245.	985,749.
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures	4,659.	4,382.	3,697.	4,484.	17,222.

Schedule C (Form 990) 2021

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

Table with 3 columns: (a) Yes, (a) No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation...; 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

Table with 3 columns: Question, Yes, No. Rows include: 1 Were substantially all (90% or more) dues received nondeductible by members?; 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?; 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

Table with 3 columns: Question, 1, 2a, 2b, 2c, 3, 4, 5. Rows include: 1 Dues, assessments and similar amounts from members; 2 Section 162(e) nondeductible lobbying and political expenditures; 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues; 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?; 5 Taxable amount of lobbying and political expenditures.

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Blank lines for providing supplemental information as required by the instructions.

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

2021

Open to Public Inspection

Name of the organization BEST FRIENDS ANIMAL SOCIETY **Employer identification number** 23-7147797

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation 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 qualified 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
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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

Schedule D (Form 990) 2021

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	22,813,729.	19,111,419.	18,792,869.	24,599,801.	22,399,833.
b Contributions	580,617.	1,241,709.	545,544.	1,683,381.	1,777,172.
c Net investment earnings, gains, and losses	-2,705,781.	2,780,234.	605,072.	287,031.	670,090.
d Grants or scholarships					
e Other expenditures for facilities and programs				7,400,956.	
f Administrative expenses	405,391.	319,633.	832,066.	376,388.	247,294.
g End of year balance	20,283,174.	22,813,729.	19,111,419.	18,792,869.	24,599,801.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment .0000 %
 - b Permanent endowment 41.0000 %
 - c Term endowment 59.0000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----|
| (i) Unrelated organizations | X | |
| (ii) Related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		17,048,260.		17,048,260.
b Buildings		40,649,048.	14,846,257.	25,802,791.
c Leasehold improvements		3,562,794.	2,399,111.	1,163,683.
d Equipment		9,754,996.	6,434,967.	3,320,029.
e Other		25,028,478.	2,810,306.	22,218,172.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				69,552,935.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" 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.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CHARITABLE GIFT ANNUITIES PAYABLE	3,323,370.
(3) OTHER LIABILITIES	587,470.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	3,910,840.

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 ...

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a shaded area for calculations.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a shaded area for calculations.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

BEST FRIENDS HAS ANALYZED ALL TAX POSITIONS FOR APPLICABLE TAX

JURISDICTIONS FOR WHICH THE STATUTE OF LIMITATIONS REMAINED OPEN,

INCLUDING U.S. FEDERAL AND STATE JURISDICTIONS FOR THE YEARS ENDED

SEPTEMBER 30, 2022 AND SEPTEMBER 30, 2021 AND DETERMINED THERE WERE NO

MATERIAL UNRECOGNIZED TAX BENEFITS OR OBLIGATIONS. THE OPEN TAX YEARS

SUBJECT TO SELECTION FOR EXAMINATION ARE 2018 THROUGH 2021.

PART V, LINE 4

THE ORGANIZATION INTENDS TO USE THE INCOME GENERATED FROM THE PERMANENT

ENDOWMENT FOR VARIOUS PROGRAMS.

**SCHEDULE G
(Form 990)**

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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.

2021

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Name of the organization **BEST FRIENDS ANIMAL SOCIETY** Employer identification number **23-7147797**

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

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

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.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
SOCIAL CAPITAL - 980 N MICHIGAN AVE SUITE 1610, NEWPORT CREATIVE COMMUNICATIONS INC - 21 FORWARDPMX LLC - ONE WORLD TRADE CENTER 63RD FLOOR, NEW GOODUNITED - 796 MEETING ST, CHARELSTON, SC 29403	CONSULTING		X	0.	538,792.	-538,792.
	CONSULTING		X	0.	180,000.	-180,000.
	CONSULTING		X	0.	52,697.	-52,697.
	CONSULTING		X	0.	34,349.	-34,349.
Total					805,838.	-805,838.

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.

AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO
MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		(event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts				
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d)				
11 Net income summary. Subtract line 10 from line 3, column (d)					

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____

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

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 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 ▶ \$ _____
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- 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 ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: SOCIAL CAPITAL

(I) ADDRESS OF FUNDRAISER:

980 N MICHIGAN AVE SUITE 1610, CHICAGO, IL 60611

(I) NAME OF FUNDRAISER: NEWPORT CREATIVE COMMUNICATIONS INC

(I) ADDRESS OF FUNDRAISER: 21 RAILROAD AVE, DUXBURY, ME 02332

Part IV Supplemental Information *(continued)*

(I) NAME OF FUNDRAISER: FORWARDPMX LLC

(I) ADDRESS OF FUNDRAISER:

ONE WORLD TRADE CENTER 63RD FLOOR, NEW YORK, NY 10007

(I) NAME OF FUNDRAISER: GOODUNITED

(I) ADDRESS OF FUNDRAISER: 796 MEETING ST, CHARELSTON, SC 29403

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization **BEST FRIENDS ANIMAL SOCIETY** Employer identification number **23-7147797**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ACTION PROGRAMS FOR ANIMALS	27-0234541	501 (C) (3)	28,280.	0.			PROGRAM SERVICE SUPPORT
AMARILLO PANHANDLE HUMANE SOCIETY	75-1311215	501 (C) (3)	8,550.	0.			PROGRAM SERVICE SUPPORT
ANDALUSIA ANIMAL SHELTER	63-0968136	GOV	8,800.	0.			PROGRAM SERVICE SUPPORT
ANDERSON COUNTY PAWS	57-6000303	501 (C) (3)	101,250.	0.			PROGRAM SERVICE SUPPORT
ANGEL CITY PIT BULLS	27-2348995	501 (C) (3)	80,000.	0.			PROGRAM SERVICE SUPPORT
ANIMAL ASSISTANCE LEAGUE OF SLIDELL	72-0972176	501 (C) (3)	11,050.	0.			PROGRAM SERVICE SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 162.
- 3** Enter total number of other organizations listed in the line 1 table ▶ 44.

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

Schedule I (Form 990) 2021

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ANIMAL BALANCE	68-0630714	501 (C) (3)	12,500.	0.			PROGRAM SERVICE SUPPORT
ANIMAL CARE CENTERS OF NYC	13-3788986	501 (C) (3)	12,645.	0.			PROGRAM SERVICE SUPPORT
ANIMAL FRIENDS ALLIANCE	20-4969731	501 (C) (3)	5,700.	0.			PROGRAM SERVICE SUPPORT
ANIMAL LEAGUE OF WASHINGTON COUNTY	27-3516716	501 (C) (3)	9,120.	0.			PROGRAM SERVICE SUPPORT
ANIMAL PROTECTION SOCIETY OF DURHAM INC	56-1047100	501 (C) (3)	62,275.	0.			PROGRAM SERVICE SUPPORT
ANIMAL PROTECTIVE LEAGUE OF SPRINGFIELD & SANGAMON COUNTY	23-7095476	501 (C) (3)	14,700.	0.			PROGRAM SERVICE SUPPORT
ANIMAL RESCUE LEAGUE OF BERKS COUNTY	23-1417505	501 (C) (3)	15,650.	0.			PROGRAM SERVICE SUPPORT
ANIMAL RESCUE LEAGUE OF IOWA	42-0680427	501 (C) (3)	10,150.	0.			PROGRAM SERVICE SUPPORT
ANIMAL SERVICES CENTER OF MESILLA VALLEY	26-4297265	GOV	28,700.	0.			PROGRAM SERVICE SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ANIMALS IN NEED RESCUE NETWORK	46-5765146	501 (C) (3)	11,000.	0.			PROGRAM SERVICE SUPPORT
ARDMORE ANIMAL CARE INC	73-1272540	501 (C) (3)	7,450.	0.			PROGRAM SERVICE SUPPORT
ASSOCIATION OF SHELTER VETERINARIANS	73-1627937	501 (C) (3)	25,000.	0.			PROGRAM SERVICE SUPPORT
AUSTIN PETS ALIVE	74-2893360	501 (C) (3)	5,200.	0.			PROGRAM SERVICE SUPPORT
BAINBRIDGE DECATUR HUMANE SOCIETY	36-4512832	501 (C) (3)	23,100.	0.			PROGRAM SERVICE SUPPORT
BALDWIN COUNTY HUMANE SOCIETY	63-0777477	501 (C) (3)	15,000.	0.			PROGRAM SERVICE SUPPORT
BARNWELL COUNTY ANIMAL SHELTER FOUNDATION	26-1472920	501 (C) (3)	15,000.	0.			PROGRAM SERVICE SUPPORT
BEATRICE HUMANE SOCIETY INC	47-0820810	501 (C) (3)	8,775.	0.			PROGRAM SERVICE SUPPORT
BIG PAWS OF THE OZARKS	46-4740246	501 (C) (3)	16,275.	0.			PROGRAM SERVICE SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BRANDYWINE VALLEY SPCA	23-1381030	501 (C) (3)	100,000.	0.			PROGRAM SERVICE SUPPORT
BUDDY'S SECOND CHANCE RESCUE	47-1771294	501 (C) (3)	40,500.	0.			PROGRAM SERVICE SUPPORT
CANINE CELLMATES	46-0765041	501 (C) (3)	75,000.	0.			PROGRAM SERVICE SUPPORT
CAPITAL HUMANE SOCIETY	47-0376622	501 (C) (3)	53,150.	0.			PROGRAM SERVICE SUPPORT
CENTRAL OKLAHOMA HUMANE SOCIETY	20-8446621	501 (C) (3)	71,425.	0.			PROGRAM SERVICE SUPPORT
CHARLESTON ANIMAL SOCIETY	57-6021863	501 (C) (3)	6,205.	0.			PROGRAM SERVICE SUPPORT
CHARLOTTESVILLE-ALBEMARLE SPCA	54-0595009	501 (C) (3)	42,225.	0.			PROGRAM SERVICE SUPPORT
CITY OF BROWNSVILLE, TX	74-6000422	GOV	6,283.	0.			PROGRAM SERVICE SUPPORT
CITY OF BURLINGTON	56-6001189	GOV	61,175.	0.			PROGRAM SERVICE SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF FREMONT TRI-CITY ANIMAL SHELTER	94-6027361	GOV	22,200.	0.			PROGRAM SERVICE SUPPORT
CITY OF HUTCHINSON	48-6015517	GOV	16,755.	0.			PROGRAM SERVICE SUPPORT
CITY OF LOS ANGELES	95-6000735	GOV	25,839.	0.			PROGRAM SERVICE SUPPORT
CITY OF MEMPHIS TENNESSEE	62-6000361	GOV	31,350.	0.			PROGRAM SERVICE SUPPORT
CITY OF OKLAHOMA	73-6005359	GOV	8,700.	0.			PROGRAM SERVICE SUPPORT
CITY OF TULSA ANIMAL WELFARE	73-6005470	GOV	58,200.	0.			PROGRAM SERVICE SUPPORT
CLEVELAND COUNTY ANIMAL CONTROL	56-6000288	GOV	20,475.	0.			PROGRAM SERVICE SUPPORT
COLORADO FELINE FOSTER RESCUE	85-2018334	501 (C) (3)	10,000.	0.			PROGRAM SERVICE SUPPORT
COMPANION ANIMAL ALLIANCE	27-1204719	501 (C) (3)	46,350.	0.			PROGRAM SERVICE SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMPANION ANIMAL CLINIC OF THE SANDHILLS FOUND	20-2886984	501 (C) (3)	43,570.	0.			PROGRAM SERVICE SUPPORT
COUNTY OF CATAWBA ANIMAL SERVICES	56-6001814	GOV	20,250.	0.			PROGRAM SERVICE SUPPORT
COUNTY OF GRUNDY	36-6006567	GOV	10,000.	0.			PROGRAM SERVICE SUPPORT
COUNTY OF LA-ANIMAL CARE & CONTROL LONG BEACH	95-6000927	GOV	122,775.	0.			PROGRAM SERVICE SUPPORT
COUNTY OF MERCED	94-6000521	GOV	53,190.	0.			PROGRAM SERVICE SUPPORT
COUNTY OF PEORIA-APS	37-6001763	GOV	28,577.	0.			PROGRAM SERVICE SUPPORT
COUNTY OF TEHAMA ANIMAL SERVICES	94-6000543	GOV	11,000.	0.			PROGRAM SERVICE SUPPORT
DEMING ANIMAL GUARDIANS	01-0776195	501 (C) (3)	10,000.	0.			PROGRAM SERVICE SUPPORT
DOG RESCUE R US	84-1980246	501 (C) (3)	7,700.	0.			PROGRAM SERVICE SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EASEL ANIMAL RESCUE LEAGUE	80-0155306	501 (C) (3)	10,000.	0.			PROGRAM SERVICE SUPPORT
ESPANOLA VALLEY HUMANE SOCIETY	85-0406234	501 (C) (3)	11,500.	0.			PROGRAM SERVICE SUPPORT
FERAL CAT FRIENDS	55-0893153	501 (C) (3)	6,200.	0.			PROGRAM SERVICE SUPPORT
FIX WEST TEXAS	84-4108520	501 (C) (3)	16,500.	0.			PROGRAM SERVICE SUPPORT
FORSYTH COUNTY HUMANE SOCIETY & SPCA	23-7055886	501 (C) (3)	101,250.	0.			PROGRAM SERVICE SUPPORT
FOX VALLEY HUMANE ASSOC	39-0992559	501 (C) (3)	20,000.	0.			PROGRAM SERVICE SUPPORT
FRESNO HUMANE ANIMAL SERVICES	47-4798338	501 (C) (3)	157,400.	0.			PROGRAM SERVICE SUPPORT
FRIENDS OF BELL COUNTY ANIMAL SHELTER	61-1395205	501 (C) (3)	10,000.	0.			PROGRAM SERVICE SUPPORT
FRIENDS OF CAMPBELL COUNTY	46-1250877	501 (C) (3)	20,000.	0.			PROGRAM SERVICE SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRIENDS OF CHARLOTTE MECKLENBURG ANIMAL SERVICES	85-2684463	501 (C) (3)	10,000.	0.			PROGRAM SERVICE SUPPORT
FRIENDS OF COUNTY PETS INC	27-2208248	501 (C) (3)	6,450.	0.			PROGRAM SERVICE SUPPORT
FRIENDS OF OAKLAND ANIMAL SERVICES	20-4053711	501 (C) (3)	10,560.	0.			PROGRAM SERVICE SUPPORT
FRONT STREET ANIMAL SHELTER	94-6000410	501 (C) (3)	7,850.	0.			PROGRAM SERVICE SUPPORT
GOOD SHEPHERD HUMANE SOCIETY	71-0458910	501 (C) (3)	14,975.	0.			PROGRAM SERVICE SUPPORT
GRACIOUS FRIENDS ANIMAL SANCTUARY	74-3058814	501 (C) (3)	10,000.	0.			PROGRAM SERVICE SUPPORT
GRANT PARISH SHERIFF'S OFFICE	72-6000498	GOV	11,500.	0.			PROGRAM SERVICE SUPPORT
GREAT PLAINS SPCA	05-0552529	501 (C) (3)	54,400.	0.			PROGRAM SERVICE SUPPORT
HEART OF ALABAMA: SAVE, RESCUE, ADOPT	45-3828520	501 (C) (3)	28,000.	0.			PROGRAM SERVICE SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEARTS & BONES ANIMAL RESCUE	82-0605962	501 (C) (3)	6,100.	0.			PROGRAM SERVICE SUPPORT
HEARTSTRINGS ANIMAL ADVOCATES	81-3637707	501 (C) (3)	8,750.	0.			PROGRAM SERVICE SUPPORT
HEAVEN ON EARTH SOCIETY FOR ANIMALS	77-0538189	501 (C) (3)	80,000.	0.			PROGRAM SERVICE SUPPORT
HELPING HANDS HUMANE SOCIETY	48-0597124	501 (C) (3)	52,700.	0.			PROGRAM SERVICE SUPPORT
HIGH PLAINS HUMANE SOCIETY	85-0891310	501 (C) (3)	10,300.	0.			PROGRAM SERVICE SUPPORT
HOMeward TRAILS ANIMAL RESCUE INC	32-0086330	501 (C) (3)	30,545.	0.			PROGRAM SERVICE SUPPORT
HORRY COUNTY ANIMAL CARE CENTER	57-6000365	GOV	8,130.	0.			PROGRAM SERVICE SUPPORT
HUMANE ANIMAL WELFARE SOCIETY OF WAUKESHA COUNTY	39-6108644	501 (C) (3)	15,000.	0.			PROGRAM SERVICE SUPPORT
HUMANE FORT WAYNE	35-6042135	501 (C) (3)	15,100.	0.			PROGRAM SERVICE SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HUMANE SOCIETY FOR ANIMALS	71-0462466	501 (C) (3)	21,125.	0.			PROGRAM SERVICE SUPPORT
HUMANE SOCIETY FOR SW WASHINGTON	91-0759124	501 (C) (3)	47,350.	0.			PROGRAM SERVICE SUPPORT
HUMANE SOCIETY OF CHARLOTTE INC	58-1342479	501 (C) (3)	26,500.	0.			PROGRAM SERVICE SUPPORT
HUMANE SOCIETY OF COWLITZ COUNTY	91-6174768	501 (C) (3)	109,600.	0.			PROGRAM SERVICE SUPPORT
HUMANE SOCIETY OF HARLINGEN	74-2516749	501 (C) (3)	134,900.	0.			PROGRAM SERVICE SUPPORT
HUMANE SOCIETY OF INDIANAPOLIS	35-0876385	501 (C) (3)	23,643.	0.			PROGRAM SERVICE SUPPORT
HUMANE SOCIETY OF NORTH TEXAS	75-1245911	501 (C) (3)	62,300.	0.			PROGRAM SERVICE SUPPORT
HUMANE SOCIETY OF SO MISSISSIPPI	64-6034439	501 (C) (3)	30,000.	0.			PROGRAM SERVICE SUPPORT
HUMANE SOCIETY OF SOUTHERN ARIZONA	86-0112798	501 (C) (3)	67,550.	0.			PROGRAM SERVICE SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HUMANE SOCIETY OF THE BLACK HILLS	46-0396967	501 (C) (3)	20,000.	0.			PROGRAM SERVICE SUPPORT
HUMANE SOCIETY OF THE OZARKS	71-0401481	501 (C) (3)	8,250.	0.			PROGRAM SERVICE SUPPORT
HUMANE SOCIETY OF TOM GREEN COUNTY	75-6030459	501 (C) (3)	48,850.	0.			PROGRAM SERVICE SUPPORT
HUMANE SOCIETY OF UVALDE	42-1668484	501 (C) (3)	9,625.	0.			PROGRAM SERVICE SUPPORT
I STAND WITH MY PACK	81-4291281	501 (C) (3)	7,500.	0.			PROGRAM SERVICE SUPPORT
IBERVILLE PARISH ANIMAL SHELTER & CONTROL	72-0636914	GOV	36,200.	0.			PROGRAM SERVICE SUPPORT
ICARE DOG RESCUE	27-3649804	501 (C) (3)	10,000.	0.			PROGRAM SERVICE SUPPORT
I'M YOUR HUCKLEBERRY RESCUE INC	20-1950268	501 (C) (3)	18,200.	0.			PROGRAM SERVICE SUPPORT
INDEPENDENT ANIMAL RESCUE INC	56-1951483	501 (C) (3)	14,725.	0.			PROGRAM SERVICE SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JACKSONVILLE HUMANE SOCIETY	59-0624410	501 (C) (3)	59,125.	0.			PROGRAM SERVICE SUPPORT
JOINT ANIMAL SERVICES	91-0819427	501 (C) (3)	18,000.	0.			PROGRAM SERVICE SUPPORT
KANSAS CITY PET PROJECT	45-3067615	501 (C) (3)	9,850.	0.			PROGRAM SERVICE SUPPORT
KANSAS HUMANE SOCIETY OF WICHITA	48-0554339	501 (C) (3)	14,500.	0.			PROGRAM SERVICE SUPPORT
KERN COUNTY ANIMAL SERVICES	95-6000925	GOV	11,125.	0.			PROGRAM SERVICE SUPPORT
KITTEN RESCUE	95-4670174	501 (C) (3)	105,000.	0.			PROGRAM SERVICE SUPPORT
KITTY BUNGALOW CHARM SCHOOL	27-1297223	501 (C) (3)	105,240.	0.			PROGRAM SERVICE SUPPORT
KITTY OF ANGELS INC	81-3017874	501 (C) (3)	15,200.	0.			PROGRAM SERVICE SUPPORT
LAFAYETTE ANIMAL AID	23-7414331	501 (C) (3)	64,600.	0.			PROGRAM SERVICE SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LAKE COUNTY ANIMAL CARE & CONTROL	94-6000825	GOV	10,000.	0.			PROGRAM SERVICE SUPPORT
LAKE COUNTY ANIMAL SERVICES	59-6000695	GOV	6,400.	0.			PROGRAM SERVICE SUPPORT
LAST CHANCE ANIMAL RESCUE	52-2328626	501 (C) (3)	14,825.	0.			PROGRAM SERVICE SUPPORT
LAWRENCE HUMANE SOCIETY	48-0641821	501 (C) (3)	6,025.	0.			PROGRAM SERVICE SUPPORT
LEE COUNTY BOARD OF COMMISSIONERS	59-6000702	GOV	40,000.	0.			PROGRAM SERVICE SUPPORT
LEE COUNTY HUMANE SOCIETY	63-0713052	501 (C) (3)	20,975.	0.			PROGRAM SERVICE SUPPORT
LIFELINE ANIMAL PROJECT INC	01-0599278	501 (C) (3)	14,800.	0.			PROGRAM SERVICE SUPPORT
LITTLE ORPHAN ANGELS ANIMAL RESCUE INC KANAB	75-2916896	501 (C) (3)	85,000.	0.			PROGRAM SERVICE SUPPORT
LUCAS COUNTY CANINE CARE	34-6400806	501 (C) (3)	22,600.	0.			PROGRAM SERVICE SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LYNCHBURG HUMANE SOCIETY	54-0570901	501 (C) (3)	9,650.	0.			PROGRAM SERVICE SUPPORT
MARLEY'S MUTTS DOG RESCUE	30-0636031	501 (C) (3)	50,000.	0.			PROGRAM SERVICE SUPPORT
MAUI HUMANE SOCIETY	99-6000953	501 (C) (3)	9,375.	0.			PROGRAM SERVICE SUPPORT
MEW CAT RESCUE	84-2279625	501 (C) (3)	11,000.	0.			PROGRAM SERVICE SUPPORT
MONTGOMERY HUMANE SOCIETY	63-0361564	501 (C) (3)	60,500.	0.			PROGRAM SERVICE SUPPORT
MSPCA	04-2103597	501 (C) (3)	150,000.	0.			PROGRAM SERVICE SUPPORT
MUTTS OF THE MIDWAY	83-0933742	501 (C) (3)	7,400.	0.			PROGRAM SERVICE SUPPORT
NEVADA HUMANE SOCIETY	88-0072720	501 (C) (3)	11,075.	0.			PROGRAM SERVICE SUPPORT
NORTHEAST ANIMAL SHELTER	51-0183474	501 (C) (3)	38,250.	0.			PROGRAM SERVICE SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHERN OKLAHOMA HUMANE SOCIETY	73-1245251	501 (C) (3)	37,575.	0.			PROGRAM SERVICE SUPPORT
OKLAHOMA ALLIANCE FOR ANIMALS	84-1640954	501 (C) (3)	70,000.	0.			PROGRAM SERVICE SUPPORT
OKLAHOMA CITY ANIMAL WELFARE	73-6005359	GOV	13,550.	0.			PROGRAM SERVICE SUPPORT
OPERATION KINDNESS	75-1553350	501 (C) (3)	45,975.	0.			PROGRAM SERVICE SUPPORT
PACC911	20-5153613	501 (C) (3)	10,000.	0.			PROGRAM SERVICE SUPPORT
PALM VALLEY ANIMAL CENTER	74-1819910	GOV	6,875.	0.			PROGRAM SERVICE SUPPORT
PAW PATROL	88-0553635	501 (C) (3)	6,000.	0.			PROGRAM SERVICE SUPPORT
PAWS FOR LIFE K9 RESCUE	83-0757621	501 (C) (3)	18,800.	0.			PROGRAM SERVICE SUPPORT
PAWS4LIFE	81-1195826	501 (C) (3)	20,000.	0.			PROGRAM SERVICE SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PEARL RIVER COUNTY SPCA INC	64-0798887	501 (C) (3)	15,000.	0.			PROGRAM SERVICE SUPPORT
PETHEALTH SERVICES INC	03-0509713	501 (C) (3)	8,000.	0.			PROGRAM SERVICE SUPPORT
PHILA ANIMAL WELFARE SOC -PAWS	26-3862631	501 (C) (3)	20,000.	0.			PROGRAM SERVICE SUPPORT
PINK HAPPY TAILS TRANSPORT	46-4145099	501 (C) (3)	28,100.	0.			PROGRAM SERVICE SUPPORT
PITTSYLVANIA PET CENTER	54-6001508	501 (C) (3)	10,000.	0.			PROGRAM SERVICE SUPPORT
PLACER SPCA	94-2607682	501 (C) (3)	15,504.	0.			PROGRAM SERVICE SUPPORT
PORT CITY CAT RESCUE INC	47-4950777	501 (C) (3)	12,000.	0.			PROGRAM SERVICE SUPPORT
PRAIRIE PAWS ANIMAL SHELTER	48-0529856	GOV	22,500.	0.			PROGRAM SERVICE SUPPORT
PRATTVILLE AUTAUGA HUMANE SHELTER	63-0884134	501 (C) (3)	88,375.	0.			PROGRAM SERVICE SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PRINCE GEORGE'S COUNTY MARYLAND	52-6000998	GOV	53,000.	0.			PROGRAM SERVICE SUPPORT
PROVIDENCE ANIMAL CENTER	23-1440112	501 (C) (3)	33,350.	0.			PROGRAM SERVICE SUPPORT
RAMONA HUMANE SOCIETY	23-7374470	501 (C) (3)	17,250.	0.			PROGRAM SERVICE SUPPORT
RESCUE ROVERS DOG ADOPTIONS	46-2129373	501 (C) (3)	5,900.	0.			PROGRAM SERVICE SUPPORT
RESCUED PETS MOVEMENT INC	46-3708327	501 (C) (3)	12,000.	0.			PROGRAM SERVICE SUPPORT
REZ-SOLUTIONS AND ANIMAL SHELTER INC	87-1278981	501 (C) (3)	223,000.	0.			PROGRAM SERVICE SUPPORT
RIVERSIDE COUNTY DEPT OF ANIMAL SERVICES	95-6000930	GOV	8,150.	0.			PROGRAM SERVICE SUPPORT
ROBINSON'S RESCUE INC	42-1717278	501 (C) (3)	16,000.	0.			PROGRAM SERVICE SUPPORT
S.A.V.E. RESCUE COALITION	45-4982602	501 (C) (3)	20,000.	0.			PROGRAM SERVICE SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SACRAMENTO CTY BRADSHAW ANIMAL SHELTER	94-6000529	GOV	5,750.	0.			PROGRAM SERVICE SUPPORT
SALT LAKE COUNTY ANIMAL SERVICES	87-6000316	GOV	6,800.	0.			PROGRAM SERVICE SUPPORT
SAN DIEGO HUMANE SOCIETY	95-1661688	501 (C) (3)	10,675.	0.			PROGRAM SERVICE SUPPORT
SANTA CLARA COUNTY ANIMAL SERVICES	94-6000533	GOV	14,000.	0.			PROGRAM SERVICE SUPPORT
SAVING GRACE ANIMALS FOR ADOPTION INC	92-0186555	501 (C) (3)	15,000.	0.			PROGRAM SERVICE SUPPORT
SAVING ONE LIFE	27-1173539	501 (C) (3)	18,500.	0.			PROGRAM SERVICE SUPPORT
SECOND CHANCE ANIMAL RESCUE SAR	81-2616077	501 (C) (3)	10,400.	0.			PROGRAM SERVICE SUPPORT
SHELTER FROM THE STORM ANIMAL RESCUE	20-3627106	501 (C) (3)	10,100.	0.			PROGRAM SERVICE SUPPORT
SNARR-ANIMAL RESCUE NORTHEAST INC	47-3002801	501 (C) (3)	8,075.	0.			PROGRAM SERVICE SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUL DOG RESCUE	45-4137227	501 (C) (3)	15,650.	0.			PROGRAM SERVICE SUPPORT
SOURIS VALLEY ANIMAL SHELTER	45-0345317	GOV	221,450.	0.			PROGRAM SERVICE SUPPORT
SOUTH JERSEY REGIONAL ANIMAL SHELTER	21-0677474	GOV	6,950.	0.			PROGRAM SERVICE SUPPORT
SPAY ARKANSAS	06-1833843	501 (C) (3)	9,609.	0.			PROGRAM SERVICE SUPPORT
SPAY NEUTER INCENTIVE PROGRAM OF WEST VA	84-4734799	501 (C) (3)	15,250.	0.			PROGRAM SERVICE SUPPORT
SPAY NEUTER NETWORK KAUFMAN TX	20-0276988	501 (C) (3)	20,000.	0.			PROGRAM SERVICE SUPPORT
SPAY NEUTER PROJECT OF LA	20-8542566	501 (C) (3)	130,000.	0.			PROGRAM SERVICE SUPPORT
SPAY-NEUTER ASSISTANCE PROGRAM INC	76-0608925	501 (C) (3)	20,000.	0.			PROGRAM SERVICE SUPPORT
SPCA CINCINNATI	31-0543284	501 (C) (3)	5,900.	0.			PROGRAM SERVICE SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPOKANE HUMANE SOCIETY	91-0565011	501 (C) (3)	14,000.	0.			PROGRAM SERVICE SUPPORT
ST BERNARD PARISH ANIMAL SERVICES	72-6001193	GOV	6,500.	0.			PROGRAM SERVICE SUPPORT
ST JOSEPH COUNTY ANIMAL CONTROL	44-6000256	GOV	6,000.	0.			PROGRAM SERVICE SUPPORT
STRAY CAT ALLIANCE	95-4787231	501 (C) (3)	150,000.	0.			PROGRAM SERVICE SUPPORT
TAYSIA BLUE RESCUE	27-2775999	501 (C) (3)	14,250.	0.			PROGRAM SERVICE SUPPORT
TEXAS PANHANDLE PET SAVERS	45-1746840	501 (C) (3)	5,125.	0.			PROGRAM SERVICE SUPPORT
THE BARN HOUSE COMMUNITY	86-2403073	501 (C) (3)	15,000.	0.			PROGRAM SERVICE SUPPORT
THE FOSTER KITTEN PROJECT	82-2765167	501 (C) (3)	8,200.	0.			PROGRAM SERVICE SUPPORT
THE HUMANE SOCIETY FOR SEATTLE/KING COUNTY	91-0282060	501 (C) (3)	11,175.	0.			PROGRAM SERVICE SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE HUMANE SOCIETY FOR TACOMA & PIERCE COUNTY	91-0577128	501 (C) (3)	8,050.	0.			PROGRAM SERVICE SUPPORT
THE LITTLE LION FOUNDATION	81-3553796	501 (C) (3)	20,475.	0.			PROGRAM SERVICE SUPPORT
THE LITTLE RED DOG INC	45-3682976	501 (C) (3)	21,875.	0.			PROGRAM SERVICE SUPPORT
THE PAW MISSION	82-2187275	501 (C) (3)	45,900.	0.			PROGRAM SERVICE SUPPORT
THE PRETTY PITTIE COMMITTEE	86-3032262	501 (C) (3)	7,100.	0.			PROGRAM SERVICE SUPPORT
THE SPCA OF LUZERNE COUNTY	24-0855811	501 (C) (3)	28,750.	0.			PROGRAM SERVICE SUPPORT
THOMASVILLE THOMAS CTY HUMANE SOCIETY	58-1299962	501 (C) (3)	250,600.	0.			PROGRAM SERVICE SUPPORT
TRACY POLICE DEPT-ANIMAL SERVICES	94-6000442	GOV	16,330.	0.			PROGRAM SERVICE SUPPORT
TREE HOUSE HUMANE SOCIETY	23-7444825	501 (C) (3)	30,750.	0.			PROGRAM SERVICE SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNLEASHED PET RESCUE	45-2949268	501 (C) (3)	10,350.	0.			PROGRAM SERVICE SUPPORT
VALENCIA COUNTY ANIMAL SHELTER	85-6000261	GOV	5,500.	0.			PROGRAM SERVICE SUPPORT
WASHINGTON COUNTY ANIMAL SHELTER	71-6003197	GOV	19,750.	0.			PROGRAM SERVICE SUPPORT
WENATCHEE VALLEY HUMANE SOCIETY INC	91-0838299	501 (C) (3)	6,550.	0.			PROGRAM SERVICE SUPPORT
WILD BLUE CATS!	27-1184549	501 (C) (3)	17,350.	0.			PROGRAM SERVICE SUPPORT
WILLIAMSON COUNTY REGIONAL ANIMAL SHELTER	74-6000978	GOV	5,075.	0.			PROGRAM SERVICE SUPPORT
YORK COUNTY SPCA	23-1399588	501 (C) (3)	40,700.	0.			PROGRAM SERVICE SUPPORT

Schedule I (Form 990)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
PROVIDE FOOD FOR ANIMALS	3	0.	1,583.	FMV	VETERINARY SERVICES

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

ALL GRANT RECIPIENTS ARE RESEARCHED PRIOR TO RECEIVING FUNDS. WHEN

PROVIDING A LARGE GRANT, AN AGREEMENT IS SIGNED BY BOTH PARTIES AND A

WRITTEN REPORT IS REQUIRED SHOWING HOW THE FUNDS WERE SPENT. FOR SMALLER

GRANTS, A BRIEF DESCRIPTION IS OBTAINED NOTING HOW THE FUNDS WERE SPENT.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization BEST FRIENDS ANIMAL SOCIETY	Employer identification number 23-7147797
--	---

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	
3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment?	4a	X
b Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	X
c Participate in or receive payment from an equity-based compensation arrangement?	4c	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization?	5a	X
b Any related organization?	5b	X
If "Yes" on line 5a or 5b, describe in Part III.		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization?	6a	X
b Any related organization?	6b	X
If "Yes" on line 6a or 6b, describe in Part III.		
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7	X
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	X
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Schedule J (Form 990) 2021

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JULIANNE CASTLE CHIEF EXECUTIVE OFFICER	(i)	368,385.	3,000.	0.	7,000.	26,000.	404,385.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) STEPHEN HOWELL CHIEF OPERATING OFFICER	(i)	369,201.	3,000.	0.	7,000.	23,261.	402,462.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) SUSAN CITRO CHIEF EXPERIENCE OFFICER	(i)	226,289.	3,000.	0.	7,000.	15,593.	251,882.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) GREGORY CASTLE BOARD MEMBER / CEO EMERITUS	(i)	232,373.	3,000.	0.	7,000.	7,300.	249,673.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) VALERIE DORIAN CHIEF DEVELOPMENT OFFICER	(i)	216,571.	3,000.	0.	7,000.	21,431.	248,002.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) KAREN GALLARDO SR. DIRECTOR - MAJOR & PLANNED GIVIN	(i)	214,377.	3,000.	0.	7,000.	0.	224,377.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) TARA TIMPSON STAFF VETERINARIAN	(i)	177,385.	3,000.	0.	7,000.	15,559.	202,944.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) GRETA PALMER CHIEF BRAND & COMMUNICATIONS	(i)	178,655.	3,000.	0.	7,000.	7,424.	196,079.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) JOSE OCANO SR. DIRECTOR - TALENT & CULTURE	(i)	158,573.	18,000.	0.	0.	15,659.	192,232.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) REBECCA HUSS GENERAL COUNSEL	(i)	175,481.	3,000.	0.	5,439.	7,424.	191,344.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) JUDAH BATTISTA CHIEF SANCTUARY OFFICER	(i)	160,681.	3,000.	0.	7,000.	16,144.	186,825.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) ERIKA ARNOLD DIRECTOR - PROCESS EXCELLENCE	(i)	174,129.	3,000.	0.	7,000.	843.	184,972.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) MARC PERALTA CHIEF PROGRAM OFFICER	(i)	158,043.	3,000.	0.	7,000.	15,483.	183,526.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) HOLLY SIZEMORE CHIEF MISSIONS OFFICER	(i)	163,083.	3,000.	0.	7,000.	7,457.	180,540.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) ALFRED BATTISTA BOARD CHAIR INTERNAL CONSULTANT	(i)	155,284.	3,000.	0.	7,000.	9,151.	174,435.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) AMY STARNES CHIEF INNOVATION OFFICER	(i)	138,219.	3,000.	0.	7,000.	23,772.	171,991.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
CARRAGH MALONEY	DAUGHTER: BD MEMBER	107,353.	EMPLOYEE CO		X
JONATHAN SIZEMORE	SPOUSE: OFFICER SIZ	55,408.	EMPLOYEE CO		X
BART BATTISTA	SON: BD MEMBER BATT	144,123.	EMPLOYEE CO		X

Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: CARRAGH MALONEY

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

DAUGHTER: BD MEMBER CASTLE

(D) DESCRIPTION OF TRANSACTION: EMPLOYEE COMPENSATION

(A) NAME OF PERSON: JONATHAN SIZEMORE

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SPOUSE: OFFICER SIZEMORE

(D) DESCRIPTION OF TRANSACTION: EMPLOYEE COMPENSATION

(A) NAME OF PERSON: BART BATTISTA

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SON: BD MEMBER BATTISTA

(D) DESCRIPTION OF TRANSACTION: EMPLOYEE COMPENSATION

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization: **BEST FRIENDS ANIMAL SOCIETY**
Employer identification number: **23-7147797**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles	X	64	232,274.	FMV
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	301	835,422.	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other	X	1	255,000.	FMV
18 Collectibles				
19 Food inventory	X	1,444	1,739,567.	FMV
20 Drugs and medical supplies	X	43	406,301.	FMV
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (JANITORIAL AN)	X	2,004	32,196.	FMV
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement: **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, LINE 32B:

BEST FRIENDS ANIMAL SOCIETY UTILIZES THE SERVICES OF AN AUTOMOBILE
BROKER TO SELL DONATED VEHICLES.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

BEST FRIENDS ANIMAL SOCIETY

Employer identification number

23-7147797

FORM 990 PART III LINE 4A

DIRECT ANIMAL LIFESAVING:

WHILE BEST FRIENDS ANIMAL SANCTUARY REMAINS THE HEART AND SOUL OF OUR

ORGANIZATION, WE NOW HAVE LIFESAVING CENTERS AND PROGRAMS IN SALT LAKE

CITY, LOS ANGELES, NEW YORK CITY, ATLANTA, HOUSTON, NORTHWEST ARKANSAS,

AND OTHER AREAS. IN FISCAL YEAR 2022, BEST FRIENDS DIRECTLY HELPED

THOUSANDS OF ANIMALS THROUGH THESE CENTERS AND PROGRAMS.

BEST FRIENDS ANIMAL SANCTUARY, THE COUNTRY'S LARGEST NO-KILL SANCTUARY

FOR COMPANION ANIMALS, CARES FOR UP TO 1,600 ANIMALS ON ANY GIVEN DAY.

LIFESAVING ACHIEVEMENTS AT THE SANCTUARY IN 2022 INCLUDE:

3,641 ANIMALS WELCOMED

1,003 ANIMALS FOSTERED

1,695 ANIMALS ADOPTED

2,563 ANIMALS TRANSPORTED (INCLUDING ANIMALS BELONGING TO OTHER

ORGANIZATIONS THAT BEST FRIENDS HELPED TRANSPORT.)

3,350 SPAY AND NEUTER SURGERIES

BEST FRIENDS' NATIONAL WORK INCLUDES PET ADOPTION AND FOSTER PROGRAMS,

SPAY AND NEUTER SERVICES, AND PROGRAMS FOR OUTDOOR CATS. LIFESAVING

ACHIEVEMENTS (ACROSS ALL PROGRAMMING AND INCLUDING SANCTUARY NUMBERS

ABOVE) IN 2022 INCLUDE:

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

Schedule O (Form 990) 2021

132211 11-11-21

Name of the organization BEST FRIENDS ANIMAL SOCIETY	Employer identification number 23-7147797
---	--

15,515 ANIMALS WELCOMED

13,740 ANIMALS ADOPTED

7,748 ANIMALS FOSTERED

11,700 ANIMALS TRANSPORTED (INCLUDING ANIMALS BELONGING TO OTHER

ORGANIZATIONS THAT BEST FRIENDS HELPED TRANSPORT.)

31,592 SPAY AND NEUTER SURGERIES

AS PART OF OUR EMERGENCY RESPONSE EFFORTS, WHEN HURRICANE IAN SPED

TOWARD FLORIDA IN SEPTEMBER, BEST FRIENDS AND OUR NETWORK PARTNERS

WORKED TOGETHER TO GET AS MANY ANIMALS AS POSSIBLE OUT OF IAN'S REACH.

DURING THIS TIME, BEST FRIENDS HELPED 586 ANIMALS THROUGH TRANSPORT,

FOSTER PLACEMENT, AND ADOPTION.

FORM 990 PART III LINE 4B

LEADING THE NO-KILL MOVEMENT THROUGH STRATEGIC PARTNERSHIPS AND

COMMUNITY ENGAGEMENT:

BEST FRIENDS IS WORKING WITH ANIMAL WELFARE ORGANIZATIONS NATIONWIDE TO

CREATE NEW APPROACHES TO LIFESAVING AND TO HELP EVERY SHELTER AND

COMMUNITY REACH THEIR NO-KILL GOALS.

WE COLLABORATE WITH AND SUPPORT THE MORE THAN 4,300 (AND COUNTING)

ANIMAL SHELTERS, RESCUE GROUPS, SPAY/NEUTER ORGANIZATIONS, AND OTHER

ANIMAL WELFARE ORGANIZATIONS THAT COMPRISE THE BEST FRIENDS NETWORK. WE

OFFER NETWORK PARTNERS MENTORSHIPS, PEER-TO-PEER CONNECTIONS, TRAINING,

LIFESAVING RESOURCES, GRANT OPPORTUNITIES, AND MORE. BEST FRIENDS'

Name of the organization BEST FRIENDS ANIMAL SOCIETY	Employer identification number 23-7147797
---	--

TOTAL FUNDING TO NETWORK PARTNERS AND OTHER ORGANIZATIONS WAS \$7.7M

ACROSS 1,195 ORGANIZATIONS.

BEST FRIENDS NATIONAL ADOPTION WEEKENDS HELP DOGS AND CATS FROM NETWORK

PARTNERS AND OUR OWN LOCATIONS FIND HOMES. THREE NATIONAL ADOPTION

WEEKENDS IN 2022 HELPED MORE THAN 26,000 CATS AND DOGS FIND HOMES.

THROUGH BEST FRIENDS' NATIONAL SHELTER EMBED PROGRAM, OUR EXPERTS WORK

IN SHELTERS ALONGSIDE THEIR STAFF AND COACH THEM THROUGH TRANSFORMATIVE

CHANGE. IN 2022, BEST FRIENDS STARTED 24 NEW EMBED PROGRAMS ACROSS 15

STATES.

BEST FRIENDS CONTINUED PARTNERING WITH A UNIVERSITY TO CREATE LEARNING

OPPORTUNITIES IN CONTEMPORARY ANIMAL SERVICES. PRIOR TO THIS

PARTNERSHIP, NO COLLEGE OR UNIVERSITY IN THE U.S. OFFERED ACADEMIC OR

CONTINUING EDUCATION OPPORTUNITIES IN THIS FIELD. IN 2022, 116 PEOPLE

GRADUATED FROM BEST FRIENDS' LEARNING ADVANCEMENT PROGRAMS.

LEGISLATION AND ADVOCACY ARE ALSO A KEY PART OF BEST FRIENDS' WORK TO

REACH NO-KILL IN EVERY COMMUNITY NATIONWIDE. WE FOCUS ON THE MOST

PRESSING ISSUES OUR NATION'S PETS FACE: SHUTTING DOWN PUPPY MILLS,

ENDING BREED RESTRICTIONS, KEEPING PETS WITH THEIR FAMILIES, AND

PROTECTING COMMUNITY CATS.

IN 2022, BEST FRIENDS' GRASSROOTS ADVOCACY TEAM TOOK MORE THAN 100,000

ACTIONS FOR THE ANIMALS AND WORKED ALONGSIDE BEST FRIENDS' LEGISLATIVE

TEAM TO HELP ACHIEVE 26 ADVOCACY WINS: 10 IN THE FIGHT AGAINST PUPPY

MILLS; FIVE TO HELP END BREED-SPECIFIC LEGISLATION; SEVEN TO PROTECT

Name of the organization BEST FRIENDS ANIMAL SOCIETY	Employer identification number 23-7147797
---	--

COMMUNITY CATS; AND FOUR OTHERS THAT HELP PETS STAY WITH THEIR PEOPLE.

ONE LEGISLATIVE HIGHLIGHT FROM 2022 IS A NEW LAW IN ARIZONA THAT

PROHIBITS INSURANCE COMPANIES FROM DROPPING OR DENYING COVERAGE FOR

HOMEOWNERS AND RENTERS JUST BECAUSE THEY HAVE A CERTAIN BREED OF DOG.

CALIFORNIA ALSO ENACTED A BILL TO IMPROVE ACCESS TO RENTAL HOUSING FOR

LOW-INCOME PET OWNERS.

IN THE CAROLINAS, BEST FRIENDS LED THE CHARGE TO IMPLEMENT

TRAP-NEUTER-VACCINATE-RETURN AS A HUMANE MANAGEMENT PROGRAM FOR OUTDOOR

CATS IN DURHAM COUNTY, NORTH CAROLINA, AND HORRY COUNTY, SOUTH

CAROLINA.

FORM 990, PART VI, SECTION A, LINE 2:

ANNE MEJIA, SECRETARY AND CYRUS MEJIA, BOARD MEMBER, ARE HUSBAND AND WIFE.

FORM 990, PART VI, SECTION B, LINE 11B:

THE 990 IS PREPARED INTERNALLY AND REVIEWED BY TANNER LLC, THE CHIEF

OPERATING OFFICER, THE CHAIRMAN OF THE BOARD, AND THE CHAIRMAN OF THE

FINANCE

COMMITTEE. THE RETURN IS THEN DISTRIBUTED TO THE WHOLE BOARD FOR FINAL

REVIEW BEFORE BEING FILED.

FORM 990, PART VI, SECTION B, LINE 12C:

UPON BEING APPOINTED, ALL BOARD MEMBERS, OFFICERS, AND STAFF ARE REQUIRED

TO SIGN AN AGREEMENT THAT ACKNOWLEDGES ACCEPTANCE OF BEST FRIENDS' CONFLICT

OF INTEREST POLICY. THIS POLICY APPLIES TO ALL BOARD MEMBERS, DIRECTORS,

Name of the organization BEST FRIENDS ANIMAL SOCIETY	Employer identification number 23-7147797
---	--

COMMITTEE MEMBERS AND STAFF OF BEST FRIENDS ANIMAL SOCIETY. THIS POLICY
REQUIRES THAT ALL AFFILIATIONS WITH ENTITIES IN WHICH A FINANCIAL INTEREST
IS HELD BE DISCLOSED TO THE BOARD. THE SENIOR FINANCIAL MANAGEMENT OF BEST
FRIENDS, INCLUDING THE COO AND THE DIRECTOR OF FINANCE, ROUTINELY MONITOR
ALL TRANSACTIONS TO ENSURE THAT ANY RELATED PARTY TRANSACTIONS ARE FULLY
DISCLOSED TO THE BOARD AT LEAST ANNUALLY AND IN THE FINANCIAL STATEMENTS TO
ENSURE THAT THE TRANSACTIONS COMPLY WITH POLICY. THIS POLICY IS CURRENTLY
UNDER REVIEW BY THE BOARD TO PROVIDE GREATER STRUCTURE; INCLUDING REQUIRING
MORE FREQUENT SIGN-OFF ON POLICY, MORE REPORTING, AND RESTRICTIONS ON
PARTICIPATION BY RELEVANT BOARD AND STAFF IN THE DEALING WITH THE CONFLICT.

FORM 990, PART VI, SECTION B, LINE 15:

THE BOARD REVIEWED AND APPROVED THE COMPENSATION OF THE CEO AFTER
CONSIDERING DATA FROM DIFFERENT SOURCES, INCLUDING COMPENSATION AMOUNTS
OF COMPARABLE POSITIONS AT COMPARABLE ORGANIZATIONS.

THE CHIEF EXECUTIVE OFFICER DETERMINES THE COMPENSATION OF THE CORPORATE
OFFICERS, AFTER CONSIDERING DATA FROM DIFFERENT SOURCES, INCLUDING
COMPENSATION AMOUNTS OF COMPARABLE POSITIONS AT COMPARABLE ORGANIZATIONS.
THE CEO REVIEWS THOSE SALARIES WITH THE BOARD.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL, AK, AR, CA, CT, DC, GA, HI, IL, KS, KY, MD, MA, MI, MN, MS, NH, NJ, NM, NY, OK, OR, PA, RI, SC
TN, VA, WV, WI

FORM 990, PART VI, SECTION C, LINE 19:

COPIES OF THE FORM 990, FORM 990-T, AND AUDITED FINANCIAL STATEMENTS ARE
AVAILABLE FOR PUBLIC VIEWING ON THE BEST FRIENDS' WEBSITE. GOVERNING

Name of the organization BEST FRIENDS ANIMAL SOCIETY	Employer identification number 23-7147797
---	--

DOCUMENTS AND THE CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST,
SUBJECT TO APPROVAL OF SENIOR MANAGEMENT.

FORM 990 PART IX LINE 26

BEST FRIENDS ACHEIVES SOME OF ITS PROGRAMMATIC AND FUNDRAISING GOALS IN
DIRECT MAIL CAMPAIGNS THAT INCLUDE REQUESTS FOR CONTRIBUTIONS. THE
COSTS OF CONDUCTING THOSE CAMPAIGNS INCLUDED CERTAIN JOINT COSTS THAT
ARE NOT DIRECTLY ATTRIBUTABLE TO THE PROGRAM, MANAGEMENT AND GENERAL,
OR THE FUNDRAISING COMPONENT OF THE ACTIVITIES. THOSE JOINT COSTS WERE
ALLOCATED BETWEEN PROGRAM AND FUNDRAISING.

BEST FRIENDS ANIMAL SOCIETY, INC. IS COMMITTED TO EFFICIENCY AND
TRANSPARENCY. WE COMMUNICATE WITH OUR DONORS AND PROSPECTITVE DONORS BY
EMAIL, POSTAL MAIL, PHONE AND OTHER MEANS, BOTH TO REQUEST
CONTRIBUTIONS TO OUR CAUSE AND TO EDUCATE THE PUBLIC ABOUT BEST FRIENDS
ANIMAL SOCIETY, INC. PROGRAMS, VOLUNTEER OPPORTUNITIES AND EVENTS
ACROSS THE UNITED STATES. THESE EFFORTS HELP ADVANCE OUR MISSION TO
END THE KILLING OF SHELTER ANIMALS BY 2025. AS A RESULT, IN ACCORDANCE
WITH THE FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) GUIDELINES AND
INTERNAL REVENUE SERVICE (IRS) GUIDANCE, BEST FRIENDS ANIMAL SOCIETY,
INC. ALLOCATES A PORTION OF OUR FUNDRAISING COSTS TO PROGRAM SERVICES.
AS A NONPROFIT ORGANIZATION THAT IS EXEMPT FROM FEDERAL TAXATION, WE
ENSURE OUR DONORS' MONEY IS SPENT AS FFICIENTLY AND EFFECTIVELY AS
POSSIBLE.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization **BEST FRIENDS ANIMAL SOCIETY** Employer identification number **23-7147797**

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
BEST FRIENDS PRODUCTIONS, LLC - 47-2566720 5001 ANGEL CANYON ROAD KANAB, UT 84741	PARTICIPATE IN JOINT VENTURE TO PRODUCE A FILM	UTAH	-25.	87,310.	BEST FRIENDS ANIMAL SOCIETY
307 WEST BROADWAY, LLC - 47-4201980 5001 ANGEL CANYON ROAD KANAB, UT 84741	HOLD LEASE ON BUILDING IN MANHATTAN, NY	UTAH	-330,842.	100,123.	BEST FRIENDS ANIMAL SOCIETY

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

Schedule R (Form 990) 2021

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
BEST FRIENDS WELLNESS CENTER, INC. - 47-3149724, 5001 ANGEL CANYON ROAD, KANAB, UT 84741	OPERATE FITNESS CENTER	UT	BEST FRIENDS ANIMAL SOCIETY	C CORP	-156,422.	96,983.	100%	X	

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)	X	
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) BEST FRIENDS WELLNESS CENTER, INC.	J	56,220.	ARM'S LENGTH ESTIMATE OF MGMT FEE
(2) BEST FRIENDS WELLNESS CENTER, INC.	O	102,086.	SALARY AND PAYROLL TAX
(3)			
(4)			
(5)			
(6)			

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. BEST FRIENDS ANIMAL SOCIETY	Taxpayer identification number (TIN) 23-7147797
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 5001 ANGEL CANYON ROAD	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. KANAB, UT 84741	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

STEPHEN HOWELL, CHIEF OPERATING OFFICER

- The books are in the care of ▶ 5001 ANGEL CANYON ROAD - KANAB, UT 84741

Telephone No. ▶ 435-644-2001

Fax No. ▶ 435-644-8949

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until AUGUST 15, 2023, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year _____ or
- ▶ tax year beginning OCT 1, 2021, and ending SEP 30, 2022.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2021, or fiscal year beginning OCT 1, 2021, and ending SEP 30, 2022

2021

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **Go to www.irs.gov/Form8879TE for the latest information.**

Name of filer BEST FRIENDS ANIMAL SOCIETY	EIN or SSN 23-7147797
Name and title of officer or person subject to tax STEPHEN HOWELL CHIEF OPERATING OFFICER	

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here <input type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b _____
2a Form 990-EZ check here <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b _____
5a Form 8868 check here <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here <input checked="" type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____ 0.
7a Form 4720 check here <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____
8a Form 5227 check here <input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b _____
9a Form 5330 check here <input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b _____
10a Form 8038-CP check here <input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize TANNER LLC to enter my PIN 47797
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax *SMH* Date Aug 30, 2023

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

87123787123

 Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature MARC A. METCALF Date 08/28/23

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

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

2021

For calendar year 2021 or other tax year beginning OCT 1, 2021, and ending SEP 30, 2022

▶ **Go to www.irs.gov/Form990T for instructions and the latest information.**
▶ **Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).**

Department of the Treasury
Internal Revenue Service

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

<p>A <input type="checkbox"/> Check box if address changed.</p> <p>B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A</p>	<p>Print or Type</p>	<p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) BEST FRIENDS ANIMAL SOCIETY</p> <p>Number, street, and room or suite no. If a P.O. box, see instructions. 5001 ANGEL CANYON ROAD</p> <p>City or town, state or province, country, and ZIP or foreign postal code KANAB, UT 84741</p>	<p>D Employer identification number 23-7147797</p> <p>E Group exemption number (see instructions)</p> <p>F <input type="checkbox"/> Check box if an amended return.</p>
<p>C Book value of all assets at end of year 178,197,428.</p>			

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

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

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

J Enter the number of attached Schedules A (Form 990-T) ▶ **1**

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

L The books are in care of ▶ **STEPHEN HOWELL, CHIEF OPERATING OF** Telephone number ▶ **435-644-2001**

Part I Total Unrelated Business Taxable Income

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

Part II Tax Computation

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

LHA For Paperwork Reduction Act Notice, see instructions.

Part III Tax and Payments			
1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a		
b Other credits (see instructions)	1b		
c General business credit. Attach Form 3800 (see instructions)	1c		
d Credit for prior year minimum tax (attach Form 8801 or 8827)	1d		
e Total credits. Add lines 1a through 1d	1e		
2 Subtract line 1e from Part II, line 7	2		0.
3 Other amounts due. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement)	3		
4 Total tax. Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	4		0.
5 Current net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4	5		0.
6a Payments: A 2020 overpayment credited to 2021	6a	51,266.	
b 2021 estimated tax payments. Check if section 643(g) election applies	6b		
c Tax deposited with Form 8868	6c		
d Foreign organizations: Tax paid or withheld at source (see instructions)	6d		
e Backup withholding (see instructions)	6e		
f Credit for small employer health insurance premiums (attach Form 8941)	6f		
g Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439	6g		
<input type="checkbox"/> Form 4136			
7 Total payments. Add lines 6a through 6g	7		51,266.
8 Estimated tax penalty (see instructions). Check if Form 2220 is attached	8		
9 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9		
10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10		51,266.
11 Enter the amount of line 10 you want: Credited to 2022 estimated tax	11	51,266.	Refunded 0.

Part IV Statements Regarding Certain Activities and Other Information (see instructions)			
1 At any time during the 2021 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here			
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?			X
3 Enter the amount of tax-exempt interest received or accrued during the tax year		\$	
4 Enter available pre-2018 NOL carryovers here		\$	
5 Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.			
Business Activity Code	Available post-2017 NOL carryover		
453220	\$ 1,119,781.		
6a Did the organization change its method of accounting? (see instructions)			X
b If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V			

Part V Supplemental Information

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

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
	Signature of officer	Date	CHIEF OPERATING OFFICER	Title
Paid Preparer Use Only	Print/Type preparer's name		Preparer's signature	Date
	MARC A. METCALF		MARC A. METCALF	08/24/23
	Firm's name ▶ TANNER LLC		Firm's EIN ▶ 20-2253063	
	Firm's address ▶ 36 S STATE STREET, SUITE 600 SALT LAKE CITY, UT 84111		Phone no. 801-532-7444	
	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

FORM 990-T

NAME OF FOREIGN COUNTRY IN WHICH
ORGANIZATION HAS FINANCIAL INTEREST

STATEMENT 1

NAME OF COUNTRY

CAYMAN ISLANDS
BRITISH VIRGIN ISLANDS

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

2021

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

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

A Name of the organization BEST FRIENDS ANIMAL SOCIETY B Employer identification number 23-7147797 C Unrelated business activity code (see instructions) 453220 D Sequence: 1 of 1

E Describe the unrelated trade or business GIFT SHOP SALES

Table with 4 columns: Part I Unrelated Trade or Business Income, (A) Income, (B) Expenses, (C) Net. Rows include 1a Gross receipts or sales, 2 Cost of goods sold, 3 Gross profit, 4a-4c Capital gain/loss, 5-12 Other income, 13 Total.

Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

Table with 3 columns: Line number, Description, Amount. Rows include 1 Compensation of officers, 2 Salaries and wages, 3-6 Other deductions, 7-8 Depreciation, 9-14 Other deductions, 15 Total deductions, 16-18 Unrelated business taxable income.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2021

Part III Cost of Goods Sold		Enter method of inventory valuation	▶ LOWER OF COST OR MARKET
1	Inventory at beginning of year		4,833.
2	Purchases		46,834.
3	Cost of labor		0.
4	Additional section 263A costs (attach statement)		0.
5	Other costs (attach statement)		0.
6	Total. Add lines 1 through 5		51,667.
7	Inventory at end of year		14,107.
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2		37,560.
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)				
1	Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.			
A	<input type="checkbox"/>			
B	<input type="checkbox"/>			
C	<input type="checkbox"/>			
D	<input type="checkbox"/>			
2	Rent received or accrued	A	B	C
a	From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)			
b	From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)			
c	Total rents received or accrued by property. Add lines 2a and 2b, columns A through D			
3	Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A)			0.
4	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)			
5	Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B)			0.

Part V Unrelated Debt-Financed Income (see instructions)				
1	Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.			
A	<input type="checkbox"/>	HOTEL		
B	<input type="checkbox"/>			
C	<input type="checkbox"/>			
D	<input type="checkbox"/>			
2	Gross income from or allocable to debt-financed property	A	B	C
3	Deductions directly connected with or allocable to debt-financed property			
a	Straight line depreciation (attach statement) <small>STMT 6</small>	549,453.		
b	Other deductions (attach statement) <small>STMT 7</small>	1,612,070.		
c	Total deductions (add lines 3a and 3b, columns A through D)	2,161,523.		
4	Amount of average acquisition debt on or allocable to debt-financed property (attach statement) <small>STMT 4</small>	2,422,483.		
5	Average adjusted basis of or allocable to debt-financed property (attach statement) <small>STMT 5</small>	9,222,563.		
6	Divide line 4 by line 5	26.27%	%	%
7	Gross income reportable. Multiply line 2 by line 6	286,688.		
8	Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)			286,688.
9	Allocable deductions. Multiply line 3c by line 6	567,832.		
10	Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)			567,832.
11	Total dividends-received deductions included in line 10			0.

Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

1. Name of controlled organization		2. Employer identification number	Exempt Controlled Organizations			6. Deductions directly connected with income in column 5
			3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	
(1)						
(2)						
(3)						
(4)						
Nonexempt Controlled Organizations						
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10		
(1)						
(2)						
(3)						
(4)						
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)		
Totals			0.	0.		

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Totals		0.		0.

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity: _____		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4	
5	Gross income from activity that is not unrelated business income	5	
6	Expenses attributable to income entered on line 5	6	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7	

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

- A [] BEST FRIENDS MAGAZINE
B []
C []
D []

Enter amounts for each periodical listed above in the corresponding column.

Table with 4 columns (A, B, C, D) and 2 rows. Row 2: Gross advertising income 116,958. Row 3: Add columns A through D. Total: 116,958.

Table with 4 columns (A, B, C, D) and 2 rows. Row 3: Direct advertising costs by periodical 15,446. Row 4: Add columns A through D. Total: 15,446.

Table with 4 columns (A, B, C, D) and 8 rows. Row 4: Advertising gain (loss) 101,512. Row 5: Readership costs 1,085,171. Row 6: Circulation income 116,958. Row 7: Excess readership costs 968,213. Row 8: Excess readership costs allowed as a deduction 101,512. Row 9: Add line 8, columns A through D. Total: 101,512.

Part X Compensation of Officers, Directors, and Trustees (see instructions)

Table with 4 columns: 1. Name, 2. Title, 3. Percentage of time devoted to business, 4. Compensation attributable to unrelated business. Includes a Total row at the bottom showing 0.

Part XI Supplemental Information (see instructions)

Multiple horizontal lines for supplemental information input.

FORM 990-T (A)

OTHER DEDUCTIONS

STATEMENT 2

DESCRIPTION	AMOUNT
PROFESSIONAL FEES	5,309.
ADVERTISING	51.
OFFICE EXPENSE	8,527.
INFORMATION TECHNOLOGY	3,244.
OCCUPANCY	16,617.
INSURANCE	32.
MISCELLANEOUS	13,679.
TAXES AND LICENSES	14,726.
TOTAL TO SCHEDULE A, PART II, LINE 14	62,185.

990-T SCH A

POST-2017 NET OPERATING LOSS DEDUCTION

STATEMENT 3

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
09/30/19	22,847.	0.	22,847.	22,847.
09/30/20	783,641.	0.	783,641.	783,641.
09/30/21	313,293.	0.	313,293.	313,293.
NOL CARRYOVER AVAILABLE THIS YEAR			1,119,781.	1,119,781.

FORM 990-T (A) PART V - DEPRECIATION DEDUCTION STATEMENT 6

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
DEPRECIATION		549,453.	
- SUBTOTAL -	1		549,453.
TOTAL OF FORM 990-T, SCHEDULE A, PART V, LINE 3(A)			549,453.

FORM 990-T (A) PART V - OTHER DEDUCTIONS STATEMENT 7

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	PERCENT ALLOCABLE	ALLOCABLE TOTAL
SALARIES		676,698.		
PENSION PLAN		9,038.		
OTHER EMPLOYEE BENEFITS		151,116.		
PAYROLL TAXES		47,582.		
PROFESSIONAL FEES OTHER		45,178.		
ADVERTISING		17,350.		
OFFICE EXPENSE		164,704.		
INFORMATION TECHNOLOGY		50,650.		
OCCUPANCY		151,636.		
INTEREST		110,976.		
INSURANCE		102,934.		
CONFERENCE MEETINGS		2,525.		
OTHER EXPENSE		76,896.		
TRAVEL		4,787.		
- SUBTOTAL -	1	1,612,070.	1.00	1,612,070.
TOTAL OF FORM 990-T, SCHEDULE A, PART V, LINE 3(B)				1,612,070.

2021 DEPRECIATION AND AMORTIZATION REPORT

HOTEL

A DEBT 1

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
2	HOTEL BUILDING	10/01/19	SL	27.50	MM	16	8,709,848.				8,709,848.	633,444.		316,722.	950,166.
3	BUILDING IMPROVEMENTS	10/01/19	SL	27.50	MM	16	72,695.				72,695.	5,286.		2,643.	7,929.
4	COMPUTER EQUIPMENT	10/01/19	SL	3.00		16	86,989.				86,989.	57,992.		28,997.	86,989.
5	EQUIPMENT 5 YEAR	10/01/19	SL	5.00		16	73,535.				73,535.	29,414.		14,707.	44,121.
6	EQUIPMENT 7 YEAR	10/01/19	SL	7.00		16	359,868.				359,868.	102,820.		51,410.	154,230.
7	FURNITURE AND FIXTURES	10/01/19	SL	5.00		16	584,077.				584,077.	233,630.		116,815.	350,445.
8	SOFTWARE	10/01/19	SL	3.00		16	39,588.				39,588.	26,392.		13,196.	39,588.
9	VEHICLE	10/01/19	SL	7.00		16	34,740.				34,740.	9,926.		4,963.	14,889.
	* TOTAL 990-T SCH E DEPR						9,961,340.				9,961,340.	1,098,904.		549,453.	1,648,357.

Form **4562**

Depreciation and Amortization (Including Information on Listed Property)

A DEBT 1

OMB No. 1545-0172

2021

Attachment
Sequence No. **179**

Department of the Treasury
Internal Revenue Service (99)

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

▶ **Attach to your tax return.**

Name(s) shown on return

Business or activity to which this form relates

Identifying number

Best Friends Animal Society

HOTEL

23-7147797

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,050,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	2,620,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2020 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2022. Add lines 9 and 10, less line 12	13	

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

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

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	549,453.

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

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2021	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		<input type="checkbox"/>

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

	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property						
c	7-year property						
d	10-year property						
e	15-year property						
f	20-year property						
g	25-year property			25 yrs.		S/L	
h	Residential rental property	/		27.5 yrs.	MM	S/L	
		/		27.5 yrs.	MM	S/L	
i	Nonresidential real property	/		39 yrs.	MM	S/L	
		/			MM	S/L	

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

20a	Class life					S/L	
b	12-year			12 yrs.		S/L	
c	30-year	/		30 yrs.	MM	S/L	
d	40-year	/		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	549,453.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost.

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use 25

26 Property used more than 50% in a qualified business use: Table with 9 columns for percentage and cost.

27 Property used 50% or less in a qualified business use: Table with 9 columns for percentage and cost.

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table for Section B with 6 main columns: (a) Vehicle, (b) Vehicle, (c) Vehicle, (d) Vehicle, (e) Vehicle, (f) Vehicle. Includes rows 30-36 for miles driven and availability.

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.

Table for Section C with 2 columns: Yes, No. Includes rows 37-41 for policy statements and requirements.

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

Table with 6 columns: (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year.

42 Amortization of costs that begins during your 2021 tax year: Table with 6 columns.

43 Amortization of costs that began before your 2021 tax year 43

44 Total. Add amounts in column (f). See the instructions for where to report 44

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. BEST FRIENDS ANIMAL SOCIETY	Taxpayer identification number (TIN) 23-7147797
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 5001 ANGEL CANYON ROAD	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. KANAB, UT 84741	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 7

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

STEPHEN HOWELL, CHIEF OPERATING OFFICER

- The books are in the care of ▶ 5001 ANGEL CANYON ROAD - KANAB, UT 84741

Telephone No. ▶ 435-644-2001

Fax No. ▶ 435-644-8949

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until AUGUST 15, 2023, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year _____ or
- ▶ tax year beginning OCT 1, 2021, and ending SEP 30, 2022.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	51,266.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.