

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

# Form 990

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

Do not enter social security numbers on this form as it may be made public.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

# 2022

Open to Public Inspection

**A** For the **2022** calendar year, or tax year beginning **OCT 1, 2022** and ending **SEP 30, 2023**

|  |  |   |   |
|--|--|---|---|
| <b>B</b> Check if applicable:<br><br>Address change<br>Name change<br>Initial return<br>Final return/terminated<br><input checked="" type="checkbox"/> Amended return<br>Application pending | <b>C</b> Name of organization<br>BEST FRIENDS ANIMAL SOCIETY               |   | <b>D</b> Employer identification number<br>23-7147797 |
|  | Doing business as  |   | <b>E</b> Telephone number<br>435-644-2001             |
|  | Number and street (or P.O. box if mail is not delivered to street address) | Room/suite  |   |
|  | 5001 ANGEL CANYON ROAD   |   | <b>G</b> Gross receipts \$ 188,566,410.               |
| City or town, state or province, country, and ZIP or foreign postal code<br>KANAB, UT 84741  |  |   |   |
| <b>F</b> Name and address of principal officer: JULIANNE CASTLE<br>SAME AS C ABOVE   |  | <b>H(a)</b> Is this a group return for subordinates? ..... Yes <input checked="" type="checkbox"/> No |   |
| <b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or 527  |  | <b>H(b)</b> Are all subordinates included? Yes No   |   |
| <b>J</b> Website: WWW.BESTFRIENDS.ORG  |  | If "No," attach a list. See instructions  |   |
| <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other   |  | <b>H(c)</b> Group exemption number  |   |
| <b>L</b> Year of formation: 1984   |  | <b>M</b> State of legal domicile: UT  |   |

## Part I Summary

|   |  |                                  |                     |
|---|--|----------------------------------|---------------------|
| <b>Activities &amp; Governance</b>  | <b>1</b> Briefly describe the organization's mission or most significant activities: TO BRING ABOUT A TIME WHEN THERE ARE NO MORE HOMELESS PETS. |                                  |                     |
|   | <b>2</b> Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.                          |                                  |                     |
|   | <b>3</b> Number of voting members of the governing body (Part VI, line 1a)   | <b>3</b>                         | 12                  |
|   | <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)   | <b>4</b>                         | 7                   |
|   | <b>5</b> Total number of individuals employed in calendar year 2022 (Part V, line 2a)  | <b>5</b>                         | 1034                |
|   | <b>6</b> Total number of volunteers (estimate if necessary)  | <b>6</b>                         | 12080               |
|   | <b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12  | <b>7a</b>                        | -286,910.           |
| <b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11 | <b>7b</b>  | 0.                               |                     |
| <b>Revenue</b>  | <b>8</b> Contributions and grants (Part VIII, line 1h)   | <b>Prior Year</b>                | <b>Current Year</b> |
|   | <b>9</b> Program service revenue (Part VIII, line 2g)  | 136,989,679.                     | 168,997,308.        |
|   | <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)  | 1,451,180.                       | 884,576.            |
|   | <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   | 2,048,565.                       | 3,909,922.          |
|   | <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)   | 998,754.                         | -299,823.           |
| <b>Expenses</b>   | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)   | 141,488,178.                     | 173,491,983.        |
|   | <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)  | 7,838,590.                       | 13,647,737.         |
|   | <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  | 0.                               | 0.                  |
|   | <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)   | 68,207,587.                      | 78,848,434.         |
|   | <b>b</b> Total fundraising expenses (Part IX, column (D), line 25)   | 423,834.                         | 905,599.            |
|   | <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)   | 26,691,679.                      |                     |
|   | <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  | 47,055,344.                      | 54,737,828.         |
| <b>19</b> Revenue less expenses. Subtract line 18 from line 12                  | 123,525,355.   | 148,139,598.                     |                     |
| <b>Net Assets or Fund Balances</b>  | <b>20</b> Total assets (Part X, line 16)   | 17,962,823.                      | 25,352,385.         |
|   | <b>21</b> Total liabilities (Part X, line 26)  | <b>Beginning of Current Year</b> | <b>End of Year</b>  |
|   | <b>22</b> Net assets or fund balances. Subtract line 21 from line 20   | 178,197,428.                     | 216,306,392.        |
|   |  | 57,302,310.                      | 64,300,826.         |
|   |  | 120,895,118.                     | 152,005,566.        |

## Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

|                               |   |                      |          |                          |           |
|-------------------------------|---|----------------------|----------|--------------------------|-----------|
| <b>Sign Here</b>              | Signature of officer                    |                      | Date     |                          |           |
|                               | STEPHEN HOWELL, CHIEF OPERATING OFFICER |                      |          |                          |           |
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name              | Preparer's signature | Date     | Check if self-employed   | PTIN      |
|                               | MARC A. METCALF                         | MARC A. METCALF      | 12/03/24 | <input type="checkbox"/> | P00170461 |
| <b>Preparer Use Only</b>      | Firm's name                             | Firm's EIN           |          | Phone no.                |           |
|                               | TANNER LLC                              | 20-2253063           |          | 801-532-7444             |           |
|                               | Firm's address                          |                      |          |                          |           |
|                               | 36 S STATE STREET, SUITE 600            |                      |          |                          |           |
|                               | SALT LAKE CITY, UT 84111                |                      |          |                          |           |

May the IRS discuss this return with the preparer shown above? See instructions  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 \$ 33,258,364. including grants of \$ 335,823. ) (Revenue \$ 1,054,248. ) ANIMAL CARE ACTIVITIES (SANCTUARY) - SEE SCHEDULE O

4b (Code: ) (Expenses \$ 74,980,761. including grants of \$ 13,299,441. ) (Revenue \$ 570,139. ) 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 108,239,125.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 22-38 covering various organizational requirements.

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 [ ]

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, gross 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

**Section A. Governing Body and Management**

|           |  | Yes | No |
|-----------|--|-----|----|
| <b>1a</b> | Enter the number of voting members of the governing body at the end of the tax year<br>If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. |     |    |
| <b>1b</b> | Enter the number of voting members included on line 1a, above, who are independent   |     |    |
| <b>2</b>  | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?  | X   |    |
| <b>3</b>  | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?  |     | X  |
| <b>4</b>  | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?   |     | X  |
| <b>5</b>  | Did the organization become aware during the year of a significant diversion of the organization's assets?   |     | X  |
| <b>6</b>  | Did the organization have members or stockholders?   |     | X  |
| <b>7a</b> | 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  |
| <b>7b</b> | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  |     | X  |
| <b>8</b>  | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  |     |    |
| <b>8a</b> | The governing body?  | X   |    |
| <b>8b</b> | Each committee with authority to act on behalf of the governing body?  | X   |    |
| <b>9</b>  | 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.)

|            |  | Yes | No |
|------------|--|-----|----|
| <b>10a</b> | Did the organization have local chapters, branches, or affiliates?   |     | X  |
| <b>10b</b> | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?   |     |    |
| <b>11a</b> | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  | X   |    |
| <b>11b</b> | Describe on Schedule O the process, if any, used by the organization to review this Form 990.  |     |    |
| <b>12a</b> | Did the organization have a written conflict of interest policy? If "No," go to line 13  | X   |    |
| <b>12b</b> | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  | X   |    |
| <b>12c</b> | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done   | X   |    |
| <b>13</b>  | Did the organization have a written whistleblower policy?  | X   |    |
| <b>14</b>  | Did the organization have a written document retention and destruction policy?   | X   |    |
| <b>15</b>  | 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?   |     |    |
| <b>15a</b> | The organization's CEO, Executive Director, or top management official   | X   |    |
| <b>15b</b> | Other officers or key employees of the organization  | X   |    |
|            | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.   |     |    |
| <b>16a</b> | 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  |
| <b>16b</b> | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? |     |    |

**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.  
 Own website     Another's website     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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

| (A)<br>Name and title                                      | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |          | (D)<br>Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F)<br>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<br>CHIEF EXECUTIVE OFFICER             | 40.00   | X   |                       | X       |              |                              | 527,705. | 0.  | 9,072.   |   |
| (2) STEPHEN HOWELL<br>CFO AND COO                          | 40.00   |   |                       | X       |              |                              | 421,962. | 0.  | 13,248.  |   |
| (3) SUSAN CITRO<br>CHIEF EXPERIENCE OFFICER                | 40.00   |   |                       | X       |              |                              | 281,501. | 0.  | 18,136.  |   |
| (4) VALERIE DORIAN<br>CHIEF DEVELOPMENT OFFICER            | 40.00   |   |                       | X       |              |                              | 258,804. | 0.  | 12,096.  |   |
| (5) KAREN GALLARDO<br>SR. DIRECTOR - MAJOR & PLANNED GIVIN | 40.00   |   |                       |         |              | X                            | 260,012. | 0.  | 9,144.   |   |
| (6) HOLLY SIZEMORE<br>CHIEF MISSIONS OFFICER               | 40.00   |   |                       | X       |              |                              | 222,946. | 0.  | 9,144.   |   |
| (7) GREGORY CASTLE<br>CO-FOUNDER/INTERNAL CONSULTANT       | 40.00   | X   |                       |         |              |                              | 220,092. | 0.  | 9,072.   |   |
| (8) JUDAH BATTISTA<br>CHIEF SANCTUARY OFFICER              | 40.00   |   |                       | X       |              |                              | 218,349. | 0.  | 10,136.  |   |
| (9) ELISE TRAUB<br>CHIEF EXTERNAL AFFAIRS OFFICER & CHI    | 40.00   |   |                       | X       |              |                              | 215,061. | 0.  | 8,648.   |   |
| (10) MARC PERALTA<br>CHIEF PROGRAM OFFICER                 | 40.00   |   |                       | X       |              |                              | 210,699. | 0.  | 11,136.  |   |
| (11) GRETA PALMER<br>CHIEF BRAND & COMMUNICATIONS          | 40.00   |   |                       | X       |              |                              | 210,913. | 0.  | 9,072.   |   |
| (12) REBECCA HUSS<br>GENERAL COUNSEL                       | 40.00   |   |                       |         |              | X                            | 201,538. | 0.  | 9,051.   |   |
| (13) AMY STARNES<br>CHIEF INNOVATION OFFICER               | 40.00   |   |                       | X       |              |                              | 193,363. | 0.  | 11,280.  |   |
| (14) ALFRED BATTISTA<br>BOARD CHAIR INTERNAL CONSULTANT    | 40.00   | X   |                       |         |              |                              | 187,987. | 0.  | 9,072.   |   |
| (15) ERIKA ARNOLD<br>DIRECTOR - PROCESS EXCELLENCE         | 40.00   |   |                       |         |              | X                            | 187,585. | 0.  | 7,200.   |   |
| (16) JOSE OCANO<br>SR. DIRECTOR - TALENT & CULTURE         | 40.00   |   |                       |         |              | X                            | 178,995. | 0.  | 4,266.   |   |
| (17) TARA TIMPSON<br>STAFF VETERINARIAN                    | 40.00   |   |                       |         |              | X                            | 182,000. | 0.  | 0.   |   |

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

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |            | (D)<br>Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F)<br>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) BERNADETTE MEJIA<br>DIRECTOR OF PRINCIPAL GIFTS           | 40.00   | X   |                       |         |              |                              | 172,867.   | 0.  | 9,072.   |   |
| (19) CYRUS MEJIA<br>INTERNAL CONSULTANT                        | 40.00   | X   |                       |         |              |                              | 88,888.    | 0.  | 0.   |   |
| (20) ABIGAIL JONES<br>BOARD VICE-CHAIR                         | 1.00  | X   |                       |         |              |                              | 0.         | 0.  | 0.   |   |
| (21) LYNN FLANDERS<br>BOARD TREASURER                          | 1.00  | X   |                       |         |              |                              | 0.         | 0.  | 0.   |   |
| (22) MICARL HILL<br>BOARD MEMBER                               | 1.00  | X   |                       |         |              |                              | 0.         | 0.  | 0.   |   |
| (23) OKE MUELLER<br>BOARD MEMBER                               | 1.00  | X   |                       |         |              |                              | 0.         | 0.  | 0.   |   |
| (24) LONA WILLIAMS<br>BOARD MEMBER                             | 1.00  | X   |                       |         |              |                              | 0.         | 0.  | 0.   |   |
| (25) DENISE CLARK<br>BOARD MEMBER                              | 1.00  | X   |                       |         |              |                              | 0.         | 0.  | 0.   |   |
| (26) JOSEPH ANGELO<br>BOARD MEMBER                             | 1.00  | X   |                       |         |              |                              | 0.         | 0.  | 0.   |   |
| <b>1b Subtotal</b>   |   |   |                       |         |              |                              | 4,441,267. | 0.  | 168,845.   |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> |   |   |                       |         |              |                              | 0.         | 0.  | 0.   |   |
| <b>d Total (add lines 1b and 1c)</b>                           |   |   |                       |         |              |                              | 4,441,267. | 0.  | 168,845.   |   |

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 <b>former</b> 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)<br>Name and business address   | (B)<br>Description of services | (C)<br>Compensation |
|--|--------------------------------|---------------------|
| SMITH-SCOTT PROPERTIES LTD<br>1933 WALLENBERG DR, FORT COLLINS, CO 80526 | RENT                           | 268,376.            |
| CASANOVA PUBLICIDAD LLC<br>3337 SUSAN ST #200, COSTA MESA, CA 92626      | ADVERTISING AND PROMOTION      | 248,744.            |
| MICHAEL & CHRISTINE HOWARTH<br>4880 S ATLANTA RD SE, ATLANTA, GA 30339   | RENT                           | 145,471.            |

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 3

**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 | <b>1 a</b>   | Federated campaigns .....  | 210,970.   |                                    |                            |  |      |
|  | <b>1 b</b>   | Membership dues .....  |  |                                    |                            |  |      |
|  | <b>1 c</b>   | Fundraising events .....   | 23,936.  |                                    |                            |  |      |
|  | <b>1 d</b>   | Related organizations .....  |  |                                    |                            |  |      |
|  | <b>1 e</b>   | Government grants (contributions) .....  | 86,802.  |                                    |                            |  |      |
|  | <b>1 f</b>   | All other contributions, gifts, grants, and similar amounts not included above ... | 168,675,600.   |                                    |                            |  |      |
|  | <b>1 g</b>   | Noncash contributions included in lines 1a-1f                                      | \$ 3,440,392.  |                                    |                            |  |      |
|  | <b>1 h</b>   | <b>Total.</b> Add lines 1a-1f .....  | 168,997,308.   |                                    |                            |  |      |
|  | Program Service Revenue  | <b>2 a</b>   | CLINIC REVENUE   | 541900                             | 492,726.                   | 492,726.   |      |
| <b>2 b</b>   |  | PROGRAM EVENTS   | 901101   | 391,850.                           | 391,850.                   |  |      |
| <b>2 c</b>   |  |  |  |                                    |                            |  |      |
| <b>2 d</b>   |  |  |  |                                    |                            |  |      |
| <b>2 e</b>   |  |  |  |                                    |                            |  |      |
| <b>2 f</b>   |  | All other program service revenue .....  |  |                                    |                            |  |      |
| <b>2 g</b>   |  | <b>Total.</b> Add lines 2a-2f .....  |  | 884,576.                           |                            |  |      |
| Other Revenue  |  | <b>3</b>   | Investment income (including dividends, interest, and other similar amounts) ..... |                                    | 885,663.                   | 885,663.   |      |
|  | <b>4</b>   | Income from investment of tax-exempt bond proceeds .....                           |  |                                    |                            |  |      |
|  | <b>5</b>   | Royalties .....  |  | 25,213.                            | 25,213.                    |  |      |
|  | <b>6 a</b>   | Gross rents .....  | (i) Real   | 1,951,197.                         |                            |  |      |
|  |  |  | (ii) Personal  |                                    |                            |  |      |
|  |  |  |  |                                    |                            |  |      |
|  | <b>6 b</b>   | Less: rental expenses ...  | 2,683,597.   |                                    |                            |  |      |
|  | <b>6 c</b>   | Rental income or (loss)  | -732,400.  |                                    |                            |  |      |
|  | <b>6 d</b>   | Net rental income or (loss) .....  |  | -732,400.                          | -378,327.                  | -354,364.  | 291. |
|  | <b>7 a</b>   | Gross amount from sales of assets other than inventory .....                       | (i) Securities   | 12,006,424.                        | 1,991,747.                 |  |      |
|  |  |  | (ii) Other   |                                    |                            |  |      |
|  |  |  |  |                                    |                            |  |      |
|  | <b>7 b</b>   | Less: cost or other basis and sales expenses .....                                 | 10,677,718.  | 296,194.                           |                            |  |      |
|  | <b>7 c</b>   | Gain or (loss) .....   | 1,328,706.   | 1,695,553.                         |                            |  |      |
|  | <b>7 d</b>   | Net gain or (loss) .....   |  | 3,024,259.                         | 3,024,259.                 |  |      |
| <b>8 a</b>   | Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 ..... |  |  |                                    |                            |  |      |
| <b>8 b</b>   | Less: direct expenses .....  |  |  |                                    |                            |  |      |
| <b>8 c</b>   | Net income or (loss) from fundraising events .....   |  |  |                                    |                            |  |      |
| <b>9 a</b>   | Gross income from gaming activities. See Part IV, line 19 .....  |  |  |                                    |                            |  |      |
| <b>9 b</b>   | Less: direct expenses .....  |  |  |                                    |                            |  |      |
| <b>9 c</b>   | Net income or (loss) from gaming activities .....  |  |  |                                    |                            |  |      |
| <b>10 a</b>  | Gross sales of inventory, less returns and allowances .....  | 1,535,844.   |  |                                    |                            |  |      |
| <b>10 b</b>  | Less: cost of goods sold .....   | 1,416,918.   |  |                                    |                            |  |      |
| <b>10 c</b>  | Net income or (loss) from sales of inventory .....   |  | 118,926.   | 72,332.                            | 46,594.                    |  |      |
| Miscellaneous Revenue                                  | <b>11 a</b>  | CAFETERIA  | 722514   | 147,805.                           | 147,805.                   |  |      |
|  | <b>11 b</b>  | ANGELS REST  | 812900   | 94,907.                            | 94,907.                    |  |      |
|  | <b>11 c</b>  | MAGAZINE ADVERTISING   | 541800   | 45,726.                            | 24,866.                    | 20,860.  |      |
|  | <b>11 d</b>  | All other revenue .....  |  |                                    |                            |  |      |
|  | <b>11 e</b>  | <b>Total.</b> Add lines 11a-11d .....  |  | 288,438.                           |                            |  |      |
| <b>12</b>  | <b>Total revenue.</b> See instructions .....   |  | 173,491,983.   | 4,781,294.                         | -286,910.                  | 291.   |      |

**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)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...   | 13,600,692.           | 13,600,692.                     |  |                             |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....  | 47,045.               | 47,045.                         |  |                             |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....   |                       |                                 |  |                             |
| <b>4</b> Benefits paid to or for members .....  |                       |                                 |  |                             |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees .....   | 3,984,722.            | 1,128,638.                      | 1,853,115.                             | 1,002,969.                  |
| <b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....   |                       |                                 |  |                             |
| <b>7</b> Other salaries and wages .....   | 58,934,379.           | 46,776,834.                     | 2,746,735.                             | 9,410,810.                  |
| <b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)   | 2,276,562.            | 1,914,624.                      | 79,983.                                | 281,955.                    |
| <b>9</b> Other employee benefits .....  | 9,129,792.            | 7,351,779.                      | 670,224.                               | 1,107,789.                  |
| <b>10</b> Payroll taxes .....   | 4,522,979.            | 3,445,726.                      | 405,764.                               | 671,489.                    |
| <b>11</b> Fees for services (nonemployees):   |                       |                                 |  |                             |
| <b>a</b> Management .....   |                       |                                 |  |                             |
| <b>b</b> Legal .....  | 205,877.              | 77.                             | 205,800.                               |                             |
| <b>c</b> Accounting .....   |                       |                                 |  |                             |
| <b>d</b> Lobbying .....   | 715,292.              | 715,292.                        |  |                             |
| <b>e</b> Professional fundraising services. See Part IV, line 17  | 905,599.              |                                 |  | 905,599.                    |
| <b>f</b> Investment management fees .....   | 560,863.              |                                 | 560,863.                               |                             |
| <b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)   | 4,584,892.            | 3,074,275.                      | 1,427,220.                             | 83,397.                     |
| <b>12</b> Advertising and promotion .....   | 5,717,882.            | 1,727,748.                      | 9,963.                                 | 3,980,171.                  |
| <b>13</b> Office expenses .....   | 1,011,434.            | 274,830.                        | 723,253.                               | 13,351.                     |
| <b>14</b> Information technology .....  | 4,640,794.            | 3,403,334.                      | 534,623.                               | 702,837.                    |
| <b>15</b> Royalties .....   |                       |                                 |  |                             |
| <b>16</b> Occupancy .....   | 3,964,498.            | 3,747,449.                      | 137,119.                               | 79,930.                     |
| <b>17</b> Travel .....  | 4,029,482.            | 3,218,901.                      | 225,396.                               | 585,185.                    |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...  |                       |                                 |  |                             |
| <b>19</b> Conferences, conventions, and meetings .....  | 2,008,292.            | 1,962,981.                      | 8,841.                                 | 36,470.                     |
| <b>20</b> Interest .....  | 1,181,354.            | -4,381.                         | 1,167,376.                             | 18,359.                     |
| <b>21</b> Payments to affiliates .....  |                       |                                 |  |                             |
| <b>22</b> Depreciation, depletion, and amortization .....   | 2,371,236.            | 2,130,978.                      | 216,783.                               | 23,475.                     |
| <b>23</b> Insurance .....   | 2,252,450.            | 992,624.                        | 1,241,332.                             | 18,494.                     |
| <b>24</b> 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.)   |                       |                                 |  |                             |
| <b>a</b> ANIMAL FOOD MEDICAL SUP  | 8,969,777.            | 8,969,777.                      |  |                             |
| <b>b</b> PRINTING   | 6,573,738.            | 1,515,754.                      | 255,244.                               | 4,802,740.                  |
| <b>c</b> POSTAGE AND SHIPPING   | 4,030,864.            | 1,083,925.                      | 8,351.                                 | 2,938,588.                  |
| <b>d</b> MISCELLANEOUS  | 1,919,103.            | 1,160,223.                      | 730,809.                               | 28,071.                     |
| <b>e</b> All other expenses .....   |                       |                                 |  |                             |
| <b>25</b> Total functional expenses. Add lines 1 through 24e  | 148,139,598.          | 108,239,125.                    | 13,208,794.                            | 26,691,679.                 |
| <b>26</b> 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) | 2,663,099.            | 1,148,440.                      | 0.                                     | 1,514,659.                  |

**Part X Balance Sheet**

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

|  |  | (A)<br>Beginning of year |              | (B)<br>End of year     |
|--|--|--------------------------|--------------|------------------------|
| <b>Assets</b>  | <b>1</b> Cash - non-interest-bearing   | 2,228,141.               | <b>1</b>     | 3,156,862.             |
|  | <b>2</b> Savings and temporary cash investments  | 4,742,603.               | <b>2</b>     |                        |
|  | <b>3</b> Pledges and grants receivable, net  | 7,079,764.               | <b>3</b>     | 22,598,337.            |
|  | <b>4</b> Accounts receivable, net  | 217,117.                 | <b>4</b>     | 504,606.               |
|  | <b>5</b> 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 |                          | <b>5</b>     |                        |
|  | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)   |                          | <b>6</b>     |                        |
|  | <b>7</b> Notes and loans receivable, net   |                          | <b>7</b>     |                        |
|  | <b>8</b> Inventories for sale or use   | 928,955.                 | <b>8</b>     | 1,026,385.             |
|  | <b>9</b> Prepaid expenses and deferred charges   | 3,548,339.               | <b>9</b>     | 4,095,420.             |
|  | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D   | <b>10a</b> 119,963,533.  |              |                        |
|  | <b>b</b> Less: accumulated depreciation  | <b>10b</b> 30,069,852.   | 69,552,935.  | <b>10c</b> 89,893,681. |
|  | <b>11</b> Investments - publicly traded securities   | 83,726,800.              | <b>11</b>    | 88,782,308.            |
|  | <b>12</b> Investments - other securities. See Part IV, line 11   | 2,520,972.               | <b>12</b>    | 2,645,529.             |
|  | <b>13</b> Investments - program-related. See Part IV, line 11  |                          | <b>13</b>    |                        |
|  | <b>14</b> Intangible assets  |                          | <b>14</b>    |                        |
|  | <b>15</b> Other assets. See Part IV, line 11   | 3,651,802.               | <b>15</b>    | 3,603,264.             |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33)        | 178,197,428.   | <b>16</b>                | 216,306,392. |                        |
| <b>Liabilities</b>   | <b>17</b> Accounts payable and accrued expenses  | 13,426,094.              | <b>17</b>    | 20,777,522.            |
|  | <b>18</b> Grants payable   |                          | <b>18</b>    |                        |
|  | <b>19</b> Deferred revenue   |                          | <b>19</b>    |                        |
|  | <b>20</b> Tax-exempt bond liabilities  |                          | <b>20</b>    |                        |
|  | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D  |                          | <b>21</b>    |                        |
|  | <b>22</b> 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     |                          | <b>22</b>    |                        |
|  | <b>23</b> Secured mortgages and notes payable to unrelated third parties   | 39,965,376.              | <b>23</b>    | 37,385,776.            |
|  | <b>24</b> Unsecured notes and loans payable to unrelated third parties   |                          | <b>24</b>    |                        |
|  | <b>25</b> 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  | 3,910,840.               | <b>25</b>    | 6,137,528.             |
|  | <b>26 Total liabilities.</b> Add lines 17 through 25   | 57,302,310.              | <b>26</b>    | 64,300,826.            |
| <b>Net Assets or Fund Balances</b>   | <b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/>  |                          |              |                        |
|  | <b>and complete lines 27, 28, 32, and 33.</b>  |                          |              |                        |
|  | <b>27</b> Net assets without donor restrictions  | 84,425,535.              | <b>27</b>    | 116,039,779.           |
|  | <b>28</b> Net assets with donor restrictions   | 36,469,583.              | <b>28</b>    | 35,965,787.            |
|  | <b>Organizations that do not follow FASB ASC 958, check here</b>   |                          |              |                        |
|  | <b>and complete lines 29 through 33.</b>   |                          |              |                        |
|  | <b>29</b> Capital stock or trust principal, or current funds   |                          | <b>29</b>    |                        |
|  | <b>30</b> Paid-in or capital surplus, or land, building, or equipment fund   |                          | <b>30</b>    |                        |
| <b>31</b> Retained earnings, endowment, accumulated income, or other funds |  | <b>31</b>                |              |                        |
| <b>32</b> Total net assets or fund balances                                | 120,895,118.   | <b>32</b>                | 152,005,566. |                        |
| <b>33</b> Total liabilities and net assets/fund balances                   | 178,197,428.   | <b>33</b>                | 216,306,392. |                        |

Form 990 (2022)

**Part XI Reconciliation of Net Assets**

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

|           |  |           |              |
|-----------|--|-----------|--------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)  | <b>1</b>  | 173,491,983. |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)   | <b>2</b>  | 148,139,598. |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1   | <b>3</b>  | 25,352,385.  |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                      | <b>4</b>  | 120,895,118. |
| <b>5</b>  | Net unrealized gains (losses) on investments   | <b>5</b>  | 4,827,157.   |
| <b>6</b>  | Donated services and use of facilities   | <b>6</b>  |              |
| <b>7</b>  | Investment expenses  | <b>7</b>  |              |
| <b>8</b>  | Prior period adjustments   | <b>8</b>  |              |
| <b>9</b>  | Other changes in net assets or fund balances (explain on Schedule O)   | <b>9</b>  | 930,906.     |
| <b>10</b> | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | <b>10</b> | 152,005,566. |

**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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F? \_\_\_\_\_
- 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 |
|-----------|-----|----|
| <b>2a</b> |     | X  |
| <b>2b</b> | X   |    |
| <b>2c</b> | X   |    |
| <b>3a</b> |     | X  |
| <b>3b</b> |     |    |

Form 990 (2022)

**SCHEDULE A**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

Open to Public Inspection

|  |   |
|--|---|
| <b>Name of the organization</b><br>BEST FRIENDS ANIMAL SOCIETY | <b>Employer identification number</b><br>23-7147797 |
|--|---|

**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations .....
- g Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-10 above (see instructions)) | (iv) Is the organization listed in your governing document? |    | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|---|---|----|---|---|
|                                    |          |   | Yes   | No |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
| <b>Total</b>                       |          |   |   |    |   |   |

**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) 2018    | (b) 2019     | (c) 2020     | (d) 2021     | (e) 2022     | (f) Total    |
|--|-------------|--------------|--------------|--------------|--------------|--------------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....  | 95,305,864. | 103,580,343. | 120,675,384. | 136,989,679. | 168,997,308. | 625,548,578. |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....   |             |              |              |              |              |              |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....   |             |              |              |              |              |              |
| <b>4 Total.</b> Add lines 1 through 3 .....  | 95,305,864. | 103,580,343. | 120,675,384. | 136,989,679. | 168,997,308. | 625,548,578. |
| <b>5</b> 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) ..... |             |              |              |              |              | 967,374.     |
| <b>6 Public support.</b> Subtract line 5 from line 4.  |             |              |              |              |              | 624,581,204. |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in)   | (a) 2018    | (b) 2019     | (c) 2020     | (d) 2021     | (e) 2022     | (f) Total                |
|---|-------------|--------------|--------------|--------------|--------------|--------------------------|
| <b>7</b> Amounts from line 4 .....  | 95,305,864. | 103,580,343. | 120,675,384. | 136,989,679. | 168,997,308. | 625,548,578.             |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....  | 2,895,636.  | 168,709.     | 1,933,664.   | 3,020,436.   | 297,402.     | 8,315,847.               |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....   |             |              |              |              |              |                          |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....   | 246,157.    | 259,345.     | 271,840.     | 321,719.     | 288,438.     | 1,387,499.               |
| <b>11 Total support.</b> Add lines 7 through 10   |             |              |              |              |              | 635,251,924.             |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) .....   |             |              |              |              | 12           | 7,428,655.               |
| <b>13 First 5 years.</b> 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 <b>stop here</b> ..... |             |              |              |              |              | <input type="checkbox"/> |

**Section C. Computation of Public Support Percentage**

|   |           |                                     |
|---|-----------|-------------------------------------|
| <b>14</b> Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) .....   | <b>14</b> | 98.32 %                             |
| <b>15</b> Public support percentage from 2021 Schedule A, Part II, line 14 .....  | <b>15</b> | 97.92 %                             |
| <b>16a 33 1/3% support test - 2022.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....  |           | <input checked="" type="checkbox"/> |
| <b>b 33 1/3% support test - 2021.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....   |           | <input type="checkbox"/>            |
| <b>17a 10% -facts-and-circumstances test - 2022.</b> 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 <b>stop here.</b> 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>b 10% -facts-and-circumstances test - 2021.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> 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) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (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. Add lines 1 through 5; 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. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (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. (Add lines 9, 10c, 11, and 12.)

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2021 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2021 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and 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 - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

|  | Yes | No |
|--|-----|----|
| <b>1</b> 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>  |     |    |
| <b>2</b> 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>   |     |    |
| <b>3a</b> 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>b</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>   |     |    |
| <b>c</b> 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>  |     |    |
| <b>4a</b> 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>b</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>  |     |    |
| <b>c</b> 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>   |     |    |
| <b>5a</b> 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>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?   |     |    |
| <b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?  |     |    |
| <b>6</b> 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>  |     |    |
| <b>7</b> 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>  |     |    |
| <b>8</b> 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>  |     |    |
| <b>9a</b> 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>b</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>  |     |    |
| <b>c</b> 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>   |     |    |
| <b>10a</b> 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>b</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? Sub-rows 11a, 11b, 11c.

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, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Row 2: Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? Row 3: By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?

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 during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

**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                               | <b>Adjusted Net Income</b> (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                                | <b>Total</b> (add lines 1a, 1b, and 1c)   | 1d             |                             |
| e                                | <b>Discount</b> 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                                | <b>Minimum Asset Amount</b> (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                                | <b>Distributable Amount.</b> 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)

| <b>Section D - Distributions</b> |   | <b>Current Year</b> |
|----------------------------------|---|---------------------|
| <b>1</b>                         | Amounts paid to supported organizations to accomplish exempt purposes   | <b>1</b>            |
| <b>2</b>                         | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity               | <b>2</b>            |
| <b>3</b>                         | Administrative expenses paid to accomplish exempt purposes of supported organizations   | <b>3</b>            |
| <b>4</b>                         | Amounts paid to acquire exempt-use assets   | <b>4</b>            |
| <b>5</b>                         | Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )  | <b>5</b>            |
| <b>6</b>                         | Other distributions ( <i>describe in Part VI</i> ). See instructions.   | <b>6</b>            |
| <b>7</b>                         | <b>Total annual distributions.</b> Add lines 1 through 6.   | <b>7</b>            |
| <b>8</b>                         | Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions. | <b>8</b>            |
| <b>9</b>                         | Distributable amount for 2022 from Section C, line 6  | <b>9</b>            |
| <b>10</b>                        | Line 8 amount divided by line 9 amount  | <b>10</b>           |

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

Schedule A (Form 990) 2022

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

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

CAFETERIA

2018 AMOUNT: \$ 178,807.

2019 AMOUNT: \$ 83,652.

2020 AMOUNT: \$ 89,163.

2021 AMOUNT: \$ 101,402.

2022 AMOUNT: \$ 147,805.

ADVERTISING

2019 AMOUNT: \$ 123,430.

2020 AMOUNT: \$ 93,897.

2021 AMOUNT: \$ 116,958.

2022 AMOUNT: \$ 45,726.

ANGEL'S REST

2018 AMOUNT: \$ 67,350.

2019 AMOUNT: \$ 52,263.

2020 AMOUNT: \$ 88,780.

2021 AMOUNT: \$ 103,359.

2022 AMOUNT: \$ 94,907.

SCHEDULE A PART II SECTION B LINE 10

CAFETERIA & VENDING INCOME \$147,805

ADVERTISING \$45,726

ANGELS REST \$94,907

**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.)

Multiple horizontal lines for supplemental information.

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

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<br><br><b>BEST FRIENDS ANIMAL SOCIETY</b> | <b>Employer identification number</b><br><br>23-7147797 |
|--|---|

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No.        | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|-------------------|-----------------------------------|----------------------------|---|
| 1                 | <hr/> <hr/> <hr/>                 | \$ 9,228,937.              | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 2                 | <hr/> <hr/> <hr/>                 | \$ 4,711,485.              | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 3                 | <hr/> <hr/> <hr/>                 | \$ 4,898,730.              | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| <hr/> <hr/> <hr/> | <hr/> <hr/> <hr/>                 | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| <hr/> <hr/> <hr/> | <hr/> <hr/> <hr/>                 | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| <hr/> <hr/> <hr/> | <hr/> <hr/> <hr/>                 | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |

|   |  |
|---|--|
| Name of organization<br><br>BEST FRIENDS ANIMAL SOCIETY | Employer identification number<br><br>23-7147797 |
|---|--|

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|------------------------------|--|---|----------------------|
|                              | _____  | \$ _____  | _____                |
|                              | _____  | \$ _____  | _____                |
|                              | _____  | \$ _____  | _____                |
|                              | _____  | \$ _____  | _____                |
|                              | _____  | \$ _____  | _____                |
|                              | _____  | \$ _____  | _____                |
|                              | _____  | \$ _____  | _____                |
|                              | _____  | \$ _____  | _____                |

|   |  |
|---|--|
| Name of organization<br><br>BEST FRIENDS ANIMAL SOCIETY | Employer identification number<br><br>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 |
|---|---------------------|--|-------------------------------------|
|   |                     |  |                                     |
| <b>(e) Transfer of gift</b>             |                     |  |                                     |
| Transferee's name, address, and ZIP + 4 |                     | Relationship of transferor to transferee |                                     |
|   |                     |  |                                     |
|   |                     |  |                                     |
| <b>(e) Transfer of gift</b>             |                     |  |                                     |
| Transferee's name, address, and ZIP + 4 |                     | Relationship of transferor to transferee |                                     |
|   |                     |  |                                     |
|   |                     |  |                                     |
| <b>(e) Transfer of gift</b>             |                     |  |                                     |
| Transferee's name, address, and ZIP + 4 |                     | Relationship of transferor to transferee |                                     |
|   |                     |  |                                     |
|   |                     |  |                                     |
| <b>(e) Transfer of gift</b>             |                     |  |                                     |
| Transferee's name, address, and ZIP + 4 |                     | Relationship of transferor to transferee |                                     |
|   |                     |  |                                     |
|   |                     |  |                                     |
| <b>(e) Transfer of gift</b>             |                     |  |                                     |
| Transferee's name, address, and ZIP + 4 |                     | Relationship of transferor to transferee |                                     |
|   |                     |  |                                     |
|   |                     |  |                                     |
| <b>(e) Transfer of gift</b>             |                     |  |                                     |
| 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

**2022**

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](http://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<br><b>BEST FRIENDS ANIMAL SOCIETY</b> | Employer identification number<br><b>23-7147797</b> |
|--|---|

**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) 2022

**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.

| <b>Limits on Lobbying Expenditures</b><br>(The term "expenditures" means amounts paid or incurred.)  |   | (a) Filing organization's totals                | (b) Affiliated group totals                              |                    |                               |   |  |   |  |  |   |                   |              |  |  |
|--|---|---|--|--------------------|-------------------------------|---|--|---|--|--|---|-------------------|--------------|--|--|
| <b>1a</b>  | Total lobbying expenditures to influence public opinion (grassroots lobbying) .....   | 20,865.   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>b</b>   | Total lobbying expenditures to influence a legislative body (direct lobbying) .....   | 639,400.  |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>c</b>   | Total lobbying expenditures (add lines 1a and 1b) .....   | 660,265.  |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>d</b>   | Other exempt purpose expenditures .....   | 147,479,333.                                    |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>e</b>   | Total exempt purpose expenditures (add lines 1c and 1d) .....   | 148,139,598.                                    |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>f</b>   | 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.  |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>g</b>   | Grassroots nontaxable amount (enter 25% of line 1f) .....   | 250,000.  |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>h</b>   | Subtract line 1g from line 1a. If zero or less, enter -0- .....   | 0.  |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>i</b>   | Subtract line 1f from line 1c. If zero or less, enter -0- .....   | 0.  |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>j</b>   | 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.)

| <b>Lobbying Expenditures During 4-Year Averaging Period</b>         |            |            |            |            |            |
|---|------------|------------|------------|------------|------------|
| Calendar year<br>(or fiscal year beginning in)                      | (a) 2019   | (b) 2020   | (c) 2021   | (d) 2022   | (e) Total  |
| <b>2a</b> Lobbying nontaxable amount                                | 1,000,000. | 1,000,000. | 1,000,000. | 1,000,000. | 4,000,000. |
| <b>b</b> Lobbying ceiling amount<br>(150% of line 2a, column(e))    |            |            |            |            | 6,000,000. |
| <b>c</b> Total lobbying expenditures                                | 146,947.   | 335,764.   | 355,245.   | 660,265.   | 1,498,221. |
| <b>d</b> Grassroots nontaxable amount                               | 250,000.   | 250,000.   | 250,000.   | 250,000.   | 1,000,000. |
| <b>e</b> Grassroots ceiling amount<br>(150% of line 2d, column (e)) |            |            |            |            | 1,500,000. |
| <b>f</b> Grassroots lobbying expenditures                           | 4,382.     | 3,697.     | 4,484.     | 20,865.    | 33,428.    |

**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)).**

|   | (a) |    | (b)    |
|---|-----|----|--------|
|   | Yes | No | Amount |
| <b>1</b> During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: |     |    |        |
| <b>a</b> Volunteers? .....  |     |    |        |
| <b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..  |     |    |        |
| <b>c</b> Media advertisements? .....  |     |    |        |
| <b>d</b> Mailings to members, legislators, or the public? .....   |     |    |        |
| <b>e</b> Publications, or published or broadcast statements? .....  |     |    |        |
| <b>f</b> Grants to other organizations for lobbying purposes? .....   |     |    |        |
| <b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....  |     |    |        |
| <b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....  |     |    |        |
| <b>i</b> Other activities? .....  |     |    |        |
| <b>j</b> Total. Add lines 1c through 1i .....   |     |    |        |
| <b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....   |     |    |        |
| <b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....  |     |    |        |
| <b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....   |     |    |        |
| <b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....   |     |    |        |

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

|  | Yes      | No |
|--|----------|----|
| <b>1</b> Were substantially all (90% or more) dues received nondeductible by members? .....  | <b>1</b> |    |
| <b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....                                   | <b>2</b> |    |
| <b>3</b> Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? ..... | <b>3</b> |    |

**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."**

|  |           |  |
|--|-----------|--|
| <b>1</b> Dues, assessments and similar amounts from members .....  | <b>1</b>  |  |
| <b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  |           |  |
| <b>a</b> Current year .....  | <b>2a</b> |  |
| <b>b</b> Carryover from last year .....  | <b>2b</b> |  |
| <b>c</b> Total .....   | <b>2c</b> |  |
| <b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .....   | <b>3</b>  |  |
| <b>4</b> 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 expenditures next year? ..... | <b>4</b>  |  |
| <b>5</b> Taxable amount of lobbying and political expenditures. See instructions .....   | <b>5</b>  |  |

**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.

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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

2022

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, acquired after 2006), and questions 3-9 regarding monitoring, expenses, and reporting.

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions 1a, 1b, 2, and 2a, 2b regarding art and historical treasures reporting.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2022

**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                     | 20,283,174.      | 22,813,729.    | 19,111,419.        | 18,792,869.          | 24,599,801.         |
| b Contributions                                  | 81,141.          | 580,617.       | 1,241,709.         | 545,544.             | 1,683,381.          |
| c Net investment earnings, gains, and losses     | 1,689,207.       | -2,705,781.    | 2,780,234.         | 605,072.             | 287,031.            |
| d Grants or scholarships                         |                  |                |                    |                      |                     |
| e Other expenditures for facilities and programs |                  |                |                    |                      | 7,400,956.          |
| f Administrative expenses                        | 432,314.         | 405,391.       | 319,633.           | 832,066.             | 376,388.            |
| g End of year balance                            | 21,621,208.      | 20,283,174.    | 22,813,729.        | 19,111,419.          | 18,792,869.         |

- 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 42.0000 %
  - c Term endowment 58.0000 %
- 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  |                                      | 19,271,858.                     |                              | 19,271,858.    |
| b Buildings  |                                      | 43,501,624.                     | 16,035,614.                  | 27,466,010.    |
| c Leasehold improvements   |                                      | 3,776,479.                      | 3,279,667.                   | 496,812.       |
| d Equipment  |                                      | 6,010,541.                      | 4,525,320.                   | 1,485,221.     |
| e Other  |                                      | 47,403,031.                     | 6,229,251.                   | 41,173,780.    |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) |                                      |                                 |                              | 89,893,681.    |

**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)   |                |   |
| <b>Total.</b> (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)   |                |   |
| <b>Total.</b> (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)   |                |
| <b>Total.</b> (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                                     | 3,988,137.     |
| (3) OTHER LIABILITIES   | 2,149,391.     |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) |                |

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

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, 2023 AND SEPTEMBER 30, 2022 AND DETERMINED THERE WERE NO

MATERIAL UNRECOGNIZED TAX BENEFITS OR OBLIGATIONS. THE OPEN TAX YEARS

SUBJECT TO SELECTION FOR EXAMINATION ARE 2019 THROUGH 2022.

PART V, LINE 4

THE ORGANIZATION INTENDS TO USE THE INCOME GENERATED FROM THE PERMANENT

ENDOWMENT FOR VARIOUS PROGRAMS.





**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 _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><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: NEWPORT CREATIVE COMMUNICATIONS INC

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

(I) NAME OF FUNDRAISER: PMX AGENCY LLC

(I) ADDRESS OF FUNDRAISER:

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

**Part IV** Supplemental Information (continued)

(I) NAME OF FUNDRAISER: GOODUNITED

(I) ADDRESS OF FUNDRAISER: 804 MEETING ST #101, 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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

**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.

| <b>1 (a)</b> Name and address of organization or government | <b>(b)</b> EIN | <b>(c)</b> IRC section (if applicable) | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of noncash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of noncash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--|---------------------------------|---|--|--|---|
| ACTION PROGRAMS FOR ANIMALS                                 | 27-0234541     | 501(C)(3)                              | 20,000.                         | 0.                                      |  |  | PROGRAM SERVICE SUPPORT                   |
| ADAMS COUNTY SPCA   | 23-2044352     | 501(C)(3)                              | 43,000.                         | 0.                                      |  |  | PROGRAM SERVICE SUPPORT                   |
| ADOPT A PIT RESCUE  | 46-3038997     | 501(C)(3)                              | 10,750.                         | 0.                                      |  |  | PROGRAM SERVICE SUPPORT                   |
| ADOPT ME RESCUE   | 45-5568929     | 501(C)(3)                              | 10,000.                         | 0.                                      |  |  | PROGRAM SERVICE SUPPORT                   |
| AGGIELAND HUMANE SOCIETY                                    | 74-2150288     | 501(C)(3)                              | 29,425.                         | 0.                                      |  |  | PROGRAM SERVICE SUPPORT                   |
| ALL KIND ANIMAL INITIATIVE                                  | 86-3226661     | 501(C)(3)                              | 14,825.                         | 0.                                      |  |  | PROGRAM SERVICE SUPPORT                   |

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... **309.**
- 3** Enter total number of other organizations listed in the line 1 table .....

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

Schedule I (Form 990) 2022

**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 |
|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| ANGEL CITY PIT BULLS                               | 27-2348995 | 501(C)(3)                     | 84,575.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| ANIMAL ADOPTION CENTER                             | 52-1720581 | 501(C)(3)                     | 6,100.                   | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| ANIMAL ASSISTANCE LEAGUE OF SLIDELL                | 72-0972176 | 501(C)(3)                     | 15,975.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| ANIMAL CARE CENTERS OF NYC                         | 13-3788986 | 501(C)(3)                     | 35,000.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| ANIMAL CARE LEAGUE                                 | 23-7367847 | 501(C)(3)                     | 30,275.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| ANIMAL CARE OF DAVIS COUNTY                        | 87-6000297 | 501(C)(3)                     | 10,545.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| ANIMAL CARE SANCTUARY                              | 22-1837635 | 501(C)(3)                     | 50,700.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| ANIMAL HUMANE ASSOCIATION OF NEW MEXICO            | 85-0207652 | 501(C)(3)                     | 49,600.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| ANIMAL MISSION                                     | 57-0921521 | 501(C)(3)                     | 22,825.                  | 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 |
|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| ANIMAL PROTECTION LEAGUE INC                       | 35-2204674 | 501(C)(3)                     | 16,525.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| ANIMAL PROTECTION SOCIETY OF DURHAM INC            | 56-1047100 | 501(C)(3)                     | 16,950.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| ANIMAL PROTECTIVE LEAGUE OF SPRINGFIELD &          | 23-7095476 | 501(C)(3)                     | 37,750.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| ANIMAL RESCUE LEAGUE OF BERKS COUNTY               | 23-1417505 | 501(C)(3)                     | 5,425.                   | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| ANIMAL RESCUE LEAGUE OF IOWA                       | 42-0680427 | 501(C)(3)                     | 8,525.                   | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| ANIMAL SHELTER ALLIANCE OF RHEA COUNTY             | 47-3122393 | 501(C)(3)                     | 61,725.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| ANIMAL WELFARE ASSOCIATION INC                     | 22-1752792 | 501(C)(3)                     | 17,650.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| ANIMAL WELFARE LEAGUE OF CHARLOTTE COUNTY INC      | 59-1146309 | 501(C)(3)                     | 20,538.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| ANIMALS IN NEED RESCUE NETWORK INC                 | 46-5765146 | 501(C)(3)                     | 5,250.                   | 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 |
|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| ARDMORE ANIMAL CARE INC   | 73-1272540 | 501(C)(3)                     | 24,225.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| ARLINGTON ANIMAL SERVICES   | 75-6000450 | GOVERNMENT                    | 6,075.                   | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| ASSOCIATED HUMANE SOCIETIES INC                                     | 22-1487122 | 501(C)(3)                     | 25,775.                  | 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)                     | 328,800.                 | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| BADASS ANIMAL RESCUE  | 46-1354684 | 501(C)(3)                     | 8,550.                   | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| BAKERSFIELD POLICE DEPT   | 95-6000672 | 501(C)(3)                     | 8,000.                   | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| BAKERSFIELD SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS (SPCA) | 95-2141790 | 501(C)(3)                     | 9,000.                   | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| BARNWELL COUNTY ANIMAL SHELTER FOUNDATION                           | 26-1472920 | 501(C)(3)                     | 15,000.                  | 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 |
|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| BARNWELL COUNTY GOVERNMENT                         | 57-6000307 | 501(C)(3)                     | 11,400.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| BETTERTOGETHER FOREVER                             | 20-1329182 | 501(C)(3)                     | 11,250.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| BIG PAWS OF THE OZARKS                             | 46-4740246 | 501(C)(3)                     | 44,300.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| BOSSIER CITY ANIMAL SERVICES                       | 72-6000179 | GOVERNMENT                    | 20,700.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| BRANDON VETERINARY CLINIC                          | 81-0950186 | 501(C)(3)                     | 7,000.                   | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| BRO AND TRACY ANIMAL WELFARE                       | 85-0467886 | 501(C)(3)                     | 25,000.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| BROOKLYN BRIDGE ANIMAL WELFARE COALITION           | 26-1482964 | 501(C)(3)                     | 10,000.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| BROTHER WOLF ANIMAL RESCUE                         | 20-8787719 | 501(C)(3)                     | 12,500.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| CADD0 PARISH ANIMAL SERVICES & MOSQUITO CONTROL    | 72-6000223 | GOVERNMENT                    | 27,675.                  | 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 |
|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| CALIFORNIA LABRADORS RETRIEVERS AND MORE RESCUE    | 45-1589323 | 501(C)(3)                     | 20,000.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| CAMDEN COUNTY BOARD OF COMMISSIONERS               | 58-6000792 | GOVERNMENT                    | 25,000.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| CANINE CELLMATES                                   | 46-0765041 | 501(C)(3)                     | 25,000.                  | 7,162.                           | BOOK VALUE  | WASHER & DRYER                         | PROGRAM SERVICE SUPPORT            |
| CAPITAL HUMANE SOCIETY                             | 47-0376622 | 501(C)(3)                     | 53,850.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| CAROLINE COUNTY HUMANE SOCIETY                     | 52-1528421 | 501(C)(3)                     | 84,100.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| CATNIP FOUNDATION                                  | 47-4528787 | 501(C)(3)                     | 14,491.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| CATS MEOW INC.                                     | 90-0934692 | 501(C)(3)                     | 38,000.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| CEDAR CITY POLICE DEPARTMENT                       |            | GOVERNMENT                    | 5,233.                   | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| CENTRAL MISSOURI HUMANE SOCIETY                    | 43-0666742 | 501(C)(3)                     | 16,450.                  | 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 |
|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| CHARITY HQ   | 87-1402056 | 501(C)(3)                     | 20,000.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| CHARLESTON ANIMAL SOCIETY                          | 57-6021863 | 501(C)(3)                     | 173,550.                 | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| CHARLIE'S ANGELS SAVING ANIMAL INC                 | 86-1845689 | 501(C)(3)                     | 44,000.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| CHARLOTTESVILLE-ALBEMARLE SPCA                     | 54-0595009 | 501(C)(3)                     | 37,725.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| CHEBOYGAN COUNTY HUMANE SOCIETY                    | 38-2096214 | 501(C)(3)                     | 11,550.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| CHEMUNG COUNTY HUMANE SOCIETY & SPCA               | 16-0743999 | 501(C)(3)                     | 18,200.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| CITY OF ALEXANDRIA (ANIMAL SHELTER)                | 72-6000014 | GOVERNMENT                    | 35,000.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| CITY OF BENTON                                     | 71-6000806 | GOVERNMENT                    | 12,750.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| CITY OF BROWNSVILLE TEXAS                          | 74-6000422 | GOVERNMENT                    | 65,175.                  | 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 BRYANT                                     | 71-0388108 | GOVERNMENT                    | 12,550.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| CITY OF CENTERTON ARKANSAS                         | 71-0460462 | GOVERNMENT                    | 23,000.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| CITY OF DALLAS ANIMAL SERVICES                     | 75-6000508 | GOVERNMENT                    | 13,925.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| CITY OF FRESNO ANIMAL CENTER                       | 94-6000338 | GOVERNMENT                    | 5,600.                   | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| CITY OF GATESVILLE                                 | 74-6000958 | GOVERNMENT                    | 29,000.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| CITY OF GILLETTE ANIMAL SHELTER                    | 83-6000062 | GOVERNMENT                    | 11,800.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| CITY OF HOLLISTER                                  |            | GOVERNMENT                    | 16,000.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| CITY OF LEAGUE CITY ANIMAL SHELTER                 | 74-1468969 | GOVERNMENT                    | 31,300.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| CITY OF LOS ANGELES                                | 95-6000735 | GOVERNMENT                    | 26,875.                  | 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 MANTECA                                    | 94-6000366 | GOVERNMENT                    | 42,500.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| CITY OF MEMPHIS-ANIMAL CONTROL DIV                 | 62-6000361 | GOVERNMENT                    | 14,800.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| CITY OF PINE BLUFF                                 | 71-6009954 | GOVERNMENT                    | 12,000.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| CITY OF TULSA ANIMAL WELFARE                       | 73-6005470 | GOVERNMENT                    | 12,800.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| CITY OF VISALIA ANIMAL CARE CENTER                 | 94-6000449 | GOVERNMENT                    | 8,225.                   | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| CITY OF WINNFIELD ANIMAL SHELTER                   | 72-6001508 | GOVERNMENT                    | 9,250.                   | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| COLLETON COUNTY ANIMAL SERVICES                    | 57-6000339 | GOVERNMENT                    | 61,850.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| COLUSA COUNTY ANIMAL SHELTER                       | 94-6000508 | GOVERNMENT                    | 18,400.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| COMMUNITY ANIMAL MEDICINE PROJECT INC              | 20-8542566 | 501(C)(3)                     | 30,000.                  | 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 |
|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| COMMUNITY ANIMAL RESCUE EFFORT INC (CARE)          | 35-2155065 | 501(C)(3)                     | 10,000.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| COMMUNITY CAT SUPPORT NETWORK                      | 92-0510347 | 501(C)(3)                     | 12,650.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| COMMUNITY CATS GLOBAL                              | 85-3194486 | 501(C)(3)                     | 6,800.                   | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| COMMUNITY CATS OF CENTRAL ARKANSAS                 | 85-3194486 | 501(C)(3)                     | 10,000.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| COMPANION ANIMAL ALLIANCE                          | 27-1204719 | 501(C)(3)                     | 7,100.                   | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| CONTRA COSTA HUMANE SOCIETY                        | 68-0281428 | 501(C)(3)                     | 19,175.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| CONWAY ANIMAL WELFARE SHELTER SUPPORT              | 83-3565477 | 501(C)(3)                     | 12,500.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| COUNTY OF CUMBERLAND                               | 56-6000291 | GOVERNMENT                    | 8,300.                   | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| COUNTY OF PEORIA-APS                               | 37-6001763 | GOVERNMENT                    | 51,775.                  | 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 |
|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| COUNTY OF VENTURA ANIMAL SERVICES                  | 77-0504872 | GOVERNMENT                    | 31,400.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| CROWNTOWN ANIMAL HOUSE INC                         | 88-1346446 | 501(C)(3)                     | 7,500.                   | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| DARLINGTON COUNTY HUMANE SOCIETY                   | 57-1050670 | 501(C)(3)                     | 5,725.                   | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| DEMING ANIMAL GUARDIANS                            | 01-0776195 | 501(C)(3)                     | 24,125.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| DISTRICT 5 ANIMAL ALLIANCE DETROIT                 | 85-1605142 | 501(C)(3)                     | 8,000.                   | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| DOG RESCUE R US                                    | 84-1980246 | 501(C)(3)                     | 48,472.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| DOGS ADOPTION NETWORK                              | 92-3722009 | 501(C)(3)                     | 9,300.                   | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| DOGS PLAYING FOR LIFE                              | 46-5559418 | 501(C)(3)                     | 21,265.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| DOWNTOWN DOG RESCUE                                | 46-1958507 | 501(C)(3)                     | 18,750.                  | 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.)

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|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| ENGLISH SPRINGER AMERICA RESCUE                    | 33-0872975 | 501(C)(3)                     | 30,000.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| ENID SPCA  | 73-1546461 | 501(C)(3)                     | 15,800.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| EQUINE FIRST HOME FUND                             |            | 501(C)(3)                     | 6,726.                   | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| FARMINGTON REGIONAL ANIMAL SHELTER                 | 85-6000129 | GOVERNMENT                    | 6,175.                   | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| FIRST COAST NO MORE HOMELESS PETS                  | 01-0709158 | 501(C)(3)                     | 46,530.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| FIX WEST TEXAS                                     | 84-4108520 | 501(C)(3)                     | 120,012.                 | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| FIXNATION INC                                      | 83-0452460 | 501(C)(3)                     | 42,500.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| FLEET OF ANGELS                                    | 46-3895690 | 501(C)(3)                     | 8,000.                   | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| FRANKLIN COUNTY ANIMAL SHELTER                     | 56-6000299 | GOVERNMENT                    | 10,000.                  | 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 FOR ANIMALS OF METRO DETROIT                          | 38-3171570 | 501(C)(3)                     | 15,961.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| FRIENDS OF BELL COUNTY ANIMAL SHELTER                         | 61-1395205 | GOVERNMENT                    | 10,275.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| FRIENDS OF INDIANAPOLIS ANIMAL CARE & CONTROL FOUNDATION INC. | 32-0099654 | GOVERNMENT                    | 9,400.                   | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| FRIENDS OF LUCAS COUNTY DOGS                                  | 81-2628344 | 501(C)(3)                     | 27,500.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| FRIENDS OF MADERA ANIMAL SHELTER                              | 77-0553194 | 501(C)(3)                     | 10,774.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| FRIENDS OF THE ALAMEDA ANIMAL SHELTER                         | 27-0864431 | 501(C)(3)                     | 10,000.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| FRIENDS OF THE ANIMAL COMMUNITY                               | 91-2164651 | 501(C)(3)                     | 10,000.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| FRIENDS OF THE HOLBROOK ANIMAL SHELTER                        | 47-4525114 | 501(C)(3)                     | 7,000.                   | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| FRONT STREET ANIMAL SHELTER                                   | 94-6000410 | 501(C)(3)                     | 8,625.                   | 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 |
|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| GOOD MEWS ANIMAL FOUNDATION                               | 58-1790828 | 501(C)(3)                     | 25,375.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| GOOD SHEPHERD HUMANE SOCIETY                              | 71-0458910 | 501(C)(3)                     | 23,775.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| GREENSBURG DECATUR COUNTY ANIMAL SHELTER                  | 35-6000138 | GOVERNMENT                    | 16,850.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| GULF COAST HUMANE SOCIETY TX                              | 74-1266245 | 501(C)(3)                     | 28,394.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| HEARTS & BONES ANIMAL RESCUE                              | 82-0605962 | 501(C)(3)                     | 23,075.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| HEARTS ALIVE VILLAGE                                      | 46-3622732 | 501(C)(3)                     | 30,825.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| HEAVEN ON EARTH SOCIETY FOR ANIMALS DO NOT PAY (INACTIVE) | 77-0538189 | 501(C)(3)                     | 102,675.                 | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| HELEN SANDERS CAT PROTECTION                              | 27-1400697 | 501(C)(3)                     | 10,100.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| HELPING ANIMALS LOST AND ORPHANED - HALO                  | 81-1896408 | 501(C)(3)                     | 10,996.                  | 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 |
|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| HELPING HANDS HUMANE SOCIETY                       | 48-0597124 | 501(C)(3)                     | 46,400.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| HIGH DESERT ANIMAL COALITION                       | 82-1256369 | 501(C)(3)                     | 10,000.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| HILLSBOROUGH COUNTY PET RESOURCE CENTER            | 59-6000661 | 501(C)(3)                     | 35,325.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| HOMEWARD TRAILS ANIMAL RESCUE INC                  | 32-0086330 | 501(C)(3)                     | 32,500.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| HORRY COUNTY ANIMAL CARE CENTER                    | 57-6000365 | 501(C)(3)                     | 180,950.                 | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| HOT SPRINGS ANIMAL SERVICES                        | 71-6005556 | GOVERNMENT                    | 7,500.                   | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| HOUSTON PETS ALIVE!                                | 46-5455638 | 501(C)(3)                     | 105,750.                 | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| HUMANE ANIMAL RESCUE                               | 25-0325750 | 501(C)(3)                     | 6,100.                   | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| HUMANE ANIMAL WELFARE SOCIETY OF WAUKESHA COUNTY   | 39-6108644 | 501(C)(3)                     | 17,900.                  | 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 |
|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| HUMANE FORT WAYNE                                  | 35-6042135 | 501(C)(3)                     | 59,925.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| HUMANE SOCIETY FOR ANIMALS                         | 71-0462466 | 501(C)(3)                     | 46,350.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| HUMANE SOCIETY FOR GREATER SAVANNAH                | 58-0619035 | 501(C)(3)                     | 62,050.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| HUMANE SOCIETY OF ELKHART COUNTY                   | 35-0996134 | 501(C)(3)                     | 31,450.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| HUMANE SOCIETY OF GREATER DAYTON                   | 31-0537073 | 501(C)(3)                     | 124,425.                 | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| HUMANE SOCIETY OF HALL COUNTY                      | 58-0678817 | 501(C)(3)                     | 544,700.                 | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| HUMANE SOCIETY OF INDIANAPOLIS                     | 35-0876385 | 501(C)(3)                     | 24,175.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| HUMANE SOCIETY OF NEW BRAUNFELS AREA               | 23-7327299 | 501(C)(3)                     | 52,348.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| HUMANE SOCIETY OF NORTH TEXAS                      | 75-1245911 | 501(C)(3)                     | 10,300.                  | 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.)

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| HUMANE SOCIETY OF NORTHEAST GEORGIA                | 58-0678817 | 501(C)(3)                     | 12,500.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| HUMANE SOCIETY OF PINELLAS INC                     | 59-0781650 | 501(C)(3)                     | 11,925.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| HUMANE SOCIETY OF SARASOTA COUNTY                  | 59-6014943 | 501(C)(3)                     | 22,000.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| HUMANE SOCIETY OF SOUTHERN ARIZONA                 | 86-0112798 | 501(C)(3)                     | 138,500.                 | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| HUMANE SOCIETY OF THE OZARKS                       | 71-0401481 | 501(C)(3)                     | 27,775.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| HUMANE SOCIETY OF WASHINGTON COUNTY                | 52-0542025 | 501(C)(3)                     | 54,000.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| HUMANE SOCIETY OF WEST MICHIGAN                    | 38-1360926 | 501(C)(3)                     | 10,000.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| I STAND WITH MY PACK                               | 81-4291281 | 501(C)(3)                     | 11,250.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| I'M YOUR HUCKLEBERRY RESCUE INC                    | 20-1950268 | 501(C)(3)                     | 7,500.                   | 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.)

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|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| IT TAKES A VILLAGE ANIMAL RESCUE                   | 86-2154869 | 501(C)(3)                     | 30,425.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| JACKSONVILLE ANIMAL SHELTER                        | 71-6042693 | GOVERNMENT                    | 15,000.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| JACKSONVILLE HUMANE SOCIETY                        | 59-0624410 | 501(C)(3)                     | 1,115,544.               | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| JESSICA CAREY                                      | 43-7514337 | 501(C)(3)                     | 10,000.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| KANAWHA-CHARLESTON HUMANE ASSOCIATION              | 55-0435381 | 501(C)(3)                     | 63,125.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| KANSAS CITY PET PROJECT                            | 45-3067615 | 501(C)(3)                     | 9,700.                   | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| KAUAI HUMANE SOCIETY                               | 99-0089250 | 501(C)(3)                     | 15,925.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| KERN COUNTY ANIMAL SERVICES                        | 95-6000925 | GOVERNMENT                    | 175,700.                 | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| KINGS COUNTY ANIMAL SERVICES                       | 94-6000814 | GOVERNMENT                    | 15,500.                  | 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.)

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|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| KITTEN CENTRAL OF PLACER COUNTY                    | 45-4060879 | 501(C)(3)                     | 22,500.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| KITTEN RESCUE                                      | 95-4670174 | 501(C)(3)                     | 85,575.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| KITTY BUNGALOW CHARM SCHOOL                        | 27-1297223 | 501(C)(3)                     | 120,925.                 | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| LA LOVE & LEASHES                                  | 27-4239665 | 501(C)(3)                     | 30,000.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| LAFAYETTE ANIMAL AID                               | 23-7414331 | 501(C)(3)                     | 56,146.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| LAFAYETTE ANIMAL SHELTER & CARE CENTER             | 72-1335255 | GOVERNMENT                    | 48,250.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| LAMPASAS ANIMAL SHELTER                            | 74-6001562 | GOVERNMENT                    | 94,850.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| LEA COUNTY HUMANE SOCIETY                          | 85-0247341 | 501(C)(3)                     | 7,211.                   | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| LEHIGH COUNTY HUMANE SOCIETY                       | 23-1365372 | 501(C)(3)                     | 40,000.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |

Schedule I (Form 990)

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| LIFELINE ANIMAL PROJECT INC                        | 01-0599278 | 501(C)(3)                     | 54,050.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| LIFELINE OF GALVESTON COUNTY                       | 85-2907875 | 501(C)(3)                     | 25,125.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| LITTLE ORPHAN ANGELS ANIMAL RESCUE INC             | 75-2916896 | 501(C)(3)                     | 50,000.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| LITTLE TRAVERSE BAY HUMANE SOCIETY                 | 38-1384441 | 501(C)(3)                     | 52,500.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| LITTLE WANDERERS NYC                               | 82-2451142 | 501(C)(3)                     | 6,500.                   | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| LOS ANGELES COUNTY ANIMAL CARE FOUNDATION          | 95-3909782 | 501(C)(3)                     | 10,000.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| LOVEPAWS   | 83-3122611 | 501(C)(3)                     | 10,000.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| LOWELL ANIMAL SHELTER                              | 71-0418125 | GOVERNMENT                    | 10,275.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| LUCKY DOG ANIMAL RESCUE                            | 30-0559037 | 501(C)(3)                     | 5,350.                   | 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.)

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|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| LUMPKIN COUNTY ANIMAL SHELTER                      | 58-6000857 | GOVERNMENT                    | 12,225.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| LUV OF DOGZ FUND                                   | 45-4235171 | 501(C)(3)                     | 25,000.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| LYNCHBURG HUMANE SOCIETY                           | 54-0570901 | 501(C)(3)                     | 27,625.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| M&M'S FUR-EVER FURBABIES                           | 47-3636348 | 501(C)(3)                     | 8,275.                   | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| MATCHDOG RESCUE                                    | 82-2627297 | 501(C)(3)                     | 5,350.                   | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| METRO EAST HUMANE SOCIETY                          | 37-1196065 | 501(C)(3)                     | 28,375.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| MEW CAT RESCUE                                     | 84-2279625 | 501(C)(3)                     | 18,300.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| MICHIGAN ANTI CRUELTY SOCIETY                      | 38-1420301 | 501(C)(3)                     | 22,150.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| MIDLAND ANIMAL SERVICES                            | 75-6000608 | GOVERNMENT                    | 16,475.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |

Schedule I (Form 990)

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|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| MILWAUKEE AREA DOMESTIC ANIMAL CARE & CONTROL      | 39-1947192 | GOVERNMENT                    | 27,950.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| MONTGOMERY COUNTY ANIMAL CARE & CONTROL            | 62-6000764 | GOVERNMENT                    | 11,150.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| MONTGOMERY HUMANE SOCIETY                          | 63-0351564 | 501(C)(3)                     | 31,615.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| MOUNTAIN HUMANE                                    | 82-0351171 | 501(C)(3)                     | 56,898.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| MSPCA  | 04-2103597 | 501(C)(3)                     | 440,000.                 | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| NASHVILLE HUMANE ASSOCIATION                       | 62-0672999 | 501(C)(3)                     | 32,050.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| NEBRASKA HUMANE SOCIETY                            | 47-0378997 | 501(C)(3)                     | 8,250.                   | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| NEEDY PAWS RESCUE                                  | 46-5424557 | 501(C)(3)                     | 8,525.                   | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| NINE LIVES FOUNDATION                              | 20-2150714 | 501(C)(3)                     | 18,300.                  | 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 |
|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| NORCAL BOXER RESCUE                                | 77-0527257 | 501(C)(3)                     | 45,000.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| NORTH LITTLE ROCK ANIMAL SHELTER                   | 71-6009176 | GOVERNMENT                    | 20,000.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| NUZZLES & CO                                       | 87-0482464 | 501(C)(3)                     | 53,725.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| OKLAHOMA ALLIANCE FOR ANIMALS                      | 84-1640954 | 501(C)(3)                     | 27,440.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| ONE OF A KIND PET RESCUE                           | 20-4631002 | 501(C)(3)                     | 6,050.                   | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| ONE TAIL AT A TIME                                 | 26-2125306 | 501(C)(3)                     | 150,000.                 | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| OPERATION KINDNESS                                 | 75-1553350 | 501(C)(3)                     | 611,347.                 | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| OZARK FREEDOM DRIVERS                              | 88-2392930 | 501(C)(3)                     | 40,625.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| PACC911  | 20-5153613 | 501(C)(3)                     | 7,500.                   | 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.)

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| PALM VALLEY ANIMAL SOCIETY                         | 74-1819910 | 501(C)(3)                     | 57,425.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| PASADENA HUMANE SOCIETY & SPCA                     | 95-1643344 | 501(C)(3)                     | 25,050.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| PAWMETTO LIFELINE                                  | 56-2146419 | 501(C)(3)                     | 20,000.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| PAWS 4 PURPOSE                                     | 84-3795818 | 501(C)(3)                     | 15,200.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| PAWS AND CLAWS PET SHELTER                         | 71-0644363 | 501(C)(3)                     | 25,725.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| PAWS FOR LIFE K9 RESCUE                            | 83-0757621 | 501(C)(3)                     | 81,250.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| PAWS HUMANE INC                                    | 58-2513501 | 501(C)(3)                     | 6,875.                   | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| PAWS OF PERSEVERANCE                               | 47-4401980 | 501(C)(3)                     | 11,250.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| PEACE LOVE AND PAWS                                | 85-1255027 | 501(C)(3)                     | 15,400.                  | 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.)

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|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| PEARL RIVER COUNTY SPCA INC                           | 64-0798887 | 501(C)(3)                     | 13,800.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| PEARL'S ALOHA RESCUE TEAM AND ALOHA ANIMAL CONNECTION | 92-1402844 | 501(C)(3)                     | 8,798.                   | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| PEOPLE FOR PETS MAGIC VALLEY HUMANE SOCIETY           | 94-3080299 | 501(C)(3)                     | 10,000.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| PET PROJECT RESCUE                                    | 27-0158014 | 501(C)(3)                     | 6,000.                   | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| PETHEALTH SERVICES (USA) INC                          | 03-0509713 | 501(C)(3)                     | 29,058.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| PIMA ANIMAL CARE CENTER                               | 86-6000543 | 501(C)(3)                     | 10,725.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| PINAL COUNTY ANIMAL CARE & CONTROL                    | 86-6000556 | GOVERNMENT                    | 30,250.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| PIT RIDGE RESCUE                                      | 84-4387316 | 501(C)(3)                     | 31,138.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| PLANNED PETHOOD OF GEORGIA                            | 90-0516757 | 501(C)(3)                     | 6,025.                   | 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.)

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| POLK COUNTY BULLY PROJECT                          | 84-2316936 | 501(C)(3)                     | 16,250.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| PORTSMOUTH HUMANE SOCIETY                          | 54-0560059 | 501(C)(3)                     | 15,000.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| POSH PETS RESCUE                                   | 20-3536270 | 501(C)(3)                     | 6,000.                   | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| PRICELESS PUPPY RESCUE CORP DBA<br>PRICELESS PETS  | 26-1167234 | 501(C)(3)                     | 48,500.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| PROVIDENCE ANIMAL CENTER                           | 23-1440112 | 501(C)(3)                     | 38,675.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| RANCHO CORDOVA ANIMAL SERVICES                     | 80-0058934 | GOVERNMENT                    | 10,000.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| RANDOLPH COUNTY ANIMAL SERVICES                    | 56-6001542 | GOVERNMENT                    | 171,000.                 | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| RENEGADE PAWS RESCUE                               | 83-3915500 | 501(C)(3)                     | 59,475.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| REZDAWG RESCUE                                     | 46-1412023 | 501(C)(3)                     | 73,675.                  | 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 |
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| REZ-SOLUTIONS AND ANIMAL SHELTER INC               | 87-1278981 | 501(C)(3)                     | 15,000.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| RICHMOND ANIMAL LEAGUE INC                         | 51-0240493 | 501(C)(3)                     | 34,525.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| RIO GRANDE VALLEY HUMANE SOCIETY                   | 74-2516749 | 501(C)(3)                     | 127,250.                 | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| ROCKET DOG RESCUE                                  | 80-0000407 | 501(C)(3)                     | 10,000.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| ROCKINGHAM COUNTY ANIMAL SHELTER                   | 56-6001527 | GOVERNMENT                    | 9,386.                   | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| RORY TO THE RESCUE                                 | 92-2118615 | 501(C)(3)                     | 30,000.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| RUFF HAVEN CRISIS SHELTERING                       | 85-0838808 | 501(C)(3)                     | 10,000.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| SACRAMENTO CTY BRADSHAW ANIMAL SHELTER             | 94-6000529 | GOVERNMENT                    | 14,700.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| SALT LAKE COUNTY ANIMAL SERVICES                   | 87-6000316 | GOVERNMENT                    | 34,600.                  | 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.)

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| SAN DIEGO HUMANE SOCIETY                           | 95-1661688 | 501(C)(3)                     | 366,039.                 | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| SAND SPRINGS ANIMAL WELFARE                        | 73-6005411 | 501(C)(3)                     | 6,725.                   | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| SANTA CLARA COUNTY AEM ANIMAL CARE & CONTROL       | 94-6000533 | GOVERNMENT                    | 20,575.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| SAVING DESTINY ANIMAL RESCUE                       | 86-3462635 | 501(C)(3)                     | 15,000.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| SAVING GRACE ANIMALS FOR ADOPTION INC              | 92-0186555 | 501(C)(3)                     | 25,000.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| SAVING LIVY CAT RESCUE                             | 85-1622393 | 501(C)(3)                     | 14,775.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| SAVING ONE LIFE                                    | 27-1173539 | 501(C)(3)                     | 31,700.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| SEATTLE HUMANE SOCIETY                             | 91-0282060 | 501(C)(3)                     | 7,550.                   | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| SELMA ANIMAL SHELTER                               | 63-6001362 | GOVERNMENT                    | 11,000.                  | 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.)

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|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| SERENGETI FOUNDATION                               | 54-1876544 | 501(C)(3)                     | 10,000.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| SHADOW CATS  | 75-3152265 | 501(C)(3)                     | 45,000.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| SHELTER ANIMALS COUNT                              | 46-2215168 | 501(C)(3)                     | 25,000.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| SHELTER FROM THE STORM ANIMAL RESCUE               | 20-3627106 | 501(C)(3)                     | 35,000.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| SICSA PET ADOPTION CENTER                          | 23-7367199 | 501(C)(3)                     | 26,575.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| SIOUX FALLS AREA HUMANE SOCIETY                    | 46-0239786 | 501(C)(3)                     | 11,500.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| SNARR-ANIMAL RESCUE NORTHEAST INC                  | 47-3002801 | 501(C)(3)                     | 5,775.                   | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| SOUL DOG RESCUE                                    | 45-4137227 | 501(C)(3)                     | 40,850.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| SOUTH SUBURBAN HUMANE SOCIETY                      | 23-7165004 | 501(C)(3)                     | 152,975.                 | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |

Schedule I (Form 990)

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| SOUTHERN UTAH UNIVERSITY                           | 87-6000481 | 501(C)(3)                     | 25,964.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| SPAY NEUTER INCENTIVE PROGRAM OF WEST VA           | 84-4347951 | 501(C)(3)                     | 50,750.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| SPAY NEUTER INITIATIVE                             | 84-4734799 | 501(C)(3)                     | 127,425.                 | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| SPCA OF BRAZORIA COUNTY                            | 23-7404451 | 501(C)(3)                     | 31,275.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| SPCA OF NORTHEASTERN NORTH CAROLINA                | 58-1674663 | 501(C)(3)                     | 75,229.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| ST MARY PARISH ANIMAL SHELTER & CONTROL            | 72-6001283 | GOVERNMENT                    | 51,750.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| ST TAMMANY PARISH DEPT OF ANIMAL SERVICES          | 72-6001034 | GOVERNMENT                    | 35,000.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| ST. BERNARD PARISH ANIMAL SERVICES                 | 72-6001193 | GOVERNMENT                    | 8,000.                   | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| ST. JOSEPH ANIMAL CONTROL AND RESCUE               | 44-6000256 | GOVERNMENT                    | 9,500.                   | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |

Schedule I (Form 990)

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| STRAY CAT ALLIANCE                                 | 95-4787231 | 501(C)(3)                     | 121,275.                 | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| TANGIPAOHA PARISH ANIMAL CONTROL                   | 72-6001371 | GOVERNMENT                    | 8,600.                   | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| TAYSIA BLUE RESCUE                                 | 27-2775999 | 501(C)(3)                     | 6,100.                   | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| TEN LIVES CLUB                                     | 16-1611221 | 501(C)(3)                     | 11,955.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| TERREBONNE PARISH ANIMAL SHELTER                   | 72-6001390 | GOVERNMENT                    | 51,200.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| TEXAS COALITION FOR ANIMAL PROTECTION              | 75-2915935 | 501(C)(3)                     | 10,000.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| TEXAS HUMANE HEROES                                | 74-2069592 | 501(C)(3)                     | 53,525.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| THE ANIMAL FOUNDATION                              | 88-0144253 | 501(C)(3)                     | 19,600.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| THE ASSOCIATION FOR ANIMAL WELFARE ADVANCEMENT     | 41-1618666 | 501(C)(3)                     | 15,000.                  | 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.)

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| THE BARN HOUSE COMMUNITY                           | 86-2403073 | 501(C)(3)                     | 20,250.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| THE HUMANE SOCIETY FOR TACOMA & PIERCE COUNTY      | 91-0577128 | 501(C)(3)                     | 10,275.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| THE HUMANE SOCIETY OF POLK COUNTY                  | 59-1644124 | 501(C)(3)                     | 29,025.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| THE LITTLE LION FOUNDATION                         | 81-3553796 | 501(C)(3)                     | 11,525.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| THE PAW MISSION                                    | 82-2187275 | 501(C)(3)                     | 60,000.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| THE PUBLIC FOR ANIMAL WELFARE INC                  | 74-2421563 | 501(C)(3)                     | 10,000.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| THE REGENTS OF THE UNIVERSITY OF CALIFORNIA        | 94-6036494 | 501(C)(3)                     | 55,642.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| THOMASVILLE THOMAS CTY HUMANE SOCIETY              | 58-1299962 | 501(C)(3)                     | 135,065.                 | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| THREE LITTLE PITTIES RESCUE                        | 82-4437410 | 501(C)(3)                     | 5,625.                   | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |

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| TOWN OF TRUCKEE ANIMAL SERVICES                               | 68-0299615 | GOVERNMENT                    | 7,000.                   | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| TRACY POLICE DEPT-ANIMAL SERVICES                             | 94-6000442 | GOVERNMENT                    | 20,950.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| TREE HOUSE HUMANE SOCIETY                                     | 23-7444825 | 501(C)(3)                     | 52,525.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| TRI-CITY ANIMAL SHELTER                                       | 75-6000480 | GOVERNMENT                    | 5,550.                   | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| TULSA SPCA  | 73-0608144 | 501(C)(3)                     | 5,250.                   | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| TURQUOISE PAW RESCUE  | 85-0737555 | 501(C)(3)                     | 11,250.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| UINTAH ANIMAL CONTROL AND SHELTER<br>SPECIAL SERVICE DISTRICT | 32-0196342 | GOVERNMENT                    | 12,250.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| ULSTER COUNTY SPCA  | 14-1422082 | 501(C)(3)                     | 15,500.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| URBAN CAT COALITION   | 81-4257827 | 501(C)(3)                     | 15,000.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |

Schedule I (Form 990)

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| UTAH ASSOCIATION OF COUNTIES                         | 87-6000577 | 501(C)(3)                     | 15,000.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| UTAH'S FIRST LADY FOUNDATION                         | 86-2475015 | 501(C)(3)                     | 7,000.                   | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| VALLEY VIEW EQUINE RESCUE                            | 26-3832985 | 501(C)(3)                     | 11,400.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| VANDERBURGH HUMANE SOCIETY                           | 35-1068837 | 501(C)(3)                     | 152,625.                 | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| VERMILION COUNTY ANIMAL REGULATIONS & ANIMAL SHELTER | 37-6002224 | 501(C)(3)                     | 6,650.                   | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| VVC OF TEXAS LLC                                     | 81-4469290 | 501(C)(3)                     | 8,680.                   | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| WAGS & WALKS   | 45-3749303 | 501(C)(3)                     | 27,000.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| WARRICK COUNTY ANIMAL CONTROL                        | 35-6000210 | GOVERNMENT                    | 10,075.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| WASHOE COUNTY  | 88-6000138 | 501(C)(3)                     | 15,000.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |

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| WELLINGTON HUMANE SOCIETY                          | 48-1209251 | 501(C)(3)                     | 30,700.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| WILD BLUE CATS!                                    | 27-1184549 | 501(C)(3)                     | 24,000.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| WILLIAMSON COUNTY REGIONAL ANIMAL SHELTER          | 74-6000978 | GOVERNMENT                    | 47,000.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| WILSON COUNTY                                      | 56-6000351 | 501(C)(3)                     | 77,000.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| WILSON COUNTY CATS                                 | 82-2417897 | 501(C)(3)                     | 10,600.                  | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
| YOUNG-WILLIAMS ANIMAL CTR OF EAST TN               | 45-5326778 | 501(C)(3)                     | 7,300.                   | 0.                               |   |  | PROGRAM SERVICE SUPPORT            |
|  |            |                               |                          |                                  |   |  |                                    |
|  |            |                               |                          |                                  |   |  |                                    |
|  |            |                               |                          |                                  |   |  |                                    |

**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 |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|---------------------------------------|
| CASH GRANT                      | 14                       | 47,045.                  | 0.                                |   |                                       |
|                                 |                          |                          |                                   |   |                                       |
|                                 |                          |                          |                                   |   |                                       |
|                                 |                          |                          |                                   |   |                                       |
|                                 |                          |                          |                                   |   |                                       |

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

|  |   |
|--|---|
| Name of the organization<br><b>BEST FRIENDS ANIMAL SOCIETY</b> | Employer identification number<br><b>23-7147797</b> |
|--|---|

**Part I Questions Regarding Compensation**

**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"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <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 .....

**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? .....

**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"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <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? .....
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....
- c** Participate in or receive payment from an equity-based compensation arrangement? .....
- 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? .....
- b** Any related organization? .....
- 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? .....
- b** Any related organization? .....
- 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 .....

**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 .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

|           | Yes | No |
|-----------|-----|----|
| <b>1a</b> |     |    |
| <b>1b</b> |     |    |
| <b>2</b>  |     |    |
| <b>3</b>  |     |    |
| <b>4a</b> | X   |    |
| <b>4b</b> |     | X  |
| <b>4c</b> |     | X  |
| <b>5a</b> |     | X  |
| <b>5b</b> |     | X  |
| <b>6a</b> |     | X  |
| <b>6b</b> |     | X  |
| <b>7</b>  |     | X  |
| <b>8</b>  |     | X  |
| <b>9</b>  |     |    |

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

Schedule J (Form 990) 2022

**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<br>CHIEF EXECUTIVE OFFICER             | (i)  | 467,705.   | 60,000.                             | 0.                                  | 7,000.   | 2,072.                  | 536,777.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (2) STEPHEN HOWELL<br>CFO AND COO                          | (i)  | 412,462.   | 9,500.                              | 0.                                  | 7,000.   | 6,248.                  | 435,210.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (3) SUSAN CITRO<br>CHIEF EXPERIENCE OFFICER                | (i)  | 272,401.   | 9,100.                              | 0.                                  | 7,000.   | 11,136.                 | 299,637.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (4) VALERIE DORIAN<br>CHIEF DEVELOPMENT OFFICER            | (i)  | 231,804.   | 27,000.                             | 0.                                  | 7,000.   | 5,096.                  | 270,900.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (5) KAREN GALLARDO<br>SR. DIRECTOR - MAJOR & PLANNED GIVIN | (i)  | 228,457.   | 31,555.                             | 0.                                  | 7,000.   | 2,144.                  | 269,156.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (6) HOLLY SIZEMORE<br>CHIEF MISSIONS OFFICER               | (i)  | 215,946.   | 7,000.                              | 0.                                  | 7,000.   | 2,144.                  | 232,090.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (7) GREGORY CASTLE<br>CO-FOUNDER/INTERNAL CONSULTANT       | (i)  | 220,092.   | 0.                                  | 0.                                  | 7,000.   | 2,072.                  | 229,164.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (8) JUDAH BATTISTA<br>CHIEF SANCTUARY OFFICER              | (i)  | 213,349.   | 5,000.                              | 0.                                  | 7,000.   | 3,136.                  | 228,485.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (9) ELISE TRAUB<br>CHIEF EXTERNAL AFFAIRS OFFICER & CHI    | (i)  | 203,061.   | 12,000.                             | 0.                                  | 7,000.   | 1,648.                  | 223,709.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (10) MARC PERALTA<br>CHIEF PROGRAM OFFICER                 | (i)  | 203,579.   | 7,120.                              | 0.                                  | 7,000.   | 4,136.                  | 221,835.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (11) GRETA PALMER<br>CHIEF BRAND & COMMUNICATIONS          | (i)  | 203,413.   | 7,500.                              | 0.                                  | 7,000.   | 2,072.                  | 219,985.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (12) REBECCA HUSS<br>GENERAL COUNSEL                       | (i)  | 196,538.   | 5,000.                              | 0.                                  | 7,000.   | 2,051.                  | 210,589.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (13) AMY STARNES<br>CHIEF INNOVATION OFFICER               | (i)  | 182,363.   | 11,000.                             | 0.                                  | 7,000.   | 4,280.                  | 204,643.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (14) ALFRED BATTISTA<br>BOARD CHAIR INTERNAL CONSULTANT    | (i)  | 186,487.   | 1,500.                              | 0.                                  | 7,000.   | 2,072.                  | 197,059.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (15) ERIKA ARNOLD<br>DIRECTOR - PROCESS EXCELLENCE         | (i)  | 185,085.   | 2,500.                              | 0.                                  | 7,000.   | 200.                    | 194,785.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (16) JOSE OCANO<br>SR. DIRECTOR - TALENT & CULTURE         | (i)  | 178,995.   | 0.                                  | 0.                                  | 0.   | 4,266.                  | 183,261.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |

**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 |  |                         |                                 |   |
| (17) TARA TIMPSON<br>STAFF VETERINARIAN              | (i)  | 148,527.   | 1,000.                              | 32,473.                             | 0.   | 0.                      | 182,000.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (18) BERNADETTE MEJIA<br>DIRECTOR OF PRINCIPAL GIFTS | (i)  | 152,867.   | 20,000.                             | 0.                                  | 7,000.   | 2,072.                  | 181,939.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |

**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 3:

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.

PART I, LINE 4A:

TARA TIMPSON \$32,473

**SCHEDULE L**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Transactions With Interested Persons**

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

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

**Open To Public  
Inspection**

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

**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

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

| 1 | (a) Name of disqualified person | (b) Relationship between disqualified person and organization | (c) Description of transaction | (d) Corrected? |    |
|---|---------------------------------|---|--------------------------------|----------------|----|
|   |                                 |   |                                | Yes            | No |
|   |                                 |   |                                |                |    |
|   |                                 |   |                                |                |    |
|   |                                 |   |                                |                |    |
|   |                                 |   |                                |                |    |
|   |                                 |   |                                |                |    |
|   |                                 |   |                                |                |    |

- 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ..... \$ \_\_\_\_\_
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ..... \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

| (a) Name of interested person | (b) Relationship with organization | (c) Purpose of loan | (d) Loan to or from the organization? |      | (e) Original principal amount | (f) Balance due | (g) In default? |    | (h) Approved by board or committee? |    | (i) Written agreement? |    |
|-------------------------------|------------------------------------|---------------------|---------------------------------------|------|-------------------------------|-----------------|-----------------|----|-------------------------------------|----|------------------------|----|
|                               |                                    |                     | To                                    | From |                               |                 | Yes             | No | Yes                                 | No | Yes                    | No |
|                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
|                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
|                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
|                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
|                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
|                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
|                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
|                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
|                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
|                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
|                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
|                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
|                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| <b>Total</b> .....            |                                    |                     |                                       |      |                               | \$              |                 |    |                                     |    |                        |    |

**Part III Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of assistance | (d) Type of assistance | (e) Purpose of assistance |
|-------------------------------|---|--------------------------|------------------------|---------------------------|
|                               |   |                          |                        |                           |
|                               |   |                          |                        |                           |
|                               |   |                          |                        |                           |
|                               |   |                          |                        |                           |
|                               |   |                          |                        |                           |
|                               |   |                          |                        |                           |
|                               |   |                          |                        |                           |
|                               |   |                          |                        |                           |
|                               |   |                          |                        |                           |
|                               |   |                          |                        |                           |
|                               |   |                          |                        |                           |
|                               |   |                          |                        |                           |

232131 11-01-22

**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   | 108,213.                  | EMPLOYEE CO                    |   | X  |
| JONATHAN SIZEMORE             | SPOUSE: OFFICER SIZ   | 57,987.                   | EMPLOYEE CO                    |   | X  |
| BART BATTISTA                 | SON: BD MEMBER BATT   | 149,475.                  | EMPLOYEE CO                    |   | X  |
| MARK EBBS                     | SON: FOUNDER EBBS   | 61,633.                   | EMPLOYEE CO                    |   | X  |
| JUDAH BATTISTA                | SON: BD MEMBER BATT   | 228,485.                  | 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

(A) NAME OF PERSON: MARK EBBS

(D) DESCRIPTION OF TRANSACTION: EMPLOYEE COMPENSATION

(A) NAME OF PERSON: JUDAH BATTISTA

**Part V Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

(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

**2022**

Open to Public Inspection

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](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

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

**Part I Types of Property**

|  | (a)<br>Check if applicable | (b)<br>Number of contributions or items contributed | (c)<br>Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d)<br>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                                    |                            |   |  |   |
| 7 Boats and planes   |                            |   |  |   |
| 8 Intellectual property                                      |                            |   |  |   |
| 9 Securities - Publicly traded                               |                            |   |  |   |
| 10 Securities - Closely held stock                           |                            |   |  |   |
| 11 Securities - Partnership, LLC, or trust interests         |                            |   |  |   |
| 12 Securities - Miscellaneous                                |                            |   |  |   |
| 13 Qualified conservation contribution - Historic structures |                            |   |  |   |
| 14 Qualified conservation contribution - Other               |                            |   |  |   |
| 15 Real estate - Residential                                 |                            |   |  |   |
| 16 Real estate - Commercial                                  |                            |   |  |   |
| 17 Real estate - Other                                       | X                          | 2   | 1,010,000.   | FMV   |
| 18 Collectibles  |                            |   |  |   |
| 19 Food inventory  | X                          | 5,404   | 1,936,858.   | FMV   |
| 20 Drugs and medical supplies                                | X                          | 145   | 232,768.   | FMV   |
| 21 Taxidermy   |                            |   |  |   |
| 22 Historical artifacts                                      |                            |   |  |   |
| 23 Scientific specimens                                      |                            |   |  |   |
| 24 Archeological artifacts                                   |                            |   |  |   |
| 25 Other ( <u>EVENT FEES</u> )                               | X                          | 2   | 17,634.  | FMV   |
| 26 Other ( <u>JANITORIAL AND</u> )                           | X                          | 5   | 5,681.   | FMV   |
| 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 3 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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

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 2023, 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 2023 INCLUDE:

2,963 ANIMALS WELCOMED

894 ANIMALS FOSTERED

1,594 ANIMALS ADOPTED

1,712 ANIMALS TRANSPORTED (INCLUDING ANIMALS BELONGING TO OTHER

ORGANIZATIONS THAT BEST FRIENDS HELPED TRANSPORT.)

3,394 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 2023 INCLUDE:

|   |  |
|---|--|
| Name of the organization<br>BEST FRIENDS ANIMAL SOCIETY | Employer identification number<br>23-7147797 |
|---|--|

15,235 ANIMALS WELCOMED

11,913 ANIMALS ADOPTED

8,717 ANIMALS FOSTERED

6,238 ANIMALS TRANSPORTED (INCLUDING ANIMALS BELONGING TO OTHER

ORGANIZATIONS THAT BEST FRIENDS HELPED TRANSPORT.)

22,118 SPAY AND NEUTER SURGERIES

AS PART OF OUR EMERGENCY RESPONSE EFFORTS, BEST FRIENDS HELPED SHELTERS

AND ANIMALS AFFECTED BY NATURAL DISASTERS, INCLUDING THE MAUI

WILDFIRES, TEXAS HEATWAVE, AND HURRICANE IDALIA. DEPENDING ON THE NEED,

BEST FRIENDS SENT FOOD AND SUPPLIES, COVERED VETERINARY BILLS, AND

TRANSPORTED ANIMALS TO SAFETY.

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. THROUGH THE BEST FRIENDS NETWORK,

WE COLLABORATE WITH AND SUPPORT MORE THAN 4,700 (AND COUNTING) ANIMAL

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

WELFARE ORGANIZATIONS.

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

TRAINING, LIFESAVING RESOURCES, GRANT OPPORTUNITIES, AND MORE. BEST

|   |  |
|---|--|
| Name of the organization<br>BEST FRIENDS ANIMAL SOCIETY | Employer identification number<br>23-7147797 |
|---|--|

FRIENDS' TOTAL FUNDING TO NETWORK PARTNERS AND OTHER ORGANIZATIONS WAS \$13,628,102 MILLION ACROSS 3,135 ORGANIZATIONS.

BEST FRIENDS NATIONAL ADOPTION WEEKENDS HELP DOGS AND CATS FROM NETWORK PARTNERS AND OUR OWN LOCATIONS FIND HOMES. MORE THAN 30,000 PETS WERE ADOPTED THROUGH THREE NATIONAL ADOPTION WEEKENDS IN 2023.

BECAUSE DATA GUIDES OUR WORK, WE DEVELOPED THE SHELTER PET DATA ALLIANCE IN 2023. THE PLATFORM IS THE FIRST NATIONAL DATABASE OF REAL-TIME PET LIFESAVING DATA FROM SHELTERS ACROSS THE COUNTRY. IT MAKES IT EASY FOR ORGANIZATIONS TO SHARE DATA, TRACK TRENDS, MAKE STRATEGIC DECISIONS, AND BENCHMARK THEMSELVES AGAINST PEER ORGANIZATIONS.

THROUGH BEST FRIENDS' NATIONAL SHELTER EMBED PROGRAM, OUR EXPERTS WORK IN SHELTERS ALONGSIDE THEIR STAFF AND COACH THEM THROUGH PROGRAMMATIC AND OPERATIONAL CHANGES. IN 2023, BEST FRIENDS STARTED 6 NEW EMBED PROGRAMS ACROSS 5 STATES.

BEST FRIENDS CONTINUED PARTNERING WITH SOUTHERN UTAH 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 2023, 203 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. IN 2023, BEST FRIENDS'

|   |  |
|---|--|
| Name of the organization<br>BEST FRIENDS ANIMAL SOCIETY | Employer identification number<br>23-7147797 |
|---|--|

LEGISLATIVE TEAM HELPED ACHIEVE 47 ADVOCACY WINS: 9 IN THE FIGHT AGAINST PUPPY MILLS; 5 TO HELP END BREED-SPECIFIC LEGISLATION; 12 TO PROTECT COMMUNITY CATS; AND 21 OTHERS THAT HELPED PETS AND THE PEOPLE WHO LOVE THEM.

THESE WINS WERE SUPPORTED BY BEST FRIENDS' GRASSROOTS ADVOCACY TEAM COMPRISED OF 114,000 ANIMAL ADVOCATES NATIONWIDE. DURING BEST FRIENDS' FIRST-EVER NATIONAL ACTION WEEK FOR ANIMALS, 3,285 PEOPLE SIGNED UP AND TOOK MORE THAN 4,250 ACTIONS TO HELP COMMUNITY CATS.

A LEGISLATIVE HIGHLIGHT FROM 2023 IS THAT NEW YORK, WASHINGTON, AND OREGON JOINED FOUR OTHER STATES THAT HAVE PASSED LAWS BANNING OR RESTRICTING THE SALE OF DOGS AND CATS FROM COMMERCIAL BREEDING OPERATIONS. THESE WERE BIG VICTORIES IN THE FIGHT AGAINST PUPPY MILLS. ADDITIONALLY, BEST FRIENDS HELPED REPEAL A 34-YEAR BAN ON PIT BULL TERRIER-TYPE DOGS IN MIAMI-DADE COUNTY, FLORIDA. FOR THE FIRST TIME IN DECADES, BLOCKY-HEADED DOGS IN MIAMI-DADE COUNTY HAVE A CHANCE TO FIND LOVING FAMILIES.

ALL TOLD, BEST FRIENDS' DIRECT ANIMAL LIFESAVING AND EFFORTS TO LEAD THE NATIONAL NO-KILL MOVEMENT SAVED THE LIVES OF THOUSANDS OF DOGS AND CATS, WHILE HELPING 62% OF SHELTERS ACHIEVE NO-KILL STATUS IN 2023.

FORM 990, PART VI, SECTION A, LINE 2:  
ANNE MEJIA, SECRETARY AND CYRUS MEJIA, BOARD MEMBER, ARE HUSBAND AND WIFE.  
GREGORY CASTLE, CO-FOUNDER/INTERNAL CONSULTANT AND JULIE CASTLE, CEO ARE HUSBAND AND WIFE.

|   |  |
|---|--|
| Name of the organization<br>BEST FRIENDS ANIMAL SOCIETY | Employer identification number<br>23-7147797 |
|---|--|

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

THE 990 IS PREPARED INTERNALLY AND REVIEWED BY TANNER LLC, THE CHIEF FINANCIAL/OPERATING OFFICER AND THE CHAIR OF THE AUDIT COMMITTEE. THE RETURN IS THEN MADE AVAILABLE TO THE WHOLE BOARD FOR 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, 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

|   |  |
|---|--|
| Name of the organization<br>BEST FRIENDS ANIMAL SOCIETY | Employer identification number<br>23-7147797 |
|---|--|

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  
 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

|   |  |
|---|--|
| Name of the organization<br>BEST FRIENDS ANIMAL SOCIETY | Employer identification number<br>23-7147797 |
|---|--|

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 EFFICIENTLY AND EFFECTIVELY AS  
 POSSIBLE.

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

|   |          |
|---|----------|
| AGENCY FUNDS DESIGNATED FOR OTHER ORGANIZATIONS | 300,000. |
| SUBSIDIARY INCOME                               | 106,020. |
| OTHER ADJUSTMENTS                               | 524,886. |
| TOTAL TO FORM 990, PART XI, LINE 9              | 930,906. |

FORM 990, PART VII, SECTION A:

AMENDED THE TITLE OF GREGORY CASTLE FROM "BOARD MEMBER AND CEO  
 EMERITUS" TO "CO-FOUNDER/INTERNAL CONSULTANT"

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

**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)<br>Name, address, and EIN (if applicable)<br>of disregarded entity                  | (b)<br>Primary activity                           | (c)<br>Legal domicile (state or<br>foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling<br>entity |
|---|---|---|---------------------|---------------------------|-------------------------------------|
| BEST FRIENDS PRODUCTIONS, LLC - 47-2566720<br>5001 ANGEL CANYON ROAD<br>KANAB, UT 84741 | PARTICIPATE IN JOINT<br>VENTURE TO PRODUCE A FILM | UTAH  |                     | 87,310.                   | BEST FRIENDS ANIMAL<br>SOCIETY      |
| 307 WEST BROADWAY, LLC - 47-4201980<br>5001 ANGEL CANYON ROAD<br>KANAB, UT 84741        | HOLD LEASE ON BUILDING IN<br>MANHATTAN, NY        | UTAH  | -353,639.           | 100,123.                  | BEST FRIENDS ANIMAL<br>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)<br>Name, address, and EIN<br>of related organization | (b)<br>Primary activity | (c)<br>Legal domicile (state or<br>foreign country) | (d)<br>Exempt Code<br>section | (e)<br>Public charity<br>status (if section<br>501(c)(3)) | (f)<br>Direct controlling<br>entity | (g)<br>Section 512(b)(13)<br>controlled<br>entity? |    |
|--|-------------------------|---|-------------------------------|---|-------------------------------------|--|----|
|  |                         |   |                               |   |                                     | Yes  | No |
|  |                         |   |                               |   |                                     |  |    |
|  |                         |   |                               |   |                                     |  |    |
|  |                         |   |                               |   |                                     |  |    |
|  |                         |   |                               |   |                                     |  |    |
|  |                         |   |                               |   |                                     |  |    |

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

Schedule R (Form 990) 2022

**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)<br>Name, address, and EIN<br>of related organization | (b)<br>Primary activity | (c)<br>Legal domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Predominant income<br>(related, unrelated,<br>excluded from tax under<br>sections 512-514) | (f)<br>Share of total<br>income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Disproportionate<br>allocations? |    | (i)<br>Code V-UBI<br>amount in box<br>20 of Schedule<br>K-1 (Form 1065) | (j)<br>General or<br>managing<br>partner? |    | (k)<br>Percentage<br>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)<br>Name, address, and EIN<br>of related organization                                       | (b)<br>Primary activity   | (c)<br>Legal domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust) | (f)<br>Share of total<br>income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Percentage<br>ownership | (i)<br>Section<br>512(b)(13)<br>controlled<br>entity? |    |
|--|---------------------------|---|-------------------------------------|--|---------------------------------|--|--------------------------------|---|----|
|  |                           |   |                                     |  |                                 |  |                                | Yes   | No |
| BEST FRIENDS WELLNESS CENTER, INC. -<br>47-3149724, 5001 ANGEL CANYON ROAD, KANAB,<br>UT 84741 | OPERATE FITNESS<br>CENTER | UT  | BEST FRIENDS<br>ANIMAL SOCIETY      | C CORP   | -65,770.                        | 759,272.                                 | 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 |
|--|-----|----|
| <b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity ..... |     | X  |
| <b>b</b> Gift, grant, or capital contribution to related organization(s) .....                                 |     | X  |
| <b>c</b> Gift, grant, or capital contribution from related organization(s) .....                               |     | X  |
| <b>d</b> Loans or loan guarantees to or for related organization(s) .....                                      |     | X  |
| <b>e</b> Loans or loan guarantees by related organization(s) .....   |     | X  |
| <b>f</b> Dividends from related organization(s) .....  |     | X  |
| <b>g</b> Sale of assets to related organization(s) .....   |     | X  |
| <b>h</b> Purchase of assets from related organization(s) .....   |     | X  |
| <b>i</b> Exchange of assets with related organization(s) .....   |     | X  |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....                      | X   |    |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....                    |     | X  |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....  |     | X  |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....   |     | X  |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....   |     | X  |
| <b>o</b> Sharing of paid employees with related organization(s) .....  | X   |    |
| <b>p</b> Reimbursement paid to related organization(s) for expenses .....                                      |     | X  |
| <b>q</b> Reimbursement paid by related organization(s) for expenses .....                                      |     | X  |
| <b>r</b> Other transfer of cash or property to related organization(s) .....                                   |     | X  |
| <b>s</b> 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)<br>Name of related organization    | (b)<br>Transaction type (a-s) | (c)<br>Amount involved | (d)<br>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                             | 75,010.                | SALARY AND PAYROLL TAX                       |
| (3)                                    |                               |                        |  |
| (4)                                    |                               |                        |  |
| (5)                                    |                               |                        |  |
| (6)                                    |                               |                        |  |

**Part VI Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

| (a)<br>Name, address, and EIN<br>of entity | (b)<br>Primary activity | (c)<br>Legal domicile<br>(state or foreign<br>country) | (d)<br>Predominant income<br>(related, unrelated,<br>excluded from tax under<br>sections 512-514) | (e)<br>Are all<br>partners sec.<br>501(c)(3)<br>orgs.? |    | (f)<br>Share of<br>total<br>income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Dispropor-<br>tionate<br>allocations? |    | (i)<br>Code V-UBI<br>amount in box 20<br>of Schedule K-1<br>(Form 1065) | (j)<br>General or<br>managing<br>partner? |    | (k)<br>Percentage<br>ownership |
|--|-------------------------|--|---|--|----|------------------------------------|--|--|----|---|---|----|--------------------------------|
|  |                         |  |   | Yes  | No |                                    |  | Yes  | No |   | Yes                                       | No |                                |
|  |                         |  |   |  |    |                                    |  |  |    |   |   |    |                                |
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