** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

Α	For the	e 2022 calendar year, or tax year beginning OCT 1, 2022 and e	ending SI	EP 30, 2023		
	Check if applicable	C Name of organization		D Employer ide	ntificat	ion number
	Addres	BEST FRIENDS ANIMAL SOCIETY				
	Name change			23-71477	97	
	Initial return Final		Room/suite	E Telephone nur		
	return/ termin- ated			G Gross receipts \$	001	188,566,410.
X	Amend	, , , , , , , , , , , , , , , , , , ,		H(a) Is this a grou	ın rotur	
	Applic	,		for subordin		
	tion pendin	SAME AS C ABOVE		H(b) Are all subordina		
$\overline{}$	Тах-ехе	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) o	or 527	1 ` ′		See instructions
	Websit		021	H(c) Group exem		
		organization: X Corporation Trust Association Other	1 Year			tate of legal domicile: UT
	art I	Summary	•			tate of logar doffillions.
ě	1	Briefly describe the organization's mission or most significant activities: TO BRIN	IG ABOUT	A TIME WHEN TE	HERE	
Governance		ARE NO MORE HOMELESS PETS.				
ern	2	Check this box if the organization discontinued its operations or dispose			1	s. 12
30	3				3	7
		Number of independent voting members of the governing body (Part VI, line 1b)			5	1034
ties	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)			6	12080
Activities &	6	Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column (C), line 12			7a	-286,910.
Ą	l 'a	Net unrelated business taxable income from Form 990-T, Part I, line 11			7b	0.
_	۳,	Net unrelated business taxable income from 1 orn 350-1,1 art i, line 11		Prior Year	15	Current Year
	8	Contributions and grants (Part VIII, line 1h)		136,989,6	79.	168,997,308.
Jue	9	Program service revenue (Part VIII, line 2g)		1,451,18	-	884,576.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		2,048,50	-	3,909,922.
å	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		998,7	-	-299,823.
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		141,488,1		173,491,983.
_		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		7,838,59	_	13,647,737.
	1	Benefits paid to or for members (Part IX, column (A), line 4)			0.	0.
"	45	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		68,207,58	37.	78,848,434.
Sec	16a	Professional fundraising fees (Part IX, column (A), line 11e)		423,83	34.	905,599.
Expenses	ь	Total fundraising expenses (Part IX, column (D), line 25) 26,691,6				
й	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		47,055,34	14.	54,737,828.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		123,525,3	55.	148,139,598.
	19	Revenue less expenses. Subtract line 18 from line 12		17,962,82	23.	25,352,385.
20	ű,		Ве	ginning of Current Ye	ear	End of Year
sets	20	Total assets (Part X, line 16)		178,197,42	28.	216,306,392.
ASS	21	Total liabilities (Part X, line 26)		57,302,33	10.	64,300,826.
Net Assets or	22	Net assets or fund balances. Subtract line 21 from line 20		120,895,1	L8.	152,005,566.
P	art II	Signature Block				
Und	ler pena	lties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the best o	f my kn	owledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of whi	ich preparer	has any knowledge.		
		Discolute of efficient		Data		
Sig		Signature of officer		Date		
He	re	STEPHEN HOWELL, CHIEF OPERATING OFFICER				
		Type or print name and title	l r	Ooto La		DTIN
	_	Print/Type preparer's name Preparer's signature		Date Chec	(PTIN
Pai		MARC A. METCALF MARC A. METCALF	<u>1</u> :	<u> </u>	mployed	P00170461
	parer	Firm's name TANNER LLC		Firm's EIN	20-	-2253063
USE	Only	Firm's address 36 S STATE STREET, SUITE 600			001 -	22 7444
_		SALT LAKE CITY, UT 84111		Phone no.	0UI-5.	
Ма	y the IF	RS discuss this return with the preparer shown above? See instructions				X Yes No

Pai	rt 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	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expression if any few each program armine reported	cpenses, and
	revenue, if any, for each program service reported. (Code:) (Expenses \$ 33,258,364. including grants of \$ 335,823.) (Revenue \$	1 054 248 \
4a	(Code:) (Expenses \$	1,034,240.
	THIRD CIRC RETITIES (SINCEIGNE) BEE SCHEDOLL C	
41.	74 080 761	570 130 \
4b	(Code:) (Expenses \$74,980,761. including grants of \$13,299,441.) (Revenue \$ INITIATIVES, PROGRAM CITIES, EMERGENCY RESPONSE, NETWORK PARTNERS AND	370,139.
	OTHER NATIONAL OUTREACH - SEE SCHEDULE O	
	OTHER NATIONAL COTREACH - SEE SCHEDULE C	
4c	(Code:) (Expenses \$)
	01	
4d	Other program services (Describe on Schedule O.)	,
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 108,239,125.	_ 000
		Form 990 (2022)

Form 990 (2022) BEST FRIENDS ANIMAL SOCIETY Part IV Checklist of Required Schedules

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

232003 12-13-22

Form 990 (2022)

BEST FRIENDS ANIMAL SOCIETY

Part IV | Checklist of Required Schedules (continued)

22 National Control of the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, count, No. Inc. 27 II "Yes," complete Schedule, if Part I and II and the organization are were "Yes" to Part IX! Section A. Ins. 3. 4, or 5, about compensation of the organization's current and former officies, directors, trustees, key employees, and injected compensated employees? If "Yes," complete Schedule is IV "No." go to five 25a but the organization have a tax-essengh bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year. That was secued after December 31, 2002? If "Yes," analyse lines 24b through 24d and complete Schedule is IV "No." go to five 25a. Do the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Do the organization marian an escorum account other than a refunding secrow at any time during the year? 24d Do the organization marian an escorum account other than a refunding secrow at any time during the year? 25d Section 501(40), 501(4), 601(4), and 501(1)(20) organizations. Do the organization engage in an excess benefit transaction was the adequalified person during the year? If "Yes," complete Schedule I, Part II Did the organization awave that I engaged in an excess benefit transaction what a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 900 or 900 or 900 EZZ If "Yes," complete Schedule I, Part II Did the organization proor any amount on Part X, line 5 or 22, for reservables from or payables to any current or former officer, director, trustee, key employee, certain or former officer, director, director, subtraction contributor or employees thereof a grant and subtraction committee intermediate or any of these persons? If "Yes," complete Schedule I, Part IV 25d Vas the organization apply to a business transaction with more of the organization organization apply to a business transaction wit		i (continued)		Yes	No
Part IX, column (A), line 2? (if "Yes," complete Schedule I, Parts I and III 2	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		163	140
23 Did the organization answer "Yes" to Part VII, Section A, line 3.4, or 5, about compensated employees? If "Yes," complete Schedule J. 24 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K, If "No," go to line 25a. 24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24c Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24d Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24d Did the organization invest are proceeds of tax-exempt bonds beyond a temporary period exception? 24d Did the organization invest are proceeds of tax-exempt bonds beyond a temporary period exception? 24d Did the organization invest and the account of the transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I Did the organization answer that the regagged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I Did the organization aware that the regagged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I Did the organization with a disqualified person during the year? If "Yes," complete Schedule L, Part I Did the organization with a disqualified person during the year or development of the year of the paralization provides a grant or other assistance to any current or former offere, director, frustance, year and or other assistance to any current or former offere, director, frustance, year and or other assistance to any current or former offere, director, trustance, year and you these persons? If "Yes," complete Schedule L, Part II Did to the organization provide a part or other assistance to any other part of part or director provides and y			22	х	
and former officers, directors, fustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, Part II 24a Dd the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule I, If "No." go to line 25a 25a Schedule IK. If "No." go to line 25a 25b Dd the organization minest any proceeds of fax-exempt bonds beyond a temporary period exception? 25b Dd the organization maintain an ascrow account other than a refinding excrow at any time during the year of defease any tax-exempt bonds? 25c Schotto 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a discussifier berson during the year? 25c Schotto 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a discussifier berson during the year? 25c Schotto 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a discussifier berson of the organization and the transaction has not been reported on any off if the organization engage in an excess benefit transaction with a discussifier period and the transaction has not been reported on any off if it is a state of the organization or payables to any current or former officer, director, frustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule I, Part II 25c Dd the organization provide a grant or other assistance to any current or former officer, director, frustee, key employee, creator or founder, substantial contributor? If "Yes," complete Schedule I, Part II 25d Dd the organization provide a grant or other assistance to any current or former officer, director, frustee, and the provided antity including an employe th	23				
Schedule / Water a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a. Did the organization invast any proceeds of tax exempt bonds beyond a temporary period exception? 24b. Did the organization invast any proceeds of tax exempt bonds beyond a temporary period exception? 24c. Did the organization anistran an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds? Did the organization acts as an 'no behalf of' issuer for bonds outstanding at any time during the year to defease any tax exempt bonds? Did the organization acts as an 'no behalf of' issuer for bonds outstanding at any time during the year? Did the organization acts as an 'no behalf of' issuer for bonds outstanding at any time during the year? Did the organization according to the pagaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I Uss. Did the organization export any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 39% controlled entity or family member of any or threse persons? If "Yes," complete Schedule L, Part II Uss. Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor? Was the organization practice should be a business transaction with no ent fine following parties (see the Schedule L, Part II) Uss. Was the organization apart to a business transaction with no ent fine following parties (see the Schedule L, Part II) Uss. A S9% controlled entity of one or more individuals and/or organization described schedule L, Part II Uss. A S9% controlled entity of one or more individuals and/or o					
24a Dit the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$1,00,000 as of the last day of the year, that was sixed after December 31,2002 #* 17**es, "answer lines 25th through 24th and complete Schedule K. #* 17%", go to line 25a 24b 24		, ,	23	х	
Schedule K. If *No.** go to line 25a	24a				
Schedule K. If *No.** go to line 25a		last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? olid the organization maintain an eserow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization account an an eserow account other than a refunding escrow at any time during the year? 24d 25a Section 501c(3), 501c(4), and 501c(1/29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I, Part I 25b Is the organization awave that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I, Part I 25c I will the organization away that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization sprior Forms 990 or 990-E27 If "Yes," complete Schedule I, Part I I 26b X 27d Did the organization provide a grant or other assistance to any current or former officer, director, fustee, key employee, creator or formed, cubication contribution, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule I, Part II 27d Did the organization provide a grant or other assistance to any current or former officer, director, fustee, key employee, creator or formoder, substantial contribution or organization expensive thereol) or family member of any of these persons? If "Yes," complete Schedule I, Part IV 28d Was the organization expensive thereol) or family member of any of these persons? If "Yes," complete Schedule I, Part IV 28a X 29b A family member of any individual described in line 28a? If "Yes," complete Schedule II, Part IV 29c X 29c X 29c X 29c X 29c A 35% controlled entity of one or more individuals and/or organization securities line line 28a or 28b? If "Yes," complete Schedule II, Part IV 29c A 29c X 29c Did the organization recei			24a		Х
any tax exempt bonds? d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? if 'Yes,' complete Schedule L, Part I 25a X b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organizations prior Forms 990 or 990 EZ? If "Yes," complete Schedule L, Part I 25b X Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 39% controlled entity or family member of any of these persons? "Yes, complete Schedule L, Part I 26 X 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 39% controlled entity (including an employee thereof) or family member of any of these persons? "Yes, complete Schedule L, Part I 27 X Was the organization aparty to a business transaction with one of the following parties (see the Schedule L, Part I 27 X Was the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part I 28a X 28b X 27 28c 27 28a X 29c	b		24b		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(6)(8), 501(6)(4), and 501(6)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? "It "Yes," complete Schedule L, Part I b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior forms 990 or 990-627? "It "Yes," complete Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity of maily member of any of these persons? "It "Yes," complete Schedule L, Part II Part II II Part III	С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
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that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? #*Yes,* complete Schedule L, Part I I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? #*Yes,* complete Schedule L, Part II I 26 X X Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? #*Yes,* complete Schedule L, Part II I 27 X X with the organization aparty to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable fining thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? #*Yes,* complete Schedule L, Part IV 28B X X Part IV 28B		transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
Schedule L, Part I 25 bit the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "yes," complete Schedule L, Part II 25 bit the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "yes," complete Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "yes," complete Schedule L, Part IV 28b X X 14 amily member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b X 28b X 29b X 14 amily member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b X 29b X	b				
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Schedule N, Part II 32			<u> </u>		
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Form 990 (2022)

BEST FRIENDS ANIMAL SOCIETY

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

	- Continuedy			
0-	Establishment and constructed as Form WO Towns (Hele CW) and Towns (Hele CW)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.			
	ince for the calcinear year chains with or within the year covered by this retain	OI.	Х	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a 3b	X	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	30	21	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	х	
h	If "Yes," enter the name of the foreign country BRITISH VIRGIN IS, CAYMAN ISLANDS	-r a		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c	Х	
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	Х	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	Х	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
_	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	0-		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b		
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:	90		
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			v
	excess parachute payment(s) during the year?	15		Х
40	If "Yes," see the instructions and file Form 4720, Schedule N.	40		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Λ
17	If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.	- '		

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Section	A. Governing Body and Management			
			Yes	No
1a Ente	er the number of voting members of the governing body at the end of the tax year 12			
If the	ere are material differences in voting rights among members of the governing body, or if the governing			
body	y delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b Ente	er the number of voting members included on line 1a, above, who are independent 1b 7			
2 Did	any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
offic	cer, director, trustee, or key employee?	2	X	
3 Did	the organization delegate control over management duties customarily performed by or under the direct supervision			
of o	officers, directors, trustees, or key employees to a management company or other person?	3		Х
4 Did	the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5 Did	the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6 Did	the organization have members or stockholders?	6		Х
7a Did	the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	re members of the governing body?	7a		Х
	any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	sons other than the governing body?	7b		х
-	the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	governing body?	8a	Х	
b Eac	ch committee with authority to act on behalf of the governing body?	8b	Х	
	nere any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	anization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х
Section	B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a Did	the organization have local chapters, branches, or affiliates?	10a		Х
	Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
and	I branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a Has	the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b Des	scribe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a Did	the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	e officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe			
	Schedule O how this was done	12c	Х	
13 Did	the organization have a written whistleblower policy?	13	Х	
	the organization have a written document retention and destruction policy?	14	Х	
	the process for determining compensation of the following persons include a review and approval by independent			
	sons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	e organization's CEO, Executive Director, or top management official	15a	Х	
	er officers or key employees of the organization	15b	Х	
	/es" to line 15a or 15b, describe the process on Schedule O. See instructions.			
	the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	able entity during the year?	16a		х
	/es," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	oint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	mpt status with respect to such arrangements?	16b		
	C. Disclosure			
	the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O			
	ction 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3):	only)	availal	ole
	public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
	scribe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l financ	cial	
19 Des				
stat	rements available to the public during the tax year.			
stat 20 Stat				

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

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

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

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

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

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

(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average		not c	heck i		than o		Reportable	Reportable	Estimated
	hours per week					s both r/trus		compensation from	compensation from related	amount of other
	(list any	ctor						the	organizations	compensation
	hours for	r dire				ted		organization	(W-2/1099-MISC/	from the
	related	stee	truste		ao	pensa		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tr.	ional		ploye	t com		1099-NEC)		and related organizations
	line)	ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			Organizations
(1) JULIANNE CASTLE	40.00		_							
CHIEF EXECUTIVE OFFICER		х		Х				527,705.	0.	9,072.
(2) STEPHEN HOWELL	40.00									
CFO AND COO				Х				421,962.	0.	13,248.
(3) SUSAN CITRO	40.00									
CHIEF EXPERIENCE OFFICER				Х				281,501.	0.	18,136.
(4) VALERIE DORIAN	40.00									
CHIEF DEVELOPMENT OFFICER				Х				258,804.	0.	12,096.
(5) KAREN GALLARDO	40.00									
SR. DIRECTOR - MAJOR & PLANNED GIVIN						Х		260,012.	0.	9,144.
(6) HOLLY SIZEMORE	40.00									
CHIEF MISSIONS OFFICER				Х				222,946.	0.	9,144.
(7) GREGORY CASTLE	40.00									
CO-FOUNDER/INTERNAL CONSULTANT		Х						220,092.	0.	9,072.
(8) JUDAH BATTISTA	40.00									
CHIEF SANCTUARY OFFICER				Х				218,349.	0.	10,136.
(9) ELISE TRAUB	40.00									
CHIEF EXTERNAL AFFAIRS OFFICER & CHI				Х				215,061.	0.	8,648.
(10) MARC PERALTA	40.00									
CHIEF PROGRAM OFFICER				Х				210,699.	0.	11,136.
(11) GRETA PALMER	40.00									
CHIEF BRAND & COMMUNICATIONS				Х				210,913.	0.	9,072.
(12) REBECCA HUSS	40.00									
GENERAL COUNSEL						Х		201,538.	0.	9,051.
(13) AMY STARNES	40.00									
CHIEF INNOVATION OFFICER				Х				193,363.	0.	11,280.
(14) ALFRED BATTISTA	40.00									
BOARD CHAIR INTERNAL CONSULTANT		Х						187,987.	0.	9,072.
(15) ERIKA ARNOLD	40.00									
DIRECTOR - PROCESS EXCELLENCE						Х		187,585.	0.	7,200.
(16) JOSE OCANO	40.00									
SR. DIRECTOR - TALENT & CULTURE						Х		178,995.	0.	4,266.
(17) TARA TIMPSON	40.00									
STAFF VETERINARIAN							Х	182,000.	0.	0.

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1 01111 330 (2022)	S ANIMAL SOC	TET	Y						23-714779	7 Page 8
Part VII Section A. Officers, Directors, True	stees, Key Emp	oloy	ees,	and	l Hig	ghes	t Co	ompensated Employee	s (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do		Pos		າ than d	nne	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	rson i	s both	n an	compensation	compensation	amount of
	week (list any		Ler an	lu a u	recid	I / ii us	lee)	from	from related	other
	hours for	lirecto						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or c	stee			sated		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	ndividual trustee or director	Institutional trustee		yee	mper		1099-NEC)	1000 (120)	and related
	below	idual	tution	ь	Key employee	est co	ıer			organizations
	line)	Indiv	Instii	Officer	Key 6	Highest compensated employee	Former			
(18) BERNADETTE MEJIA	40.00									
DIRECTOR OF PRINCIPAL GIFTS		Х						172,867.	0.	9,072.
(19) CYRUS MEJIA	40.00									
INTERNAL CONSULTANT		Х						88,888.	0.	0.
(20) ABIGAIL JONES	1.00									
BOARD VICE-CHAIR		Х						0.	0.	0.
(21) LYNN FLANDERS	1.00									
BOARD TREASURER		Х						0.	0.	0.
(22) MICARL HILL	1.00									
BOARD MEMBER		Х						0.	0.	0.
(23) OKE MUELLER	1.00									
BOARD MEMBER		Х						0.	0.	0.
(24) LONA WILLIAMS	1.00									
BOARD MEMBER		Х						0.	0.	0.
(25) DENISE CLARK	1.00									
BOARD MEMBER		Х						0.	0.	0.
(26) JOSEPH ANGELO	1.00									
BOARD MEMBER		Х						0.	0.	0.
1b Subtotal								4,441,267.	0.	168,845.
c Total from continuation sheets to Part V	· .							0.	0.	0.
d Total (add lines 1b and 1c)								4,441,267.	0.	168,845.

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

			100	140
3	Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on			
	line 1a? If "Yes," complete Schedule J for such individual	3	Х	
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? If "Yes," complete Schedule J for such individual	4	Х	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services			
	rendered to the organization? If "Yes." complete Schedule J for such person	5		X
_				

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from

(A) Name and business address	(B) Description of services	(C) Compensation
SMITH-SCOTT PROPERTIES LTD		
1933 WALLENBERG DR, FORT COLLINS, CO 80526	RENT	268,376
CASANOVA PUBLICIDAD LLC		
3337 SUSAN ST #200, COSTA MESA, CA 92626	ADVERTISING AND PROMOTION	248,744
MICHAEL & CHRISTINE HOWARTH		
4880 S ALTANTA RD SE, ATLANTA, GA 30339	RENT	145,471
Total number of independent contractors (including but not limited to thos.)	e listed above) who received more than	

Form **990** (2022)

\$100,000 of compensation from the organization

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| Part VIII | Statement of Revenue

		Check if Schedule O c	ontains	a response	or note to any line	e in this Part VIII			
						(A)	(B)	(C)	(D)
						Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
							lunction revenue	business revenue	sections 512 - 514
S S	1 a	Federated campaigns		1a	210,970.				
au au									
ΩĔ		Fundraising events			23,936.				
ifts		Related organizations			,				
nii G		Government grants (contril			86,802.				
Sir		All other contributions, gifts, g			,				
k E	-	similar amounts not included			168,675,600.				
풀	а	Noncash contributions included in li		·	3,440,392.				
Contributions, Gifts, Grants and Other Similar Amounts	_	Total. Add lines 1a-1f		.31+	, ,	168,997,308.			
					Business Code				
	2 a	CLINIC REVENUE			541900	492,726.	492,726.		
<u>Ş</u>	2 u h	PROGRAM EVENTS			901101	391,850.	391,850.		
Ser	c	-				,	, -		
E S	d								
gra Re	u _								
Program Service Revenue	f	All other program service r	evenue						
_	'	T				884,576.			
-	3	Investment income (includi							
	Ū					885,663.	885,663.		
	4	Income from investment of							
	5	Royalties			loceeds	25,213.	25,213.		
	J	rioyanios		(i) Real	(ii) Personal				
	6 2	Gross rents	6a 1	,951,197.	(1) 1 01001141				
		Gross rents Less: rental expenses		,683,597.					
		Rental income or (loss)		-732,400.					
		Net rental income or (loss)		,		-732,400.	-378,327.	-354,364.	291.
		Gross amount from sales of		Securities	(ii) Other	.02,100.	0,0,027,	331,331.	
	ı a	assets other than inventory	<u> </u>	,006,424.	` '				
	h	Less: cost or other basis	7a	, ,	2,332,727.				
ø	b		7 b 10	,677,718.	296,194.				
ther Revenue	•				1,695,553.				
eve		· /				3,024,259.	3,024,259.		
<u>بر</u>		Net gain or (loss)				0,022,200.	0,021,2031		
	o a		-	of					
٥		contributions reported on I		_					
		Part IV, line 18	,	II.					
	h			I					
		Net income or (loss) from f			<u>'</u>				
		Gross income from gaming							
	Ju	Part IV, line 19		I					
	h			١ ـ .					
		Net income or (loss) from g							
		Gross sales of inventory, le							
	.5 a	and allowances			1,535,844.				
	h	Less: cost of goods sold			1,416,918.				
		Net income or (loss) from s			, , , ,	118,926.	72,332.	46,594.	
_			JA100 01		Business Code	,	, .	, , ,	
Snc	11 a	CAFETERIA			722514	147,805.	147,805.		
nec The		ANGELS REST			812900	94,907.	94,907.		
Miscellaneous Revenue		MAGAZINE ADVERTISING	3		541800	45,726.	24,866.	20,860.	
SS R	d	All other revenue				•		·	
Σ		Total. Add lines 11a-11d				288,438.			
	12	Total revenue. See instruction				173,491,983.	4,781,294.	-286,910.	291.

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23-7147797

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 respons	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations	12 (00 (02	12 600 602		
_	and domestic governments. See Part IV, line 21	13,600,692.	13,600,692.		
2	Grants and other assistance to domestic	47 045	47.045		
_	individuals. See Part IV, line 22	47,045.	47,045.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	3,984,722.	1 128 638	1 953 115	1 002 96
_	trustees, and key employees	3,904,722.	1,128,638.	1,853,115.	1,002,96
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	EQ 024 270	46,776,834.	2 746 725	0 410 91
7	Other salaries and wages	58,934,379.	40,770,834.	2,746,735.	9,410,81
8	Pension plan accruals and contributions (include	2 276 562	1 914 624	79,983.	281,95
_	section 401(k) and 403(b) employer contributions)	2,276,562. 9,129,792.	1,914,624. 7,351,779.	670,224.	1,107,78
9	Other employee benefits	4,522,979.	3,445,726.	405,764.	671,48
0	Payroll taxes	4,322,979.	3,443,720.	403,704.	071,40
1	Fees for services (nonemployees):				
a		205,877.	77.	205,800.	
b	9	203,077.	,,,	203,000.	
_	Accounting	715,292.	715,292.		
d	, , , , , , , , , , , , , , , , , , , ,	905,599.	713,232.		905,59
e •	Professional fundraising services. See Part IV, line 17 Investment management fees	560,863.		560,863.	303,33
f		300,003.		300,003.	
g	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.)	4,584,892.	3,074,275.	1,427,220.	83,39
2	Advertising and promotion	5,717,882.	1,727,748.	9,963.	3,980,17
3	Office expenses	1,011,434.	274,830.	723,253.	13,35
3 4	Information technology	4,640,794.	3,403,334.	534,623.	702,83
- 5	Royalties	2,323,323	-,,	,	,
6	Occupancy	3,964,498.	3,747,449.	137,119.	79,93
7	Travel	4,029,482.	3,218,901.	225,396.	585,18
8	Payments of travel or entertainment expenses	-	7 7 7		, , , , , , , , , , , , , , , , , , ,
0	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	2,008,292.	1,962,981.	8,841.	36,47
0	Interest	1,181,354.	-4,381.	1,167,376.	18,35
1	Payments to affiliates	, ,	,	' '	•
2	Depreciation, depletion, and amortization	2,371,236.	2,130,978.	216,783.	23,47
3	Insurance	2,252,450.	992,624.	1,241,332.	18,49
4	Other expenses. Itemize expenses not covered	, ,	,	, ,	,
•	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
_	amount, list line 24e expenses on Schedule 0.) ANIMAL FOOD MEDICAL SUP	8,969,777.	8,969,777.		
a	PRINTING	6,573,738.	1,515,754.	255,244.	4,802,74
b	POSTAGE AND SHIPPING	4,030,864.	1,083,925.	8,351.	2,938,58
۲ C	MISCELLANEOUS	1,919,103.	1,160,223.	730,809.	2,930,38
d		1,515,105.	1,100,223.	730,005.	20,07
e 5		148,139,598.	108,239,125.	13,208,794.	26,691,67
<u>5</u>	Total functional expenses. Add lines 1 through 24e	110,100,000	100,200,120.	10,200,754.	20,051,07
6	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

Form 990 (2022) Part X Balance Sheet

		Check if Schedule O contains a response or r	ote to any l	ine in this Part X	(A)	······	(P)
					Beginning of year		(B) End of year
•	1	Cash - non-interest-bearing			2,228,141.	1	3,156,862.
2	2	Savings and temporary cash investments			4,742,603.	2	
;	3			7,079,764.	3	22,598,337	
4		Accounts receivable, net			217,117.	4	504,606
	5	Loans and other receivables from any current	or former o	fficer, director,			
		trustee, key employee, creator or founder, sul	ostantial cor	ntributor, or 35%			
		controlled entity or family member of any of the	nese person	s		5	
6	6	Loans and other receivables from other disqu	alified perso	ons (as defined			
		under section 4958(f)(1)), and persons describ	ed in sectio	on 4958(c)(3)(B)		6	
<u>.</u> 5	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			928,955.	8	1,026,385
₹ ९		B			3,548,339.	9	4,095,420
10	0a	Land, buildings, and equipment: cost or other	.				
		basis. Complete Part VI of Schedule D	10a	119,963,533.			
	b	Less: accumulated depreciation	10b	30,069,852.	69,552,935.	10c	89,893,681
1.	1	Investments - publicly traded securities			83,726,800.	11	88,782,308
12	2	Investments - other securities. See Part IV, lin			2,520,972.	12	2,645,529
10		Investments - program-related. See Part IV, lir				13	
14	4	Intangible assets				14	
15	5	Other assets. See Part IV, line 11			3,651,802.	15	3,603,264
16	6	Total assets. Add lines 1 through 15 (must e			178,197,428.	16	216,306,392
17	7	Accounts payable and accrued expenses			13,426,094.	17	20,777,522
18		Grants payable				18	
19	9	Deferred revenue				19	
20		Tax-exempt bond liabilities				20	
2		Escrow or custodial account liability. Complet				21	
رم ا 22 م	2	Loans and other payables to any current or fo	rmer officer				
		trustee, key employee, creator or founder, sul	ostantial cor	ntributor, or 35%			
<u> </u>		controlled entity or family member of any of the				22	
ة ₂₃	3	Secured mortgages and notes payable to unr			39,965,376.	23	37,385,776
24		Unsecured notes and loans payable to unrela				24	
2		Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lir					
		of Schedule D	,	·	3,910,840.	25	6,137,528
26	6	Total liabilities. Add lines 17 through 25			57,302,310.	26	64,300,826
		Organizations that follow FASB ASC 958, c	heck here	X			
S		and complete lines 27, 28, 32, and 33.					
ğ 27	7	Net assets without donor restrictions			84,425,535.	27	116,039,779
r 28	8				36,469,583.	28	35,965,787
ը		Organizations that do not follow FASB ASC	958, checl	k here			
로		and complete lines 29 through 33.					
j 29	9	Capital stock or trust principal, or current fund	ds			29	
S 30		Paid-in or capital surplus, or land, building, or				30	
ğ 3·		Retained earnings, endowment, accumulated				31	
Net Assets or rund balances 3.3.3.3.3.3.3.3.3.3.3.3.3.3.3.3.3.3.3.	2	Total net assets or fund balances			120,895,118.	32	152,005,566
້ 33	3	Total liabilities and net assets/fund balances			178,197,428.	33	216,306,392

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1	3,491	1,983.
2	Total expenses (must equal Part IX, column (A), line 25)	2	14	8,139	9,598.
3	Revenue less expenses. Subtract line 2 from line 1	3		25,352	2,385.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	12	20,895	5,118.
5	Net unrealized gains (losses) on investments	5		4,827	7,157.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9		930	906.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	15	2,005	5,566.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	s No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2	а	Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2	b X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate				
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2	c X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		<u>3</u>	а	Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3	b	

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

BEST FRIENDS ANIMAL SOCIETY 23-7147797 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 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). 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: 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). X 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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. 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. 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. 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. 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. 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. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions)) Total

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	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.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	95,305,864.	103,580,343.	120,675,384.	136,989,679.	168,997,308.	625,548,578.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						967,374.
6	Public support. Subtract line 5 from line 4.						624,581,204.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	95,305,864.	103,580,343.	120,675,384.	136,989,679.	168,997,308.	625,548,578.
8	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.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	246,157.	259,345.	271,840.	321,719.	288,438.	1,387,499.
11	Total support. Add lines 7 through 10						635,251,924.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	7,428,655.
13	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third, t	fourth, or fifth tax y	ear as a section 5	01(c)(3)	
	organization, check this box and stop	here					
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2022 (I	ine 6, column (f), d	ivided by line 11, o	column (f))		14	98.32 %
15	Public support percentage from 2021	Schedule A, Part	II, line 14			15	97.92 %
16a	33 1/3% support test - 2022. If the o	organization did no	t check the box or	n line 13, and line	14 is 33 1/3% or m	ore, check this box	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				Х Х
b	33 1/3% support test - 2021. If the o						
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances test	- 2022. If the org	anization did not d	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization						
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported o	rganization		
b	10% -facts-and-circumstances test	- 2021. If the org	anization did not o	check a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circum	nstances test, chec	ck this box and st	top here. Explain i	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	zation	
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	nd see instructions	s
						Schedule A	(Form 990) 2022

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

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

Sed	ction A. Public Support	slow, picase comp	oicte i art ii.j				
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
_	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	(a) 2010	(6) 2019	(6) 2020	(4) 2021	(6) 2022	(i) iotai
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	J		,	•	() ()	· —
	check this box and stop here						
	ction C. Computation of Publi					 	
	Public support percentage for 2022 (li	, ,,,	•	column (f))		15	%
	Public support percentage from 2021					16	%
	ction D. Computation of Inves			. 10 1 (0)		14-1	
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	% 7 in
198	33 1/3% support tests - 2022. If the						
b	more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the	organization did r	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che	ck this box and st	top here. The orga	anization qualifies a	as a publicly supp	orted organization	
20	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 19h check th	nis hox and see in	structions	

232023 12-09-22

Schedule A (Form 990) 2022

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Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
	1		
	•		
	2		
	3a		
	3b		
	-		
	3c		
	4a		
	4b		
	40		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	10-		
	10a		
	10b		
_	100	~ 000	

Par	rt IV Supporting Organizations (continued)			
	· · · · · · · · · · · · · · · · · · ·		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one			l
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's office directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)	rs,		
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one support	ed		l
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			l
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			l
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
Sec	supervised, or controlled the supporting organization. Stion C. Type II Supporting Organizations	2		
	Alon of Typo ii oupporting organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		162	NO
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			l
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			l
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			l
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
800	supported organizations played in this regard.	3		
	ction E. Type III Functionally Integrated Supporting Organizations	•		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruc	tions).		
a	Somplete Selem			
b		(:tt	-1	
2	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity Activities Test. Answer lines 2a and 2b below.	see instruction	Yes	No
a			163	140
-	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			l
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			l
	that these activities constituted substantially all of its activities.	2a		
b				
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b				
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		ı

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organ	izations		
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.				
	All other Type III non-functionally integrated supporting organizations mu		•	•	
Sect	ion A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)		
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
_3	Other gross income (see instructions)	3			
_4	Add lines 1 through 3.	4			
_5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
	collection of gross income or for management, conservation, or				
	maintenance of property held for production of income (see instructions)	6			
_7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
a	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
c	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other factors				
	(explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
_3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,				
	see instructions).	4			
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
_6	Multiply line 5 by 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C - Distributable Amount			Current Year	
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions).	6			
7	Check here if the current year is the organization's first as a non-function	ally integrate	ed Type III supporting orga	nization (see	
	instructions).				

Schedule A (Form 990) 2022

1 Amounts paid to supported organizations to accomplish exempt purposes of supported organizations, in excess of income from activity that directly furthers exempt purposes of supported organizations in exemptions, in excess of income from activity and administrative expenses paid to accomplish exempt purposes of supported organizations 3 Administrative expenses paid to accomplish exemptions assets 4 A Soutified set-aside amounts (prior IRS approval required - provide defails in Part VI) 5 E Considered in Part VI 5 E Considered in Part VI 5 E Considered in Part VI 5 E Considered in	Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)				
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 Amounts paid to acquire exempt use assets 4 5 Qualified set-saide amounts (prior IRS approval required - provide details in Part VI) 5 6 Other distributions (gescribe in Part VI). See instructions. 6 6 Total annual distributions. Add lines 1 through 6. 7 7 Total annual distributions. Add lines 1 through 6. 7 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 9 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions (Secti	on D - Distributions			Current Year	
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Schedule A (Form 990) 2022

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;

Part VI

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 123,430. 2019 AMOUNT: \$ 2020 AMOUNT: \$ 93,897. 2021 AMOUNT: \$ 116,958. 2022 AMOUNT: \$ 45,726. ANGEL'S REST 2018 AMOUNT: \$ 67,350. 52,263. 2019 AMOUNT: \$ 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.)
-	

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2022

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

Organization type (check one):

Form 990 or 990-EZ

X 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).

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

Schedule B (Form 990) (2022)

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

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

Parti	Contributors (see instructions). Use duplicate copies of Part I if addit	lional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$,228,937.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Occupate Part II for noncash contributions.)

Schedule B (Form 990) (2022) Page **3**

Name of organization

Employer identification number

BEST FRIENDS ANIMAL SOCIETY

23-7147797

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

Schedule B (Form 990) (2022) Page **4**

Name of organization **Employer identification number** BEST FRIENDS ANIMAL SOCIETY 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 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

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

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

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

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

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

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

	nization			Empl	loyer identification number
Dart I A	Provide a description of the organization is exempt under section 501(c) or is a section 527 Provide a description of the organization's direct and indirect political campaign activities in Part IV. Political campaign activity expenditures Volunteer hours for political campaign activities Int I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 Enter the amount of any excise tax incurred by organization managers under section 4955 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Was a correction made? If "Yes," describe in Part IV. Int I-C Complete if the organization is exempt under section 501(c), except section 50 Enter the amount directly expended by the filing organization for section 527 exempt function activities Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b Did the filling organization file Form 1120-POL for this year? Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to we made payments. For each organization listed, enter the amount paid from the filling organization's funds. Also enter contributions received that were promptly and directly delivered to a separate political organization, such as a sepapolitical action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from filling organization.		23-7147797		
Part I-A	Complete if the org	anization is exempt und	der section 501(c)	or is a section 527 or	ganization.
2 Political	campaign activity expendit	ures		\$	3
Part I-B	Complete if the org	anization is exempt und	der section 501(c)(3).	
2 Enter the 3 If the org 4a Was a c	e amount of any excise tax ganization incurred a section orrection made?	incurred by organization manaç n 4955 tax, did it file Form 4720	gers under section 4955 Ofor this year?	\$	S Yes No
Part I-C	Complete if the ord	anization is exempt unc	der section 501(c)	except section 501(c	2)(3)
 Enter the exempt Total existence 17b Did the first 17b Enter the made paragraph contribution 	e amount of the filing organ function activities empt function expenditures filing organization file Form e names, addresses and en ayments. For each organizations received that were pro-	ization's funds contributed to o . Add lines 1 and 2. Enter here . 1120-POL for this year?	and on Form 1120-POL, IN) of all section 527 point from the filing organizations a separate political organizations.	stion 527 \$, , still titical organizations to which the station's funds. Also enter the anization, such as a separat	Yes No n the filing organization e amount of political
	(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

LHA

232041 11-08-22

Schedule	C	(Form	990)	2022	
oci iedule	\sim	(FOIIII	220	2022	

Schedule C (Form 990) 2022			MAL SOCIETY			147797 Page 2
Part II-A Complete if the org section 501(h)).	ganizatio	n is exen	npt under section	501(c)(3) and file	d Form 5768 (ele	ction under
	ation holon	as to an affil	isted group (and list in	Part IV each affiliated	group mombor's name	address EIN
expenses, and sha		•	•	Fait IV each anniated	group member s name	e, address, Eliv,
		, ,	d "limited control" pro	vicione apply		
Lim	its on Lobl	bying Exper	•		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to infl	uence nuh	lic opinion (c	uraseroots lobbying)		20,865.	
b Total lobbying expenditures to infl					639,400.	
c Total lobbying expenditures (add l					660,265.	
d Other exempt purpose expenditur					147,479,333.	
e Total exempt purpose expenditure					148,139,598.	
f Lobbying nontaxable amount. Ent					1,000,000.	
If the amount on line 1e, column (a)			bying nontaxable am			
Not over \$500,000	or (b) 10.		he amount on line 1e.	Jane 101		
Over \$500,000 but not over \$1,00	0.000		0 plus 15% of the exce	ess over \$500 000		
Over \$1,000,000 but not over \$1,5			0 plus 10% of the exce			
Over \$1,500,000 but not over \$17			0 plus 5% of the exces			
Over \$17,000,000	,000,000	\$1,000,0	•	σο στοι φτ,σοσ,σοσ.		
<u> </u>		Ψ1,000,0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
g Grassroots nontaxable amount (er	nter 25% of	line 1f)			250,000.	
h Subtract line 1g from line 1a. If ze					0.	
i Subtract line 1f from line 1c. If zer					0.	
i If there is an amount other than ze	•			· · · · · · · · · · · · · · · · · · ·		
reporting section 4911 tax for this						Yes No
(Some organizations t	Sec	a section 50 e the separa	ate instructions for lin	nave to complete all ones 2a through 2f.)	of the five columns be	elow.
	Lobi	bying Exper	ditures During 4-Yea	r Averaging Period		T
Calendar year (or fiscal year beginning in)	(a)	2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
2a Lobbying nontaxable amount	1	,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column(e))						6,000,000.
c Total lobbying expenditures		146,947.	335,764.	355,245.	660,265.	1,498,221.
d Grassroots nontaxable amount		250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))						1,500,000.

Schedule C (Form 990) 2022

20,865.

33,428.

3,697.

4,484.

4,382.

f Grassroots lobbying expenditures

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)).

	ch "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	· · · · · · · · · · · · · · · · · · ·		,,	o)
or the i	lobbying activity.	Yes	No	Amo	ount
1 [During the year, did the filing organization attempt to influence foreign, national, state, or				
le	local legislation, including any attempt to influence public opinion on a legislative matter				
c	or referendum, through the use of:				
a ∖	Volunteers?				
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
c N	Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
f (Grants to other organizations for lobbying purposes?				
_	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h F	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
	Other activities?				
	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912			<u> </u>	
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		05.00	tion	
	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	11 30 1 (6)(3)	, or se	Stion	
art					
art	00.(0)(0).			Yes	N
	Were substantially all (90% or more) dues received nondeductible by members?		1	Yes	N
1 V				Yes	N
1 V 2 [Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	e prior year? n 501(c)(5)	2 3), or se	ction	
1 V 2 [3 [Part	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Dues, assessments and similar amounts from members	e prior year? n 501(c)(5) 'No" OR (l), or seeb) Part	ction	
1 V 2 [3 [Part	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	e prior year? n 501(c)(5) 'No" OR (l), or seeb) Part	ction	
1 V 2 [3 [2 art	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the lill-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).	e prior year? n 501(c)(5) 'No" OR (l	2 3), or se b) Part	ction	
1 V 2 [3 [2 art	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year	e prior year? n 501(c)(5) 'No" OR (l	2 3), or se b) Part	ction	
1 V 2 [3 [2 art	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the lill-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).	e prior year? n 501(c)(5) 'No" OR (l	2 3), or see b) Part	ction	
1 \ \V2 \ \cdot \c	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year	e prior year? n 501(c)(5) 'No" OR (l	2 3), or sec b) Part	ction	
1 V 2 [3 [2 c 4 c l 3 /	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	e prior year? n 501(c)(5) 'No" OR (l	2 3), or sec b) Part	ction	3, is
1 V 22 [33 [22 st 4 1 1 1 1 1 1 1 1 1	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the solid the organization agree to carry over lobbying and political campaign activity expenditures from the solid the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds	e prior year? n 501(c)(5) 'No" OR (l	2 3), or sec b) Part	ction	
1 V 2 [3] 3 2 3 4 1 3 4 1 3	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the source of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the source of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the source of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the section \$01(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceed the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expensions.	e prior year? n 501(c)(5) 'No" OR (l	2 3), or sec b) Part	ction	
11 V 2 [33 [33 [34] 4]	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the solid the organization agree to carry over lobbying and political campaign activity expenditures from the solid the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds	e prior year? n 501(c)(5) 'No" OR (l	2 3), or sec b) Part	ction	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047

Inspection

Employer identification number

Name of the organization

BEST FRIENDS ANIMAL SOCIETY 23-7147797

Pa	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		Similar Funds o	r Accounts.	Complete if the	е
	Signification anomored 155 Girl Sim 555, Factor, inc	(a) Donor advise	ed funds	(b) Funds a	nd other accour	nts
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in w	vriting that the assets he	eld in donor advised	d funds		
	are the organization's property, subject to the organization's e	exclusive legal control?			Yes	☐ No
6	Did the organization inform all grantees, donors, and donor ac					
	for charitable purposes and not for the benefit of the donor or					
	impermissible private benefit?				. Yes	☐ No
Pai	rt II Conservation Easements. Complete if the org					
1	Purpose(s) of conservation easements held by the organizatio	on (check all that apply).				
	Preservation of land for public use (for example, recreat	ion or education)	Preservation of a	historically impo	ortant land area	
	Protection of natural habitat	,	Preservation of a	• •		
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualific	ed conservation contrib	ution in the form of	a conservation	easement on the	e last
	day of the tax year.				d at the End of the	
а	Total number of conservation easements			2a		
b						
С	Number of conservation easements on a certified historic stru					
d	Number of conservation easements included in (c) acquired at					
	historic structure listed in the National Register			2d		
3	Number of conservation easements modified, transferred, rele				ng the tax	
	year		•			
4	Number of states where property subject to conservation ease	ement is located				
5	Does the organization have a written policy regarding the peri	odic monitoring, inspec	tion, handling of			
	violations, and enforcement of the conservation easements it	holds?			Yes	☐ No
6	Staff and volunteer hours devoted to monitoring, inspecting, h					ar
7	Amount of expenses incurred in monitoring, inspecting, handl	ling of violations, and er	forcing conservation	n easements du	ring the year	
8	Does each conservation easement reported on line 2(d) above	e satisfy the requiremen	ts of section 170(h)	(4)(B)(i)		
	and section 170(h)(4)(B)(ii)?				Yes	No
9	In Part XIII, describe how the organization reports conservation	on easements in its reve	nue and expense st	atement and		
	balance sheet, and include, if applicable, the text of the footnote	ote to the organization's	financial statemen	ts that describes	s the	
	organization's accounting for conservation easements.					
Pa	rt III Organizations Maintaining Collections of	Art, Historical Tre	asures, or Oth	er Similar As	sets.	
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.				
1a	If the organization elected, as permitted under FASB ASC 958	B, not to report in its rev	enue statement and	d balance sheet	works	
	of art, historical treasures, or other similar assets held for public	lic exhibition, education	, or research in furt	herance of publi	С	
	service, provide in Part XIII the text of the footnote to its finance	cial statements that des	scribes these items.			
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenu	e statement and ba	lance sheet wor	ks of	
	art, historical treasures, or other similar assets held for public	exhibition, education, o	r research in furthe	rance of public s	ervice,	
	provide the following amounts relating to these items:					
	(i) Revenue included on Form 990, Part VIII, line 1			\$ <u></u>		
2	If the organization received or held works of art, historical trea			ain, provide		
	the following amounts required to be reported under FASB AS	SC 958 relating to these	items:			
а	Revenue included on Form 990, Part VIII, line 1	-		\$ <u></u>		
	Assets included in Form 990, Part X			_		
LHA	For Paperwork Reduction Act Notice, see the Instructions				edule D (Form 9	990) 2022

232051 09-01-22

Par	rt III Organizations Maintaining C	ollections of Art	t, Historical Tre	asures, or O	ther S	imilar Ass	ets (cont	inued)	
3	Using the organization's acquisition, accessi	on, and other records	s, check any of the f	ollowing that ma	ake signi	ificant use of	its		
	collection items (check all that apply):								
а	Public exhibition	d	Loan or excl	nange program					
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	n how they further th	e organization's	exempt	t purpose in F	Part XIII.		
5	During the year, did the organization solicit o	r receive donations o	of art, historical treas	ures, or other si	milar as	sets			_
_	to be sold to raise funds rather than to be ma						Yes		No
Par	t IV Escrow and Custodial Arran		ete if the organization	n answered "Yes	s" on Fo	orm 990, Part	IV, line 9, c	r	
	reported an amount on Form 990, Pa								
1a	Is the organization an agent, trustee, custodi		•						_
	on Form 990, Part X?						Yes		_ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:						
							Amou	nt	
	Beginning balance					1c			
	Additions during the year					1d			
	Distributions during the year					1e			
	Ending balance					1f			
	Did the organization include an amount on Fe		•		•	?	Yes		_ No
	If "Yes," explain the arrangement in Part XIII.								
Fai	Trick					Three years b	ook (a) For	ır vooro	hook
		(a) Current year	(b) Prior year	(c) Two years ba		Three years b		ır years	
	Beginning of year balance	20,283,174.	22,813,729.	19,111,4		18,792,86		,599,	
b	Contributions	81,141.	580,617.			545,54		,683,	
С.	Net investment earnings, gains, and losses	1,689,207.	-2,705,781.	2,780,2	34.	605,07	/2.	201	031.
	Grants or scholarships								
е	Other expenditures for facilities							400	056
	and programs	432,314.	405,391.	319,6	33	832,06		,400,	
	Administrative expenses	21,621,208.	20,283,174.	22,813,7		19,111,41			388.
g	End of year balance		· · · · · ·		23.	19,111,41	19. 10	,792,	,003.
2	Provide the estimated percentage of the curr	ent year end balance) neid as:					
a	Board designated or quasi-endowment Permanent endowment 42.0000		_%						
b		% ~							
С	Term endowment 58.0000 The percentages on lines 2a, 2b, and 2c sho								
22	Are there endowment funds not in the posse		tion that are hold an	d administered t	for the				
Ja	organization by:	331011 Of the organiza	tion that are ned an	u auministereu i	ioi tile			Yes	No
	(i) Unrelated organizations						3a(i)		
	(ii) Related organizations								Х
b	If "Yes" on line 3a(ii), are the related organization	tions listed as requir	ed on Schedule R?				3b		
4	Describe in Part XIII the intended uses of the							1	
_	rt VI Land, Buildings, and Equipm								
	Complete if the organization answere	d "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990, Pa	art X, line	e 10.			
	Description of property	(a) Cost or o	ther (b) Cost	or other	(c) Accı	umulated	(d) Bo	ok valu	ie
		basis (investn	nent) basis ((other)	depre	eciation			
1a	Land		19	,271,858.			19	,271,	858.
	Buildings		43	,501,624.	16	,035,614.	27	,466,	010.
С	Leasehold improvements		3	,776,479.	3	,279,667.		496,	,812.
d	Equipment	I	6	,010,541.	4	,525,320.	1	,485,	221.
	Other		47	,403,031.	6	,229,251.	41	,173	780.
Total	I. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X. column (B), line 10)c.)			89	,893,	681.
		-				Sched	dule D (For	m 990) 2022

Schedule D (Form 990) 2022 BEST FRIENDS ANIM	MAL SOCIETY		23-7147797	Page
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes"		T		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market	value
1) Financial derivatives				
2) Closely held equity interests				
3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
otal. (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 e	nd-of-year market	value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.	<u>I</u>			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.		
	Description		(b) Book	value
(1)	·			
(2)				
(3)				
(4)				
• •				
(6)				
(7)				
(8)				
(9)				
otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	e 15.)			

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)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	6,137,528.

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

Schedule D (Form 990) 2022

Par	Reconciliation of Revenue per Audited Financial		e per Return.	
	Complete if the organization answered "Yes" on Form 990, Part I			
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 - 1		
а	Net unrealized gains (losses) on investments			
b	Donated services and use of facilities			
С	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
e	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 4- 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)			
_C	Add lines 4a and 4b			
5 Pai	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XII Reconciliation of Expenses per Audited Financial	Statements With Expens	5	
ı aı			ses per neturn.	
	Complete if the organization answered "Yes" on Form 990, Part I			
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	ا مم ا		
a	Donated services and use of facilities			
b	Prior year adjustments			
C	Other losses			
d	Other (Describe in Part XIII.)	· · · · · · · · · · · · · · · · · · ·		
e	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	45		
a	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)	·	45	
	Add lines 4a and 4b			
5 Pai	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lirt XIII Supplemental Information.	ne 18.)	5	
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	and 4: Part IV, lines 1h and 2h: Pr	art V line 4: Part V line 2: Part	VI
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide		ait v, iiile 4, Fait A, iiile 2, Fait	ΛΙ,
111163	20 and 4b, and 1 art An, lines 20 and 4b. Also complete this part to provide	de arry additional information.		
PART	YX, LINE 2:			
BEST	FRIENDS HAS ANALYZED ALL TAX POSITIONS FOR APPLICABLE	E TAX		
JURI	SDICTIONS FOR WHICH THE STATUTE OF LIMITATIONS REMAIN	ED OPEN		
		,		
INCL	UDING U.S. FEDERAL AND STATE JURISDICTIONS FOR THE YEAR	ARS ENDED		
	• •			
SEPI	TEMBER 30, 2023 AND SEPTEMBER 30, 2022 AND DETERMINED	THERE WERE NO		
	,			
МАТЕ	RIAL UNRECOGNIZED TAX BENEFITS OR OBLIGATIONS. THE OP	EN TAX YEARS		
	·			
SUBJ	JECT TO SELECTION FOR EXAMINATION ARE 2019 THROUGH 2023	2.		
		•		
PART	V, LINE 4			
	•			
THE	ORGANIZATION INTENDS TO USE THE INCOME GENERATED FROM	THE PERMANENT		
ENDC	NUMENT FOR VARIOUS PROGRAMS.			

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 Part XIII Supplemental Info	BEST FRIENDS ANIMAL SOCIETY	23-7147797	Page 5
Part XIII Supplemental Info	rmation _(continued)		
,			

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization **Employer identification number** BEST FRIENDS ANIMAL SOCIETY 23-7147797 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. X Mail solicitations e X Solicitation of non-government grants X Internet and email solicitations Solicitation of government grants b g X Special fundraising events Phone solicitations In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or X Yes key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) or entity (fundraiser) from activity fundraiser organization listed in col. (i) NEWPORT CREATIVE Yes No COMMUNICATIONS INC - 21 Х CONSULTING 0 165,000 -165,000. PMX AGENCY LLC - ONE WORLD TRADE CENTER 63RD FLOOR, NEW CONSULTING Х 0 73,433 -73,433. GOODUNITED - 804 MEETING ST #101, CHARELSTON, SC CONSULTING Х 0 26,655 -26,655. 265 088 -265 088 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY

232081 10-27-22

Schedule G (Form 990) 2022

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

SEE PART IV FOR CONTINUATIONS

		of fundraising event contributions and gro	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
						(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Revenue				, ,,,		
אַ אַ	1	Gross receipts				
	2	Less: Contributions				
1	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
200	6	Rent/facility costs				
Dilect Lypelises	7	Food and beverages				
5	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4 through				
	11	Net income summary. Subtract line 10 from li				
aı	<u>t I</u>	Gaming. Complete if the organization	answered "Yes" on Form	n 990, Part IV, line 19, o	r reported more than	
_		\$15,000 on Form 990-EZ, line 6a.				
anl			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add
Hevenue	1	Gross revenue				
ß	2	Cash prizes				
אַ אַ אַ אַ אַ	3	Noncash prizes				
Direct Experises	4	Rent/facility costs				
1	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes % No	√	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
)	Ent	er the state(s) in which the organization condu	cts gaming activities: _			
а	ls t	ne organization licensed to conduct gaming ac No," explain:	ctivities in each of these	states?		Yes N
		re any of the organization's gaming licenses re	evoked, suspended, or te	erminated during the tax	year?	Yes N
			•			
		Yes," explain:				

Sch	edule G (Form 990) 2022 BEST FRIENDS ANIMAL SOCIETY 2	3-/14/	191	Page 3
11	Does the organization conduct gaming activities with nonmembers?	[Yes	No 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:			
	The organization's facility	13	Ba	%
	An outside facility		Bb	%
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	t		
	of gaming revenue retained by the third party \$			
С	If "Yes," enter name and address of the third party:			
	Name			
	Address			
40				
16	Gaming manager information:			
	Name			
	Gaming manager compensation \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	L	Yes	☐ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	Э		
_	organization's own exempt activities during the tax year \$			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	l Part III,	lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			
SCH	EDULE 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			
(T)	ADDRESS OF FUNDRAISER:			
ONE	WORLD TRADE CENTER 63RD FLOOR, NEW YORK, NY 10007			

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

Attach to Form 990.

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

2022 Open to Public

Inspection

OMB No. 1545-0047

Name of the organization	ANIMAL SOCIETY	J.					Employer identification number 23-7147797
Part I General Information on Grants a		1					23-7147797
Does the organization maintain records criteria used to award the grants or assis Describe in Part IV the organization's pro	to substantiate the stance?	toring the use of grant	funds in the United	l States.			X Yes No
Part II Grants and Other Assistance to recipient that received more than to					anization answered "Y	es" on Form 990, Parl	: IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ACTION PROGRAMS FOR ANIMALS	27-0234541	501(C)(3)	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) a	1	l .	, ,			1	309.
3 Enter total number of other organization	s listed in the line	1 table	7				

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

Schedule I (Form 990) 2022

Part II Continuation of Grants and Other	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		
	4	504 (5) (2)	5.100						
ANIMAL ADOPTION CENTER	52-1720581	501(C)(3)	6,100.	0.			PROGRAM SERVICE SUPPORT		
ANIMAL ASSISTANCE LEAGUE OF	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	501/01/31	22,825.	0.			PROGRAM SERVICE SUPPORT		
THE HIDDION	1 3, 0,21,321	p(-/(-)/		0.		1	Schodulo I (Form 900)		

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	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	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	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		

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	r uge r
(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(0)(3)	328,800.	0.			PROGRAM SERVICE SUPPORT
1001111 1210 12212	71 2033300	301(0)(3)	320,000.				INGGAM BENVIOL BOTTON
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	06.4470000	F24 (F) (2)	45.000				
FOUNDATION	26-1472920	bnT(C)(3)	15,000.	0.			PROGRAM SERVICE SUPPORT

Part II Continuation of Grants and Other	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			
CADDO PARISH ANIMAL SERVICES &										
MOSQUITO CONTROL	72-6000223	GOVERNMENT	27,675.	0.			PROGRAM SERVICE SUPPORT			

Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	T age
(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	50 6000000		25.000				
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
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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

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		
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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		

Part II Continuation of Grants and Other A	Assistance to Doi	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	r ugo r
(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

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	COVEDNMENT	14,800.	0.			PROGRAM SERVICE SUPPORT		
CITI OF MEMPHIS-ANIMAL CONTROL DIV	02-0000301	GOVERNMENT	14,000.	0.			FROGRAM SERVICE SUFFORI		
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		
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COLUSA COUNTY ANIMAL SHELTER	94-6000508	GOVERNMENT	18,400.	0.			PROGRAM SERVICE SUPPORT		
COMMUNITY ANIMAL MEDICINE PROJECT	20-8542566	501(C)(3)	30,000.	0.			PROGRAM SERVICE SUPPORT		

Part II Continuation of Grants and Other A	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			
			12,556.				2011011			
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			

Part II Continuation of Grants and Other A	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			

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		
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		

Part II Continuation of Grants and Other	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	ruge
(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

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		

Part II Continuation of Grants and Other	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	E01/GV/2V	17,900.	0.			PROGRAM SERVICE SUPPORT			
MIORIDITA COORTI	32 0100044	Po+(C/(J/	1 1,300.	٠.			PROGRAM SERVICE SUPPORT			

Part II Continuation of Grants and Other	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	E01/C)/2)	62,050.	0.			PROGRAM SERVICE SUPPORT				
SAVANNAN	36-0619033	301(C)(3)	62,030.	0.			FROGRAM SERVICE SUFFORI				
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				

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
HUMANE SOCIETY OF 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	52-0542025	501(C)(3)	54,000.	0.			PROGRAM SERVICE SUPPORT				
HUMANE SOCIETY OF WEST MICHIGAN	38-1360926	DU1(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				

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			

Part II Continuation of Grants and Other	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				
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				
	02 125555	E01/G)/3	40.000	_							
LEHIGH COUNTY HUMANE SOCIETY	23-1365372	DOT(C)(3)	40,000.	0.			PROGRAM SERVICE SUPPORT				

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

Part II Continuation of Grants and Other	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			
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			

Part II Continuation of Grants and Other	Assistance to Doi	mestic Organizations	and Domestic Go	overnments (Scho	edule I (Form 990), Pa	rt II.)	T Fagi
(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
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
NOTES TO SELECTION OF THE PROPERTY OF THE PROP	03 0331301	301(0)(0)	31,013.	· · · · · · · · · · · · · · · · · · ·			PROGRAM PERVIOUS BOTTOM
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
			<u> </u>				
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
VEDICASICA HOMANE SOCIETI	41 0370337	301(0)(3)	0,230.	0.			I ROGRAM BERVICE BUTTORT
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

Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	T
(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

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			
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			

Part II Continuation of Grants and Other A		_					
(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
EARL RIVER COUNTY SPCA INC	64-0798887	501(C)(3)	13,800.	0.			PROGRAM SERVICE SUPPOR
PEARL'S ALOHA RESCUE TEAM AND	92-1402844	501(C)(3)	8,798.	0.			PROGRAM SERVICE SUPPORT
PEOPLE FOR PETS MAGIC VALLEY	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

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			
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 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			

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		
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	COVEDNIMENT	9,386.	0.			PROGRAM SERVICE SUPPORT		
ROCKINGHAM COUNTI ANIMAL SHELIER	30-0001327	GOVERNMENT	9,300.	0.			FROGRAM SERVICE SUFFORI		
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		

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			
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	E01/G)/2)	21 700	0.			PROGRAM SERVICE SUPPORT			
SAVING ONE LITE	21-11/3339	DUI(C)(3)	31,700.	0.			EVOCEMENT 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			

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		
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		
GOLUMN GUNDUNDAN HUMANIN GOGTERN	22 7165004	E01/G)/2)	150.075				DDOGDAN GEDVICE GUDDOD		
SOUTH SUBURBAN HUMANE SOCIETY	23-7165004	bot(c)(2)	152,975.	0.		1	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		
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	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		

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		
STRAY CAT ALLIANCE	95-4787231	501(C)(3)	121,275.	0.			PROGRAM SERVICE SUPPORT		
TANGIPAHOA 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		

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)										
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
THE 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			

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		
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 SPECIAL SERVICE DISTRICT	32-0196342	GOVERNMENT	12,250.	0.			PROGRAM SERVICE SUPPORT		
ULSTER COUNTY SPCA	14-1422082	E01/G)/2)	15 500	0.			PROGRAM SERVICE SUPPORT		
OLDIER COUNTY DECA	14-1422082	P01(C)(3)	15,500.	0.			FROGRAM SERVICE SUPPORT		
URBAN CAT COALITION	81-4257827	501(C)(3)	15,000.	0.			PROGRAM SERVICE SUPPORT		

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		
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		

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		
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		
	71 0000370		17,000.	· ·			PROGRAM PERVIOUS BOTTORY		
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	45-5326778	501(C)(3)	7,300.	0.			PROGRAM SERVICE SUPPORT		
		I	1	I .			0.1		

(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
SH GRANT	14	47,045.	0.		
art IV Supplemental Information. Provide the informat	ion required in Part I, lin	e 2; Part III, column	(b); and any other ac	Iditional information.	
RT I, LINE 2:					
L GRANT RECIPIENTS ARE RESEARCHED PRIOR TO I	RECEIVING FUNDS. W	HEN			
OVIDING A LARGE GRANT, AN AGREEMENT IS SIGNI	ED BY BOTH PARTIES	AND A			
, ITTEN REPORT IS REQUIRED SHOWING HOW THE FU					
ANTS, A BRIEF DESCRIPTION IS OBTAINED NOTING					
inite, in Datas Discouling to obtained Noting	S HOW THE TORDS WE	AL SI HAI.			

SCHEDULE J (Form 990)

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.

2022

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

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

BEST FRIENDS ANIMAL SOCIETY

Employer identification number 23-7147797

Pa	art I Questions Regarding Compensation			
			Ye	s No
1 a	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.		
	First-class or charter travel Housing	allowance or residence for personal use		
	Travel for companions Payment	s for business use of personal residence		
	Tax indemnification and gross-up payments Health or	social club dues or initiation fees		
	Discretionary spending account 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," co	mplete Part III to explain 1	<u> </u>	
2	Did the organization require substantiation prior to reimbursing or allowing expe	enses incurred by all directors,		
	trustees, and officers, including the CEO/Executive Director, regarding the item	s checked on line 1a?		
3	Indicate which, if any, of the following the organization used to establish the co	mpensation of the organization's		
	CEO/Executive Director. Check all that apply. Do not check any boxes for meth	ods used by a related organization to		
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written e	mployment contract		
	Independent compensation consultant X Compens	sation survey or study		
	Form 990 of other organizations X 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:			
а	Receive a severance payment or change-of-control payment?	4:	x X	
b	Participate in or receive payment from a supplemental nonqualified retirement p	plan? 4	<u> </u>	Х
С	Participate in or receive payment from an equity-based compensation arrangen	nent? 4	;	Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amount	s for each item in Part III.		
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must comple	te lines 5-9.		
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization	n pay or accrue any compensation		
	contingent on the revenues of:			
а	The organization?	5	<u> </u>	Х
	Any related organization?		,	Х
	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	n pay or accrue any compensation		
	contingent on the net earnings of:			
а	The organization?	6		X
b	Any related organization?		,	Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7				
	not described on lines 5 and 6? If "Yes," describe in Part III			Х
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 "Y	es," describe in Part III		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption p	rocedure described in		
	Regulations section 53 4958-6(c)?	C	. []	

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.

		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) JULIANNE CASTLE	(i)	467,705.	60,000.	0.	7,000.	2,072.	536,777.	0.	
CHIEF EXECUTIVE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(2) STEPHEN HOWELL	(i)	412,462.	9,500.	0.	7,000.	6,248.	435,210.	0.	
CFO AND COO	(ii)	0.	0.	0.	0.	0.	0.	0.	
(3) SUSAN CITRO	(i)	272,401.	9,100.	0.	7,000.	11,136.	299,637.	0.	
CHIEF EXPERIENCE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(4) VALERIE DORIAN	(i)	231,804.	27,000.	0.	7,000.	5,096.	270,900.	0.	
CHIEF DEVELOPMENT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(5) KAREN GALLARDO	(i)	228,457.	31,555.	0.	7,000.	2,144.	269,156.	0.	
SR. DIRECTOR - MAJOR & PLANNED GIVIN	(ii)	0.	0.	0.	0.	0.	0.	0.	
(6) HOLLY SIZEMORE	(i)	215,946.	7,000.	0.	7,000.	2,144.	232,090.	0.	
CHIEF MISSIONS OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(7) GREGORY CASTLE	(i)	220,092.	0.	0.	7,000.	2,072.	229,164.	0.	
CO-FOUNDER/INTERNAL CONSULTANT	(ii)	0.	0.	0.	0.	0.	0.	0.	
(8) JUDAH BATTISTA	(i)	213,349.	5,000.	0.	7,000.	3,136.	228,485.	0.	
CHIEF SANCTUARY OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(9) ELISE TRAUB	(i)	203,061.	12,000.	0.	7,000.	1,648.	223,709.	0.	
CHIEF EXTERNAL AFFAIRS OFFICER & CHI	(ii)	0.	0.	0.	0.	0.	0.	0.	
(10) MARC PERALTA	(i)	203,579.	7,120.	0.	7,000.	4,136.	221,835.	0.	
CHIEF PROGRAM OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(11) GRETA PALMER	(i)	203,413.	7,500.	0.	7,000.	2,072.	219,985.	0.	
CHIEF BRAND & COMMUNICATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.	
(12) REBECCA HUSS	(i)	196,538.	5,000.	0.	7,000.	2,051.	210,589.	0.	
GENERAL COUNSEL	(ii)	0.	0.	0.	0.	0.	0.	0.	
(13) AMY STARNES	(i)	182,363.	11,000.	0.	7,000.	4,280.	204,643.	0.	
CHIEF INNOVATION OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(14) ALFRED BATTISTA	(i)	186,487.	1,500.	0.	7,000.	2,072.	197,059.	0.	
BOARD CHAIR INTERNAL CONSULTANT	(ii)	0.	0.	0.	0.	0.	0.	0.	
(15) ERIKA ARNOLD	(i)	185,085.	2,500.	0.	7,000.	200.	194,785.	0.	
DIRECTOR - PROCESS EXCELLENCE	(ii)	0.	0.	0.	0.	0.	0.	0.	
(16) JOSE OCANO	(i)	178,995.	0.	0.	0.	4,266.	183,261.	0.	
SR. DIRECTOR - TALENT & CULTURE	(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.

		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(17) TARA TIMPSON	(i)	148,527.	1,000.	32,473.	0.	0.	182,000.	0.	
STAFF VETERINARIAN	(ii)	0.	0.	0.	0.	0.	0,	0.	
(18) BERNADETTE MEJIA	(i)	152,867.	20,000.	0.	7,000.	2,072.	181,939.	0.	
DIRECTOR OF PRINCIPAL GIFTS	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
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Page 2

Schedule J (Form 990) 2022

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

Department of the Treasury

Internal Revenue Service

(Form 990)

Transactions With Interested Persons

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open To Public Inspection

Name of the organization							Emp	oloyer	identi	ficatio	on nu	mber
B	EST FRIEN	IDS ANIMAL SOCI	ETY				23	3-714	7797			
Part I Excess Bene	efit Transa	actions (section 5	501(c)(3), sect	ion 501(c)(4), and sec	ction 501(c)(29) orgar	nizatio	ns on	ly).			
Complete if the	organization	answered "Yes" on	Form 9	90, Pa	art IV, line 25a or 25b	o, or Form 990-EZ, Pa	rt V, li	ne 40	b.			
1		(b) Relationship be	tween o	disqual	lified ,					(d)	Corre	cted?
(a) Name of disqualified p	person	person and o	organiza	ation	(0	c) Description of trans	sactio	n		Ye	es	No
2 Enter the amount of tax section 4958	•	· ·	•		•	ing the year under		\$				
3 Enter the amount of tax,												
	,,		,		g			*				
Part II Loans to and	d/or From	Interested Per	sons.									
Complete if the	organization	answered "Yes" on	Form 9	90-EZ	. Part V. line 38a or F	orm 990, Part IV, line	e 26: c	or if th	e orgar	nizatio	n	
•	ū	n 990, Part X, line 5,			,	,	,		3			
(a) Name of	(b) Relation		(d) Lo	an to or	(e) Original	(f) Balance due	(g)	In	(h) App	roved	(i) V	/ritten
interested person	with organiz	ration of loan		n the zation?	principal amount	`	defa			ittee? agreement?		
			То	From	1		Yes	No	Yes	No	Yes	No
Total					\$							
Part III Grants or As	sistance	Benefiting Inte	rested	d Per	sons.							
Complete if the	organization	answered "Yes" on	Form 9	90, Pa	art IV, line 27.							
(a) Name of interested	person	(b) Relationship	betwe	en	(c) Amount of	(d) Type	of		(e)	Purp	ose o	f
		interested per the organiz		d	assistance	assistano	ce		а	ssista	ance	
-		1										

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

Schedule L (Form 990) 2022

Part IV	Busine	ss Transactions	Involving	Interested Persons.

Complete if the organization answered	"Yes" on Form 990, Part IV, line 28a, 28	3b, or 28c.			
(a) Name of interested person	(b) relationship between interested (c) Announced (d) Description of or		(e) Sha organiz reven		
				Yes	No
CARRAGH MALONEY	DAUGHTER: BD MEMBER	108,213.	EMPLOYEE CO		Х
JONATHAN SIZEMORE	SPOUSE: OFFICER SIZ	57,987.	EMPLOYEE CO		Х
BART BATTISTA	SON: BD MEMBER BATT	149,475.	EMPLOYEE CO		Х
MARK EBBS	SON: FOUNDER EBBS	61,633.	EMPLOYEE CO		Х
JUDAH BATTISTA	SON: BD MEMBER BATT	228,485.	EMPLOYEE CO		Х
Part V Supplemental Information. Provide additional information for response.		nstructions).			
SCH L, PART IV, BUSINESS TRANSACTIONS	INVOLVING INTERESTED PERSONS:				
(A) NAME OF PERSON: CARRAGH MALONEY					
(B) RELATIONSHIP BETWEEN INTERESTED PER	RSON AND ORGANIZATION:				
DAUGHTER: BD MEMBER CASTLE					
(D) DESCRIPTION OF TRANSACTION: EMPLOYE	EE COMPENSATION				
(A) NAME OF PERSON: JONATHAN SIZEMORE					
(B) RELATIONSHIP BETWEEN INTERESTED PER	RSON AND ORGANIZATION:				
SPOUSE: OFFICER SIZEMORE					
(D) DESCRIPTION OF TRANSACTION: EMPLOYI	EE COMPENSATION				
(A) NAME OF PERSON: BART BATTISTA					
(B) RELATIONSHIP BETWEEN INTERESTED PER	RSON AND ORGANIZATION:				
SON: BD MEMBER BATTISTA					
(D) DESCRIPTION OF TRANSACTION: EMPLOYI	EE COMPENSATION				
(A) NAME OF PERSON: MARK EBBS					
(D) DESCRIPTION OF TRANSACTION: EMPLOYE	EE COMPENSATION				
(A) NAME OF PERSON: JUDAH BATTISTA					

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

BEST FRIENDS ANIMAL SOCIETY

Employer identification number 23-7147797

Par	rt I Types of Property						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of det noncash contribut	0	nts
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 -						
11	Qualified conservation contribution - Other						
14 15	[
16	Real estate - Residential Real estate - Commercial						
17		X	2	1,010,000.	FMV		
18	Real estate - Other			1,010,000.	1		
	Collectibles	X	5,404	1,936,858.	FMV		
19 20	Food inventory	X	145	232,768.			
20 21	Drugs and medical supplies		143	232,700.	1 11 1		
22	Taxidermy Listering artifacts						
23	Historical artifacts						
	Scientific specimens						
24	Archeological artifacts Other (EVENT FEES)	X	2	17,634.	FM7/		
25	Other (EVENT FEES) Other (JANITORIAL AND)	X	5	5,681.			
26 27	Other ()			3,001.	1		
<u>28</u> 29	Other () Number of Forms 8283 received by the organization	ation during	the tax year for a	antributions			
29	for which the organization completed Form 828						
	for which the organization completed Form 626	o, rait v, d	onee Acknowledg	ement <u>29 </u>		Ye	s No
202	During the year, did the organization receive by	contributio	n any proporty rop	orted in Part Llines 1 throug	sh 28 that it	16	S NO
Sua							
	must hold for at least 3 years from the date of the				i i	30a	х
L	exempt purposes for the entire holding period?					30a	- 21
	If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance po	aliov that ra	auiros tha ravious	of any populandard contribut	tions?	31 X	
31		•	•	•		31 X	
	Does the organization hire or use third parties o contributions?		_			32a X	
b	If "Yes," describe in Part II.						
33	If the organization didn't report an amount in co	lumn (c) for	a type of property	for which column (a) is chec	cked,		
	describe in Part II.						
	For Denominant Dedication Act Notice and t	la a la alamana			0.1	/F 00	\a\ aaaa

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

Schedule M (Form 990) 2022

232142 09-09-22 Schedule M (Form 990) 2022

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

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

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

BEST FRIENDS ANIMAL SOCIETY	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:	

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

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Page 2 Name of the organization **Employer identification number** BEST FRIENDS ANIMAL SOCIETY 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,

Schedule O (Form 990) 2022

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

<u>Schedule O (Form 990) 2022</u> Page **2**

Employer identification number Name of the organization BEST FRIENDS ANIMAL SOCIETY 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'

Schedule O (Form 990) 2022

Name of the organization

BEST FRIENDS ANIMAL SOCIETY

Page 2

Employer identification number
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.

Schedule O (Form 990) 2022

<u>Schedule O (Form 990) 2022</u> Page **2**

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

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Name of the organization **Employer identification number** BEST FRIENDS ANIMAL SOCIETY 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. 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 PROSPECITVE 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

Schedule O (Form 990) 2022 Page 2 Name of the organization **Employer identification number** 23-7147797 BEST FRIENDS ANIMAL SOCIETY ACROSS THE UNITED STATES. THESE EFFORTS HELP ADVANCE OUR MISSION TO END THE KILLING OF SHELTER ANIMALS BY 2025. AS A RESULT, IN ACCORDANCE WITH THE FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) GUIDELINES AND INTERNAL REVENUE SERVICE (IRS) GUIDANCE, BEST FRIENDS ANIMAL SOCIETY, INC. ALLOCATES A PORTION OF OUR FUNDRAISING COSTS TO PROGRAM SERVICES. AS A NONPROFIT ORGANIZATION THAT IS EXEMPT FROM FEDERAL TAXATION, WE ENSURE OUR DONORS' MONEY IS SPENT AS FFICIENTLY AND EFFECTIVELY AS POSSIBLE. FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: 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)

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.

Department of the Treasury Internal Revenue Service

Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

BEST FRIENDS ANIMAL	SOCIETY					23-7147797		
Part I Identification of Disregarded Entities. Complete	ete if the organization answered "Yes"	on Form 990, Part IV, line 33	3.					
(a)	(b)	(c)	(d)	(e)			(f)	
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state o foreign country)	r Total inco	me End-of-year	r assets		controlling ntity	g
BEST FRIENDS PRODUCTIONS, LLC - 47-2566720								
5001 ANGEL CANYON ROAD	PARTICIPATE IN JOINT					BEST FRIEND	S ANIMA	AL
KANAB, UT 84741	VENTURE TO PRODUCE A FILM	UTAH		8	7,310.	SOCIETY		
307 WEST BROADWAY, LLC - 47-4201980								
5001 ANGEL CANYON ROAD	HOLD LEASE ON BUILDING IN					BEST FRIEND	S ANIMA	AL
KANAB, UT 84741	MANHATTAN, NY	UTAH	-353	,639. 10	0,123.	SOCIETY		
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ations. Complete if the organization a	answered "Yes" on Form 990), Part IV, line 34, b	pecause it had one	or more	related tax-exe	mpt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	Dire	(f) ect controlling entity	cont	g) 512(b)(13) trolled tity?
				501(c)(3))			Yes	No
-	-							
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2022

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

(a) Name, address, and EIN of related organization	(b) Primary activity	Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	Disprop	ortionate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General emanaging partner	(k) Percentage ownership

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)	(b)	(c)	(d)	(e)	(f) Share of total income	(g) Share of end-of-year assets	(h)	Sec.	i)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp, or trust)			Percentage ownership	ent	tion b)(13) rolled tity?
		country)						Yes	No
BEST FRIENDS WELLNESS CENTER, INC									
47-3149724, 5001 ANGEL CANYON ROAD, KANAB,	OPERATE FITNESS		BEST FRIENDS						
UT 84741	CENTER	UT	ANIMAL SOCIETY	C CORP	-65,770.	759,272.	100%	Х	
]								
	1								
	1								
	1								

	Part V	Transactions With Related Organizations.	Complete if the organization answered	"Yes" on Form 990, Part IV, line 34, 35b, or 36.
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Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
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?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х
	Gift, grant, or capital contribution to related organization(s)	1b		Х
С	Gift, grant, or capital contribution from related organization(s)	1c		Х
	Loans or loan guarantees to or for related organization(s)	1d		Х
е	Loans or loan guarantees by related organization(s)	1e		Х
f	Dividends from related organization(s)	1f		Х
g	Sale of assets to related organization(s)	1g		Х
	Purchase of assets from related organization(s)	1h		Х
	Exchange of assets with related organization(s)	1i		Х
	Lease of facilities, equipment, or other assets to related organization(s)	1j	Х	
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		Х
	Performance of services or membership or fundraising solicitations for related organization(s)	11		Х
	Performance of services or membership or fundraising solicitations by related organization(s)	1m		Х
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		Х
	Sharing of paid employees with related organization(s)	10	Х	
р	Reimbursement paid to related organization(s) for expenses	1p		Х
	Reimbursement paid by related organization(s) for expenses	1q		Х
r	Other transfer of cash or property to related organization(s)	1r		Х
	Other transfer of cash or property from related organization(s)	1s		Х
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) (b) (c) (d)			

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) BEST FRIENDS WELLNESS CENTER, INC.	J	56,220.	ARM'S LENGTH ESTIMATE OF MGMT FEE
(2) BEST FRIENDS WELLNESS CENTER, INC.	0	75,010.	SALARY AND PAYROLL TAX
<u>(3)</u>			
<u>(4)</u>			
<u>(5)</u>			
<u>(6)</u>			

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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) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec. 501(c)(3) orgs.? Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocation Yes N	General of managing partner? Yes No	(k) r Percentage ownership

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