| PUBLIC COPY | I |
|--|-----------------------------------|
| Name(s) as shown on return Employer Identification SOLDIER'S BEST FRIEND **-***5797 Entity address | |
| Entities That File Returns Electronically Image: Session on return SOLDIER'S BEST FRIEND Emtity address 14505 N 75TH AVE PEORIA, AZ 85381 Thank you for participating in IRS e-file. 1. X 2021 | 2021 |
| Entities That File Returns Electronically 2021 Name(s) as shown on return Employer identification NU SOLDIER'S BEST FRIEND **-***5797 Entity address | |
| Name(s) as shown on return | Employer Identification Number |
| SOLDIER'S BEST FRIEND | **-***5797 |
| | |
| | |
| Entity address | |
| | |
| 14505 N 75TH AVE | |
| | |
| PEORIA, AZ 85381 | |
| | |
| Thank you for participating in IRS e-file. | |
| | |
| 1 x 2021 990 income tax return for Fodorra I was filed el | ectropically |
| | lection leany. |
| | · |
| 2. x 990 income tax return was accepted on 08-15-2022 using a Person | al Identification Number (PIN) as |
| | ter or generate a PIN signature. |
| The submission ID assigned to this return is 8630512022227jnjjjz0 | · |
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| | |
| IRS. IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RET | URN. |
| | |
| Entities That File Returns Electronically 2021 Name(s) as shown on return Employer identification 1 SOLDIER'S BEST FRIEND **-***5797 Entity address 14505 N 75TH AVE PEORIA, AZ 85381 | |
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| | 0 | PUBLIC | COPY | Doturn | of Organi | zation Exam | t Erom I | ncom | | | OMB No. 1545-0047 |
|--------------------------------|------------|-------------------------|----------------|----------------------|-------------------------------|---------------------------------|----------------------|------------|----------------|------------------------|-----------------------------|
| Form | 95 | JU | | Return | or Organi | zation Exemp | | ncon | | | 2021 |
| | | | Under s | ection 501(c) | , 527, or 4947(a) | (1) of the Internal Rev | enue Code (ex | cept priv | vate found | dations) | 2021 |
| Departr | ment of t | the Treasury | | Do not e | nter social secu | rity numbers on this f | orm as it may | be made | e public. | | Open to Public |
| | | ue Service | | ► Go to | www.irs.gov/Fe | orm990 for instruction | ns and the late | est inforn | mation. | | Inspection |
| A F | or the | 2021 calendar | year, or | tax year begi | inning | 01 | -01 , 2021 ,a | and endi | ng | 12 | 2-31 , 20 21 |
| B C | heck if a | pplicable: | C Nam | e of organizationS | OLDIER'S BE | ST FRIEND | | | | D Empl | loyer identification number |
| Ad | ddress c | hange | Doing | g business as | | | | | | | 27-4665797 |
| | ame cha | ange | Num | ber and street (or I | P.O. box if mail is not | delivered to street address) | | Room/sui | ite | E Telep | phone number |
| In | itial retu | rn | 1450 | 5 N 75TH | AVE | | | | | | (623)218-6486 |
| Fi | nal retur | n/terminated | City | or town, state or pr | rovince, country, and 2 | ZIP or foreign postal code | | | | G Gros | s receipts |
| A | mended | return | PEOR | IA, AZ 85 | 381 | | | | | \$ | 1,435,01 |
| A A | pplicatio | n pending | F Nam | e and address of p | orincipal officer: MIK | MILEM | | | H(a) Is this a | group return | for subordinates? Yes X N |
| | | | | AS C ABO | VE | | _ | | H(b) Are all | subordinat | es included? Yes N |
| I Ta | ax-exem | pt status: X 50 | 01(c)(3) | 501(c) (|) 🗲 (insert no.) | 4947(a)(1) or | 527 | | If "No,' | ' attach a lis | st. See instructions |
| JW | ebsite: | ► <u>www</u> .: | SOLDIE | RSBESTFRI | END.ORG | | I | | H(c) Group | exemption | number |
| | _ | rganization: 🗴 C | orporation | Trust As | ssociation Othe | r 🕨 | L Year of format | tion: 201 | .1 M | State of leg | gal domicile: AZ |
| Par | tl | Summary | | | | | | | | | |
| | 1 | Briefly describe | e the orga | anization's mis | sion or most sigr | ificant activities: TH | E ORGANIZA | ATION | PROVIDE | S SER | VICE/THERAPEUTIC |
| | | COMPANION | DOG T | RAINING F | OR VETERANS | 5 LIVING WITH C | OMBAT-RELA | ATED PO | OST TRA | UMATI | C STRESS DISORDE |
| Governance | | OR TRAUMAT | TIC BR | AIN INJUR | Y. OUR PRO | GRAM IS ARIZON | A-BASED, E | ROVID | ING LIF | E-CHA | NGING SERVICES F |
| nai | | ELIGIBLE V | VETERA | NS AND AZ | HOMELESS I | DOGS. | | | | | |
| ver | 2 | Check this box | ▶ 🗌 if t | the organizatio | on discontinued it | s operations or dispose | d of more than | 25% of it | ts net asse | ets. | |
| ő | 3 | | | - | verning body (Pa | | | | | 1 | 9 |
| <u>م</u> | 4 | | 0 | 0 | 0,0 | ng body (Part VI, line 1 | b) | | | . 4 | 9 |
| Activities & | 5 | | • | 0 | 0 | | | | | _ | 19 |
| ţ | 6 | Total number of | | | - | (: a.: · ; | | | | | 20 |
| Ac | | | | | | n (C), line 12 | | | | . . . 7a | 0 |
| | | | | | | -T, Part I, line 11 | | | | | 0 |
| | | Net unrelated i | business | | | | ••••• | | Prior Year | | |
| | | Contributions | nd aroute | (Dort)/III lin | o 1b) | | | | | | Current Year |
| - | 8 | Contributions a | - | | | ••••• | | | Ι, ΙΙ. | 3,463 | 1,015,66 |
| nu | 9 | • | | | •, | | | | | | |
| Revenue | 10 | | ` | - | | d 7d) | | | | 3,455 | 86,46 |
| Ř | 11 | | • | | | , 10c, and 11e) | | | | 8,132) | |
| | 12 | | | | | t VIII, column (A), line 1 | , | | 1,128 | 8,786 | 1,087,60 |
| | 13 | | | • • | | lines 1-3) | | | | | |
| | 14 | | | | | ne4) | | | | | |
| 6 | | - | • | | | IX, column (A), lines 5- | , | | 38' | 7,364 | 422,10 |
| Expenses | | | | | | 11e) | | | | | |
| ben | b | Total fundraisir | ng expens | ses (Part IX, c | olumn (D), line 2 | 5) ▶ | 80,168 | _ | | | |
| Ă | 17 | Other expenses | s (Part IX | K, column (A), | lines 11a-11d, 11 | f-24e) | | • | 23 | 6,540 | 247,62 |
| | 18 | Total expenses | s. Add lin | es 13-17 (mus | stequal Part IX, o | column (A), line 25) | | | 62 | 3,904 | 669,72 |
| | 19 | Revenue less | expenses | . Subtract line | e 18 from line 12 | | <u></u> . | | 50 | 4,882 | 417,87 |
| r s | | | | | | | | Begir | nning of Curr | rent Year | End of Year |
| ets c lanc | 20 | Total assets (P | Part X, line | e16) | | | | | 3,43 | 0,573 | 3,905,52 |
| Net Assets or Fund Balances | 21 | | | | | | | | | 3,787 | 43,79 |
| Fund | 22 | Net assets or f | und bala | nces. Subtrac | t line 21 from line | e 20 | | | | 6,786 | 3,861,73 |
| Par | tll | Signature | Block | | | | | | | - | |
| Under | penaltie | es of perjury, I declar | re that I have | e examined this re | | panying schedules and statem | | | vledge and be | elief, it is | |
| true, c | correct, a | and complete. Declar | ration of pre | parer (other than c | officer) is based on all | information of which preparer I | nas any knowledge. | | | | |
| | | мік мі | T.EM | | | | | | | | |
| Sigr | n | Signature of | | | | | | | | Da | te |
| Here | | | | | | | | | | _ | |
| nere | • | | nt name and | | DIRECTOR | | | | | | |
| | | Print/Type prepa | | | Preparer's signatu | re | Date | | | □ | PTIN |
| Dete | | | | | | | | | Check | | |
| Paid | | ROBERT S | | | ROBERT SNY | | 08-17-20 | | | nployed | P01230612 |
| | barer | | ► | | & BUTLER, (| | | | irm's EIN 🕨 | | |
| USe | Only | Firm's address | • | | | DRIVE SUITE 50 | 5 | P | hone no. | | |
| | | | | Tempe A | | | | | | | 339-7147 |
| May t | he IRS | S discuss this re | tum with | the preparer s | shown above? Se | ee instructions | | | | | X Yes No |

| Form | 990 (2024 BLGIGGER'S BEST FRIEND | 27-4665797 | Page 2 |
|------|--|-------------|---------------------|
| | rt III Statement of Program Service Accomplishments | | |
| | Check if Schedule O contains a response or note to any line in this Part III | | 🗌 |
| 1 | Briefly describe the organization's mission: | | |
| | THE ORGANIZATION PROVIDES SERVICE/THERAPEUTIC COMPANION DOG TRAINING FOR VETE | RANS LIVING | G WITH |
| | COMBAT-RELATED POST TRAUMATIC STRESS DISORDER OR TRAUMATIC BRAIN INJURY . OUR | | |
| | ARIZONA-BASED, PROVIDING LIFE-CHANGING SERVICES FOR ELIGIBLE VETERANS AND AZ | HOMELESS DO | DGS. |
| | Did the same distribution of the first second second second size the same which second second second second sec | | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the | | |
| | prior Form 990 or 990-EZ? | 📋 tes | <u>x</u> No |
| 3 | | | |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? | | x No |
| | If "Yes," describe these changes on Schedule O. | 📋 Tes | <u>K</u> NO |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as measured | 1 by | |
| 4 | expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth | | |
| | the total expenses, and revenue, if any, for each program service reported. | 613, | |
| | | | |
| 4a | (Code:) (Expenses \$ 494,135 including grants of \$) (Revenue | \$ |) |
| | See SERVICES page for a description of this program service. | ÷ | / |
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| 4b | (Code:) (Expenses \$ including grants of \$) (Revenue | \$ |) |
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| 4. | | ۴ |) |
| 4c | (Code:) (Expenses \$ including grants of \$) (Revenue | \$ |) |
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| 4d | Other program services (Describe on Schedule O.) | | |
| | (Expenses \$ including grants of \$) (Revenue \$ |) | |
| 4e | Total program service expenses ► 494,135 | | |
| EEA | · · · · | Forr | m 990 (2021) |

| Forn | n 990 (2 | BUBLIC COPYOLDIER'S BEST FRIEND |
|------|----------|---------------------------------|
| Pa | rt 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 | | x |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors | | | |
| - | have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If | | | |
| | "Yes," complete Schedule D, Part I | 6 | | x |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | - | | |
| • | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | x |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," | • | | <u></u> |
| U | complete Schedule D. Part III | 8 | | x |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a | 0 | | |
| 9 | | | | |
| | custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or | • | | |
| 40 | debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | | x |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | 40 | | |
| | or in quasi endowments? If "Yes," complete Schedule D, Part V | 10 | | x |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, | | | |
| | VII, VIII, IX, or X as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," | | | |
| | complete Schedule D, Part VI | 11a | х | |
| a | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more | 446 | | |
| _ | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | х |
| С | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more | 44- | | |
| ام | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | x |
| u | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets | 114 | | v |
| | reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | |
| - | Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | 11e | | x |
| f | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | v |
| 122 | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | 1 11 | | x |
| 120 | Schedule D, Parts XI and XII | 12a | | v |
| h | Was the organization included in consolidated, independent audited financial statements for the tax year? If | 120 | | x |
| b | "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | v |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | |
| 13 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | x x |
| іща b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, | ıта | | |
| U U | fundraising, business, investment, and program service activities outside the United States, or aggregate | | | |
| | foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | v |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or | 140 | | х |
| 13 | for any foreign organization? If "Yes," complete Schedule F, Parts II and IV. | 15 | | v |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other | 13 | | x |
| 10 | assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | x |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on | 10 | | |
| •• | Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions | 17 | | x |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on | | | |
| | Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | x | |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? | | 45 | |
| | If "Yes," complete Schedule G, Part III | 19 | | х |
| 20 a | | 20a | | x |
| b | | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | |
| | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | x |
| EEA | | | 990 (2 | |
| | | | ` | , |

| | 990 (224BLIC COPYOLDIER'S BEST FRIEND 27-4665 | 797 | Р | age 4 |
|----------|--|----------|-----|-------|
| Pa | rt IV Checklist of Required Schedules (continued) | | | |
| | | | Yes | No |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | . 22 | | х |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the | | | |
| | organization's current and former officers, directors, trustees, key employees, and highest compensated | | | |
| | employees? If "Yes," complete Schedule J | . 23 | x | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than | | | |
| | \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b | 0.4- | | |
| | through 24d and complete Schedule K. If "No," go to line 25a | | | x |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year | 240 | | |
| A | to defease any tax-exempt bonds? | | | |
| d 25a | | 240 | | |
| 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 | | v |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior | a | | x |
| U | year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? | | | |
| | If "Yes," complete Schedule L, Part I | . 25b | | x |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current | . 200 | | ~ |
| 20 | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| | controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II. | 26 | | x |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key | | | |
| | employee, creator or founder, substantial contributor or employee thereof, a grant selection committee | | | |
| | member, or to a 35% controlled entity (including an employee thereof) or family member of any of these | | | |
| | persons? If "Yes," complete Schedule L, Part III | . 27 | | x |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, | | | |
| | Part IV instructions, for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If | | | |
| | "Yes," complete Schedule L, Part IV | . 28a | | x |
| b | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | . 28b | | х |
| С | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If | | | |
| | "Yes," complete Schedule L, Part IV | . 28c | | x |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | x | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified | | | |
| | conservation contributions? If "Yes," complete Schedule M | . 30 | | х |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | х |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," | | | |
| | complete Schedule N, Part II | . 32 | | х |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I. | . 33 | | х |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, | | | |
| ~- | or IV, and Part V, line 1 | | | x |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | . 35a | | x |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a | | | |
| | controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable | | | |
| 07 | related organization? If "Yes," complete Schedule R, Part V, line 2 | . 36 | | x |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | 07 | | |
| 38 | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | . 37 | | x |
| 30 | | 20 | v | |
| Par | 19? Note: All Form 990 filers are required to complete Schedule O. t V Statements Regarding Other IRS Filings and Tax Compliance | 38 | x | L |
| rar | Check if Schedule O contains a response or note to any line in this Part V | | | |
| | | • • • • | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | 1 | 103 | 110 |
| b | | <u>*</u> | | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and | - | | |
| • | reportable gaming (gambling) winnings to prize winners? | . 1c | x | |

| Form | 990 (2021) SOLDIER'S BEST FRIEND 27-466 | 5797 | F | Page 5 |
|------|--|--------------|-----|--------|
| Pa | rt V Statements Regarding Other IRS Filings and Tax Compliance (continued) | | Yes | No |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | | | |
| | Statements, filed for the calendar year ending with or within the year covered by this return 2a 1 | 9 | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | . 2b | x | |
| | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. | | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | . 3a | | x |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | . 3b | | |
| 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 | | x |
| b | If "Yes," enter the name of the foreign country | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | . 5a | | x |
| 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 | | х |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | . 7b | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | | | |
| | required to file Form 8282? | . 7c | | x |
| 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 | x | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | . 7h | x | |
| 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 | | x |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | |
| а | Did the sponsoring organization make any taxable distributions under section 4966? | . 9a | | х |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | . 9b | | х |
| 10 | Section 501(c)(7) organizations. Enter: | | | |
| 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 | _ | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | |
| а | Gross income from members or shareholders | _ | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources | | | |
| | against amounts due or received from them.) | _ | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | . <u>12a</u> | | |
| 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? | . <u>13a</u> | | |
| | 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? | | | x |
| b | If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule Q</i> | . 14b | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | 45 | | |
| | excess parachute payment(s) during the year? | . 15 | | X |
| 40 | If "Yes," see instructions and file Form 4720, Schedule N. | 40 | | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | . 16 | | x |
| 47 | If "Yes," complete Form 4720, Schedule O. | | | |
| 17 | Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 49522 | 47 | | |
| | activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? | . 17 | | |
| | If "Yes," complete Form 6069. | | | |

| For | m 990 202 BLIC COPY OLDIER'S BEST FRIEND 27-46657 | 97 | Р | age 6 |
|-----|---|-----|-----|---------|
| | art VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for | | | age e |
| | response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instruction | | | |
| | Check if Schedule O contains a response or note to any line in this Part VI | | | . x |
| Se | ction A. Governing Body and Management | | | |
| | | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | | | |
| | If there are material differences in voting rights among members of the governing body, or | | | |
| | if the governing body delegated broad authority to an executive committee or similar | | | |
| | committee, explain on Schedule O. | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with | | | |
| | any other officer, director, trustee, or key employee? | 2 | | х |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct | | | |
| | supervision of officers, directors, or 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 more members of the governing body? | 7a | | х |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, | _ | | |
| _ | stockholders, or persons other than the governing body? | 7b | | x |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during | | | |
| | the year by the following: | - | | |
| a | | 8a | X | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | х | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at | • | | |
| 500 | the organization's mailing address? If "Yes," provide the names and addresses on Schedule Q | 9 | | x |
| Set | CON D. POICIES (This Section B requests information about policies not required by the internal Revenue Code.) | | Vaa | Ne |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | Yes | No X |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, | TVa | | ~ |
| | affiliates, and 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 | x | |
| b | Describe in 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 | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | x | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," | | | |
| | describe in Schedule O how this was done. | 12c | x | |
| 13 | Did the organization have a written whistleblower policy? | 13 | х | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | х | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by | | | |
| | independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | х | |
| b | Other officers or key employees of the organization | 15b | | x |
| | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement | | | |
| | with a taxable entity during the year? | 16a | | x |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its | | | |
| | participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the | | | |
| | organization's exempt status with respect to such arrangements? | 16b | | |
| | tion C. Disclosure | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c) | | | |
| | (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. | | | |
| | X Own website Another's website X Upon request Other (explain on Schedule O) | | | |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, | | | |
| | and financial statements available to the public during the tax year. | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and records | | | |
| | MIK MILEM (623)218-6486, 14505 N 75TH AVE, PEORIA, AZ 85381 | | | |

| Form 990 (202 | BLIC CORSILDIER'S BEST FRIEND | 27-4665797 | Page 7 |
|----------------|--|------------------|---------------|
| Part VII | Compensation of Officers, Directors, Trustees, Key Employees, Highest Com | pensated Employe | es, 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 | of the organization's current officers, directors, trustees (whether individuals or organizations), regardless | s 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 instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

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

| | | | | | C) | ., | | ,,, | | |
|--|------------------------|-----------------------------------|---------------------|---------|--------------|---------------------------------|--------|-------------------------|----------------------------|---|
| | (=) | | | | sition | | | (=) | | - |
| (A) | (B) | | | eck m | ore th | an one | | (D) | (E) | (F) |
| Name and title | Average hours | | | | | both ar | 1 | Reportable compensation | Reportable compensation | Estimated amount of other |
| | per week | Unice | | auii | ecioi/ | liuslee) | | from the | from related | compensation |
| | (list any | 0 = | - | o | х | Φт | т | organization (W-2/ | organizations W-2/ | from the |
| | hours for | r dire | nstitu | Officer | ey e | mplo | Former | 1099-MISC/ 1099-NEC) | 1099-MISC/ 1099-NEC | organization and related organizations |
| | related | ector | ition | Ĩ | Key employee | st co | Ϋ́ | 1000 1120) | 1000 1120 | related organizationic |
| | organizations below | Individual trustee or director | Institutional trust | | oyee | ompe | | | | |
| | dotted line) | lee | istee | | | Highest compensated employee | | | | |
| | , | | | | | ted | | | | |
| | | | | | | | | | | |
| (1) KATIE ARES | | | | | | | | | | |
| FORMER EXECUTIVE DIRECTOR | | | | | | | х | 69,038 | 0 | 0 |
| (2) BRENDA MEIR | | | | | | | | | | |
| FORMER EXECUTIVE DIRECTOR | | | | | | | х | 7,769 | 0 | 0 |
| (3) VICTORIA BELLOMO | 2.00 | | | | | | | | | |
| DIRECTOR | | х | | | | | | 0 | 0 | 0 |
| (4) GARY_M. BRIDGET, SHRM-SCP | 2.00 | | | | | | | | | |
| DIRECTOR | | х | | | | | | 0 | 0 | 0 |
| (5) MARK_SLOWINSKI | 2.00 | | | | | | | | | |
| DIRECTOR | | х | | | | | | 0 | 0 | 0 |
| (6) KELLY FINNELL | 2.00 | | | | | | | | | |
| DIRECTOR | | х | | | | | | 0 | 0 | 0 |
| (7) JOHN G. BURNHAM D.V.M. | 2.00 | | | | | | | | | |
| FOUNDER/DIRECTOR | | х | | | | | | 0 | 0 | 0 |
| (8) ROBERT COOPER | 2.00 | | | | | | | | | |
| VICE PRESIDENT/TREASURER | | х | | х | | | | 0 | 0 | 0 |
| (9) ELIZABETH_SCHRYER | 2.00 | | | | | | | | | |
| PRESIDENT | | х | | х | | | | 0 | 0 | 0 |
| (10)MIK_MILEM | 40.00 | | | | | | | | | |
| EXECUTIVE DIRECTOR | | х | | х | | | | 0 | 0 | 0 |
| (11)JILL J. NELSON, COL USAF (RETIRED) | 2.00 | | | | | | | | | |
| IMMEDIATE PAST PRESIDENT | | х | | х | | | | 0 | 0 | 0 |
| (12)JULIE WIRTANEN CFRE | 2.00 | | | | | | | | | |
| SECRETARY | | х | | х | | | | 0 | 0 | 0 |
| (13) | | | | | | | | | | |
| | | | | | | | | | | |
| (14) | | | | | | | | | | |
| | | | | | | | | | | |

Form 990 (BLIC COPSILDIER'S BEST FRIEND

| Part \ | 0 (1024)BLIC CORSULDIER'S BEST FR | | | | | | | | | 27-4665 | /9/ | Г | Page |
|----------------|---|---|-----------------------------------|-----------------------|-----------------------|----------------------------------|-----------------------------------|----------|--|---|---------|---|------|
| | (A) Name and title | (B) Average hours per week | (do r box, | not che unles | Pos eck m s per | C) iition ore th son is | han one s both ar /trustee) | 1 | (D) (D) Reportable compensation from the | es (continued) (E) Reportable compensation from related | | (F) timated amoun of other compensation | |
| | | (list any hours for related organizations below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | organization (W-2/ 1099-MISC/ 1099-NEC) | organizations (W-2/ 1099-MISC/ 1099-NEC) | orga | irom the inization d organi: | and |
| 5) | | | | | | | | | | | | | |
| 6) | | | | | | | | | | | | | |
| 7) | | | | | | | | | | | | | |
| 3) | | | | | | | | | | | | | |
| <u>)</u> | | | | | | | | | | | | | |
| <u>)</u> | | | | | | | | | | | | | |
| 1) | | | | | | | | | | | | | |
| 2) | | | | | | | | | | | | | |
| 3) | | | | | | | | | | | | | |
| 4) | | | | | | | | | | | | | |
| 5) | | | | | | | | | | | | | |
| | Subtotal | | ••• | ••• | ••• | ••• | ••• | • • | | | | | |
| d ² | Total (add lines 1b and 1c) Total number of individuals (including but not limit reportable compensation from the organization | ed to those I | | | | | | | | 0 of | | | C |
| 3 | Did the organization list any former officer, direc | tor. trustee. | kev en | volar | vee. | or h | iahest | con | npensated | | | Yes | No |
| 4 | employee on line 1a? <i>If "Yes," complete Schedu</i> For any individual listed on line 1a, is the sum of re | <i>le J for such</i> eportable cor | <i>indivic</i> mpensa | <i>lual</i> ation | and | oth | er com | npen | sation from the | | 3 | x | |
| | organization and related organizations greater th | | | | ••• | ••• | | | | | 4 | | x |
| t | Did any person listed on line 1a receive or accrue for services rendered to the organization? If "Yes | | | - | | | - | | | | 5 | | x |
| | n B. Independent Contractors Complete this table for your five highest compensa | ted independ | lent co | ntrac | tors | that | t recei | ved | more than \$100.00 | 10 of | | | |
| | compensation from the organization. Report comp | | | | | | | | or within the orgar | | (C) | | |
| | (A) Name and business addres | s | | | | | | | (B) Description of servic | es | Compens | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

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

| | Check if Schedule O contains a response or note to any line in th | s Part VIII (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512–514 |
|---|--|-------------------------------------|--|--------------------------------------|---|
| | 1aFederated campaigns1a61,452 | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | b Membership dues | | | | |
| unot | cFundraising events1c46,632dRelated organizations1d | | | | |
| ГАЛ | e Government grants (contributions) 1e 75,000 | | | | |
| mila | f All other contributions, gifts, grants, | | | | |
| ы N | and similar amounts not included above 1f 832,578 | | | | |
| đ | g Noncash contributions included in | | | | |
| and | lines 1a-1f 1g \$ 43,093 | 1 015 660 | | | |
| | h Total. Add lines 1a-1f Business Code | 1,015,662 | | | |
| | 2a | | | | |
| | b | | | | |
| Program Service Revenue | c | | | | |
| eve | d | | | | |
| r | | | | | |
| | f All other program service revenue g Total. Add lines 2a-2f | | | | |
| | 3 Investment income (including dividends, interest, and | | | | |
| | other similar amounts) | 41,154 | | | 41,15 |
| | 4 Income from investment of tax-exempt bond proceeds ► | | | | |
| | 5 Royalties | | | | |
| | (i) Real (ii) Personal | | | | |
| | 6a Gross rents 6a | | | | |
| | b Less: rental expenses 6b c Rental income or (loss) 6c | | | | |
| | d Net rental income or (loss) | | | | |
| | 7a Gross amount from (i) Securities (ii) Other | | | | |
| | sales of assets | | | | |
| | other than inventory 7a 351,258 | | | | |
| | b Less: cost or other basis | | | | |
| | and sales expenses 7b 305,952 | | | | |
| | c Gain or (loss) 7c 45,306 d Net gain or (loss) | 45,306 | | | 45,30 |
| | 8a Gross income from fundraising | 45,500 | | | 45,50 |
| | events (not including \$ 46,632 | | | | |
| | of contributions reported on line | | | | |
| | 1c). See Part IV, line 18 | | | | |
| | b Less: direct expenses | | | | |
| | c Net income or (loss) from fundraising events ► | (14,769) | 2 | | (14,76 |
| | 9a Gross income from gaming activities, See Part IV, line 19 9a | | | | |
| | b Less: direct expenses | | | | |
| | c Net income or (loss) from gaming activities | | | | |
| | 10a Gross sales of inventory, less | | | | |
| | retums and allowances | | | | |
| | b Less: cost of goods sold 10b 2,243 | | | | |
| | c Net income or (loss) from sales of inventory | 247 | 247 | | |
| | Business Code | | | | |
| | 11a MISCELLANEOUS 900099 | | | | |
| | b c | | | | |
| | d All other revenue | | | | |
| | e Total. Add lines 11a-11d | | | | |
| | 12 Total revenue. See instructions | 1,087,600 | 247 | C | 71,69 |

Form 990 (2018 BLIC COPYOLDIER'S BEST FRIEND

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

Page 10

. .

| | Check if Schedule O contains a response or note to a | | | ••••• | |
|----------|---|-----------------------|------------------------|-----------------------|--------------------|
| Do n | ot include amounts reported on lines 6b, 7b, | (A) Total expenses | (B) Program service | (C) Management and | (D) Fundraising |
| 8b, 9 | b, and 10b of Part VIII. | | expenses | general expenses | expenses |
| 1 | Grants and other assistance to domestic organizations | | | | |
| | and domestic governments. See Part IV, line 21 | | | | |
| 2 | Grants and other assistance to domestic | | | | |
| | individuals. See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to foreign | | | | |
| - | organizations, foreign governments, and | | | | |
| | foreign individuals. See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | | | | |
| 5 | trustees, and key employees | 76,807 | 54,809 | 18,349 | 3,649 |
| 6 | Compensation not included above, to disqualified | 70,807 | 54,809 | 10,349 | 5,049 |
| 0 | | | | | |
| | persons (as defined under section $4958(f)(1)$) and | | | | |
| _ | persons described in section 4958(c)(3)(B) | | | | |
| 7 | Other salaries and wages | 294,565 | 222,420 | 28,351 | 43,794 |
| 8 | Pension plan accruals and contributions (include | | | | |
| | section 401(k) and 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | 11,485 | 8,574 | 1,443 | 1,468 |
| 10 | Payroll taxes | 39,245 | 29,297 | 4,932 | 5,016 |
| 11 | Fees for services (nonemployees): | | | | |
| а | Management | 13,333 | | | 13,333 |
| b | Legal | | | | |
| с | Accounting | 4,500 | | 4,500 | |
| d | Lobbying | | | | |
| е | Professional fundraising services. See Part IV, line 17 . | | | | |
| f | Investment management fees | 11,338 | | 11,338 | |
| g | Other. (If line 11g amount exceeds 10% of line 25, column | , | | | |
| 3 | (A) amount, list line 11g expenses on Schedule O.) | | | | |
| 12 | Advertising and promotion | 6,980 | | | 6,980 |
| 13 | Office expenses | 21,787 | 10,743 | 9,630 | 1,414 |
| 14 | | 11,313 | 4,186 | 6,904 | 223 |
| 15 | Royalties | 11,313 | 4,100 | 0,904 | 225 |
| 16 | | 10 247 | 7 704 | 1 201 | 1,322 |
| | Travel | 10,347 | 7,724 | 1,301 | 1,322 |
| 17 | | 7,958 | 7,958 | | |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | | | | |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 50,563 | 45,168 | 2,882 | 2,513 |
| 23 | | 9,133 | 8,221 | 456 | 456 |
| 24 | Other expenses. Itemize expenses not covered | | | | |
| | above (List miscellaneous expenses on line 24e. If | | | | |
| | line 24e amount exceeds 10% of line 25, column | | | | |
| | (A) amount, list line 24e expenses on Schedule O.) | | | | |
| а | DOG SUPPLIES AND CARE | 40,257 | 40,257 | | |
| b | TRAINER SERVICES | 29,694 | 29,694 | | |
| c | REPAIRS AND MAINTENANCE | 24,631 | 22,168 | 2,463 | |
| d | MISCELLANEOUS EXPENSES | 5,790 | 2,916 | 2,405 | |
| e | All other expenses | 5,,50 | 2,510 | 2/0/1 | |
| 25 25 | Total functional expenses. Add lines 1 through 24e | 669,726 | 101 12F | 05 400 | 00 160 |
| 25 26 | Joint costs. Complete this line only if the | 009,/20 | 494,135 | 95,423 | 80,168 |
| 20 | organization reported in column (B) joint costs | | | | |
| | from a combined educational campaign and | | | | |
| | fundraising solicitation. Check here i f | | | | |
| | following SOP 98-2 (ASC 958-720) | | | | |

Form 990 (BLIC COPYOLDIER'S BEST FRIEND

| Part | X | Balance Sheet | | | |
|---------------------------|-----|--|-------------------|-----|-------------|
| | | Check if Schedule O contains a response or note to any line in this Part X | | | |
| | | | (A) | | (B) |
| | | | Beginning of year | | End of year |
| | 1 | Cash - non-interest-bearing | 942,295 | 1 | 172,285 |
| | 2 | Savings and temporary cash investments | 479,166 | 2 | 610,731 |
| | 3 | Pledges and grants receivable, net | | 3 | |
| | 4 | Accounts receivable, net | | 4 | 4,500 |
| | 5 | Loans and other receivables from any current or former officer, director, | | | |
| | | trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| | | controlled entity or family member of any of these persons | | 5 | |
| | 6 | Loans and other receivables from other disqualified persons (as defined | | | |
| | | under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | 6 | |
| | 7 | Notes and loans receivable, net | | 7 | |
| Assets | 8 | Inventories for sale or use | 4,652 | 8 | 37,743 |
| Ass | 9 | Prepaid expenses and deferred charges | 5,605 | 9 | 11,397 |
| | 10a | Land, buildings, and equipment: cost or other | | | |
| | | basis. Complete Part VI of Schedule D 10a 1,227,834 | | | |
| | b | Less: accumulated depreciation | 998,161 | 10c | 947,631 |
| | 11 | Investments - publicly traded securities | 1,000,694 | 11 | 2,121,242 |
| | 12 | Investments - other securities. See Part IV, line 11 | | 12 | |
| | 13 | Investments - program-related. See Part IV, line 11 | | 13 | |
| | 14 | Intangible assets | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | | 15 | |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 33) | 3,430,573 | 16 | 3,905,529 |
| | 17 | Accounts payable and accrued expenses | 13,787 | 17 | 43,792 |
| | 18 | Grants payable | | 18 | |
| | 19 | | | 19 | |
| | 20 | Tax-exempt bond liabilities | | 20 | |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| s | 22 | Loans and other payables to any current or former officer, director, | | | |
| Liabilities | | trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| abil | | controlled entity or family member of any of these persons | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 | Other liabilities (including federal income tax, payables to related third | | | |
| | | parties, and other liabilities not included on lines 17-24). Complete Part X | | | |
| | | of Schedule D | | 25 | |
| | 26 | Total liabilities. Add lines 17 through 25 | 13,787 | 26 | 43,792 |
| | | Organizations that follow FASB ASC 958, check here | | | |
| | | and complete lines 27, 28, 32, and 33. | | | |
| 2: 2: Sources 2: | 27 | Net assets without donor restrictions | 3,362,543 | 27 | 3,845,182 |
| alan | 28 | Net assets with donor restrictions | 54,243 | 28 | 16,555 |
| Å B | | Organizations that do not follow FASB ASC 958, check here | | | |
| ņ | | and complete lines 29 through 33. | | | |
| Γ | 29 | Capital stock or trust principal, or current funds | | 29 | |
| ets (| 30 | Paid-in or capital surplus, or land, building, or equipment fund | | 30 | |
| SSE | 31 | Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| et A | 32 | Total net assets or fund balances | 3,416,786 | 32 | 3,861,737 |
| Ż | 33 | Total liabilities and net assets/fund balances | 3,430,573 | 33 | 3,905,529 |

EEA

Form 990 (2021)

| Form | 990 (22) BLIC COPYOLDIER'S BEST FRIEND | 27-466 | 5797 | Р | age 12 |
|------|---|--------|------|-----------------|---------------|
| | rt XI Reconciliation of Net Assets | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | . 1 | | 1,087 | ,600 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | . 2 | | 669 | ,726 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | . 3 | | 417 | ,874 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | . 4 | | 3,416 | , 786 |
| 5 | Net unrealized gains (losses) on investments | . 5 | | 27 | ,077 |
| 6 | Donated services and use of facilities | . 6 | | | |
| 7 | Investment expenses | . 7 | | | |
| 8 | Prior period adjustments | . 8 | | | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | . 9 | | | 0 |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line | | | | |
| | 32, column (B)) | . 10 | | 3,861 | ,737 |
| Par | rt XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | $\cdot \Box$ |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain on | | | | |
| | Schedule O. | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2 | a x | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or | | | | |
| | reviewed on a separate basis, consolidated basis, or both: | | | | |
| | X Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2 | b | х |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a | | | | |
| | separate basis, consolidated basis, or both: | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of | | | | |
| | the audit, review, or compilation of its financial statements and selection of an independent accountant? | | 2 | C X | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on | | | | |
| | Schedule O. | | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the | | | | |
| | Single Audit Act and OMB Circular A-133? | | 3 | a | x |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the | | | | |
| | required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | 3 | ÷ | |
| EEA | | | Fo | rm 990 (| (2021) |

| SCHED | PU | JBL | IC | C | DPY |
|-------|-----|------------|----|---|------------|
| SCHED | JUC | E A | | | |

| (Earm | 000 |
|-------|-------------|
| (Form | 990) |

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

| OMB No. 1545-0047 |
|-------------------|
| 2021 |

| | tment of the Treasury | | | h to Form 990 or Form | | | - | Open to Public |
|-------------|--------------------------|--------------------------------|---|---|------------------------|---------------------------|---|-------------------------------------|
| | al Revenue Service | ► Go t | o www.irs.gov/Fo | orm990 for instructions | and the l | atest info | | Inspection |
| Name | of the organization | | | | | | Employer identification | on number |
| | DIER'S BEST F | | | | | | 27-466579 | |
| Par | | | | Il organizations mus | | | art.) See instruct | ions. |
| | - | | | nes 1 through 12, check c | - | | | |
| 1 | _ | | | hurches described in se | | b)(1)(A)(i) | • | |
| 2 | _ | | | ch Schedule E (Form 990 | | | | |
| 3 | | | - | ion described in section | | | | |
| 4 | | - | perated in conjunc | tion with a hospital desci | ibed in se | ction 170 | b)(1)(A)(iii). Enter the | Э |
| _ | _ · | e, city, and state: | | | | | | |
| 5 | | | - | r university owned or ope | erated by a | a governme | ental unit described in | |
| • | |)(1)(A)(iv). (Comple | | | 470/11/ | | | |
| 6 | _ | - | - | I unit described in section | | | | |
| 7 | | - | | art of its support from a g | overnment | tal unit or f | rom the general public | |
| • | | ection 170(b)(1)(A) | | , | | | | |
| 8 | _ | | | (vi). (Complete Part II.) | | | | |
| 9 | | - | | ction 170(b)(1)(A)(ix) or | | - | - | bliege |
| | | a non-land-grant co | llege of agriculture | (see instructions). Enter | the name, | city, and s | ate of the college or | |
| 40 | university: | | | 22 4/20/ of its summart for | | | where his face and an | |
| 10 | receipts from a | n that normally receind to its | ves: (1) more than s exempt functions. | 33 1/3% of its support fro subject to certain exception | tions: and | utions, mer (2) no mor | nbership fees, and gro e than 33 1/3% of its | DSS |
| | support from g | ross investment inco | me and unrelated l | business taxable income | (less secti | on 511 tax |) from businesses | |
| 11 | | - | | e section 509(a)(2). (Co to test for public safety. S | • | , | n. | |
| 12 | | | - | or the benefit of, to perform | | | | ses of |
| 12 | | • | | ed in section 509(a)(1) | | | • • • | |
| | | | | be of supporting organiza | | | | |
| а | _ | • | | ervised, or controlled by i | | • | | nivina |
| u | | | | rly appoint or elect a ma | | - | | jiring |
| | | • • • • • | | irt IV, Sections A and B | • | | | |
| b | • | • | | controlled in connection | | pported or | ganization(s), by havi | na |
| | | | • | ation vested in the same | | • • | | • |
| | | on(s). You must co | | | | | 0 11 | |
| с | | . , | • | rganization operated in c | onnection | with, and | functionally integrated | d with, |
| | its support | ed organization(s) (| see instructions). Y | ou must complete Par | IV, Section | ons A, D, | and E. | |
| d | Type III ne | on-functionally inte | grated. A support | ing organization operate | d in conne | ction with | its supported organiza | ation(s) |
| | that is not | functionally integrate | d. The organization | n generally must satisfy a | distributio | n requirem | ent and an attentivene | SS |
| | | | | ete Part IV, Sections A | | | | |
| е | Check this | box if the organizati | on received a writte | en determination from the | IRS that it | is a Type | I, Type II, Type III | |
| | functional | y integrated, or Type | III non-functionally | v integrated supporting of | ganization |). | | |
| f | Enter the numbe | r of supported organ | izations | | | | | ••• |
| g | Provide the follow | ving information abo | ut the supported or | ganization(s). | | | | |
| | (i) Name of supported or | ganization | (ii) EIN | (iii) Type of organization | (iv) Is the o | • | (v) Amount of monetary | (vi) Amount of |
| | | | | (described on lines 1-10 above (see instructions)) | listed in you docum | • • | support (see instructions) | other support (see instructions) |
| | | | | | | | | |
| | | | | | Yes | No | | |
| (A) | | | | | | | | |
| | | | | | | | | |
| (B) | | | | | | | | |
| (C) | | | | | | | | |
| (D) | | | | | | | | |
| <u>,-</u> / | | | | | | | | |

(E) Total

| Schedu | ule A (Form 990) 2021 SOLDIER'S E | | | | | 27-466579 | |
|-----------|--|-----------------|------------------|------------------|------------------|------------------|-------------|
| Part | | | | | | | |
| | (Complete only if you checked th | | | | | | lify under |
| | Part III. If the organization fails to | qualify unde | er the tests lis | ted below, p | lease comple | te Part III.) | |
| | ion A. Public Support | | Γ | ſ | T | 1 | Γ |
| Caler | ndar year (or fiscal year beginning in) ► | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| - | include any "unusual grants.") | 899,278 | 935,219 | 954,138 | 1,113,463 | 1,015,662 | 4,917,760 |
| 2 | Tax revenues levied for the | | | | | | |
| | organization's benefit and either paid to | | | | | | |
| 3 | or expended on its behalf | | | | | | |
| 3 | furnished by a governmental unit to the | | | | | | |
| | organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | 899,278 | 935,219 | 05/ 129 | 1,113,463 | 1 015 662 | 4,917,76 |
| 5 | The portion of total contributions by | 099,270 | 935,219 | 954,130 | 1,113,403 | 1,015,002 | 4,91/,/0 |
| J | 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) | | | | | | 312,08 |
| 6 | Public support. Subtract line 5 from line 4. | | | | | | 4,605,67 |
| Secti | ion B. Total Support | | | | | | |
| Caler | ndar year (or fiscal year beginning in) ► | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
| 7 | Amounts from line 4 | 899,278 | 935,219 | 954,138 | 1,113,463 | 1,015,662 | 4,917,76 |
| 8 | Gross income from interest, dividends, | | | | | | |
| | payments received on securities loans, | | | | | | |
| | rents, royalties, and income from | | | | | | |
| | similar sources | 5,029 | 14,190 | 23,211 | 23,455 | 41,154 | 107,03 |
| 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.) | | | | 24,595 | | 24,59 |
| 11 | Total support. Add lines 7 through 10 | · · · · · | | | | | 5,049,39 |
| 12 | Gross receipts from related activities, etc. | | | | | 12 |) (0) |
| 13 | First 5 years. If the Form 990 is for the or | • | | | • | • | |
| 2 4 | organization, check this box and stop her | | | | | | · · · · ▶ [|
| | ion C. Computation of Public Suppor | - | | 1 a a luvra (f)) | | 44 | |
| 14 | Public support percentage for 2021 (line 6 | | - | | | 14 15 | 91.21 % |
| 15 16a | Public support percentage from 2020 Sch 33 1/3% support test - 2021. If the organ | | | | | | 94.81 % |
| 104 | box and stop here. The organization qual | | | | | | |
| b | 33 1/3% support test - 2020. If the organ | | | | | | |
| D | this box and stop here. The organization | | | | | | |
| 17a | 10%-facts-and-circumstances test - 202 | | | - | | | |
| 17a | 10% or more, and if the organization meet | - | | | | | |
| | Part VI how the organization meets the fac | | | | | | |
| | organization | | | - | - | | - |
| b | 10%-facts-and-circumstances test - 202 | | | | | | - |
| | 15 is 10% or more, and if the organization | - | | | | | |
| | in Part VI how the organization meets the | | | | | - | - |
| | organization | | | - | - | | |
| | 8 | | | | | | |
| 18 | Private foundation. If the organization die | а пот спеск а г | box on line 13. | 16a, 16b, 17a | a, or 17b, checi | k this dox and s | ee |

| Schedu | le A (Form 990) 2021 SOLDIER'S E | | | | | 27-4665797 | Page 3 |
|--------|--|-----------------|------------------|--------------------|-----------------|------------------|-----------------|
| Part | III Support Schedule for Organiza | ations Desc | ribed in Sect | tion 509(a)(2) |) | | |
| | (Complete only if you checked th | e box on line | e 10 of Part I | or if the orgar | nization failed | to qualify unde | er Part II. |
| | If the organization fails to qualify | under the te | sts listed belo | ow, please co | mplete Part I | l.) | |
| Secti | on A. Public Support | | | | | | |
| Calen | dar year (or fiscal year beginning in)► | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees | | | | | | |
| | received. (Do not include any "unusual grants.") . | | | | | | |
| 2 | Gross receipts from admissions, merchandise | | | | | | |
| | sold or services performed, or facilities fumished in any activity that is related to the | | | | | | |
| | organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that are not an | | | | | | |
| | unrelated trade or business under section 513 | | | | | | |
| 4 | Tax revenues levied for the | | | | | | |
| | organization'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 | | | | | | |
| 7a | Amounts included on lines 1, 2, and 3 | | | | | | |
| | received from disqualified persons | | | | | | |
| b | Amounts included on lines 2 and 3 | | | | | | |
| | received from other than disqualified | | | | | | |
| | persons that exceed the greater of \$5,000 | | | | | | |
| | or 1% of the amount on line 13 for the year | | | | | | |
| с | Add lines 7a and 7b | | | | | | |
| 8 | Public support. (Subtract line 7c from | | | | | | |
| | line 6.) | | | | | | |
| Secti | on B. Total Support | | | | | | |
| | dar year (or fiscal year beginning in) ► | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
| 9 | Amounts from line 6 | | | | | | |
| 10a | Gross income from interest, dividends, | | | | | | |
| | payments received on securities loans, rents, | | | | | | |
| | royalties, and income from similar sources | | | | | | |
| b | Unrelated business taxable income (less | | | | | | |
| | section 511 taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 | | | | | | |
| с | Add lines 10a and 10b | | | | | | |
| 11 | Net income from unrelated business | | | | | | |
| | activities not included on line 10b, whether | | | | | | |
| | or not the business is regularly carried on | | | | | | |
| 12 | Other income. Do not include gain or | | | | | | |
| | loss from the sale of capital assets | | | | | | |
| | (Explain in Part VI.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, | | | | | | |
| | and 12.) | | | | | | |
| 14 | First 5 years. If the Form 990 is for the or | aanization's fi | rst. second. thi | ird. fourth. or fi | fth tax vear as | a section 501(c) | (3) |
| | organization, check this box and stop her | - | | | - | | · · · |
| Secti | on C. Computation of Public Suppor | | | | | | |
| 15 | Public support percentage for 2021 (line 8 | - | | 13, column (f)) | | 15 | % |
| 16 | Public support percentage from 2020 Sch | | • | ••••• | | | % |
| | on D. Computation of Investment Inc | | | | | | ,,, |
| 17 | Investment income percentage for 2021 (I | | | oy line 13. colu | mn (f)) | 17 | % |
| 18 | Investment income percentage from 2020 | | | - | | | % |
| 19a | 33 1/3% support tests - 2021. If the orga | | | | | | |
| | 17 is not more than 33 1/3%, check this be | | | | | | |
| b | 33 1/3% support tests - 2020. If the organizati | | - | - | | | |
| | line 18 is not more than 33 1/3%, check this bo | | | | | | |
| 20 | Private foundation. If the organization die | - | - | | | - | |
| EEA | | | | | | | (Form 990) 2021 |
| | | | | | | | |

Page 4

No

Yes

1

2

3a

3b

Schedule A (Form 990) 2021 SOLDIER'S Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 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 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 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.)

3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b Schedule A (Form 990) 2021

| Schedu | e A (Form 990) 2021 | SOLDIER'S BEST FRIEND 27-4665797 | | P | Page 5 | |
|---------|--|--|----------|--------|--------|--|
| Part | 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 | y or indirectly controls, either alone or together with persons described in lines 11b and | | | | |
| | 11c below, the governing body of a supported organization? | | | | | |
| b | A family member of a | a person described in line 11a above? | 11b | | | |
| с | A 35% controlled ent | ity of a person described in 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, | | | | |
| | provide detail in Part | VI. | 11c | | | |
| Secti | on B. Type I Suppo | orting Organizations | | | | |
| | <u>, , , , , , , , , , , , , , , , , , , </u> | | | Yes | No | |
| 1 | Did the governing body, | members of the governing body, officers acting in their official capacity, or membership of one or | | | | |
| | • • • | ations have the power to regularly appoint or elect at least a majority of the organization's officers, | | | | |
| | | all times during the tax year? If "No," describe in Part VI how the supported organization(s) | | | | |
| | | pervised, or controlled the organization's activities. If the organization had more than one supported | | | | |
| | | now the powers to appoint and/or remove officers, directors, or trustees were allocated among the | | | | |
| | - | s and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | | |
| 2 | | operate for the benefit of any supported organization other than the supported | | | | |
| - | • | operated, supervised, or controlled the supporting organization? If "Yes," explain in Part | | | | |
| | | h benefit carried out the purposes of the supported organization(s) that operated, | | | | |
| | | In series carried out the pulpedee of the cappened organization (c) that operated, | 2 | | | |
| Secti | | orting Organizations | | | | |
| <u></u> | | | | Yes | No | |
| 1 | Were a majority of th | e organization's directors or trustees during the tax year also a majority of the directors | | 100 | | |
| • | ••• | f the organization's supported organization(s)? If "No," describe in Part VI how control | | | | |
| | | e supporting organization was vested in the same persons that controlled or managed | | | | |
| | the supported organi | | 1 | | | |
| Secti | | upporting Organizations | | | | |
| 0000 | | | | Yes | No | |
| 1 | Did the organization pro | vide to each of its supported organizations, by the last day of the fifth month of the | | 100 | | |
| • | | (i) a written notice describing the type and amount of support provided during the prior tax | | | | |
| | | orm 990 that was most recently filed as of the date of notification, and (iii) copies of the | | | | |
| | | g documents in effect on the date of notification, to the extent not previously provided? | 1 | | | |
| 2 | | inization's officers, directors, or trustees either (i) appointed or elected by the supported | • | | | |
| - | | serving on the governing body of a supported organization? If "No," explain in Part VI how | | | | |
| | • • • • • • • • | ntained a close and continuous working relationship with the supported organization(s). | 2 | | | |
| 3 | - | tionship described in line 2, above, did the organization's supported organizations have | - | | | |
| 5 | - | the organization's investment policies and in directing the use of the organization's | | | | |
| | - | all times during the tax year? If "Yes," describe in Part VI the role the organization's | | | | |
| | | ons played in this regard. | 3 | | | |
| Secti | | tionally Integrated Supporting Organizations | <u> </u> | | | |
| 1 | | o the method that the organization used to satisfy the Integral Part Test during the year (se | o inst | ructic | | |
| 'a | | satisfied the Activities Test. Complete line 2 below. | , 1131 | | | |
| b | | is the parent of each of its supported organizations. Complete line 3 below. | | | | |
| c | | ipported a governmental entity. Describe in Part VI how you supported a government entity (see instru | ctions | | | |
| 2 | | rer lines 2a and 2b below. | cuons) | Yes | No | |
| a | | of the organization's activities during the tax year directly further the exempt purposes of | | 163 | | |
| a | • | zation(s) to which the organization was responsive? If "Yes," then in Part VI identify | | | | |
| | | ganizations and explain how these activities directly furthered their exempt purposes, | | | | |
| | | was responsive to those supported organizations, and how the organization determined | | | | |
| | - | | 20 | | | |
| h | | constituted substantially all of its activities. | 2a | | | |
| b | | cribed on line 2a, above, constitute activities that, but for the organization's | | | | |
| | | nore of the organization's supported organization(s) would have been engaged in? If | | | | |
| | - | t VI the reasons for the organization's position that its supported organization(s) would | 01- | | | |
| ~ | | se activities but for the organization's involvement. | 2b | | | |
| 3 | | Organizations. Answer lines 3a and 3b below. | | | | |
| а | - | have the power to regularly appoint or elect a majority of the officers, directors, or | - | | | |
| | trustees of each of th | e supported organizations? If "Yes" or "No," provide details in Part VI. | 3a | | | |

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

Schedule A (Form 990) 2021

3b

| Schedul | e A (Form 990) 2021 SOLDIER'S BEST FRIEND | | 27-466 | 5797 | Page |
|---------|--|----|----------------|---------------------|----------|
| Part | | | | | |
| 1 | Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ | - | | | |
| Secti | on A - Adjusted Net Income | | (A) Prior Year | (B) Curre (optio | ent Year |
| 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 | | | |
| Secti | on B - Minimum Asset Amount | | (A) Prior Year | (B) Curre (optic | |
| 1 | Aggregate fair market value of all non-exempt-use assets (see | | | | |
| | instructions for short tax year or assets held for part of year): | | | | |
| а | Average monthly value of securities | 1a | | | |
| b | Average monthly cash balances | 1b | | | |
| С | Fair market value of other non-exempt-use assets | 1c | | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | | |
| е | Discount claimed for blockage or other factors | | | | |
| | (explain in detail in Part VI): | | | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | | |
| 3 | Subtract line 2 from line 1d. | 3 | | | |
| 4 | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, | | | | |
| | see instructions). | 4 | | | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | | |
| 6 | Multiply line 5 by 0.035. | 6 | | | |
| 7 | Recoveries of prior-year distributions | 7 | | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | | |
| Secti | on C - Distributable Amount | | | Curren | t 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-functionally integrated Type III supporting organization (see instructions).

EEA

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Schedule A (Form 990) 2021

| | PUBLIC COPY | | | | |
|----------|---|---------------------------|-------------------|------|---------------------------|
| Schedul | e A (Form 990) 2021 SOLDIER'S BEST FRIEND | | 27- | -466 | 5797 Page 7 |
| Part | V Type III Non-Functionally Integrated 509(a)(3 | 3) Supporting Organ | izations (continu | ied) | • |
| 0 | | <u> </u> | Y | , | 0 |
| Secti | on D - Distributions | | | | Current Year |
| 1 | Amounts paid to supported organizations to accomplish ex | xempt purposes | | 1 | |
| 2 | Amounts paid to perform activity that directly furthers exer | | | | |
| | organizations, in excess of income from activity | | | | |
| 3 | Administrative expenses paid to accomplish exempt purpo | 3 | | | |
| 4 | Amounts paid to acquire exempt-use assets | | | 4 | |
| 5 | Qualified set-aside amounts (prior IRS approval required) | - provide details in Part | VI) | 5 | |
| 6 | Other distributions (describe in Part VI). See instructions. | | | 6 | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | 7 | |
| 8 | Distributions to attentive supported organizations to which | the organization is resp | onsive | | |
| | (provide details in Part VI). See instructions. | | | 8 | |
| 9 | Distributable amount for 2021 from Section C, line 6 | | | 9 | |
| 10 | Line 8 amount divided by line 9 amount | | | 10 | |
| | | (i) | (ii) | | (iii) |
| Secti | on E - Distribution Allocations (see instructions) | Excess Distributions | Underdistributio | ons | Distributable |
| | | | Pre-2021 | | Amount for 2021 |
| 1 | Distributable amount for 2021 from Section C, line 6 | | | | |
| 2 | Underdistributions, if any, for years prior to 2021 | | | | |
| | (reasonable cause required - explain in Part VI). See | | | | |
| | instructions. | | | | |
| 3 | Excess distributions carryover, if any, to 2021 | | | | |
| а | From 2016 | | | | |
| b | From 2017 | | | | |
| С | From 2018 | | | | |
| d | From 2019 | | | | |
| <u>e</u> | From 2020 | | | | |
| f | Total of lines 3a through 3e | | | | |
| <u> </u> | Applied to underdistributions of prior years | | | | |
| h | Applied to 2021 distributable amount | | | | |
| <u>i</u> | Carryover from 2016 not applied (see instructions) | | | | |
| | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | | |
| 4 | Distributions for 2021 from | | | | |
| | Section D, line 7: \$ | | | | |
| <u>a</u> | Applied to underdistributions of prior years | | | | |
| b | Applied to 2021 distributable amount | | | | |
| | Remainder. Subtract lines 4a and 4b from line 4. | | | | |
| 5 | Remaining underdistributions for years prior to 2021, if | | | | |
| | any. Subtract lines 3g and 4a from line 2. For result | | | | |
| | greater than zero, <i>explain in Part VI</i> . See instructions. | | | | |
| 6 | Remaining underdistributions for 2021. Subtract lines 3h | | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | | |
| 7 | Part VI. See instructions. | | | | |
| 7 | Excess distributions carryover to 2022. Add lines 3j and 4c. | | | | |
| 8 | Breakdown of line 7: | | | | |
| | Evenes from 2017 | | | | |
| a b | Evenes from 2019 | | | | |
| C | Evenes from 2010 | | | | |
| d | Exercise from 2020 | | | | |
| e | Exercise from 2021 | | | | |
| EEA | | | | | Schedule A (Form 990) 202 |
| | | | | | |

Schedule A (Form 990) 2021

| Part VI | Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part |
|---------|---|
| | III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section |
| | B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, |
| | lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) |
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Schedule B (Form 990)

Department of the Treasury

Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

| | ► | Att | ach | to | Form | 990 | or | Form | 990-P | PF. |
|------------|------|-----|-----|----|------|-----|--------------|------|-------|-----|
| ^ - | | | | | /= | | <u>م ، .</u> | | | |

2021 ► Go to www.irs.gov/Form990 for the latest information.

| Name of the organization | Employer identification number | | |
|--------------------------------|--------------------------------|--|--|
| SOLDIER'S BEST FRIEND | 27-4665797 | | |
| Organization type (check one): | | | |

| Filers of: | Section: |
|--------------------|--|
| Form 990 or 990-EZ | ■ 501(c)(3) (enter number) organization |
| | 4947(a)(1) nonexempt charitable trust not treated as a private foundation |
| | 527 political organization |
| Form 990-PF | 501(c)(3) exempt private foundation |
| | 4947(a)(1) nonexempt charitable trust treated as a private foundation |
| | 501(c)(3) taxable private foundation |
| | |

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

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

General Rule

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

Special Rules

x 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

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).

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

| lame of organi | zation BEST FRIEND | | oyer identification number 27-4665797 |
|----------------|---|----------------------------|---|
| | Contributors (see instructions). Use duplicate co | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| _1 | | \$58,606 | PersonxPayrollNoncash(Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contributior |
| _2 | | \$75,000 | PersonxPayrollNoncash(Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contributior |
| | | \$24,000 | PersonxPayrollNoncash(Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$23,193 | PersonxPayrollNoncash(Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$50,000 | PersonxPayrollNoncash(Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contributio |

\$

| (Complete Part II for | |
|-------------------------|--|
| noncash contributions.) | |

Person Payroll

Noncash

25,000

x

EEA

6

| ame of orga | anization S BEST FRIEND | Er | nployer identification number 27-4665797 |
|---|---|------------------------------------|--|
| Part I | Contributors (see instructions). Use duplicate co | pies of Part I if additional space | is needed. |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | \$\$ | | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| <u>8</u> 2 | A | \$1,54 | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| <u>9</u> - | | \$5,00 | Person Image: Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| <u> 10 </u> | | \$5,00 | Person Image: Complete Part II for noncash contributions.) |

| | | | noncash contributions.) |
|------------|-----------------------------------|----------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | PersonPayrollNoncash(Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | PersonPayrollNoncash(Complete Part II for noncash contributions.) |

SCHED

Supplemental Financial Statements

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

Attach to Form 990.
 Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021 Open to Public Inspection

| Name of the organization |
|----------------------------|
| Internal Revenue Service |
| Department of the Treasury |

| ame c | or the organization | Employer identification number |
|-------|---|---|
| | IER'S BEST FRIEND | 27-4665797 |
| Pa | rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Advised Funds | ccounts. |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 6. | 1 |
| | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | |
| 2 | Aggregate value of contributions to (during year) | |
| 3 | Aggregate value of grants from (during year) | |
| 4 | Aggregate value at end of year | |
| 5 | Did the organization inform all donors and donor advisors in writing that the assets held in donor advise | d |
| | funds are the organization's property, subject to the organization's exclusive legal control? | Yes 🗌 No |
| 6 | Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be u | sed |
| | only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose | se |
| | conferring impermissible private benefit? | Yes 🗌 No |
| Par | t II Conservation Easements. | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 7. | |
| 1 | Purpose(s) of conservation easements held by the organization (check all that apply). | |
| | Preservation of land for public use (for example, recreation or education) | a historically important land area |
| | Protection of natural habitat Preservation of a | a certified historic structure |
| | Preservation of open space | |
| 2 | Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of | a conservation |
| | easement on the last day of the tax year. | Held at the End of the Tax Yea |
| а | Total number of conservation easements | 2a |
| b | Total acreage restricted by conservation easements | 2b |
| с | Number of conservation easements on a certified historic structure included in (a) | |
| d | Number of conservation easements included in (c) acquired after 7/25/06, and not on a | |
| | historic structure listed in the National Register | 2d |
| 3 | Number of conservation easements modified, transferred, released, extinguished, or terminated by the | Letter |
| | tax year 🕨 | |
| 4 | Number of states where property subject to conservation easement is located | |
| 5 | Does the organization have a written policy regarding the periodic monitoring, inspection, handling of | |
| | violations, and enforcement of the conservation easements it holds? | Yes 🗌 No |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conser | |
| - | ► | |
| 7 | Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation | on easements during the year |
| | ► \$ | |
| 8 | Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(| h)(4)(B)(i) |
| - | and section 170(h)(4)(B)(ii)? | |
| 9 | In Part XIII, describe how the organization reports conservation easements in its revenue and expense | |
| • | balance sheet, and include, if applicable, the text of the footnote to the organization's financial statement | |
| | organization's accounting for conservation easements. | |
| Par | t III Organizations Maintaining Collections of Art, Historical Treasures, or | Other Similar Assets. |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 8. | |
| 1a | If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement ar | nd balance sheet works |
| | of art, historical treasures, or other similar assets held for public exhibition, education, or research in fur | |
| | service, provide in Part XIII the text of the footnote to its financial statements that describes these items | • |
| b | If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and b | |
| ~ | art, historical treasures, or other similar assets held for public exhibition, education, or research in further | |
| | provide the following amounts relating to these items: | |
| | (i) Revenue included on Form 990, Part VIII, line 1 | ▶ \$ |
| | (ii) Assets included in Form 990, Part X | |
| 2 | If the organization received or held works of art, historical treasures, or other similar assets for financial | |
| 2 | following amounts required to be reported under FASB ASC 958 relating to these items: | gain, provide the |
| 2 | Revenue included on Form 990, Part VIII, line 1 | ۵ م |
| а | | ···· · · · · · · · · · · · · · · · · · |

▶ \$

| Schedule | DRO BONZO CORSULDIER'S BEST | | | | | 27-466 | | Page 2 | | |
|------------|---|------------------------|--------------------|-----------------------|---------------|----------------------|------------------|---------------|--|--|
| Part | III Organizations Maintaining | Collections of | Art, Histori | cal Treasures | , or Otl | her Similar A | ssets (c | continued) | | |
| 3 | Using the organization's acquisition, access | ion, and other record | ls, check any of | the following that | make sig | nificant use of its | | | | |
| | collection items (check all that apply): | | | | | | | | | |
| а | Public exhibition | | d 🗌 L | oan or exchange p | orograms | | | | | |
| b | Scholarly research | | e 🗌 C | Other | | | | | | |
| С | Preservation for future generations | | | | | | | | | |
| 4 | Provide a description of the organization's c | ollections and explai | n how they furt | her the organizatio | n's exem | pt purpose in Pa | rt | | | |
| | XIII. | | | | | | | | | |
| 5 | During the year, did the organization solicit of | or receive donations | of art, historical | treasures, or othe | r similar | | | | | |
| | assets to be sold to raise funds rather than to be maintained as part of the organization's collection? | | | | | | | | | |
| Part | Part IV Escrow and Custodial Arrangements. | | | | | | | | | |
| | Complete if the organization | answered "Yes" | on Form 99 | 90, Part IV, line | e 9, or r | eported an ar | nount on | Form | | |
| | 990, Part X, line 21. | | | | | | | | | |
| 1a | Is the organization an agent, trustee, custod | ian or other intermed | iary for contribu | utions or other asso | ets not | | | | | |
| | included on Form 990, Part X? | | | | | | 🗌 Ye | es 🗌 No | | |
| b | If "Yes," explain the arrangement in Part XII | I and complete the fo | ollowing table: | | | | | | | |
| | | | | | | A | mount | | | |
| С | Beginning balance | | | | . 1c | | | | | |
| d | Additions during the year | | | | . 1d | | | | | |
| е | Distributions during the year | | | | . 1e | | | | | |
| f | Ending balance | | | | . 1f | | | | | |
| 2a | Did the organization include an amount on F | Form 990, Part X, line | e 21, for escrow | or custodial acco | unt liability | /? | . 🗌 Ye | es 🗌 No | | |
| b | If "Yes," explain the arrangement in Part XII | I. Check here if the e | explanation has | been provided on | Part XIII | | | | | |
| Part | | | | | | | | | | |
| | Complete if the organization | answered "Yes" | on Form 99 | 90, Part IV, line | e 10. | | | | | |
| | | (a) Current year | (b) Prior yea | ır (c) Two year | rs back | (d) Three years back | k (e) Fou | ur years back | | |
| 1a | Beginning of year balance | | | | | | | | | |
| b | Contributions | | | | | | | | | |
| С | Net investment earnings, gains, and | | | | | | | | | |
| | losses | | | | | | | | | |
| d | Grants or scholarships | | | | | | | | | |
| е | Other expenditures for facilities and | | | | | | | | | |
| | programs | | | | | | | | | |
| f | Administrative expenses | | | | | | | | | |
| g | End of year balance | | | | | | | | | |
| 2 | Provide the estimated percentage of the cur | rent year end balanc | e (line 1g, colu | mn (a)) held as: | | | | | | |
| а | Board designated or quasi-endowment | ▶ | % | | | | | | | |
| b | Permanent endowment | % | | | | | | | | |
| С | Term endowment % | | | | | | | | | |
| | The percentages on lines 2a, 2b, and 2c sho | ould equal 100%. | | | | | | | | |
| 3a | Are there endowment funds not in the poss | ession of the organiz | ation that are h | eld and administer | ed for the | | | | | |
| | organization by: | | | | | | | Yes No | | |
| | (i) Unrelated organizations | | | | | | 3a(i) | | | |
| | (ii) Related organizations | | | | | | | | | |
| b | If "Yes" on line 3a(ii), are the related organized | zations listed as requ | ired on Schedu | ıle R? | | | . 3b | | | |
| 4 | Describe in Part XIII the intended uses of th | • | lowment funds. | | | | | | | |
| Part | | | | | | | | | | |
| | Complete if the organization | | | | | | | | | |
| | Description of property | (a) Cost or oth | | Cost or other basis | | | (d) Bo | ok value | | |
| <u> </u> | | (investme | ení) | (other) | de | preciation | | | | |
| 1a | | | | 80,000 | | | | 80,000 | | |
| b | Buildings | | | 867,363 | | 125,178 | | 742,185 | | |
| C | Leasehold improvements | | | 144,700 | | 52,176 | | 92,524 | | |
| d | | | | 135,771 | | 102,849 | | 32,922 | | |
| e Tatal | | | |) line (0-) | | | | | | |
| i otal. | Add lines 1a through 1e. (Column (d) must | equal Form 990, Pal | и х, coiumn (B |), iine 10C.) | | 🕨 | | 947,631 | | |

Schedule D (Form 990) 2021

Page 3

| Schedule D (Form | | | | 27- | -4005/9/ Fage 3 |
|------------------|---|-------------------------|---------------------|-------------------|--|
| Part VII | Investments - Other Securities. Complete if the organization answered "Yes" of | n 990, Part X, line 12. | | | |
| | (a) Description of security or category (including name of security) | | (b) Book value | | c) Method of valuation: or end-of-year market value |
| (1) Financial | derivatives | | | | |
| (2) Closely-he | eld equity interests | | | | |
| (3) Other | | | | | |
| (A) | | | | | |
| (B) | | | | | |
| (C) | | | | | |
| (D) | | | | | |
| (E) | | | | | |
| (F) | | | | | |
| (G) | | | | | |
| (H) | | | | | |
| | n (b) must equal Form 990, Part X, col. (B) line 12.). | ► | | | |
| Part VIII | Investments - Program Related. Complete if the organization answered "Yes" of | on For | m 990, Part IV, lin | ne 11c. See Form | n 990, Part X, line 13. |
| | (a) Description of investment | | (b) Book value | (| c) Method of valuation: or end-of-year market value |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | | | | | |
| Total. (Colum | n (b) must equal Form 990, Part X, col. (B) line 13.) | ► | | | |
| Part IX | Other Assets. Complete if the organization answered "Yes" of | on For | m 990, Part IV, lin | ne 11d. See Form | n 990, Part X, line 15. |
| | (a) Description | | | | (b) Book value |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | | | | | |
| | n (b) must equal Form 990, Part X, col. (B) line 15.). | | | <u></u> ▶ | |
| Part X | Other Liabilities. | - | | | |
| | Complete if the organization answered "Yes" of line 25. | on For | m 990, Part IV, IIn | ie 11e or 11f. Se | e Form 990, Part X, |
| 1. | (a) Description of liability | (b) Book v | alue | | |
| (1) Federal i | ncome taxes | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |

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

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

(8)

| Schedule | DE CORVIDIER'S BEST FRIEND | 27-4665797 | Page 4 |
|----------|--|-------------|--------|
| Part | XI Reconciliation of Revenue per Audited Financial Statements With Revenue per | r Return. | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | | |
| 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: | | |
| 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.) | | |
| е | Add lines 2a through 2d | 2e | |
| 3 | Subtract line 2e from line 1 | 3 | |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b 4a | | |
| b | Other (Describe in Part XIII.) | | |
| C | Add lines 4a and 4b | | |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.). | | |
| Part | | per Return. | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | | |
| 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: | | |
| а | Donated services and use of facilities | _ | |
| b | Prior year adjustments | _ | |
| С | Other losses | _ | |
| d | Other (Describe in Part XIII.) | _ | |
| е | 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: | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | _ | |
| b | Other (Describe in Part XIII.) | | |
| С | Add lines 4a and 4b | - | |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5 | |
| Part | XIII Supplemental Information. | | |

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

| (Form 990) 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. | | | | | tivities or if the | OMB No. 1545-0047 | | | |
|---|---|--|---------------------|-----------------|--|-----------------------------------|------------|--|---|
| | nent of the Treasury Revenue Service | Þ | ► A | ttach to Form | 990 or Form | - | ion. | | Open to Public Inspection |
| | f the organization | | 0 | | | | | Employer identified | cation number |
| | IER'S BEST F | | | | | | | 27-46 | |
| Par | | sing Activities. -EZ filers are not r | • | - | | ered "Yes" on F | Form 9 | 90, Part IV, | line 17. |
| 1 | | the organization rais | | | | ties. Check all that a | annly | | |
| a | Mail solicitatio | U U | | e [| | of non-government | | | |
| b | Internet and e | email solicitations | | f | | of government gran | - | | |
| С | Phone solicita | | | g | Special fur | draising events | | | |
| d | In-person soli | | | - 10 | ale al Carabada | ff and the stars | | _ | |
| 2a | 0 | tion have a written o s listed in Form 990, | 0 | | | • | - | - | Yes No |
| b | , , , | 0 highest paid indivi | , , | | • | 0 | | | |
| | | least \$5,000 by the | · | ,, | | | | | |
| | (i) Name and addre or entity (fur | | (ii) Activity | custody c | ndraiser have or control of butions? | (iv) Gross receipts from activity | (or | mount paid to retained by) aiser listed in | (vi) Amount paid to (or retained by) organization |
| | | | | Yes | No | | | col. (i) | |
| 1 | | | | | | | | | |
| | | | | | | | | | |
| 2 | | | | | | | | | |
| 3 | | | | | | | | | |
| U | | | | | | | | | |
| 4 | | | | | | | | | |
| | | | | | | | | | |
| 5 | | | | | | | | | |
| 6 | | | | | | | | | |
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| 7 | | | | | | | | | |
| 8 | | | | | | | | | |
| | | | | | | | | | |
| 9 | | | | | | | | | |
| 10 | | | | | | | | | |
| | | | | | | | | | |
| Total | | | | | | | | | |
| 3 | | which the organization | on is registered or | licensed to set | olicit contribu | tions or has been no | otified it | is exempt from | <u>ו</u> |
| | registration or lic | ensing. | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

SOLDIER'S BEST FRIEND

27-4665797

Page 2

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

 (a)
 Event #1
 (b) Event #2
 (c) Other events
 (d) Total events (add col. (a) through col. (c))

 (a)
 Event type)
 (b) Event #2
 (c) Other events
 (add col. (a) through col. (c))

| Revenue | 1 | Gross receipts | 41,124 | 29,962 | | 71,086 | | | |
|-----------------|--|--|--------|----------|--|--------|--|--|--|
| Re | 2 3 | Less: Contributions Gross income (line 1 minus | 22,467 | 24,165 | | 46,632 | | | |
| | | line 2) | 18,657 | 5,797 | | 24,454 | | | |
| | 4 | Cash prizes | 810 | 242 | | 1,052 | | | |
| | 5 | Noncash prizes | 4,163 | 4,243 | | 8,406 | | | |
| ses | 6 | Rent/facility costs | 16,446 | 5,925 | | 22,371 | | | |
| Direct Expenses | 7 | Food and beverages | | 1,000 | | 1,000 | | | |
| Direct | 8 | Entertainment | | | | | | | |
| | 9 | Other direct expenses | 4,105 | 2,289 | | 6,394 | | | |
| | 10 | Direct expense summary. Add lin | | 39,223 | | | | | |
| | 11 | Net income summary. Subtract li | | (14,769) | | | | | |
| Pa | ITT III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than | | | | | | | | |

\$15,000 on Form 990-EZ, line 6a.

| Revenue | | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) |
|-----------------|---|--|--------------------------------------|---|--------------------------------|---|
| Rev | 1 | Gross revenue | | | | |
| s | 2 | Cash prizes | | | | |
| Direct Expenses | 3 | Noncash prizes | | | | |
| irect E | 4 | Rent/facility costs | | | | |
| | 5 | Other direct expenses | | | | |
| | 6 | Volunteer labor | Yes % No ■ | ☐ Yes % ☐ No | ☐ Yes % ☐ No | |
| | 7 | Direct expense summary. Add lir | nes 2 through 5 in column (d | d) | | |
| | 8 | Net gaming income summary. Si | ubtract line 7 from line 1, co | lumn (d) | | |
| | а | Enter the state(s) in which the organiz Is the organization licensed to conduc If "No," explain: | ct gaming activities in each | of these states? | | |
| 10 | | Were any of the organization's gamin If "Yes," explain: | ig licenses revoked, susper | - | - | 🗌 Yes 🗌 No |

| | PUBLIC COPY | | N- 45 | 15 00 47 |
|--------|---|-------------------------|-----------|-----------|
| | IEDULE J m 990) Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest | | | 15-0047 |
| | Compensated Employees ► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. | | 202 | 1 |
| | ▶ Attach to Form 990. | - | en to P | |
| | ► Go to www.irs.gov/Form990 for instructions and the latest information. Employer ide | ntification number | specti | on |
| | | 665797 | | |
| Pai | rt I Questions Regarding Compensation | | | |
| 1a | Check the appropriate box(es) if the organization provided any of the following to or for a person lister 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these First-class or charter travel Housing allowance or residence for personal Travel for companions Payments for business use of personal reside Tax indemnification and gross-up payments Discretionary spending account Personal services (such as maid, chauffeur, or personal services) | e items. use ence | Ţ | ies No |
| b | If any of the boxes on line 1a are checked, did the organization follow a written policy regarding paym or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain | | 1b | |
| 2 | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked o 1a? | | 2 | |
| 3 | Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods use related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations 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 fili organization or a related organization: | ng | | |
| | Receive a severance payment or change-of-control payment? | | 4a | X |
| | Participate in or receive payment from a supplemental nonqualified retirement plan? Participate in or receive payment from an equity-based compensation arrangement? | | 4b 4c | x |
| | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part | | - | |
| | Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: The organization? | | <u>5a</u> | x |
| b | Any related organization? | | 5b | X |
| 6 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: | | 0- | |
| | The organization? | | 6a 6b | x |
| | If "Yes" on line 6a or 6b, describe in Part III. | | | A |
| 7 8 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III | | 7 | x |
| - | | | | |
| 9 | If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? | <u></u> . | 9 | |
| For F | Paperwork Reduction Act Notice, see the Instructions for Form 990. | Schedule J (| Form | 990) 2021 |

Schedule J (Form 990) 2021 SOLDIER'S BEST FRIEND

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.

| | 1 | | | 1099-NEC compensation | | | | |
|-----------------------------|------|--------------------------|-------------------------------------|---|--|----------------------------|------------------------------------|--|
| (A) Name and Title | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
| BRENDA MEIR | (i) | 7,769 | 0 | 0 | 0 | 0 | 7,769 | 0 |
| 1 FORMER EXECUTIVE DIRECTOR | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| KATIE ARES | (i) | 69,038 | 0 | 0 | 0 | 0 | 69,038 | 0 |
| 2 FORMER EXECUTIVE DIRECTOR | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (i) | | | | | | | |
| 3 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 4 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 5 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 6 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 7 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 8 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 9 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 10 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 11 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 12 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 13 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 14 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 15 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 16 | (ii) | | | | | | | ıle J (Form 990) 202 |

27-4665797

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SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public

Inspection

 $\blacktriangleright\,$ 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.

Internal Revenue Service

Name of the organization

Department of the Treasury

Employer identification number

| | IER'S BEST FRIEND | | | 27-466 | 5797 | | | |
|----------|--|--------------------------------------|---|--|-----------------------|----------|-----|----|
| Part | I Types of Property | 1 | 1 | | 1 | | | |
| | | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | Method noncash cor | | | |
| 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 | х | 1 | 21,569 | FMV | | | |
| 7 | Boats and planes | | | | | | | |
| 8 | Intellectual property | | | | | | | |
| 9 | Securities - Publicly traded | | | | | | | |
| 10 | Securities - Closely held stock | | | | | | | |
| 11 | Securities - Partnership, LLC, | | | | | | | |
| | or trust interests | | | | | | | |
| 12 | Securities - Miscellaneous | | | | | | | |
| 13 | Qualified conservation | | | | | | | |
| | contribution - Historic | | | | | | | |
| | structures | | | | | | | |
| 14 | Qualified conservation | | | | | | | |
| | contribution - Other | | | | | | | |
| 15 | Real estate - Residential | | | | | | | |
| 16 | Real estate - Commercial | | | | | | | |
| 17 | Real estate - Other | | | | | | | |
| 18 | Collectibles | | | | | | | - |
| 19 | Food inventory | | | | | | | - |
| 20 | Drugs and medical supplies | | | | | | | |
| 21 | | | | | | | | |
| 22 | Historical artifacts | | | | | | | |
| 23 | Scientific specimens | | | | | | | |
| 24 | Archeological artifacts | | | | | | | |
| 25 | Other ► (DOG SUPPLIES AN) | x | 10 | 13,800 | FMV | | | |
| 26 | Other ► (AUCTION RELATED) | x | 3 | 9,406 | | | | |
| 27 | Other ► () | | | | | | | |
| 28 | Other ► () | | | | | | | |
| 29 | Number of Forms 8283 received by the | organization | during the tax year for contribut | ions for | | | | |
| | which the organization completed Form | - | | | 29 | | | |
| | 5 | | , G | | | | Yes | No |
| 30a | During the year, did the organization rec | eive by contr | ibution any property reported in | Part I, lines 1 through | | | | |
| | 28, that it must hold for at least three yea | • | ••••• | • | | | | |
| | to be used for exempt purposes for the e | | | | | 30a | | x |
| b | If "Yes," describe the arrangement in Pa | - | | | | | | |
| 31 | Does the organization have a gift accept | | hat requires the review of any n | onstandard | | | | |
| - • | contributions? | | | | | 31 | x | |
| 32a | Does the organization hire or use third p | | | cess, or sell noncash | | — | | |
| u | | | | | | 32a | | x |
| b | If "Yes," describe in Part II. | | | | • • • • • • • | 020 | | ~ |
| 33 | If the organization didn't report an amou | nt in column | (c) for a type of property for whi | ch column (a) is checked | | | | |
| . | In the organization dunt report an amou | | יטי מיצע ביט עוטעפונע וטו אווו | on column (a) is checked, | | | | 1 |

SCHEDUEL & COPY (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

SOLDIER'S BEST FRIEND

Employer identification number 27-4665797

01. Form 990 governing body review (Part VI, line 11)

THE BOOKKEEPER SUBMITS INFORMATION AND DATA TO AN INDEPENDENT ACCOUNTANT TO REVIEW AND

COMPLETE THE FORM 990. THE COMPLETED FORM IS PROVIDED TO ALL BOARD MEMBERS BEFORE FILING.

THE FINANCE COMMITTEE REVIEWS AND APPROVES THE COMPLETED FORM 990 BEFORE IT IS FILED. THE

FINAL FORM 990 IS THEN APPROVED, SIGNED AND SUBMITTED.

02. Conflict of interest policy compliance (Part VI, line 12c)

BOARD MEMBERS REVIEW AND SIGN A CONFLICT OF INTEREST POLICY ANNUALLY. OFFICERS, DIRECTORS,

AND KEY EMPLOYEES CONSTANTLY MONITOR POTENTIAL INSTANCES OF CONFLICT OF INTEREST,

REPORTING ANY OCCURRENCES TO THE BOARD AT LARGE.

03. CEO, executive director, top management comp (Part VI, line 15a)

OFFICERS AND BOARD MEMBERS OF THE ORGANIZATION ARE VOLUNTEERS. THE EXECUTIVE DIRECTOR'S

PERFORMANCE AND COMPENSATION IS REVIEWED ANNUALLY.

04. Governing documents, etc, available to public (Part VI, line 19)

THE ORGANIZATIONS ARTICLES OF INCORPORATION, BY-LAWS, CONFLICT OF INTEREST POLICY AND

FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

| Statement of Program Service Accomplishments | 2021 |
|--|------|

Name(s) as shown on return

SOLDIER'S BEST FRIEND

PUBLIC COPY

FORM 990-PART III(A)

PG01

27-4665797

Statement #4

Your Social Security Number

Statement of Service Accomplishment

| PROGRAM SERVICE CODE | |
|--|-------------|
| PROGRAM SERVICE EXPENSES | \$494135 |
| GRANTS AND ALLOCATIONS INCLUDED IN ABOVE EXPENSE | \$ 0 |
| PROGRAM SERVICES REVENUE | \$0 |

EXPLANATION

IN 2021, PROGRAM SERVICES WERE CONCENTRATED ON OUR SERVICE/THERAPEUTIC COMPANION DOG TRAINING PROGRAM. WE SERVED 133 VETERANS DURING 2021 WITH 2036.25 TRAINING HOURS PROVIDED TO VETERAN/DOG TEAMS. HISTORICALLY, OVER HALF OF THE DOGS IN OUR PROGRAM ARE ADOPTED FROM AZ SHELTER/RESCUE PARTNERS. PROVIDED AT NO COST TO ELIGIBLE VETERANS, EACH VETERAN/DOG TEAM TRAINS A MINIMUM OF 6 MONTHS. PROVIDING THIS LIFE-CHANGING SERVICE INCLUDES: COMPREHENSIVE APPLICATION PROCESS, DOG ADOPTIONS, FOSTERING, PROFESSIONAL TRAINING & TESTING, VETERINARY CARE, PROVIDING EQUIPMENT/SUPPLIES & SUPPORT TO HELP ENSURE PROGRAM COMPLETION. AS PART OF OUR PROGRAM, WE OFFER MENTORSHIP AND OPERATION GRADUATE TRAINING (OGT) CLASSES. THE MENTORSHIP PROGRAM PAIRS GRADUATES WITH TEAMS-IN-TRAINING TO HELP GUIDE THEM THROUGH THE PROGRAM. THE OGT CLASSES ARE PROVIDED FOR GRADUATES WHO WANT FURTHER TRAINING FOR THEIR DOGS. OUR PROGRAM SERVES AS A PARALLEL SUPPORT PLAN TO EACH VETERAN'S MEDICAL TREATMENT & AIMS TO LESSEN THEIR SYMPTOMS OF PTSD OR TBI. A BIENNIAL SURVEY OF ALL GRADUATES WAS CONDUCTED IN 2020 TO GATHER DATA ABOUT THE PROGRAM'S EFFECTIVENESS & ATTEST TO THE SIGNIFICANT IMPACT ON THE LIVES OF GRADUATES & THEIR FAMILIES. RESULTS INCLUDE: 94% REPORTED THEIR SERVICE/THERAPEUTIC COMPANION DOG IMPROVED THEIR OVERALL QUALITY OF LIFE, 89% POSITIVE IMPACT ON SOCIAL ACTIVITES, 71% A POSITIVE IMPACT ON THEIR RELATIONSHIPS WITH FAMILY & OTHERS. OF RESPONDENTS WHO EXPERIENCED SUICIDAL THOUGHTS PRIOR TO BEGINNING TRAINING, 83% REPORTED A REDUCTION IN THOSE THOUGHTS.