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	·
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	

	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.	÷	/
4b	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
4.		۴)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 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	
			`	,

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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).

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Schedule A (Form 990) 2021

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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.)

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									
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

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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.