

## Department of the Treasury Internal Revenue Service Privacy, Governmental Liaison and Disclosure GLDS Support Services

Stop 93A PO Box 621506 Atlanta, GA 30362

John Greenewald, Jr. 27305 W Live Oak Rd, Suite 1203 Castaic, CA 91384 Date:

April 12, 2022

Employee name:

C. Arroyo

Employee ID number:

1001819009

Telephone number:

860-594-9020

Fax number:

855-203-7001

Case number:

2022-11673

Re: FOIA Case 1412480-000

Dear John Greenewald, Jr.:

This is a final response to your Freedom of Information Act (FOIA) request received in our office on March 29, 2022, from the Federal Bureau of Investigation.

You asked for a copy of all documents that pertain to The Process Church of the Final Judgment.

I've enclosed 71 pages located during a search conducted by the FBI in response to your request. This grants your request in full.

I've enclosed an encrypted CD that contains your records. I'll mail the password to open the files separately. There is no charge for the records enclosed on the CD.

If you have questions regarding the processing of your FOIA request, please contact the caseworker assigned to your case at the phone number listed at the top of this letter.

If you are not able to resolve any concerns you may have regarding our response with the caseworker, you have the right to seek dispute resolution services by contacting our FOIA Public Liaisons at 312-292-3297. The FOIA Public Liaison is responsible for assisting in reducing delays, increasing transparency, and assisting in the resolution of disputes with respect to the FOIA.

There is no provision for the FOIA Public Liaison to address non-FOIA concerns such as return filing and other tax-related matters or personnel matters. If you need assistance with tax-related issues, you may call the IRS at 800-829-1040.

Sincerely,

Egobeth Jidwell

Elizabeth Tidwell Acting Disclosure Manager Disclosure Office 01

Enclosures:

CD - Responsive Records Copy of Original FOIA Request This document is made available through the declassification efforts and research of John Greenewald, Jr., creator of:

# The Black Vault



The Black Vault is the largest online Freedom of Information Act (FOIA) document clearinghouse in the world. The research efforts here are responsible for the declassification of hundreds of thousands of pages released by the U.S. Government & Military.

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· 6-	0				22	190088	inana '	43/94
•	a)	1				10000	10,303	OMB No. 1545-0047
Form !	990		Return of Organizati  Under section 501(c) of the Inter	nal Revenue Code (ex	cent black	lung benefit	0	1996
	nent of the Treat	,	trust or private foundation) or s Note: The organization may have to use a	ection 4947(a)(1) none	xempt char	itable trust (	16/2	This Form is Open to Public Inspection
		_	ear, OR tax year period beginning		and ending			19
B che		Please	C Name of organization				D Employe	Identification number
Cha	nge of address	tase IRS	BEST FRIENDS ANIMAL S	SANCTUARY			23-714	7797
O Initia	ilreturn	print or	Number and street (or P.O. box If mail is not de	livered to strest address)		Room/suite	E Statereg	istration number
Final	treturn	type.	BOX G				2-9108	
tregu	nded return uired also for e reporting)	Specific tristruc- tions,	KANAB, UT 84741				F Check	It exemption application is pending
		tion ▶ [	Exempt under section 501(c) ( 3	) < (insert number) OF	R ▶ 🛘 sec	tion 4947(a)(	1) nonexemp	ot charitable trust
			mpt organizations and 4947(a)(1) nonexer		UST attach	a completed	Schedule .	A (Form 990).
i(a) t	s this a group	return fi	led for affiliates?	🛘 Yes 🔯 No	1 H either	box in H is c	hecked "Yes	enter four-digit group
(b) 1	"Yes," enter	the numb	per of affiliates for which this return is filed: .	-	11/2/12/12/12	ion number (		
			n filed by an organization covered by a		J. Accoun	ting method:	☐ 6ash	Accrual =
						her (specify)		
			organization's gross receipts are normally n					
			90 Package in the mail, it should file a return					
			used by organizations with gross receipts le					
Par			Expenses, and Changes in Net A	Assets or Fund Ba	lances (	See Specific I	nstructions of	on page 9.)
			s, grants, and similar amounts received:		E . I		- 82	
	a Direct pu	blic supp	001			3,474,1	.60	
			pport		1b		- 25	
			ributions (grants)		10		- 25	
1	THE RESERVE OF THE PARTY OF THE		a through 1c) (attach schedule of contribute	1,000			Mark Service	
			7,529 noncash \$ 566,631			• • • • • • • • • • • • • • • • • • • •	1d	3,474,160
			evenue including government fees and con				-	
- 1			and assessments				3	
			s and temporary cash investments			• • • • • • • • • • • • • • • • • • • •	4	4,422
-			erest from securities				5 SAMOT	
			***************************************			56,1	.15	
-			rses				無時点	FC 335
3			or (loss) (subtract line 6b from line 6a)				6c	56,115
1	7 Other Inv	estment	income (describe	****		m1 011	) 7	-
Ruyus s				(A) Securities	-	(B) Other		1
			m sale of assets other than inventory		8a	1151.1	- 22	
- 1			basis and sales expenses		8b !	1991	一般經	
		Section Control of	ach schedule)		8c (	11:21:1	) littles.	10 507
1			(combine line 8c, columns (A) and (B))				8d	-10,507
			d activities (attach schedule)			FEI	1	
1				ntributions	90	LLAINFOR	TAY ITAL	DNIVINEO
1	b lessedie	HC!	DIVED		90 7	ETRINTS	IDIC ME	DIED.
	c Vet Incon	no or Acr	Ses other than tundraising expenses	m lina Onl	30   1	MIT 6/2	101 9c	
1	oa Gilla sal	HADIA	And the captage and allownesses	mane saj	10a		SHIP OF	
1.	b less cos	METER III	is sold		10b		- 6	b6 Per FBI
1							- 5 10c	b7C Per FBI
1	1 Other ret	25111	om Part VII, line 103)	26	C-50"	53193	11	DIC PEL PEL
1:	2 Total ray	enue (n	dd fines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, an	SEARCH	50	KEON	12	3,524,190
. 1			(from line 44, column (B))		±0	PLEO	13	2,066,331
1			general (from line 44, column (C))			0000	14	415,522
1			line 44, column (D))	The second control of	SEP 13	Anna	15	594,541
5 1			tes (attach schedule)			AKE CITY	16	334,341
EXPENSES 1	7 Total eve	enter f	add lines 16 and 44, column (A))		SI BALL L	ALE MISSE	17	3,076,394
-			for the year (subtract line 17 from line 12) .				18	447,796
S 1			balances at beginning of year (from line 73)				18	3,345,612
ASSET 2			net assets or lund,balances.(attach.explana				20	3,343,012
5 2			balances at end of years continue lines 18	100 Man 106	RACE	TPR	1	3,793,408
-			ct Notice, see page 1 of the separate ins		N . 11 G C . H	. D B N . 24	- Alleria	Form 990 (1990)
J uj	- work neur	ocuon A	or mense, see page 1 of the separate ma					Law nan (rane)

DO MOT PHEN

(Grants and allocations \$

(Grants and allocations \$

f Total of Program Service Expenses (should equal line 44, column (B), Program services)......

e Other program services (attach schedule) See Stmt. 2

164,832

254,088

2,066,331

ANIMAL	SANCTUARY

NOIC.	Where required, attached schedules and amounts within the description and only-year amounts only.	tion column	n should be	(A) Beginning of year		(B) End of year
45	Cash - non-interest-bearing			56,152	45	55,616
46	는 TOTAL 등 그리면 시간에 보면 있다면 중 TOTAL (INC.) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1			111,966	46	376,24
1	Curings and issipatory state.				500	
470	Accounts receivable	470				
h	Less: allowance for doubtful accounts	47b			47c	
1 ~	Con anomalisa in advanta and an analysis and a	1200				
480	Piedges receivable					
To b	Less: allowance for doubtful accounts	48b			48c	
49	Grants receivable				49	
50	Receivables from officers, directors, trustees, and key employees (atta				50	
	Other notes and loans receivable (attach schedule)		2,355		( V	
	Less: allowance for doubtful accounts			1,052		. 2,35
52					52	
1	들의하다 (1) BEELY IN BEELY IN				53	
53					54	
54					347.7	
55 a	a Investments – land, buildings, and equipment: . basks	55a				
	b Less: accumulated depreciation (attach schedule)	55h '			55c	
	Investments - other (attach schedule)			15,285	56	95,64
56	a Land, buildings, and equipment basis	15701	4.627.068	33/233	<b>FP</b>	
218	b Less: accumulated depreciation (attach schedule) See . St 3.	57h	812,278	3,746,466	57c	3,814,79
	Other assets (describe > See Statement 4	2,01	1	5,138	58	3,71
59	Total assets (edd lines 45 through 58) (must equal line 74)			3,936,059	59	4,348,37
60 61 62	Accounts payable and accrued expenses				59 60 61 62	4,348,37
60 61 62	Accounts payable and accrued expenses			3,936,059	59 60 61 62 63	4,348,37
60 61 62 63	Accounts payable and accrued expenses  Grants payable  Deferred revenue  Loans from officers, directors, trustees, and key employees (attach so a Tax-exempt bond liabilities (attach schedule)	chedule) .		3,936,059 67,727	59 60 61 62 63 64a	4,348,37
60 61 62 63	Accounts payable and accrued expenses	chedule) .		3,936,059	59 60 61 62 63 64a 64b	4,348,37
60 61 62 63 64 6	Accounts payable and accrued expenses  Grants payable  Deferred revenue  Loans from officers, directors, trustees, and key employees (attach so a Tax-exempt bond liabilities (attach schedule)	chedule) .		3,936,059 67,727	59 60 61 62 63 64a	4,348,37
60 61 62 63 64 6	Accounts payable and accrued expenses  Grants payable  Delerred revenue  Loans from officers, directors, trustees, and key employees (attach so a Tax—exampt bond liabilities (attach schedule)  Mortgages and other notes payable (attach schedule).  Other liabilities (describe	chedule) .	)	3,936,059 67,727 522,720	59 60 61 62 63 64a 64b 65	4,348,37
60 61 62 63 64 6 65	Accounts payable and accrued expenses  Grants payable Deferred revenue Loans from officers, directors, trustees, and key employees (attach so a Tax-exempt bond liabilities (attach schedule) Mortgages and other notes payable (attach schedule) Other liabilities (describe	chedule) .		3,936,059 67,727	59 60 61 62 63 64a 64b	4,348,37
60 61 62 63 64 6 65	Accounts payable and accrued expenses  Grants payable Deferred revenue Loans from officers, directors, trustees, and key employees (attach so a Tax-exempt bond liabilities (attach schedule) Mortgages and other notes payable (attach schedule) Other liabilities (describe   Total liabilities (add lines 60 through 65) gantzations that follow SFAS 117, check here	chedule) .		3,936,059 67,727 522,720	59 60 61 62 63 64a 64b 65	4,348,37
60 61 62 63 64 6 65 65 Org	Accounts payable and accrued expenses  Grants payable  Deferred revenue  Loans from officers, directors, trustees, and key employees (attach so a rax-exempt bond liabilities (attach schedule)  Mortgages and other notes payable (attach schedule)  Other liabilities (describe   Total liabilities (add lines 60 through 65)  analzations that follow SFAS 117, check here   and lines 73 and 74.	ines 67 th	rough 69	3,936,059 67,727 522,720 590,447	59 60 61 62 63 64a 64b 65	4,348,37 60,57 494,38 554,96
60 61 62 63 64 6 5 65	Accounts payable and accrued expenses  Grants payable  Deterred revenue  Loans from officers, directors, trustees, and key employees (attach so a rax-exempt bond liabilities (attach schedule)  Mortgages and other notes payable (attach schedule)  Other liabilities (describe  Total liabilities (add lines 60 through 65)  and lines 73 and 74.  Unrestricted	ines 67 th	)	3,936,059 67,727 522,720 590,447 3,330,279	59 60 61 62 63 64a 64b 65	4,348,37 60,57 494,38 554,96
60 61 62 63 64 6 65 65 Org	Accounts payable and accrued expenses  Grants payable Delerred revenue Loans from officers, directors, trustees, and key employees (attach so a Tax-exempt bond liabilities (attach schedule) Mortgages and other notes payable (attach schedule) Other liabilities (describe  Total liabilities (add lines 60 through 65) panizations that foliow SFAS 117, check here and lines 73 and 74. Unrestricted Temporarily restricted	chedule) .	rough 69	3,936,059 67,727 522,720 590,447	59 60 61 62 63 64a 64b 65 66	4,348,37 60,57 494,38 554,96
60 61 62 63 64 6 65 65 66 Org	Accounts payable and accound expenses  Grants payable Deferred revenue Loans from officers, directors, trustees, and key employees (attach so a Tax-exempt bond liabilities (attach schedule) Mortgages and other notes payable (attach schedule) Other liabilities (describe  Total liabilities (add lines 60 through 65) gantzations that follow SFAS 117, check here and lines 73 and 74. Unrestricted Temporarily restricted	chedule) .	rough 69	3,936,059 67,727 522,720 590,447 3,330,279	59 60 61 62 63 64a 64b 65 66	4,348,37 60,57 494,38 554,96
60 61 62 63 64 6 65 65 66 Org	Accounts payable and accrued expenses  Grants payable Deferred revenue Loans from officers, directors, trustees, and key employees (attach so a Tax-exempt bond liabilities (attach schedule) Mortgages and other notes payable (attach schedule) Other liabilities (describe  Total liabilities (add lines 60 through 65) gantzations that follow SFAS 117, check here and lines 73 and 74. Unrestricted Temporarity restricted Permanently restricted gantzations that do not follow SFAS 117, check here	chedule) .	rough 69	3,936,059 67,727 522,720 590,447 3,330,279	59 60 61 62 63 64a 64b 65 66	4,348,37 60,57 494,38 554,96
60 61 62 63 64 6 65 - 66 Org 67 68 69 Org	Accounts payable and accrued expenses  Grants payable  Deferred revenue  Loans from officers, directors, trustees, and key employees (attach so a rax-exempt bond liabilities (attach schedule)  Mortgages and other notes payable (attach schedule)  Other liabilities (describe  Total liabilities (add lines 60 through 65)  ganizations that follow SFAS 117, check here  and lines 73 and 74.  Unrestricted  Temporarily restricted  Permanently restricted  anizations that do not follow SFAS 117, check here  and contrough 74.	lines 67 th	rough 69	3,936,059 67,727 522,720 590,447 3,330,279	59 60 61 62 63 64a 64b 65 66	4,348,37 60,57 494,38 554,96
60 61 62 63 64 6 65 - 66 Org 67 68 69 Org	Accounts payable and accrued expenses  Grants payable Delerred revenue Loans from officers, directors, trustees, and key employees (attach so a Tax-exempt bond liabilities (attach schedule) Mortgages and other notes payable (attach schedule) Other liabilities (describe  Total liabilities (add lines 60 through 65) panizations that foliow SFAS 117, check here and lines 73 and 74. Unrestricted Temporarity restricted Permanently restricted Permanently restricted Innugliabilities (and ont follow SFAS 117, check here and conthrough 74. Capital stock, trust principal, or current funds	lines 67 th	rough 69	3,936,059 67,727 522,720 590,447 3,330,279	59 60 61 62 63 64a 64b 65 66 67 68 69	4,348,37 60,57 494,38 554,96
60 61 62 63 64 6 65 - 66 Org 67 68 69 Org	Accounts payable and accrued expenses  Grants payable Delerred revenue Loans from officers, directors, trustees, and key employees (attach so a Tax-exampt bond liabilities (attach schedule) Mortgages and other notes payable (attach schedule)  Other liabilities (describe  Total liabilities (add lines 60 through 65) ganizations that follow SFAS 117, check here  and lines 73 and 74. Unrestricted Permanently restricted Permanently restricted Permanently restricted Capital stock, trust principal, or current funds Patid-in or capital surplus, or land, building, and equipment fund.	lines 67 th	rough 69	3,936,059 67,727 522,720 590,447 3,330,279	59 60 61 62 63 64a 64b 65 66 67 68 69	4,348,37 60,57 494,38 554,96
60 61 62 63 64 65 65 0rg 67 68 69 0rg 70 71 72	Accounts payable and accrued expenses  Grants payable Delerred revenue Loans from officers, directors, trustees, and key employees (attach so a Tax-exampt bond liabilities (attach schedule) Mortgages and other notes payable (attach schedule) Other liabilities (describe  Total liabilities (add lines 60 through 65) gantzations that follow SFAS 117, check here and lines 73 and 74. Unrestricted Permanently restricted Permanently restricted Permanently restricted Capital stock, trust principal, or current funds Patid-in or capital surplus, or land, building, and equipment fund Retained earnings, endowment, accumulated income, or other funds	lines 67 th	rough 69	3,936,059 67,727 522,720 590,447 3,330,279	59 60 61 62 63 64a 64b 65 67 67 68 69 70 71	4,348,37 60,57 494,38 554,96
60 61 62 63 64 65 65 0rg 67 68 69 0rg 70 71 72	Accounts payable and accrued expenses  Grants payable  Deferred revenue  Loans from officers, directors, trustees, and key employees (attach so a Tax-exempt bond liabilities (attach schedule)  Mortgages and other notes payable (attach schedule)  Other liabilities (describe  Total liabilities (add lines 60 through 65)  Janizations that follow SFAS 117, check here  and lines 73 and 74.  Unrestricted  Permanently restricted  Permanently restricted  Janizations that do not follow SFAS 117, check here  and continuity of the permanent lines for through 74.  Capital stock, trust principal, or current funds  Retained earnings, endowment, accumulated income, or other funds  Retained earnings, endowment, accumulated income, or other funds	ines 67 th	) rough 69	3,936,059 67,727 522,720 590,447 3,330,279 15,333	59 60 61 62 63 64a 65 66 67 68 69 70 71 72	4,348,37 60,57 494,38 554,96 3,716,61
60 61 62 63 64 6 65 - 66 Org 67 68 69 Org	Accounts payable and accrued expenses  Grants payable Delerred revenue Loans from officers, directors, trustees, and key employees (attach so a Tax-exampt bond liabilities (attach schedule) Mortgages and other notes payable (attach schedule) Other liabilities (describe  Total liabilities (add lines 60 through 65) gantzations that follow SFAS 117, check here and lines 73 and 74. Unrestricted Permanently restricted Permanently restricted Permanently restricted Capital stock, trust principal, or current funds Patid-in or capital surplus, or land, building, and equipment fund Retained earnings, endowment, accumulated income, or other funds	ines 67 th	) rough 69	3,936,059 67,727 522,720 590,447 3,330,279 15,333	59 60 61 62 63 64a 65 66 67 68 69 70 71 72	I TO PARTIE AND A

Part IV-A	Reconciliation of Revenu Financial Statements with Return (See Specific Instruct	Revenue per	Part IV B		n of Expenses potential with Exp	
per audited Amounts int line 12, Forn (1) Net unrealiz on investmen (2) Donated ser and use of t (3) Recoveries : year grants (4) Other (speci	ie, gains, and other support financial statements	a 3,524,190  b c 3,524,190	inancial b Amounts line 17, F (1) Donated and use (2) Prior year reported Form 990; (3) Losses re line 20, F (4) Other (sp  Add amo c Line a mid Amounts Form 990; (1) Investme included Form 990; (2) Other (sp	enses and losses pe statements	ut not on	3,076,394
PartsV4 Li	ine d)	ustees, and Key E	mployees (L	Is line d)	not compensated; ns on page 18.) (D)Contributions to	©Expense account and other allowances
ee State	ement 5					
ee State	ement 5					

Pa	other Information (See Specific Instructions on page 19.)				Yes	No
76 ,	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed de each activity	escription	n af	76	-0	X
7	Were any changes made in the organizing or governing documents but not reported to the IRS?			77	+5/6/4	X
8 a	If "Yes," attach a conformed copy of the changes.  Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	this retur	n?	78a	Here	X
	If "Yes," has it filed a tax return on Form 990-T for this year?			78b	N,	200
9	Was there a liquidation, dissolution, termination, or substantial contraction during the year?  If "Yes," attach a statement			79	10 4	X
a	is the organization related (other than by association with a statewide or nationwide organization) through governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?			80a	X	
b	If "Yes," enter the name of the organization ▶ ANGEL CANYON INC.	45000000			drait.	14.2
	and check whether it is a exe		2 nonexempt.	20.2	(37)	n d
	Enter the amount of political expenditures, direct or indirect, as described in the instructions for line 81  Did the organization file Form 1120–POL for this year?	818		81b	, B.	X
	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge	or at sub	stantially	<b>规范</b>	ė, il	
	less than fair rental value?			82a	X	92.4
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part II or as an expense in Part III. (See instructions for reporting in Part III.)	826			1000 1000 1000	25
88	Did the organization comply with the public inspection requirements for returns and exemption applications	?		83a	X	
	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?. $\dots$			83b	X	_
	Did the organization solicit any contributions or gifts that were not tax deductible?			848	-	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or tax deductible?	gifts wer	e not	84b	N	PV-rapir
5	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	*****		85a	N	A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			85b	N,	A
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization a waiver for proxy tax owed for the prior year.	n receive	ed		A 2	į,
c	Dues, assessments, and similar amounts from members	85c	N/A			79
d	Section 162(e) lobbying and political expenditures	85d -	N/A	1 500	0	Tara A
	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices,		N/A	2		
	Taxable amount of lobbying and political expenditures (line 85d less 85e)		N/A	1		
	Does the organization elect to pay the section 6033(e) tax on the amount in 85i?			85g	N,	A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its of dues allocable to nondeductible tobbying and political expenditures for the following tax year?		ble estimate	85h	N,	
	501(c)(7) organizations. – Enter:		14	10		7
		86a	N/A		37	9,
	Gross receipts, included on line 12, for public use of club facilities	86b	N/A	100	5000	-
	501(c)(12) organizations Enter: a Gross income from members or shareholders	87a	N/A	0.9	- 2	-
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A			) - h
3	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or if "Yes," complete Part IX	partnersh	nip?	88	O I ST	X
a	501(c)(3) organizations Enter: Amount of tax paid during the year under: section 4911 > ; section 4912 > ; section 4955 >	561515		7.5		05
b	501(c)(3) and 501(c)(4) organizations. – Did the organization engage in any section 4958 excess benefit to the year? If "Yes," attach a statement explaining each transaction	insaction	during	89b	John	o T
c	Enter: Amount of tax pald by the organization managers or disqualified persons during the year under sect	ion 4958		550		
	Enter: Amount of tax in 89c, above, reimbursed by the organization					
	List the states with which a copy of this return is filed ▶					
		lenhone	no. > (801)	644	-20	001
1	THE DOORS WE IN CAP OF COLLY FRIEF	Chicone	1101 - 100-21			

IPart VII	. Analysis of Income-Producing Acti	vities (See Spec	ific instructions	on page 22.)		
Enter gross	amounts unless otherwise Indicated.	Unrelated but	siness income	Excluded by sec	tion 512, 513, or 514	(E)
	ram service revenue:	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	Related or exempt function income
	an se vice revenue.	Dusiness code	Amount	LADIOSON GOOD	72.100111	
- 3				-		
ь				-		
· —		-		-		
d		_		-		
e		-				
'		-		-		
	and contracts from government agencies					
	bership dues and assessments			-		1 10
	est on savings and temporary cash investments			-		4,42
	ends and interest from securities				2 dille and 100 and 100 and	TO THE PERSON NAMED IN COMPANY
	ental income or (loss) from real estate:		计论型类型	<b>建石和四种</b>	小型,压,不	<b>和中国国际</b>
	-financed property					56,11
b not d	ebt-financed property					
98 Net re	ental income or (loss) from personal property					
99 Other	investment income					
00 Gain	or (loss) from sales of assets other than inventory.					-10,50
01 Net in	ncome or (loss) from special events					
02 Gross	s profit or (loss) from sales of inventory		*			
03 Other	revenue: a		,			
b						
4						
				1		
05 Total lote: (Line Part VIII)		on line 12, Part I.) complishment				50,030 ns on page 23.)
04 Subto 05 Total lote: (Line	(add line 104, columns (B), (D), and (E)) 105 plus line 1d, Part I, should equal the amount	on line 12, Part I.) complishment ported in column (E	) of Part VII cont			50,030 ns on page 23.)
104 Subto 105 Total Note: (Line Part VIII) Line No.	(add line 104, columns (B), (D), and (E))	on line 12, Part I.) complishment ported in column (E	) of Part VII conti such purposes).	fibuted importantly		50,030 ns on page 23.)
104 Subto 105 Total Note: (Line Part VIII) Line No.	(add line 104, columns (B), (D), and (E))	on line 12, Part I.) complishment ported in column (E providing funds for s	e) of Part VII controlsuch purposes). SH INVEST	ibuted importantly		50,030 ns on page 23.) nent of the
Subto Subto Total Note: (Line Part VIII) Line No.	(add line 104, columns (B), (D), and (E))	on line 12, Part I.) complishment ported in column (E providing funds for st IPORARY CA: PURPOSE (6)	of Part VII controls such purposes). SH INVEST CARE OF A	ments	to the accomplishr	50,030 as on page 23.) ment of the
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104 Subto 105 Total Note: (Line Part VIII) Line No.	(add line 104, columns (8), (D), and (E))	on line 12, Part I.) complishment ported in column (E providing funds for IPORARY CA: PURPOSE (I DUE TO I BANCTUARY) CES. THIS	c) of Part VII continued by the purposes).  SH INVESTICARE OF A DISTANCE PROVIDES  IS SHOWN	TMENTS ANIMALS), OF FACILI ON-SITE H	STAFF MUSTIES FROM OUSING TO E SINCE T	50,030 ns on page 23.) nent of the
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104 Subta 105 Total Note: (Line Paralym) Line No.	(add line 104, columns (B), (D), and (E))	on line 12, Part I.) complishment ported in column (E providing funds for si IPORARY CA: PURPOSE (I DUE TO I SANCTUARY I EES. THIS OWNED BUILDII PENSE.	c) of Part VII comb such purposes). SH INVEST CARE OF A DISTANCE PROVIDES IS SHOWN LDINGS. NGS ARE S	TMENTS INTIMALS), OF FACILI ON-SITE H J AS INCOM THOSE EMP	STAFF MUSTIES FROM OUSING TO E SINCE TO LOYEES	50,030 as on page 23.) ment of the
104 Subta 105 Total Note: (Line Paralym) Line No.	(add line 104, columns (B), (D), and (E))	on line 12, Part I.) complishment ported in column (E providing funds for si IPORARY CA: PURPOSE (I DUE TO I SANCTUARY I EES. THIS OWNED BUILDII PENSE.	c) of Part VII comb such purposes). SH INVEST CARE OF A DISTANCE PROVIDES IS SHOWN LDINGS. NGS ARE S	TMENTS INTIMALS), OF FACILI ON-SITE H J AS INCOM THOSE EMP	STAFF MUSTIES FROM OUSING TO E SINCE TO LOYEES	50,030 as on page 23.) ment of the
104 Subto 105 Total Note: (Line Part VIII) Line No. 1095	(add line 104, columns (B), (D), and (E))	on line 12, Part I.) complishment ported in column (E providing funds for s IPORARY CAI PURPOSE (I BANCTUARY) ES. THIS OWNED BUILDII PENSE . UNNEEDED S	c) of Part VII comb such purposes). SH INVEST CARE OF A DISTANCE PROVIDES IS SHOWN LDINGS. NGS ARE S	TMENTS ANIMALS), OF FACILI ON-SITE H I AS INCOM THOSE EMP HOWN AS A	STAFF MUS TIES FROM OUSING TO E SINCE T. LOYEES N OFFSET	50,030  as on page 23.)  ment of the  T  HE
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104 Subto 105 Total Note: (Line Part VIII) Line No. 95 97A	(add line 104, columns (B), (D), and (E)).  105 plus line 1d, Part I, should equal the amount. Relationship of Activities to the Activities to the Activities have been actively for which income is reorganization's exempt purposes (other than by property of the property	on line 12, Part I.) complishment providing funds for sipported in column (E provided in Col	c) of Part VII comb such purposes). SH INVEST CARE OF A DISTANCE PROVIDES IS SHOWN LDINGS. NGS ARE S SANCTUARY Delete this Part If I Nature business a	TMENTS ANIMALS), OF FACILI ON-SITE H I AS INCOM THOSE EMP SHOWN AS A TASSETS.  The "Yes" box on it of ethilles  Impanying schedule than officer) is bat  (4.97	STAFF MUS STAFF MUS TIES FROM OUSING TO E SINCE T LOYEES N OFFSET  line 88 is checked Total Income	TO  End-of-year assets  and to the best of mon of which preparer  T > T > FASO
N/A  Please Sign lere	(add line 104, columns (B), (D), and (E)).  105 plus line 1d, Part I, should equal the amount. Relationship of Activities to the Activities to the Activities have achieved a conganization's exempt purposes (other than by a line of the Activities	con line 12, Part I.) complishment ported in column (E providing lunds for s (PORARY CA: PURPOSE (I.) SANCTUARY EES. THIS OWNED BUILDII PENSE. UNNEEDED S  OSIGNATION Percentage of ownership interest % % examined this return polete. Declaration oage 8.)	c) of Part VII comb such purposes). SH INVEST CARE OF A DISTANCE PROVIDES IS SHOWN LDINGS. NGS ARE S SANCTUARY Distance this Part If it Nature business a	TMENTS ANIMALS), OF FACILI ON-SITE H I AS INCOM THOSE EMP SHOWN AS A ASSETS.  The "Yes" box on it and the state of the sta	STAFF MUS TIES FROM OUSING TO E SINCE T LOYEES N OFFSET  line 88 is checked Total Income  as and statements, sed on all informats  A. FR. IPP or or print name and tit II Preparer's	TO  End-of-year assets  and to the best of mon of which preparer  T/2 E/ASO/
104 Subto 105 Total Note: (Line Part VIII) Line No. 95 97A 100 Part IX	(add line 104, columns (B), (D), and (E))	con line 12, Part I.) complishment ported in column (E providing lunds for s (PORARY CA: PURPOSE (I DUE TO SANCTUARY) ES. THIS OWNED BUILDII PENSE. UNNEEDED S  Considering (Comp Percentage of ownership interest % % examined this return page 8.)	c) of Part VII comb such purposes). SH INVEST CARE OF A DISTANCE PROVIDES IS SHOWN LDINGS. NGS ARE S SANCTUARY Nature business a	TMENTS ANIMALS), OF FACILI ON-SITE H I AS INCOM THOSE EMP SHOWN AS A ASSETS.  The "Yes" box on it of citylliss  That of citylliss  The cityll	STAFF MUS STAFF MUS TIES FROM OUSING TO E SINCE T. LOYEES N OFFSET  ine 88 is checked  Total Income  se and statements, sed on all informati  O. A. FRIPP. se or print name and till III Preparer's red > □ 528-	SO, 030  as on page 23.)  ment of the  T  HE  TO  End-of-year sazets  and to the best of mon of which preparer  T ( FASU)  it.  sssn  88-4981
104 Subto 105 Total Note: (Line) Part VIII Line No. 95 97A 100 Part IX	(add line 104, columns (B), (D), and (E)).  105 plus line 1d, Part I, should equal the amount. Relationship of Activities to the Activities to the Activities have achieved a conganization's exempt purposes (other than by a line of the Activities	con line 12, Part I.) complishment ported in column (E providing lunds for s (PORARY CA: PURPOSE (I DUE TO SANCTUARY) ES. THIS OWNED BUILDII PENSE. UNNEEDED S  Considering (Comp Percentage of ownership interest % % examined this return page 8.)	c) of Part VII comb such purposes). SH INVEST CARE OF A DISTANCE PROVIDES IS SHOWN LDINGS. NGS ARE S SANCTUARY Nature business a	TMENTS ANIMALS), OF FACILI ON-SITE H I AS INCOM THOSE EMP SHOWN AS A ASSETS.  The "Yes" box on it and the state of the sta	STAFF MUS TIES FROM OUSING TO E SINCE T LOYEES N OFFSET  line 88 is checked Total Income  as and statements, sed on all informats  A. FR. IPP or or print name and tit II Preparer's	SO, 030  as on page 23.)  ment of the  T  HE  TO  End-of-year sazets  and to the best of mon of which preparer  T ( FASU)  it.  sssn  88-4981

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SCHEDULE A (Form 990)

Or ization Exempt Under Section 50(3)
(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

OMB No. 1545-0047

epartment of the Treasury	Must be completed by the a	See separate instructions. bove organizations and attach	ed to their Form 990	) (or 990-EZ).	1996
ame of the organization				Employer Identil	lcation number
BEST FRIENDS	ANIMAL SANCTUARY			23-7147	797
Partil Comper	nsation of the Five Highest F		han Officers, Di		
	each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans if deterred compensation	(c) Expense account and other allowances
None					
•				251	
	*		,		
		127			
	7				
				ě	
Part III Compen	ployees paid over \$50,000		ctors for Profes		H. H.
	address of each independent contractor pal		Ι	e of service	. (c) Compensation
	* 8				-
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			10		
			Fundament & St. Bay School and Sand South and	Action restitioners > 600 contract ratio	CATES A MINISTER ALEXAND

990	Statements About Activities	1	Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum?	,		
	If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities. ▶ \$	100 Tay	/trial	V 6
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations	Very L	1 1710	3.8
	checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			1025
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any of its trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary:		1875 1887 1887 1887 1887 1887 1887 1887	競領
0	Sele, exchange, or leasing of property?	2a	-	X
b	Lending of money or other extension of credit?	2b	-	X
C	Furnishing of goods, services, or facilities?	2c	-	Х
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? See Form. $990.,$ Part $V$	2d	х	_
e	Transler of any part of its income or assets?	2e		x
	If the answer to any question is "Yes," attach a detailed statement explaining the transactions.			
	Does the organization make grants for scholarships, fellowships, student loans, etc.?	3	Sept.	X
	Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments. (See instructions on page 2.)	# # # # # # # # # # # # # # # # # # #	8 1	
	A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, a	and state	e	
(	An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(n (Also complete the Support Schedule in Part IV-A.)	v).		
	An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part (V-A.)			
	A community trust. Section 170(b)(1)(A)(vI). (Also complete the Support Schedule in Part IV-A.)	477427777		
	An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receip activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gr investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)	oss		
[	An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations desc (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)	cribed in	1:	
	Provide the following information about the supported organizations. (See Instructions on page 4.)		_	
	(a) Name(s) of supported organization(s)  (b) Line from	numbe n above		
			_	
	PHOTOCOPY - DO NOT PRO			

	dule A (Form 930) 1988		P	· No
P	Private School Questionnaire (See Instructions on page 4.) (To be completed ONLY by schools that checked the box on line 6 in Part IV)			
И	/A	Y	es	N
9	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	٦	
0	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30	變	À
1	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		30445
	If "Yes," please describe: If "No," please explain. (If you need more space, atlach a separate statement.)	3,	.4	63
		Pottor PS-CO	灣	ş
			100	ķ
	,	175 Tr 140	E	3
-	Does the organization maintain the following:	180	die.	24.0
	Records Indicating the racial composition of the student body, faculty, and administrative staff?	32a	1	-
- 100	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	7	_
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student			
	admissions, programs, and scholarships?	32c	-	H
đ	Coples of all material used by the organization or on its behalf to solicit contributions?	32d	DAM:	-
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			Section 1
		KG C		
3	Does the organization discriminate by race in any way with respect to:	28.63	the second	98.00
	Students' rights or privileges?	33a		500
	olidelila tigilia w printegear	-	-	_
b	Admissions policies?	33b		Ĺ
c	Employment of faculty or administrative staff?	33¢		
ď	Scholarships or other financial assistance?	33d		
е	Educational policies?	33e		
1	Use of facilities?	331		
9	Athletic programs?	33g		
ħ	Other extracumicular activities?	33h		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)	5 (D		
		80 Qu	4	PARAME.
		T		TER
48	Does the organization receive any financial aid or assistance from a governmental agency?	348		-
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
	If you answered "Yes" to either 34a or b, please explain using an attached statement.		4	182
		the second like	A VIII	بحر

BEST FRIENDS ANIMAL SAN AF	ťΥ			. 2	3-7147797
Part VIEA Lobbying Expenditures by El (To be completed ONLY by an eligible			uctions on page 6.)	N/A	
Check here ▶ a ☐ if the organization belongs to an					
Check here ▶ b ☐ if you checked "a" above and "li	miled control" pro	visions apply.			
Limits on Lobbyii (The term "expenditures" mear	•			(a) Affiliated group totals	To be completed for ALL electing
36 Total lobbying expenditures to influence public opin		AND AND AND THE REAL PROPERTY.			organizations
37 Total lobbying expenditures to influence a legislative					
38 Total lobbying expenditures (add lines 36 and 37)					
39 Other exempt purpose expenditures			-		
40 Total exempt purpose expenditures (add lines 38 ar	nd 39)		40		
41 Lobbying nontaxable amount. Enter the amount from	m the following tab	ole -	£39.5	数 河 对 数 语	<b>建筑工作</b>
		rable amount is -	1	A 200	
Not over \$500,000			5 Homounts	A TO	
Over \$500,000 but not over \$1,000,000 \$10			) hammen	10 M	403 FAB 539 A
Over \$1,000,000 but not over \$1,500,000 \$17			) <u></u>	1000	
Over \$1,500,000 but not over \$17,000,000 \$22				The state of the s	TO DEPT STATE
Over \$17,000,000				V 4 - 200	19 A 18 18 17 M
42 Grassroots nontaxable amount (enter 25% of line 41	The state of the s		42		
43 Subtract line 42 from line 36. Enter -0- if line 42 is n			43		
44 Subtract line 41 from line 38. Enter -0- if line 41 is n	nore man line 38 .			THE WATER	WATER AND DESCRIPTION OF THE PARTY OF THE PA
Caution: If there is an amount on either line 43 or li	ne 44, file Form 4	720.			
(Some organizations that made a	section 501(h) et	eriod Under Sect ection do not have to o r lines 45 through 50 or	complete all of the fir	ve columns below.	
		Lobbying Expendi	tures During 4-Yea	r Averaging Perio	d
THE WATER BY THE TO LEAVE SERVICE	(a)	(6) . ~ [	(c)	(d)	(e)
Calendar year (or fiscal year beginning in) ▶	1996	1995	1994	1993 -	Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))				1. 1.4.	
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
	175 J. 187		Contract of the Contract of th	10000000000000000000000000000000000000	
49 Grassroots ceiling amount (150% of line 48(e))	76 0 30 30	P P	10 000		8
50 Grassroots lobbying expenditures		1			
Part VIER Lobbying Activity by Nonelec					
(For reporting only by organizations the During the year, did the organization attempt to influence					
Influence public opinion on a legislative matter or referen			any anompt to	Yes No	Amount
a Volunteers					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
b Paid staff or management (Include compensation in	expenses reports	d on lines a through h.	)		
c Media advertisements					
d Mailings to members, legislators, or the public					
e Publications, or published or broadcast statements.					
f Grants to other organizations for lobbying purposes					
g Direct contact with legislators, their staffs, governme					
h Rallies, demonstrations, seminars, conventions, spe	eches, lectures, o	r any other means			
Total lobbying expenditures (add lines c through h)					The second
If "Yes" to any of the above, also attach a statement	giving a detailed	description of the lobby	ying activities (	HOT PR	THE BELL STEEL
*	EDE-BI	OLOGIA	ň 6-6-		
	4 4 4	- //			

96 · F	ederal Statem	ents		Page 1	
BEST, F	BEST FRIENDS ANIMAL SANCTUARY				
Statement 1					
Form 990, Part II, Line 43					
Other Expenses					
	answ.			1400.00	
	(A)	(B)	(C)	(D)	
Other Program	Total		Management	Dunduninin	
Other Expenses		Services		Fundraising	
OFFICE EXPENSE	\$ 46,156			129	
ANIMAL VET	77.242	77,242			
AUTO GAS & MAINTENANCE	39,578	28,504	9,432	1,64	
HUMANE EDUCATION	7,381	7;381			
DONATIONS & GIFTS	5,111	1,595	3,516		
ANIMAL FOOD	308,182				
SPECIAL EVENTS	38,159	16,708		21,45	
UTILITIES	51,845	24,351 9,952	27,494 11,200		
CASUAL LABOR	21,152	9,952	11,200	9	
MISCELLANEOUS	5,678	2,305	3,373	7 00	
FEES	7,027	20,180	14,635	7,02° 5,91	
INSURANCE TAXES	12 002	20,180		5,91	
PROMOTIONS	13,082 392,411	237,886	12,001	154,52	
ON-LINE RESEARCH	5.302	5.302		134,32	
ADVERTISING	5,279	5,250	29		
NEWSLETTER	187,249	5,302 5,250 97,340		89,90	
ANIMAL OTHER	110,798	110,798			
AUTO ALLOWANCE	17,293	10,735	5,027	1,53	
BANK CHARGES	8,227	*	8,227		
Total	61 207 002	1 004 047	100,910	202 12	
Iocal	\$1,387,882			282,125	
		:			
Statement 2 Form 990, Part III, Line e Statement of Program Service Accomplish	ments			¥)	
on the state of th					
				Program	
Description	on		Grants and Allocations		
UTAH'S WEEK FOR THE ANIMALS	SEE EXHIBIT	A	\$	142,296	
HUMANE EDUCATION - SEE EXHIB:	T A			89,203	
SEMINARS AND INTERNSHIPS - SI	EE EXHIBIT A			22,589	
			\$	254,088	
	ana ta association and an annual section and an annual section and an annual section and an annual section and		· ~	,	
			L D. P. ATIL NOW HE M.	the star parent of	
	HOTOCO	an - Dil	d Maria Bar	就就是ST	

1996	Federal	Statements			Page 2
Client BESTFRND	BEST FRIENDS A	NIMAL SANCTUA	RY		23-7147797
Statement 3 Form 990, Part IV, Line 57 Land, Bulldings, and Equipme	nt		٠	ij.	
Asse	t	Basis	Accumulate Depreciat	ion Va	
Automobiles / transp Furniture and fixtur Buildings Improvements	ortation equip.	\$ 204,132 522,269 1,397,486 2,503,181	64,1 178, 495,4	982 139 701 343 490 903 105 2.430	1,996 0.076
-	Total	\$4,627,068	812,	278 3,81	1,790
DEPOSITS LOANS TO STAFF				; <del>.</del>	
Statement 5 Form 990, Part V List of Officers, Directors, Tru	stees, and Key Employ	ees ·			** §
Name and Addre	Tit.	le & avg. k devoted	1	Ren Pln	Expense Account/ Other
GREGORY CASTLE BOX G, KANAB, UT 84741		ICE PRES	18,309		
CHRISTOPHER DEPEYER BOX G, KANAB, UT	DIREC'	TOR	12,888	0	0

1996	Federal Statement	is •		Page 3
Client BESTFRND	BEST FRIENDS ANIMAL SANCT	23-7147797		
Statement 5 (Continued) Form 990, Part V List of Officers, Directors, Trustee	es, and Key Employees			
Name and Address	Title & avg. Hrs/wk devoted		Employee Ben. Pln Contrib.	Account
ERNEST P. ECKHOFF BOX G, KANAB, UT 84741	DIRECTOR None	18,174	0	(
FAITH MALONEY BOX G, KANAB, UT 84741	PRESIDENT None	18,174	0	4
CELESTE FRIPP BOX G, KANAB, UT 84741	SECRETARY None	18,174	0	,
CHRISTOPHER A. FRIPP BOX G, KANAB, UT 84741	TREASURER None	18,174	.0	(
MICHAEL MOUNTAIN BOX G, KANAB UT 84741	DIRECTOR None	18,181	. 0	(
ÄLFRED A. BATTISTA BOX G, KANAB, UT 84741	1ST VICE PRES	18,174	0	•
JONATHAN DEPEYER BOX G, KANAB, UT 84741	DIRECTOR None	35,781	0	. (
	Total	\$ 176,029	0	

Best Friends Animal Sanctuary 1996 Form 990, Part III Statement of Program Service Accomplishments "Exhibit A"

### FORM 990. PART 3

- A. ANIMAL SANCTUARY. There are over 1500 animals resident at the Sanctuary at all times. There is a very active adoption program. Facilities for the wild bird rehabilitation and educational programs were extended. A new facility for the older dogs was approaching completion at year end. Donated Services: \$22,325. Expenses: \$973,578.
- B. SPAY & NEUTER PROGRAM. 900 animals were spayed/neutered in our subsidized/low cost clinic program. 407 received shots. Additions to the clinic included two new anesthesia machines, a new surgery table, and a new dental ultra-sonic scalerpolisher Expenses: \$1,973.
- C. MAGAZINE, NEWSLETTERS AND ONLINE SERVICES. Best Friends magazine published 10 issues, and again increased its circulation. Also quarterly newsletters were sent to members. The Sanctuary operates Online educational and assistance services, and maintains two growing sites on the Internet. Expenses: \$671,860.
- D. OUTREACH PROGRAMS to other states included activity in AZ, CO, NM, CA, LA and MS. Best Friends members conducted rescue programs in most states, especially in Southern California. Donated Services \$8,841. Expenses: \$164,832.
- E. UTAH'S WEEK FOR THE ANIMALS. A program started in 1994 to help animals throughout the state. The program grew greatly this year, with a big increase in public support. It included special visits to 300 schools, with educational materials being distributed to all the schools in Utah, a discount spay/neuter program, a student contest, and numerous special events. Donated services: \$58,884. Expenses: \$142,296.

HUMANE EDUCATION. There were visits to schools in Utah, Arizona, Texas, Alabama and New Mexico visiting and teaching 15,000 students. The program includes distribution of video and printed material on animal care and welfare. We continued work on a major new curriculum for Native American students (the R.U.F.F. program). Worked closely with the Indian Health Services Dept. Expenses: \$89,203.

SEMINARS AND INTERNSHIPS. Informal training seminars were held on animal rescue and placement for 20 people during the year. Twelve internships were conducted at the Sanctuary. Over 300 children were taught at the Sanctuary. Expenses: \$22,589.

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SERT FRIENDS ·- OF . 84741

INTERNAL REVENUE SERVICE CTR OGDEN UT 84201-0027



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) (re	quired also for ate reporting)	Instruc-	CAMAD	, 01 0	4/41					r the		pplication is pendin
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						🛮 Yes	No R		either box In H is		"Yes," enter	r four-digit grou
(p)	Ir "Yes," enter	the numb	er of affiliate	es for which th	his return is file	ed:. ►			emption number			
(c)	Is this a sepa					742070			counting method		ish 🛭 A	Accrual
	group ruling?					Yes	Ø No │	_[	Other (specity)	<u> </u>		
C	heck here 🕨	☐ If the o	organization	n's gross receip	pts are norma	lly not more than \$	25,000. Th	e org	anization need n	ot file a re	aturn with the	he IRS;
bu	ut If it received	a Form 99	O Package	in the mall, it s	should file a re	turn without finance	dal data. S	ome	states require a	complete	e return.	
lote:	: Form 990-E2	may be u	sed by orga	anizations with	n gross receipt	s less than \$100,0	00 and total	ıl ass	ets less than \$250	0,000 at e	end of year.	
Pa	Re	/enue, E	xpenses	, and Cha	nges in Ne	t Assets or F	und Bala	ance	S (See Specific	Instruction	ns on page	e 11.)
					unts received:					160	THE STATE OF THE S	
			-					10	5,092,	871	24	
							· ·	1b	0,002/	103		10-757
1							-	10			b6 Per	
- 1					edule of contri		L	10			b7C Per	FBI
- 1											100	E 000 0
- 1	(cash \$					9,897)	•••••			_		5,092,8
- 1	·2 Program	service re	enue inclu	iding governit	nent fees and	contracts (from Pa	rt VII, line S	3).		\ <del> </del>	2	
- 1	3 Member	ship dues	and assess	ments		ORIGATION TO THE	CONFT			1	3	
- 1	4 Interest	on-cavings	Hand tempo	wary cash inve	estments	TE THELE	SSIEL			_	4	23,66
- 1	's Divident	suntinte	resurrom se	ecurities		A TIS TICLE	.887				5	
- 1	6a Gross re	nts			·········	6/25/01	~ ~	6a	58,		COLUMN TO SERVICE SERV	
- 1	母語用	gtal_expen	186 ···· · · · · · · · · · · · · · · · ·			6/25/01		6b		13	野	
	E-Net HEAL	al income	er/(055) [su		from line 6a).		<i></i>				5c	58,44
E	7 Other in	vestment i	ncome-(des	cribe -						)	7	
Ė	1 00	EDEN,	UT			(A) Secur	ilies		(B) Other	80	-	
REVENUE	8 a Gross at	nount-from	sale of ass	sets other than	n Inventory			8a	7/4661	3119	200	
4	b Less: co	st or other	basis and t	sales expense	s			d8	1	7 6		6 _
- 1	30.44			0)				8c	1	- 1	35.7	-6
- 1	Park the District Con-								2666	SUI	105319	2-46,6
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- 1								95		- 5	Trains.	1
- 1						from line 9a)			····FBI-	SALT	RO CITY	
1	를 하다 ( E2500) 프라						_	10a			到一片	6 Per FBI
- 1	b Less: co	st of good	s sold					106	-	100	100	7C Per FB
- 1	c Gross pr	ofit or (los	s) from sale	s of Inventory	(attach sched	fule) (subtract line	10b from fi	ne 10	Ja)	1	0c ~	TO FEE ED
- 1								SEAFIC	ued Inne		1	7.3
- 1		venue for	d lines 1d,	2, 3, 4, 5, 6c, 7	7, 8d, 9c, 10c,	and 11)		SERVA			2	5,128,37
	12 Total re	AGUING (NO								I	13	3,701,43
			from line 44	, column (B))								
EXP	13 Program	services (					I		.CED. 2.7.20	nn.	14	231.51
EXPE	13 Program 14 Manage	services ( ment and	general (fro	m line 44, colu	umn (C))			••••	SEP -3-2-20	100	14	
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EXPERSES	13 Program 14 Manage 15 Fundrals 16 Paymen	services ( ment and ( sing (from I to attiliat	general (troi line 44, colu les (ettach s	m line 44, colu imn (D))	umn (C))			F	SEP 3.2.20	7	15	633,09
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-	13 Program 14 Manage 15 Fundrals 16 Paymen 17 Total ex 18 Excess of	ment and paint (from the strong (from the strong from the stro	general (from line 44, colu les (attach s dd lines 16 for the year	m line 44, column (D))	umn (C))	94 - D	) N		PROE	ES.	15 16 17	633,09 4,566,04 562,33
-	13 Program 14 Manage 15 Fundrals 16 Paymen 17 Total ex 18 Excess of 19 Net asse	services ( ment and pains (from the stone of	general (from line 44, colu- les (attach s dd lines 16 for the year balances a	m line 44, column (D))	mn (A))	e 73, column (A))	) N		"PHOE	75	15 17 18	633,09 4,566,04 562,33
E	13 Program 14 Manage 15 Fundrals 16 Paymen 17 Total ex 18 Excess of 19 Net asse 20 Other ch	services ( ment and sing (from I ts to affilial spenses (a or (deficit) ( els or fund manges in r	general (from line 44, colu- les (attach s dd lines 16 for the year balances a net assets o	m line 44, column (D))	mn (A))  year (from lines (attach exp	94 - D	) N	)]	"PROE	75	15 6 17 18 19	231,53 633,09 4,566,04 562,32 3,793,40 4,355,73

(Grants and allocations \$

e Other program services (attach schedule) See Stmt. 3

567,637

322,609

3,701,435

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.	(A) Beginning of year		(B) End of year
45 Cash – non-interest-bearing		45	103,882
46 Savings and temporary cash investments		_	294,118
		2 0,00	
47 a Accounts receivable	1		
b Less: allowance for doubtful accounts	7	47c	
自己交生 (本格·马及)可见	No.		
48 a Piedges receivable			
b Less: allowance for doubtful accounts		48c	
49 Grants receivable		49	
50 Receivables from officers, directors, trustees, and key employees (attach sch)		50	
51 a Other notes and loans receivable (attach schedule)	8	AC.	
51a Other notes and loans receivable (attach schedule) 51a 6U2, 94 b Less: allowance for döubtful accounts 51b F	2,355	51c	602,948
52 Inventories for sale or use		52	
53 Prepaid expenses and deferred charges		63	
54 Investments – securities (attach schedule)		54	
55 a Investments - land, buildings, and equipment:			
basis 55a	_		
b Less: accumulated depreciation (attach schedule)		55c	
56 Investments - other (attach schedule)	95,643		114,096
57 a Land, buildings, and equipment basis		2000年	
b Less: accumulated depreciation (attach schedule)Stmt.4 57b 819,50 58 Other assets (describe ►See Statement 5	8 3,814,790 ) 3,718	57c	2,708
59 Total assets (add lines 45 through 58) (must equal line 74)	. 60,573		4,609,026
61 Grants payable		61	
62 Deferred revenue		62	
63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
64 a Tax-exempt bond liabilities (attach schedule)		64a	
b Mortgages and other notes payable (attach schedule)	494,389	-	171,871
65 Other liabilities (describe ►	)	65	
66 Total liabilities (add lines 60 through 65)	. 554,962	66	253,294
Organizations that follow SFAS 117, check here > M and complete lines 67 through 69 and lines 73 and 74.		200	
67 Unrestricted . 68 Temporarily restricted . 69 Permanently restricted .	3,716,619	67	4,350,400
68 Temporarily restricted			5,332
69 Permanently restricted		69	
Organizations that do not follow SFAS 117, check here   and complete lines 70 through 74.		蒙治法	
through 74.			
70 Capital stock, trust principal, or current funds		70	
Capital stock, trust principal, or current funds     Pald-in or capital surplus, or land, building, and equipment fund		71	
72 Retained earnings, endowment, accumulated income, or other funds		72	
		VIII DI	
73 Total net assets or fund balances (add lines 57 through 69 QR lines 70 through 72; column (A) must equal line 19 and column (B) must equal line 21)	. 3,793,408		4,355,732
74 Total liabilities and net assets/fund balances (add lines 66 and 73)	. 4,348,370	-,	4,609,026
174 (Viet Habilities and that assers/fulfil balances (and lines to and 73)	2,340,370	14	4,005,020

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

P	Fina	onciliation of Revenu ancial Statements with urn (See Specific Instruction	Revenue per ions, page 20.)	Partin		tion of Expenses p Statements with Ex	penses per
2		ns, and other support al statements	a 5,128,373		al expenses and losses inclal statements	per audited	4,566,049
1	Amounts included fine 12, Form 990:	on line a but not on		line	ounts included on line 17, Form 990:	a but not on	
(1)	Net unrealized gain on investments		*		nated services If use of facilities §		76
(2)	Donated services and use of facilities	s . <b>s</b>	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	teb	or year adjustments orted on line 20,		
	Recoveries of prior year grants			(3) Los	m 990		
4)	Other (specify):		370	601	20, Form 990 <u>\$</u> ner (specify):		
S	Add amounts on li	s nes (1) through (4) >	b		F_ s	•, = .	14 15 15 15
	Line a minus line b		5,128,373	c Line	d amounts on lines (1) e a minus line b		
	Amounts included not on line a:	on line 12, Form 990 but	8 29	For	ounts included on line m 990 but not on line a		
1)	Investment expens not included on line 6b, Form 990.			inct	estment expenses not uded on line 6b, m 990\$		
2)	Other (specify):			-25	er (specify):		
			E WE OF THE		:		tive and
	Add amounts on li	nes (1) and (2)	d	Add	d amounts on lines (1)	and (2) ▶ (	1
	and the second s			100 000		_ F	
	Total revenue per l (line c plus line d).		e 5,128,373		al expenses per line 17 e c plus line d)		4,566,04
_	(line c plus line d).	officers, Directors, Tr		(line	e c plus line d)	If not compensated;	4,566,04
_	(line c plus line d).			mployees	e c plus line d)	If not compensated;	© Expense account and other allowances
	(line c plus line d).	Officers, Directors, Ti	ustees, and Key E	mployees	s (List each one ever see Specific Instru	If not compensated; ctions on page 20.)  (D)Contributions to employee benefit plans	(E) Expense account and
	(line c plus line d).	Officers, Directors, Ti	ustees, and Key E	mployees	s (List each one ever see Specific Instru	If not compensated; ctions on page 20.)  (D)Contributions to employee benefit plans	(E) Expense account and
	(line c plus line d).	Officers, Directors, Ti	ustees, and Key E	mployees	s (List each one ever see Specific Instru	If not compensated; ctions on page 20.)  (D)Contributions to employee benefit plans	(E) Expense account and
9	(line c plus line d).	Officers, Directors, Ti	ustees, and Key E	mployees	s (List each one ever see Specific Instru	If not compensated; ctions on page 20.)  (D)Contributions to employee benefit plans	(E) Expense account and
9	(line c plus line d).	Officers, Directors, Ti	ustees, and Key E	mployees	s (List each one ever see Specific Instru	If not compensated; ctions on page 20.)  (D)Contributions to employee benefit plans	(E) Expense account and
	(line c plus line d).	Officers, Directors, Ti	ustees, and Key E	mployees	s (List each one ever see Specific Instru	If not compensated; ctions on page 20.)  (D)Contributions to employee benefit plans	(E) Expense account and
	(line c plus line d).	Officers, Directors, Ti	ustees, and Key E	mployees	s (List each one ever see Specific Instru	If not compensated; ctions on page 20.)  (D)Contributions to employee benefit plans	(E) Expense account and
	(line c plus line d).	Officers, Directors, Ti	ustees, and Key E	mployees	s (List each one ever see Specific Instru	If not compensated; ctions on page 20.)  (D)Contributions to employee benefit plans	(E) Expense account and
	(line c plus line d).	Officers, Directors, Ti	ustees, and Key E	mployees	s (List each one ever see Specific Instru	If not compensated; ctions on page 20.)  (D)Contributions to employee benefit plans	(E) Expense account and
	(line c plus line d).	Officers, Directors, Ti	ustees, and Key E	mployees	s (List each one ever see Specific Instru	If not compensated; ctions on page 20.)  (D)Contributions to employee benefit plans	(E) Expense account and
	(line c plus line d).	Officers, Directors, Ti	(8) Title and avera week devoted to	ignition (Illine)	e c plus line d)  5 (List each one ever see Specific Instru (C)Compensation (I not paid, enter -0)	If not compensated; tions on page 20.) (D)Contributions to employee benefit plans & deferred compensation	(E) Expense account and other attowances
	(line c plus line d).	Officers, Directors, Ti	(8) Title and avera week devoted to	ignition (Illine)	e c plus line d)  5 (List each one ever see Specific Instru (C)Compensation (I not paid, enter -0)	If not compensated; ctions on page 20.)  (D)Contributions to employee benefit plans	@Expense account and other attowances

_	990 (1997) BEST FRIENDS ANIMA SANCTUARY		23-714	17797	Page
P	it VI Other Information (See Specific Instructions on page 21.)			For every	Yes N
6	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed each activity.	descrip	tion of	76	1000
7	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.			77	CO Sec.
9 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered b	y this re	turn?		
	If "Yes," has it filed a tax return on Form 990-T for this year?			78b	N/A
1	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement			79	
	is the organization related (other than by association with a statewide or nationwide organization) throug governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	h comm	non membership,	80a	X
b	If "Yes," enter the name of the organization ► ANGEL CANYON INC.		- 8		74.2
	and check whether it is a		OR M nonexempt	Lanciski	
_	Enter the amount of political expenditures, direct or indirect, as described in the instructions for line 81.  Did the organization file Form 1120-POL for this year?	-		0 課題 81b	F XERSES
	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge			100	H_ 13
	less than fair rental value?			82a	X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part II or as an expense in Part III. (See instructions for reporting in Part III.)	l 826 l		10.3	4 7
2	Did the organization comply with the public inspection requirements for returns and exemption application	-		- Contract	X
	Did the organization comply with the disclosure requirements relating to guid pro quo contributions?			_	x
	Did the organization solicit any contributions or gifts that were not tax deductible?				
	If "Yes," did the organization include with every solicitation an express statement that such contributions tax deductible?			84b	NYA
	501(c)(4), (5), or (6) organizations. – a Were substantially all dues nondeductible by members?		***********	85a	N/A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			85b	N/A
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organiza a waiver for proxy tax owed for the prior year.	tion rec	eived	A Park	3 R
c	Dues, assessments, and similar amounts from members	85c	N/A	ST	
	Section 162(e) lobbying and political expenditures.	85d	N/A		
	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A	132	100 200
	Taxable amount of lobbying and political expenditures (line 85d less 85e)	Tours of the last	N/A	HALE	1000
_	Does the organization elect to pay the section 6033(e) tax on the amount in 85/?			859	NIA
	if section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		onable estimate	85h	N/A
-	501(c)(7) organizations. – Enter:	1	N/A	3 30	4 6
	Initiation fees and capital contributions included on line 12	86a 86b	N/A	-	
D	501(c)(12) organizations. – Enter: a Gross income from members or shareholders	87a	N/A	9521	/F = 20,
ь	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.).	87b	N/A		n) }
	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation of	-		20	
a	If "Yes," complete Part IX			125012	00.44
_	section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶		0	世界	
b	501(c)(3) and 501(c)(4) organizations. – Did the organization engage in any section 4958 excess benefit the year? If Yes," attach a statement explaining each transaction.	ransaci	ion during	89b	
c	Enter: Amount of tax Imposed on the organization managers or disqualified persons during the year und sections 4912, 4955, and 4958.	er	<b>.</b>		
d	Enter: Amount of tax in 89c, above, reimbursed by the organization	****	b		
	List the states with which a copy of this return is filed >		A ALEXANDERSON TO THE STATE OF		
	Number of employees employed in the pay period that includes March 12, 1997 (See Instructions.)			. 90b	
D	The bests on to one of b. TOUN PRIDE	foloobo	ne no. ▶ (435)	644	-2001
				/ 044	2002
		ZIP+4	► 84741	7 044	2002

Part VII	Analysis of Income-Producing /	Activities (See	Specific Instruction	s on page 25.)		
nter gross	s amounts unless otherwise indicated.	Unrelated by	usiness Income	Excluded by se	ection 512, 513, or 5	514 (E)
3 Progra	am service revenue:	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	Related or exempt 5
a Progra	ani service revenue.	Duamess code	Amount	Exclusion code	Amount	
b			S 3474			
c						
d						
f Medic	are/Medicald payments					
g Fees a	and contracts from government agencies					
9 (9)	ership dues and assessments					22.66
	st on savings & temporary cash investments and interest from securities	-		+		23,66
	ntal income or (loss) from real estate:		PERMITTING		2 - 22 - 23	PAGE 2015 10 10 10 10 10 10 10 10 10 10 10 10 10
	financed property					THE PARTY OF THE P
b not de	ebt-financed property:					58,448
	ntal income or (loss) from personal property					
	oss from sales of assels other than inventory					-46,613
	come or (loss) from special events					40,01.
	profit or (loss) from sales of inventory					
3 Other	revenue: a		and the second second	200		
ь						
c	V 30-00-00-00-00-00-00-00-00-00-00-00-00-0	-				
				+		
e						
Subtoli Total ote: (Line art VIII	tal (add (columns (B), (D), and (E))	ount on line 12, Pa Accomplishme	rt I.) ent of Exempt F	urposes (See		35,502 uctions on page 26.)
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## Organization Exempt Under Section 501(c)(3) SCHEDULE A (Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1) Nonexempt Charitable Trust OMB No. 1545-0047 (Form 990) Supplementary information See separate instructions. Must be completed by the above organizations and attached to their Form 990 (or 990–EZ). 1997 Name of the organization 23-7147797 BEST FRIENDS ANIMAL SANCTUARY 定面相談 Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees (See instructions on page 1. List each one. If there are none, enter "None.") (b) Title and average hours per week devoted to position (a) Name and address of each employee paid more than \$50,000 (c) Compensation None ,-, -. 0 Total number of other employees paid over \$50,000 ▶ PRIMITIE Compensation of the Five Highest Paid Independent Contractors for Professional Services (See instructions on page 1. List each one (whether individuals or firms.) If there are none, enter "None.") (a) Name and address of each independent contractor paid more than \$50,000 (c) Compensation None

THOTOCOPY - DO NOT PROCES!

For Paperwork Reduction Act Notice, see page 1 of the Instructions for Form 990 and Form 990-EZ.

Total number of others receiving over \$50,000 for

Schedule A (Form 990) 1997

	edule A Form 800) 1897 BEST FRIENDS ANIMAL SANCTUARY 23-714779	1	Page
₽E	Statements About Activities	Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum?	38 × 5	X
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any of its trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary:		3g 115B
а	Sale, exchange, or leasing of property?		2
b	Lending of money or other extension of credit?		2
c	Furnishing of goods, services, or facilities?		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? See Porm 9.90., Part V 2d	х	_
е	Transfer of any part of its income or assets?	-	2
3	Does the organization make grants for scholarships, fellowships, student loans, etc.?	5 17/17	2
4	Attach a statement to explain how the organization determines that Individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments. (See Instructions on page 2.)		i - 1
3	A school. Section 170(b)(1)(A)(ii). (Also complete Part V, page 4.)  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).  A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and s  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv).  (Also complete the Support Schedule in Part IV-A.)	ate	
8	An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)		
	A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts for activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)	m	
3	An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)	ln:	
	Provide the following information about the supported organizations. (See Instructions on page 4.)	_	
	(a) Name(s) of supported organization(s)  (b) Line num from abo		

Z/C		(Complete only if you ch worksheet in the instructi	ecked a box on line 10,			
_		worksneet in the instructi	ons to conventing from t	ie accrosi to die cash ni	euroo or accounting.	
	lendar year fiscal year beginning in) >	(a) 1996	(b) 1995 ·	(c) 1994	(d) 1993	(e) Total
5	Gifts, grants, and contributions					
	received. (Do not include unusual					
_	grants. See line 28.)	3,474,160	2,679,273	1,824,429	1,169,729	
7	Membership fees received  Gross receipts from admissions, mer-			48,416	204,940	253,35
	chandles sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the			94,340	72,365	166,70
	organization's charitable, etc., purpose			34,340	12,303	100,70
8	Gross income from Interest, dividends, amounts received from payments on securities (section \$12(a)(5)), rents, royalites, and unrealted business taxable income (less section \$11 taxes) from businesses acquired by the organization after June 30, 1075.	4,422	46,711	2,199	760	. 54,09
9	Net income from unrelated business activities not included in line 18					
0	Tax revenues levied for the					
	organization's benefit and either paid to it or expended on its behalf.					
1	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally turnlahed to the public without charge.		,		E.	
2	Other income. Attach a sch. Do not include gain or (loss) from sale of capital assets					
	Total of lines 15 through 22	3,478,582	2,725,984	1,969,384		
	Line 23 minus line 17	3,478,582	2,725,984	1,875,044		THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.
	Enter 1% of line 23  Organizations described in lines 1		27,260 2% of amount in column	19,694	14,478	189,10
	b Attach a list (which is not open to (other than a government unit or the amount shown in line 26a. Er c Total support for section 509(a)(1 d Add: Amounts from column (e) for	publicly supported organiter the sum of all these entire the sum of all these entire the sum of all these entire the sum of all these entires the sum of all	nization) whose total gifts excess amounts	for 1993 through 1996 e	xceeded 26b	9,455,03
	e Public support (line 26c minus lin	is ean ideal				
	f Public support percentage (line	26e (numerator) divide	d by line 26c (denomin	ator))		99.43
7	Organizations described on line list to show the name of, and total N/A (1996)		ch year from, each "disq	ualified person." Enter th	e sum of such amount	
	b For any amount included in line each year, that was more than th 5 through 11, as well as Individu enter the sum of all these differer	e larger of (1) the amountals.) After computing the	nt on line 25 for the year of difference between the	or (2) \$5,000. (Include in	the list organizations d	lescribed in lines
	(1996)	(1995)	(1994)		(1993)	
	c Add: Amounts from column (e) fo	or lines: 15	16			ces
	17	20	21	REG	- 6 7 1 2 2 2	
	d Add: Line 27a total		line-27b total - () TD. 7	- HIEN PA	27d	
	e Public support (line 27c total min					
	f Total support for section 509(a)(2		뭐 하면서 하는 이번 하는 사람이 하면 뭐 보았다.	271  \$	7.000	
	g Public support percentage (line h Investment income percentage	그리아 병에 가장하다면 살아 있다면 하지 않았다면 하다.	[2] 나를 가는 하는 것이 없는 사람들이 얼마나 하는 사람들이 없는 사람들이 없는 사람들이 없다면 살아 없다면 없다면 살아 없었다면 살아 없다면 살아 없다면 살아 없었다면 살아 없었다면 살아 싶다면 살아 살아 싶다면 살아요. 얼마나 살아 살아 살아 살아 살아 살아 살아 싶다면 살아 싶다면 살아 싶다면 살아 싶다면 살아요. 얼마나 살아 살아 살아 살아 살아 살아 살아 살아 살아요. 얼마나 살아 살아 살아 살아 살아 살아요. 얼마나 살아 살아 살아 살아요. 얼마나 살아 살아 살아 살아 살아 살아 살아 살아 살아요. 얼마나 살아 살아 살아 살아 살아 살아 살아 살아요. 얼마나 살아 살아 살아 살아 살아 살아 살아요. 얼마나 살아 살아 살아 살아 살아 살아 살아 살아요. 얼마나 살아 살아요. 얼마나 살아		27g	
-	investment income percentage	(line 16, column (e) (nu	merator) divided by lin	e z/i (denominator))		
3	Unusual Grants: For an organization open to public Inspection) for each y grant. Do not include these grants in					

iche	dute A (Form 900) 1997 BEST FRIENDS ANIMAL SANCTUARY 23-7147	797	P	age
P	Private School Questionnaire (See instructions on page 4.) (To be completed ONLY by schools that checked the box on line 6 in Part IV)			
N	/A		Yes	N
9	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
10	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures calalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		運
1	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		
	to air parts of the general community is sever?  If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			- CONTROL OF THE PERSON NAMED IN COLUMN 1
				(Me
			7.12	
_	The state of the s	198	12. 4	
	Does the organization maintain the following:  Records indicating the racial composition of the student body, faculty, and administrative staff?	32n	PHARM	
	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		-
-	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student			T
	admissions, programs, and scholarships?	32c	_	L
ď	Copies of all material used by the organization or on its behalf to solicit contributions?	32d	NAME OF	K
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)	2.4		E C
		X		2
3	Does the organization discriminate by race in any way with respect to:	1	al <sub>C</sub>	性的
	Students' rights or privileges?	33a	ALPE D	1
	;:/			r
Þ	Admissions policies?	33b	-	H
c	Employment of faculty or administrative staff?	33c	_	-
d	Scholarships or other finandal assistance?	33d		-
e	Educational policies?	33e		L
t	Use of tacilities?	331		
9	Alhletic programs?	33g		
h	Other extracurricular activities?	33h	7116.01	
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)	6	13.15	THE PERSON
		A CONTRACTOR	PARTY PAR	Ī
4a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		-
	Has the organization's right to such ald ever been revoked or suspended?	34b	OLANG V	
	Il you answered "Yes" to either 34a or b, please explain using an attached statement.		2	5
	Does the organization certify that it has compiled with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50,	Comment.	450-503	ř

٠.٠	F			•		
Sche	dute A (Form 990) 1997 BEST FR	A STATE OF THE PARTY OF THE PAR			- T	147797 Page 5
	(To be completed ONL	ditures by Electing Y by an eligible organizat	ion that filed Form 5768		6.) N/A	
-	ck here > a   If the organization ck here > b   If you checked "a					
Olic		s on Lobbying Expe	986		(a) Affiliated group	(b) To be completed
		enditures* means amount			totals	for ALL electing organizations
36	Total lobbying expenditures to Influ					
	Total lobbying expenditures to influ Total lobbying expenditures (add lin		0.00			
-	Other exempt purpose expenditures					
40	Total exempt purpose expenditures	(add lines 38 and 39)		40		
	Lobbying nontaxable amount. Enter			7.3		1 1 1 1 1 1 1 1
	If the amount on line 40 is – Not over \$500,000		lobbying nontaxable ar		以 <sub>是</sub> 为新发	
	Over \$500,000 but not over \$1,000.			- 1 DESCRIPTION	からいる。	
	Over \$1,000,000 but not over \$1,50			,		
	Over \$1,500,000 but not over \$17,0	00,000 \$225,000 plus	5% of the excess over	\$1,500,000 .	0.0 0	73 5 10 3 9C
	Over \$17,000,000				The Contract of	the state of the s
	Grassroots nontaxable amount (enti- Subtract line 42 from line 36. Enter-					
	Subtract line 41 from line 38. Enter					
	obordor mile 47 ment mile eet Eines			<b>F875</b>	5	10 9 13 9 13 13 14 15 15 15 15 15 15 15 15 15 15 15 15 15
_	Caution: If there is an amount on e	either line 43 or line 44, fik	Form 4720.	<b>F</b>	5 5 5 75	产品的企业 经合业
-	(Some organiza	alions that made a section See the instr	uotions for lines 45 thro	litures During 4-Year A		
	Calendar year	(a)	(b)	. (c)	(d)	(e)
_	(or tiscal year beginning In)	1997	1996	1995	1994	Total
45	Lobbying nonlaxable amount		the state of the s			
	Lobbying ceiling amount (150% of line 45(e))	200	wa i Trini			
47	Total lobbying expenditures					
48	Grassroots nontaxable amount					
	Grassroots celling amount	100	E ST	UB 75 7		
_	(150% of line 48(e))	9. 1. 100-194	all dealer	ATO TO SHEET	7 5 85	
50	Grassroots lobbying expenditures.					2
_	Lobbying Activity	by Nonelecting Pu			1	
	ng the year, did the organization atte ence public opinion on a legislative	empt to Influence national	, state or local legislation			Amount
	folunteers					1000000
	aid staff or management (Include o	ompensation in expenses	reported on lines a thro	ugh h.)		<b>人</b>
c h	fedia advertisements	,				
	failings to members, legislators, or t			••••••		
	Publications, or published or broadc					
	Grants to other organizations for lobb Birect contact with legislators, their s					
	tallies, demonstrations, seminars, or					
					04/4	FOF
					COB SPEAK FOR	-2 a be
11	"Yes" to any of the above, also atta	ach a statement giving a d	เลเลแลน สอริษัทอันดัก ดูไม่ก	e lobbying activities.	ME E. D. Cone	A CONTROL OF
	otal lobbying expenditures (add line "Yes" to any of the above, also atta	ach a statement giving a d	emilea descriptou offin	lobbying activities.	Of Lifere	

chedule A			MAL SANCTUARY		23-71477	97 8	Page
Part V	Information Re Exempt Organ		s To and Transactions a	nd Relationships With N	oncharitable		
			ngage in any of the following with ens) or in section 527, relating to		ed in section 501(c)		
			aritable exempt organization of:	political diganizations?	12	Yes	N
			······································		5	1a(1)	1
m	Other escale		· · · · · · · · · · · · · · · · · · ·		7	a(II)	t
	r transactions:					407	+
		shadlable event sees	nization			b(l)	
			pt organization		_	b(ii)	╁
			prorgamization			o(III)	╆
					Account to the second s	(lv)	+
			· · · · · · · · · · · · · · · · · · ·			b(v)	t
(v)	Dedermenes el conices	or mambarable or hear	training colicitations		,	o(vi)	╁
(VI)	renormance or services	of membership of fund	traising solicitations			c	╁
						C	_
of the	e goods, other assets, o	r services given by the	the following schedule, Column ( reporting organization, If the orga- column (d) the value of the goods	nization received less than fair r	narket value		
(a) Ine no.	(b) Amount involved	Name of noncha	(c)	Description of transfers, trans	(d) suctions, and sharing	o arranger	nen
I/A							
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				J			
of the	e Code (other than section	on 501(c)(3)) or In secti	, or related to, one or more tax-e on 527?	xempt organizations described	n section 501(c)	☐ Yes [	Ø
D II YE	s," complete the followings," (a)  Name of organ		(b) Type of organization	T Build	(c) on of relationship		
/A	Hame or organ	izedon	Type of organization	Descripo	on or relauditship		_
/A							_
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997	Federal Statements		Page 1		
	BEST FRIENDS ANIMAL SANCTUARY		N	23-7147797	
Statement 1					
Form 990, Part II, Line 43 Other Expenses		*			
*		(A)	(B) Program	(C) Management	(D)
Other Expenses		Total	Services	& General	Fundraisin
OFFICE EXPENSE		\$ 71,965	69,989	1,976	
ANIMAL VET		79,143			
AUTO GAS & MAINTENANCE		40,889			
HUMANE EDUCATION		9,123			185
DONATIONS & GIFTS		19,630			
ANIMAL FOOD		224,738			
SPECIAL EVENTS		304,577	267,625		36,95
UTILITIES		54,836	42,062	8,123	4,65
CASUAL LABOR		18,951	9,701	9,250	
MISCELLANEOUS		8,442			
INSURANCE			22,092		
TAXES		15,532			10
PROMOTIONS		941,999			276,78
ON-LINE OUTREACH		4,444			
ADVERTISING		14,097			
NEWSLETTER		246,302			122,97
ANIMAL OTHER AUTO ALLOWANCE		57,024 19,135	57,024		9.0
BANK CHARGES		14,151	: 16,076	2,162 11,494	2,65
AIRPLANE EXPENSES		15,865			2,00
PARTHAMA DAFBUODO		15,005	13,003		
To	tal	\$2,186,082	1.689.735	51,333	445,01
	1.000				

Statement 2 Form 990, Part III Organization's Primary Exempt Purpose

...

ANIMAL CARE, RESCUE, POPULATION CNTRL

PHOTOCOPY - DO NOT PROCESC

13

997	Federal	Federal Statements			
	BEST FRIENDS A	ANIMAL SANCTUARY		23-7147797	
Statement 3 Form 990, Part III, Statement of Prog	Line e ram Service Accomplishments	10	17		
	Description		Grants and Allocations		
UTAH'S WEEK	FOR THE ANIMALS - SEE E	XHIBIT A	\$	226,468	
HUMANE EDUCA	.41,149				
SEMINARS AND	9,752				
2001NO MOR	1NO MORE HOMELESS PETS - SEE EXHIBIT A				
		*, *	\$	322,609	
Statement 4 Form 990, Part IV, Land, Buildings, a	nd Equipment Asset	Basis	Accumulated Depreciation	Book Value	
Automobiles Furniture an Buildings Improvements Land		538,524 1,830,681 228,181 1,505,000	244,887 421,536 73,105	155,076 1,505,000	
	Total	\$ 4,310,782		3,491,276	
Statement 5 Form 990, Part IV, Other Assets	Line 58			. 4	
DEPOSITS			ş	2,708	
	A*		Total \$	2,708	
l No	PHOT	OCOPY-	DO HOT PE	Engles bear	
	14				

1997	Federal Statements			Page 3
	ARY	23–7147797		
Statement 6 Form 990, Part V List of Officers, Directo	rs, Trustees, and Key Employees			
 Name and A	Title & avg.	Comp.	Employee Ben. Pln Contrib.	Account/

Name and Address	Title & avg. Hrs/wk devoted	Comp.	Ben. Pln Contrib.	Account/ Other
GREGORY CASTLE BOX G, KANAB, UT , 84741	2ND VICE PRES None			
CHRISTOPHER DEPEYER BOX G, KANAB, UT	DIRECTOR None	22,330		0
, 84741 ERNEST P. ECKHOFF BOX G, KANAB, UT	DIRECTOR ,	26,896	0	0
, 84741 FAITH MALONEY BOX G, KANAB, UT , 84741	PRESIDENT None	21,895	0	0
CELESTE FRIPP BOX G, KANAB, UT	SECRETARY None	21,895	. 0	0
CHRISTOPHER A. FRIPP BOX G, KANAB, UT , 84741	TREASURER None	21,895	0	0
MICHAEL MOUNTAIN BOX G, KANAB , UT 84741	DIRECTOR None	21,917	0	
ALFRED A. BATTISTA BOX G, KANAB, UT , 84741	1ST VICE PRES None	21,895	0	0
JONATHAN DEPEYER BOX G, KANAB, UT , 84741	DIRECTOR None	35,781	0	0
	Total	\$ 216,421	0	0

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15

Best Friends Animal Sanctuary 1997 Form 990, Part III Statement of Program Service Accomplishments "Exhibit A"

#### FORM 990. PART 3

- A. ANIMAL SANCTUARY. There are never fewer than 1,500 animals at the sanctuary. Recent additions to the facilities include the Old Friends Home for older dogs, new residencies and aviaries for birds in the Licensed Wildlife Rehabilitation Program, the first stage of the Wildcats Village for feral cats, stalls for the horses, and a second bunny home. Donated Services: \$20,050. Expenses: \$1,571,498.
- B. SPAY & NEUTER PROGRAM. 990 animals were spayed/neutered in our subsidized/low cost clinic program. 516 received shots. Additions to the clinic included a dental oral x-ray machine, a high-speed dental air and water delivery machine and a CBC blood analyzer. Expenses: \$40,870.
- C. MAGAZINE, NEWSLETTERS AND ONLINE SERVICES. Ten issues of BEST FRIENDS MAGAZINE were published, again with increased circulation. Four quarterly newsletters were sent to members and supporters. Numerous other brochures and educational pamphlets were issued. Expenses: \$1,198,821.
- D. OUTREACH PROGRAMS. Best Friends works with members and other animal welfare organizations in every state to help people begin new sanctuaries, develop local spay/neuter programs, and find homes for homeless animals. Donated Services \$104,977. Expenses: \$567,637.
- E. UTAH'S WEEK FOR THE ANIMALS. In our home state of Utah, Best Friends has pioneered the first statewide week devoted to humane education and care of animals. Utah's Week for the Animals is a prototype program which can be duplicated in any region -- state, city or neighborhood. Donated services: \$47,000. Expenses: \$226,468.

HUMANE EDUCATION. Best Friends education program hosts groups of students at the sanctuary, visits schools throughout the region, organizes educational conferences, and coordinates the educational efforts for Utah's Week for the Animals. Expenses: \$41,149.

SEMINARS AND INTERNSHIPS. Informal and formal training seminars were held on animal placement and rescue. Twelve students participated in the internship program. Expenses: \$9,752.

2001 - NO MORE HOMELESS PETS. The Best Friends Outreach has developed into a nationwide program to bring an end to the killing of homeless animals by the year 2001. Best Friends hosts conferences at the sanctuary throughout the year to help people develop their skills in caring for homeless animals. The campaign is being promoted chiefly through BEST FRIENDS MAGAZINE and other literature; through the Best Friends website and associated online forums, Internet sites and other online activities; and in a public service advertising campaign being developed pro bono by a major advertising agency. Expenses: \$45,240.

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03/23/96

PHOTOCOPY - DO NOT PROCESC

INTERNAL REVENUE SERVICE CTR OGDEN UT 84201

.

		82	49011	401510499
5.50			,	OMB No. 1545-000
Forn	990 . ,	Return Organization Exempt From Inc. Tax		1998 ( 000 )
	-	Under section 501(c) of the Internal Revenue Code (except black lung benefit trust or private foundation) or section 4947(a)(1) nonexempt charitable trust		043
	ariment of the Treasu	7		This Form is Open to Public 5
-	mai Revenue Service	Note: The organization may have to use a copy of this return to satisfy state reporting rec		Inspection
		ndar year, OR tax year period beginning , 1998, and ending		r Identification number
	Sheak II:	Please C use IRS	10.50	
	hange of address	abetor	E Telepho	
_	nillatreturn	уре.	5	
	final return	- let		644-2001
U 6	required also for	specific KANAB, UT 84741	F Check	If exemption application is pending
	Itale reporting)	on ► Ø Exempt under section 501(c) ( 3 ) ◀ (insert number) OR ► ☐ section 4947(a	(1) 0000000	ot charitable trust
	**	(3) exempt organizations and 4947(a)(1) nonexempt charitable trusts MUST attach a complete		
				s," enter four-digit group
		e number of affiliates for which this return is filed: . > exemption number		,
1,30	le this a conserv	a return filed by an expenitation covered by a	: Cash	₩ Accrual
10	group ruling? .	Yes No Other (specify)		4 .
35 × C	Check here > [	if the organization's gross receipts are normally not more than \$25,000. The organization need r	ot file a return	with the IRS;
22 F	out if it received a	Form 990 Package in the mail, it should file a return without financial data. Some states require a	complete re	turn.
S Not	e: Form 990-EZ n	nay be used by organizations with gross receipts less than \$100,000 and total assets less than \$25	0,000 at end	of year.
·~ 399	artic Reve	nue, Expenses, and Changes in Net Assets or Fund Balances (See Specific	Instructions	on page 13.)
A -		ons, gifts, grants, and similar amounts received:	His B	
	a Direct pub	lic support	405	3
SCANNED	b Indirect pu	blic support		
Z		nt contributions (grants)	100	
3		lines 1a through 1c) (attach schedule of contributors)	No.	
Ö		6,777,149 noncash \$ 605,256)		7,382,405
S	1 C. C. C. C. C. C. T. C.	ervice revenue including government fees and contracts (from Part VII, line 93)		
		ip dues and assessments		
	THE RESERVE OF THE PARTY OF	savings and temporary cash investments		68,420
		and interest from securities	5	
		s 6a 69,	481	
		l expenses	600	50 407
		ncome or (loss) (subtract line 6b from line 6a)	6c	69,481
¥	7 Other inve	stment income (describe (A) Securities (B) Other	) 7	
EE>WZDE	80 6	- Additional and the state of t		
Ĕ	The District of Street, St.	ount from sale of assets other than inventory 8a sb 30 %	5 C MIN	
		ss) (attach schedule) . STATEMENT1 8c (320)	45 Kill	
		r (loss) (combine line 8c, columns (A) and (B)).	8d	-22,025
		ents and activities (attach schedule)	1000000	
			· G., [ .400 B	CO.MALAL
			TO THEFAUL	57777
*		t expenses other than fundraising expenses	125/01	[ 1
	c Net incom	a of (loss) from special events (Subtract line 9b from line 9a)	9c	1
	10a Gross sale	sol in the reports and allowances	1000	
	h Lores anni	at deads sold   ±		b6 Per FBI
	c Gross prof	it or (loss from sales of inventory (attach schedule) (subtract line 10b from line 10a,	BI 199	b7C Per FBI
	11 Other reve			-90,000
		nue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11).	17 3 12	7,408,281
E		ervices (from line 44, column (B))	13	5,003,680
X	14 Managemi	ent and general (from line 44, column (C))	9	195,999
EN	15 Fundraisin	g (from line 44, column (D))	15	939,866
mz mm s	16 Payments	to affiliates (attach schedule)		
S	17 Total expe	inses (add lines 16 and 44, column (A))	17 17	6,139,545
- A		(deficit) for the year (subtract line 17 from line 12)	18	1,268,736
NET T	19 Net assets	or fund balances at beginning of year (from line 73, column (A))	19	4,355,732
ŦĘ	20 Other chai	iges in net assets or fund balances (attach explanation)	20	
_ s		or fund balances at end of year (combine lines 18, 19, and 20)	21	5,624,468
For	Paperwork Redu	ction Act Notice, see page 1 of the separate instructions.		Form 990 (1998)
· c		PHOTOCOPY - DO NOT P	HIK	E-56
10			- 1 - 0	mace e

, 10

PartidVA Balance Sheets (See Specific Instructions on page 20.)

ote: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.	(A) Beginning of year		(B) End of year
45 Cash – non-interest-bearing.	103,882	45	318,120
46 Savings and temporary cash investments	294,118	46	1,409,027
Tarret			
47 a Accounts receivable		<b>MAC 2</b>	
b Less: allowance for doubtful accounts		47c	
2.75 (1.30)			
48 a Pledges receivable			
b Less: allowance for doubtful accounts		48c	
49 Grants receivable		49	
50 Receivables from officers, directors, trustees, and key employees (attach sch)		50	
51 a Other notes and loans receivable (attach schedule)		な	
b Less: allowance for doubtful accounts	602,948	51c	
52 Inventories for sale or use		52	
53 Prepaid expenses and deferred charges		53	
54 Investments – securities (attach schedule)		54	
55 a Investments – land, buildings, and equipment:		10.87	
basis			E.
b Less: accumulated depreciation (attach schedule) 55b		55c	
56 Investments - other (attach schedule)	114,096	56	230,503
57a Land, buildings, and equipment basis		9	
b Less: accumulated depreciation (attach schedule)STMT 4 576 . 967, 308	3,491,274	57c	3,916,054
58 Other assets (describe ►SEE STATEMENT 5 )	2,708	58	6,007
59 Total assets (add lines 45 through 58) (must equal line 74)	4,609,026 81,423		5,879,711 130,101
61 Grants payable	01/100	61	250,101
62 Deferred revenue		62	
63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
64 a Tax-exempt band liabilities (attach schedule)		64a	
b Mortgages and other notes payable (attach schedule)	171,871		125,142
65 Other liabilities (describe ➤)	2/2/0/2	65	120/112
os Otres natinues (describe P	-	-	
66 Total liabilities (add lines 60 through 65)	253,294	66	255,243
Organizations that follow SFAS 117, check here > 🗵 and complete lines 67 through 69			
and lines 73 and 74.		POP Y	200121-02
67 Unrestricted	4,350,400		5,547,390
68 Temporarily restricted	5,332	-	77,078
69 Permanently restricted		69	
Organizations that do not follow SFAS 117, check here > and complete lines 70			
through 74.		200	
70 Capital slock, trust principal, or current funds		70	
71 Paid-in or capital surplus, or land, building, and equipment fund	/- TWT8	71	
72 Retained earnings, endowment, accumulated income, or other funds		72	
73 Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72;		100	
column (A) must equal line 19 and column (B) must equal line 21)	4,355,732	73	5,624,468
74 Total liabilities and net assets/fund balances (add lines 66 and 73)		1 1	

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.



Rartivea Reconciliation of Revenue Prinancial Statements with Pre Return (See Specific Instructions, page	Audited aue per	PartsiV-Bil Recon Financia Return	23-7 tion of Expenses p statements with Ex	147797 Page 4 per Audited spenses per
b Amounts included on line a but not on line 12, Form 990;  (1) Net unrealized gains on investments \$  (2) Donated services and use of facilities \$  (3) Recoveries of prior year grants \$  (4) Other (specify):	7,408,281	a Total expenses and losse financial statements  b Amounts included on line line 17, Form 990:  (1) Donated services and use of facilities  (2) Prior year adjustments reported on line 20, Form 990  (3) Losses reported on line 20, Form 990  (4) Other (specify):  Add amounts on lines 11, Line a minus line b  d Amounts included on line Form 990 but not on line:  (1) Investment expenses not included on line 6b, Form 990  (2) Other (specify):  Add amounts on lines 11, Total expenses per line 17 (line c plus line of )	a but not on  through (4)	
(A) Name and address SEE STATEMENT 6	(B) Title and average he week devoted to pos	see Specific Instruct	(D) Contributions to	(E) Expense account and other allowances
75 Did any officer, director, trustee, or key employee receive	e aggregate compens	sation of more than \$100,000 f	rom your organization	. ▶ 🗋 Yes 🔯 No
and all related organizations, of which more than \$10,00 If "Yes," attach schedule – see Specific Instructions on p.		ie related organizations?		. ► LIYes WiNo

Form	990 (1988) BEST FRIENDS ANIMAL SANCTUARY		23-7147	797	Page 5
	Other Information (See Specimostructions on page 23.)		25 /22/		Yes No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed each activity.	description of			X
77	Were any changes made in the organizing or governing documents but not reported to the IRS7  If "Yes," attach a conformed copy of the changes.			77	X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered to	y this return?		78a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year?			78b	N/A
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year?  If "Yes," attach a statement			79	X
80 a	is the organization related (other than by association with a statewide or nationwide organization) throug governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?		embership,	80a	X
b	If "Yes," enter the name of the organization ➤ ANGEL CANYON INC.				
	and check whether it is D				7-38
	Enter the amount of political expenditures, direct or Indirect, as described in the instructions for line 81.  Did the organization file Form 1120-POL for this year?	81a	0	81b	
	1 마루 (2008) (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			Acres (Sales	A CONTRACTOR OF THE PARTY OF TH
	Did the organization receive donated services or the use of materials, equipment, or facilities at no chargless than fair rental value?		ntially	82a	X
	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part II. (See instructions for reporting in Part III.)	82b	N/A		1 1
	Did the organization comply with the public inspection requirements for returns and exemption application	ons?		83a	X
	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?			83b	X
	Did the organization solicit any contributions or gifts that were not tax deductible?			84a	X
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions tax deductible?		not	845	N/A
85	501(c)(4), (5), or (6) organizations. – a Were substantially all dues nondeductible by members? $\dots$			85a	N/A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			85b	N/A
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organize a waiver for proxy tax owed for the prior year.				
	Oues, assessments, and similar amounts from members	_	N/A	in the	
	Section 162(e) lobbying and political expenditures		N/A	150	
	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		N/A		3 1 3 3
	Taxable amount of lobbying and political expenditures (fine 85d less 85e)		N/A	題與	
	Does the organization elect to pay the section 6033(e) tax on the amount in 85f?			85g	N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	its reasonable	estimate	85h	N/A
86	501(c)(7) organizations. = Enter:	Terror .			5 a
a	Initiation fees and capital contributions included on line 12		N/A		
ь.	Gross receipts, included on line 12, for public use of club facilities	86b	N/A		
87	501(c)(12) organizations. – Enter:		N/A		
	Gross Income from members or shareholders.	874	N/A		4 L 5
D	Gross Income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	market and a second	N/A	all.	
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation of "Yes," complete Part IX	x partnership?	, 	88	X
89 a	501(c)(3) organizations Enter: Amount of tax imposed on the organization during the year under: section 4911 ► 0 ; section 4912 ► 0 ; section 4955 ►		0		1
b	501(c)(3) and 501(c)(4) organizations. – Did the organization engage in any section 4958 excess benefit the year? If "Yes," attach a statement explaining each transaction	transaction du	ring	89b	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year und sections 4912, 4955, and 4956.	ler			0
d	Enter: Amount of tax in 89c, above, relmbursed by the organization.				0
	List the states with which a copy of this return is filed ▶	21 - A			
	Number of employees employed in the pay period that includes March 12, 1998 (See instructions.)			100	0
	The books are in care of ▶ JOHN FRIPP	Telephone no.		44-	2001
		ZIP+4 ► 8	4741		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in fieu of Form 1041 - Check here	► 1 92 l	N/A		▶□

PHOTOCOPY - IND NOT PROCES

DELONESTIE	Analysis of Income-Producing		The second secon		23-1	147797 Page 6
			business income	The latest designation of the latest designa	ection 512, 513, or 514	(m)
erotori <del>a</del> ti-era	s amounts unless otherwise Indicated.	(A)	(B)	(C)	(D)	(E) Related or exempt
93 Progra	am service revenue:	Business code	Amount	Exclusion code	Amount	function income
a						
ь				-		
°						
·						
t Madin	avall-tadicald assumants					
	are/Medicald payments					
	ership dues and assessments					
	at on savings & temporary cash investments			-		68,420
	nds and interest from securities			<del> </del>	T-1775	00,420
		SERVICE SANCE	V V V	Day of the second	10 CO 10 CO	A STATE OF THE STA
	Inanced property			T T		
	bt-financed property					69,481
	ntal income or (loss) from personal property					05/201
	Investment Income			7-		
	oss from sales of assets other than inventory					-22,025
	come or (loss) from special events					20,025
	profit or (loss) from sales of inventory					
	revenue: a					
ь			1			
c						
d -						
e				1		
04 Subtot	tal (add (columns (B), (D), and (E))	A SECTION AND ASSESSMENT		T-Elizabeth Chr.		25,876
	(add line 104, columns (B), (D), and (E))					25,876
	a 105 plus line 1d, Part I, should equal the am					
Part VIII	Relationship of Activities to the	Accomplish	ment of Exempt I	ourposes (Se	e Specific Instructions of	n page 28.)
95 97B	Explain how each sctivity for which income organization's exempt purposes (other than INTEREST EARNINGS ON TOUR TO NATURE OF EXEMPT	by providing fur EMPORARY T PURPOS	ds for such purposes) CASH INVES CARE OF	TMENTS ANIMALS)	, STAFF MUST	
	BE ON SITE AT ALL TIME		TO DISTANCE			
	AVAILABLE HOUSING, THE					
	APPROXIMATELY 15 EMPLO			The second section is a second section of the second	OME SINCE TH	E
	HOUSING IS IN SANCTUAR	The second secon			MPLOYEES	
	HOUSED IN SANCTUARY LE	distance of the last owner, the	LLDINGS ARE	SHOWN AS	AN OFFSET T	0
	THE SANCTUARY'S RENT H					
100	LOSS ON SALE OF VARIOU	S UNNEED	DED SANCTUAR	Y ASSETS		
MEN CONTRACT						
	Information Regarding Taxable					
	Name, address, and employer identification number of corporation or partnership	Percentage o ownership	Nature business ac		Total Income	End-of-year assets
	number of corporation or partnership	Interest		Invities	Income	455015
7/2						1
I/A						
I/A			%			
I/A			%			
I/A			% %			
Please	Under penalties of perjury, I declare that I h knowledge and belief, it is true, correct, and has any knowledge. (See General Instruction	ave examined the	% % % is return, including accaration of preparer (oth	er than officer) is	based on all information	of which preparer
Please Sign	knowledge and belief, it is true, correct, and has any knowledge. (See General Instruction	ave examined the	% % % is return, including accaration of preparer (oth		JOHN FRIPF	of which preparer
N/A Please Sign Here	knowledge and belief, it is true, correct, and	ave examined the	% % % % is return, including accaration of preparer (oth)	er than officer) is $9-99$	JOHN FRIPF Type or print name and title.	TREASURER
Please Sign	knowledge and belief, it is true, correct, and has any knowledge. (See General Instruction Stgnature of officer	ave examined the complete. Deck in U, on page 12	% % % % % % % % % % % % % % % % % % %	9-99	TOHN FR (PF Type or print name and title, eck if Preparer's St	TREASURETE
Please Sign	knowledge and belief, it is true, correct, and has any knowledge. (See General Instruction Streamers)  Stopature of officer  Preparer's signature	ave examined the complete. Deck in U, on page 12	% % % % % % % % % % % % % % % % % % %	9-99 )	TOFUN FROPF Type or print name and title. eck if   Preparer's St. eptoyee ▶ □ 528-8	of which preparer  TREASURETE  SIN 8-4981
Please Sign Here	knowledge and belief, it is true, correct, and has any knowledge. (See General Instruction Stepature of officer  Preparer's signature  KEMP BURDI	ave examined the complete. Deck in U, on page 12	% % % % % % % % % % % % % % % % % % %	9-99	TOHN FR (PF Type or print name and title.  eck if ployed ▶ □ 528 - 8:	C TREASURER  BN 8-4981
Please Sign Here	knowledge and belief, it is true, correct, and has any knowledge. (See General Instruction Streamers)  Stopature of officer  Preparer's signature	ave examined the complete. Deck in U, on page 12	% % % % % % % % % % % % % % % % % % %	9-99 C C EIN	TOFUN FROPF Type or print name and title. eck if   Preparer's St. eptoyee ▶ □ 528-8	of which preparer  TREASURETE  SIN 8-4981

PHOTOCOPY - DO NOT PROCES

sortment of the Treasury	ition Exempt Under jivate Foundation) and Section or Section 4947(a)(1) Nonexem Supplementary Inform See separate instruction	pt Charitable Trust mation ons.		1998
nternal Revenue Service Must be completed by	the above organizations and a	ttached to their Form		
lame of the organization BEST FRIENDS ANIMAL SANCTUAR	· ·		Employer Identif	47797
Rantilla Compensation of the Five High		er Than Officers		
(See instructions on page 1. List each one	e. If there are none, enter "None.	7		processor.
(a) Name and address of each employee paid more than \$50,000	(b) Tille and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE	Н			
			-	
		t-	· ·	
		·.		
	41	•		
			transmission (May Victor Anni Antilones (1971)	
Patrilla Compensation of the Five High	0 est Paid Independent C	ontractors for Pro	ofessional Services	1 10 TOWN 18 T
	est Paid Independent C (whether individuals or firms.)	I there are none, enter	ofessional Services "None.") Type of service	(c) Compensation
Compensation of the Five High (See Instructions on page 1. Ust each one	est Paid Independent C (whether individuals or firms.)	I there are none, enter	"None.")	·
Compensation of the Five High (See Instructions on page 1. Ust each one (a) Name and address of each independent contra	est Paid Independent C (whether individuals or firms.)	I there are none, enter	"None.")	·
Compensation of the Five High (See Instructions on page 1. Ust each one (a) Name and address of each independent contra	est Paid Independent C (whether individuals or firms.)	I there are none, enter	"None.")	·
Compensation of the Five High (See Instructions on page 1. Ust each one (a) Name and address of each independent contra	est Paid Independent C (whether individuals or firms.)	I there are none, enter	"None.")	·
Compensation of the Five High (See instructions on page 1. Ust each one (a) Name and address of each independent contra	est Paid Independent C (whether individuals or firms.)	I there are none, enter	"None.")	·
(See instructions on page 1. Ust each one	est Paid Independent C (whether individuals or firms.)	I there are none, enter	"None.")	·
Compensation of the Five High (See Instructions on page 1. Ust each one (a) Name and address of each independent contra	est Paid Independent C (whether individuals or firms.)	I there are none, enter	"None.")	·
Compensation of the Five High (See Instructions on page 1. Ust each one (a) Name and address of each independent contra  NONE  otal number of others receiving over \$50,000 for rofessional services.	est Paid Independent C (whether Individuals or firms.) I	(b)	"None.") Type of service	(c) Compensation

350	(新版) Statements About Activities		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legistation, including any attempt to influence public opinion on a legislative matter or referendum?	1		x
	If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities. ▶ \$	B-A	Plants.	204 S
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any of its trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary:	'		
a	Sale, exchange, or leasing of property?	2a		X
b	Lending of money or other extension of credit?	2b		х
c	Furnishing of goods, services, or facilities?	2c		х
ď	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE . FORM . 99.0 PART . W.	2d	х	
e	Transler of any part of its income or assets?	2e		х
100	If the answer to any question is "Yes," attach a detailed statement explaining the transactions.			
3	Does the organization make grants for scholarships, fellowships, student loans, etc.?" ,	3		Х
4a	Do you have a section 403(b) annuity plan for your employees?	4a		х
ь	Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments. (See instructions on page 2.)			
Pa	Reason for Non-Private Foundation Status (See instructions on pages 2 through 4.)			
	A hospital or a cooperative hospital service organization, Section 170(b)(1)(A)(ii).  A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, a	nd st	ate	
0	An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv (Also complete the Support Schedule in Part IV-A.)	).		
la	An organization that normally receives a substantial part of its support from a governmental unit or from the general public.  Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)			
b	A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)			
2 1	An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receip activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gr investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part (V-A.)	oss	n	
3	An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations desc (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)	ribed	in:	
	Provide the following Information about the supported organizations. (See instructions on page 4.)			
	(a) Name(s) of supported organization(s) (b) Line from	numb		
			_	
			_	
	An organization organized and operated to test for public safety. Section 509(a)(4). (See instructions on page 4.)  PHOTOCOPY = DO NOT PROCES			

	Support Schedule ( Note: You may use the w	Complete on you ched	ked a box on line 10, 1	1, or 12.) Use cash me	od of accounting.	47797 Page 3
Calenda (or fisca		(a) 1997	(b) 1996	(c) 1995	(d) 1994	(e) Total
gran	s, grants, and contributions sived. (Do not include unusual nts. See line 28.)	5,092,871	3,474,160	2,679,273	1,824,429	13,070,733
17 Gross merc or for that	mbership fees received				94,340	94,340
secu roya inco busi	as income from interest, dividends, unts received from payments on rities pection 51 (345)), rents, filtes, and unrelated business taxable me fless section 511 (axes) from nesses acquired by the organization June 30, 1875	23,667	4,422	46,711	2,199	76,999
	income from unrelated business vities not included in line 18			٠ ٠	, 2. •	D
orga	revenues levied for the anization's benefit and either d to it or expended on its behalf	_				
21 The to the with of a	value of services or facilities furnished to organization by a governmental unit out charge. Oo not include the value crylces or facilities generally furnished to public without charge					
inch	er income. Attach a sch. Do not ude gain or (loss) from sale of ital assets					
	al of lines 15 through 22	5,116,538	3,478,582	2,725,984	1,969,384	13,290,488
	23 minus line 17	5,116,538	3,478,582	2,725,984	1,875,044	13,196,148
25 Ente	er 1% of line 23	51,165	34,786	27,260	19,694	
c i	(other than a government unit or p the amount shown in line 26a. Enti Folal support for section 509(a)(1) Add: Amounts from column (e) for Public support (line 26o minus line	er the sum of all these exitest: Enter line 24, column lines: 18 76 22 26d total)	n (e)		26b 26c 26c 26d 26e	NoNE 13,196,148 76,999 13,119,149
	Public support percentage (line :					99.42%
1	Organizations described on line ist to show the name of, and total N/A	amounts received in each	n year from, each "disqu	alified person." Enter the	sum of such amounts t	
b (	[1997]  For any amount included in line 1' each year, that was more than the 5 through 11, as well as individual enter the sum of all these difference	targer of (1) the amount s.) After computing the o	a nondisqualified perso on line 25 for the year o lifference between the a for each year:	on, attach a fist to show to r (2) \$5,000. (Include in to amount received and the	he name of, and amour he list organizations des larger amount describe	cribed in lines
(	(1997)	(1996)	(1995)		(1994)	
c	Add: Amounts from column (e) for 17	lines: 15	16 21			
d A	Add: Line 27a total		ne 27b total			
	Public support (line 27c total minus	line 27d total)				
	Total support for section 509(a)(2)				REFE	
	Public support percentage (line : investment income percentage (		어린 경우 시민들은 그렇게 되었다고 있다.	그리아 지장 얼마나 없는 것이 없는 그렇게 하나 하다.	▶ 27g	%
ope	usual Grants: For an organization on to public inspection) for each year. In Do not include these grants in I	ar showing the name of t	he contributor, the date	and amount of the grant,	and a brief description	of the nature of the
		PHO	TOCOPY	7 DO NO	T PROCE	

	suit & grown etso) 1998 BEST FRIENDS WIMAL SANCTUARY 23-7147	797	_	200
P	Private School Questionna (See instructions on page 4.) (To be completed ONLY by schools that checked the box on line 6 in Part IV)			
N	/A · · ·		Yes	No
•	Does the organization have a racially nondiscriminatory policy toward studerits by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
)	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
ĺ	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)	e		
		3	g Ar	
		(ES)	1	
а	Does the organization maintain the following:  Records Indicating the racial composition of the student body, faculty, and administrative staff?  Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32a 32b		
	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
đ	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
				3
	Does the organization discriminate by race in any way with respect to:			
ā	Students' rights or privileges?	33a	-	-
b	Admissions policies?	33b		L
C	Employment of faculty or administrative staff?	33c	_	-
d	Scholarships or other financial assistance?	33d		L
e	Educational policies?	33e	_	L
1	Use of facilities?	33f	_	L
9	Athletic programs?	33g	_	L
h	Other extraourricular activities?	33h	78 22	
34	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		α.	
		4		
ŧa.	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
	Has the construction's right to such ald now have sounded as suspendent?	34b		
D	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.	346		
_	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75–50,	paratiti	or Dept.	100

Schedule A (Form 990) 1998 BEST FR					147797 Page 5
Partiviza Lobbying Expen	ditures by Execting LY by an eligible organiza	Public Charities	(See instructions on page	6.) N/A	
	on belongs to an affiliated		0)		
Check here ► b ☐ if you checked "					•
				(a)	(b)
	s on Lobbying Expe		Ì	Affiliated group totals	To be completed
(The term "exp	penditures" means amoun	ts paid or incurred.)		totals	for ALL electing organizations
36 Total lobbying expenditures to influ	uence public opinion (gras	sroots lobbying)			
37 Total lobbying expenditures to influ	uence a legislative body (d	firect lobbying)	37		
38 Total tobbying expenditures (add fi					
39 Other exempt purpose expenditure					
40 Total exempt purpose expenditure			40		and A state of the second seco
41 Lobbying nonlaxable amount. Ente		Children in the court was made		4	Sale and Assess
If the amount on line 40 is – Not over \$500,000		lobbying nontaxable a		14. 5	7 9 7
Over \$500,000 but not over \$1,000	[10] : 그렇게 하는 것 같아. [1] [2] [2] [2] [2]		100000000		
Over \$1,000,000 but not over \$1,50			) <u>   </u>	THE PROPERTY OF THE PARTY OF TH	SOUND TO SOURCE STATE OF SOME
Over \$1,500,000 but not over \$17,				A SHARE STORY	STATE OF THE PARTY
Over \$17,000,000			}		
42 Grassroots nontaxable amount (en			42		
43 Subtract line 42 from line 36. Enter	-0- If line 42 is more than	n line 35	43		
44 Subtract line 41 from line 38. Enter	-0- if line 41 is more than	s line 38	44		
			· DATE	de way	( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )
Caution: If there is an amount on	either line 43 or line 44, yo	ou must file Form 4720.	933	100	Control of the Control
(-12-74-)	See the Inst	Lobbying Expen	ough 50 on page 7.) ditures During 4-Year Av	eraging Period	+:
Calendar year					
(or fiscal year beginning in)	(a) 1998	(b) 1997	(c) 1996	. (d) 1995	(e) Total
45 Lobbying nontaxable amount					
	1998				
45 Lobbying nontexable amount	1998				
45 Lobbying nontaxable amount 46 Lobbying celling amount (150% of line 45(e)) 47 Total lobbying expenditures	1998				
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If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

ParteV			To and Transactions	and Relationships With Noncharitable	
-	- Exempt Organ		anne le seu et the telleudes wh		
			gage in any of the following with ns) or in section 527, retating to	h any other organization described in section 501(c) political organizations?	
			ritable exempt organization of:		Yes No
					X
	r transactions:			B(II)	10
				b(i)	x
				b(il)	X
				b(iii)	X
200					X
				b(vi)	X
				c	X
of th	e goods, other assets; or	services given by the re	eporting organization. If the org	(b) should always show the fair market value anization received less than fair market value is, other assets, or services received.	
(a) ine no.	(b) Amount involved	Name of ponchar	(c) itable exempt organization	(d)	nonmonto.
/A	Panovin Mydred	riania or noncher	mon exempt or Benegroon	Description of transfers, transactions, and sharing errar	Sements
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-				-	
		Was a second			
_					
of th	e organization directly or e Code (other than sections," complete the following	on 501(c)(3)) or in section	or related to, one or more tax- n 527?	exempt organizations described in section 501(c)  Yes	s 🛭 No
And the second	(a) Name of organi	ization	(b) Type of organization	(c) Description of relationship	
/A			7,700		
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_					
		DI 10-		O NOT PROCESS	
		2 8 8 8 8 0	# ## -E 3634 E	A	

998 :	FEDE	RAL STATE	MENTS		PAGE
	BEST FR	IENDS ANIMAL S	ANCTUARY		23-714779
			Wall		
STATEMENT 1 FORM 990, PART I, LINE 8 NET GAIN (LOSS) FROM NONINVEN	TORY S	ALES			
GAIN (LOSS) ON SALE OF VA	P.IOUS	UNNEEDED S	SAUCTUARY A	SSETS	\$ -22,025
3.11. (2000) 01. 3.1.2					22,023
momat 03 TM (7 000)			7.0	19	
TOTAL GAIN (LOSS)					-22,025
* 100			: 14		
STATEMENT 2 FORM 990, PART II, LINE 43 OTHER EXPENSES			9	Di.	
		(A)	' (B)	(C)	(D)
		COMMISSION	PROGRAM		
OTHER EXPENSES		TOTAL	SERVICES	& GENERAL	FUNDRAISING
ADVERTISING		\$ 18,950			
AIRPLANE EXPENSES		47,854	47,854		
ANIMAL FOOD		210,572	210,572		
ANIMAL OTHER		97,277			
ANIMAL VET		161,514	.161,514	211122	993
AUTO ALLOWANCE		22,010	20,159	1,437	
AUTO GAS & MAINTENANCE BANK CHARGES		46,791 16,337			
CASUAL LABOR		29,959			12,130
DONATIONS & GIFTS		20,500	20,487		
HUMANE EDUCATION		3,497			
INSURANCE	(4)	38,114			
LEGAL & PROFESSIONAL FEE	S	48,246			
MISCELLANEOUS		21,328		100000	
NEWSLETTER		169,264			84,640
OFFICE EXPENSE		107,242			
ON-LINE OUTREACH PROMOTIONS		7,897			402 504
SPECIAL EVENTS			1,210,787		493,604 47,639
TAXES		12,932		1,345	
UTILITIES		57,758			
	AL		2,371,157	25,162	

PHOTOCOPY - DO NOT PROCESS

98	EDERAL	STATEMENTS		PAGE
	BEST FRIENDS	ANIMAL SANCTUARY		23-71477
STATEMENT 3 FORM 990, PART III, LINE E STATEMENT OF PROGRAM SE	RVICE ACCOMPLISH	MENTS	163	
DI	ESCRIPTION		GRANTS AND ALLOCATIONS	PROGRAM SERVICE EXPENSES
UTAH'S WEEK FOR THE	ANIMALS - SEE E	XHIBIT A	\$ . 0	159,683
HUMANE EDUCATION - SH	EE EXHIBIT A	*:	0	50,341
SEMINARS AND INTERNS	HIPS - SEE EXHI	BIT A	0	23,302
NO MORE HOMELESS PETS	S - SEE EXHIBIT	' A .		117,159
		× .	\$ 0	350,485
FORM 990, PART IV, LINE 57 LAND, BUILDINGS, AND EQUIP	,	BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
AUTOMOBILES / TRANSPO FURNITURE AND FIXTURE BUILDINGS LAND		\$ 259,891 552,798 2,565,673 1,505,000		161,747 255,294 1,994,013 1,505,000
	TOTAL	\$ 4,883,362	967,308	3,916,054
· ·		1/903/302	30.7300	3/320/032
STATEMENT 5 FORM 990, PART IV, LINE 58 OTHER ASSETS				ENDING
DEPOSITS EMPLOYEE ADVANCES TAX REFUND RECEIVABLE				2,708 296 3,003 6,007

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1998	FEDERAL STATEMENTS
	BEST FRIENDS ANIMAL SANCTUARY

PAGE 3

23-7147797

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STATEMENT 6 FORM 990, PART V LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE & AVG. HRS/WK DEVOTED	COMP.		ACCOUNT/ OTHER
GREGORY CASTLE BOX G, KANAB, UT , 84741	2ND VICE PRES NONE	27,646	0	
CHRISTOPHER DEPEYER BOX G, KANAB, UT , 84741	DIRECTOR NONE	21,724		0
ERNEST P. ECKHOFF BOX G, KANAB, UT , 84741	DIRECTOR NONE	27,608	0	0
FAITH MALONEY BOX G, KANAB, UT , 84741	PRESIDENT NONE	27,636		0
CELESTE FRIPP BOX G, KANAB, UT , 84741	SECRETARY NONE	27,608	0	0.
CHRISTOPHER A. FRIPP BOX G, KANAB, UT , 84741	TREASURER NONE	27,608	0	0
MICHAEL MOUNTAIN BOX G, KANAB , UT 84741	DIRECTOR . NONE :	27,674	0	0
ALFRED A. BATTISTA BOX G, KANAB, UT , 84741	1ST VICE PRES NONE	27,608	0	0
JONATHAN DEPEYER BOX G, KANAB, UT , 84741	DIRECTOR	27,674	0	0.

TOTAL \$ 242,786 0 0

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Best Friends Animal Sanctuary 1998 Form 990, Part III Statement of Program Service Accomplishments "Exhibit A"

### FORM 990. PART 3

- A. ANIMAL SANCTUARY. There are never fewer than 1,800 animals at the sanctuary. Recent additions to the facilities include the new Headquarters building for our horse programs (nearly completed at the end of 1998), and the completion of a five-building complex called Wildcats Village for the care of feral cats. Donated Services: \$18,359. Expenses: \$2,109,519.
- B. SPAY & NEUTER PROGRAM. 1,310 animals were spayed/neutered in our subsidized/low cost clinic program. 629 received shots. At the beginning of 1999, we also employed an additional full-time veterinarian at the sanctuary. Expenses: \$42,469.
- C. MAGAZINE, NEWSLETTERS & ON-LINE SERVICES. Six issues of the bi-monthly BEST FRIENDS MAGAZINE were published. Circulation is now over 100,000. Four quarterly newsletters were sent to members and supporters. Numerous other brochures and educational pamphlets were issued. Expenses: \$1,744,782.
- D. OUTREACH PROGRAMS. The Best Friends Network coordinates with members and other animal welfare organizations nationwide to help people begin new sanctuaries, develop local spay/neuter programs, find homes for homeless animals, and bring an end to the killing of homeless animals. Donated Services \$190,520. Expenses: \$756,426.
- E. UTAH'S WEEK FOR THE ANIMALS. In our home state of Utah, Best Friends has pioneered the first statewide week devoted to humane education and care of animals. This year it included multi-agency adoption days in Salt Lake City, plus classroom activities and contests state wide, and sixty veterinarians throughout Utah offered spay/neuter discounts. Utah's Week for the Animals is a prototype program that can be duplicated in any region state, city or neighborhood. Donated services: \$25,962. Expenses: \$159,683.

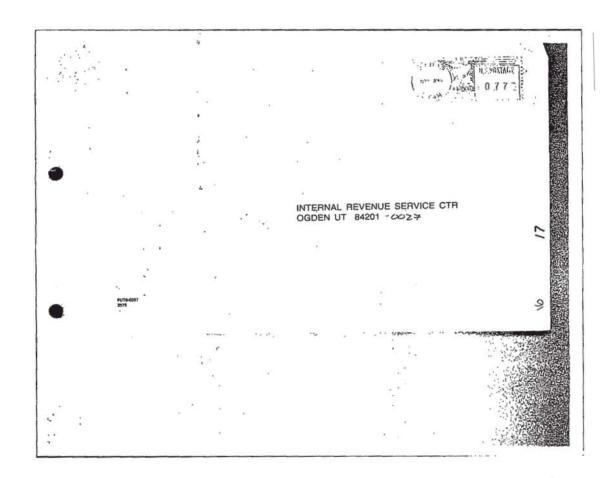
HUMANE EDUCATION. Best Friends educational program hosted groups of students at the sanctuary, visited schools throughout Utah, organized three educational conferences, and coordinated the educational efforts for Utah's Week for the Animals. Expenses: \$50,341.

SEMINARS AND INTERNSHIPS. Informal and formal training seminars were held on animal placement and rescue, and how to run a sanctuary. Thirty-five students participated in the internship program. Expenses: \$23,302.

NO MORE HOMELESS PETS. Best Friends hosts conferences at the sanctuary throughout the year to help people develop their skills in caring for homeless animals. The campaign is being promoted chiefly through BEST FRIENDS MAGAZINE and other literature; through the Best Friends website (www.bestfriends.org) and associated online forums; and also in a public service campaign that was developed *pro bono* by a major advertising agency. Expenses: \$117,159.

HASHAREDIWordpiBESTFRADUPA, WPD

WHOTCOUPY - DO NOT PROCESS



# Return of Organization Exempt From Income Tax

				· U						e Code (e)	cept blac	ak iung bene	111	- 1	19	
Departmo	ent of t	the Treasury		t	rust or		e foundati	ion) or	section 4947	(a)(1) non	exempt ch	aritable trus	it	1		Form is a Public
Internal R	levenu	ue Service		Note: The	organ	ization	may have	to use a	copy of this	return to sa	tisfy state	reporting requ	uirements		Insp	ection
A For	the	1999 calen	dar ye	ar, OR tax	year	period I	beginning			, 1999,	and end	ng				
B Check	k if:	F	Tease	C									DE	mployer	Identification re	umber
Chang	ge of a	address to	te IRS												7797	
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g	roup	ruling?							🛘 Yes	M No		Other (specify		_		
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Note: F	orm	990-EZ ma	y be u	ed by orga	inizatio	ns with	gross reci	eipts tes	ss than \$100,0	000 and total	al assets le	ess than \$250	,000 at e	nd of y	ear.	
Part	tales	Rever	nue, l	xpense	s, an	d Ch	anges Ir	n Net	Assets or	Fund B	alances	(See Specif	ic Instruc	tions o	n page 15.)	
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MC254 AND	3   4   5   6a   6a   6   6   6   6   6   6   6	Interest on a Dividends a Gross rental Less: rental in Other inves Gross amon Less: cost of Gain or (los Net gain or	expension of the come of the c	and assess and temps and temps rest from s	sments orary contract securities subtract scribe ssets of sales (de) . Sine 8c, contract	ash inv	from line 6 in inventor, es EMENT. s (A) and (I	5a) y2	(A) Sec	purities	68 6b 8a 8b 8c	(B) Othe 1 -8 (-6	,243 ,,909 ,559 ,650	4 5 6c 7	·	79,24
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REVERSUE	3 4 5 6a 6a 6b 7 7 8a 6 8 8 8 8 8 8 8 9 8 8 8 8 8 8 8 8 8 8 8	interest on a Dividends a Gross rents Less: rental Net rental Ir Other inves Gross amou Less: cost of Gain or (los Net gain or Special ever personal or reverse Gross Gros	expension of the same of the s	and assess and temporest from some (der a satie of as basis and ch schedul combine in activities (a including sold and a from	sments corary co	ash invite that the th	estments from line 6 in inventories EMENT. s (A) and (I ofe) g expense ubtract line sillowances y (attach si 7, 8d, 9c, )	2 (2 (3 (3 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4	(A) Secontributions in line 9a)	aurities  2.Co 9 10b from SEARCH SERAN	60	(B) Other 1 1 8 (C-6 (C-6 (C-6 (C-6 (C-6 (C-6 (C-6 (C-6	,243 ,909 ,559 ,650	4 5 6c 7 8d 8d 10c 11 12	b6 Per b7C Per	79,24 -6,65 FBI FBI 629,83 420,2
REVERSUE	3 4 5 6a 6a 6b 7 7 8a 6 8 8 8 8 8 8 8 9 8 8 8 8 8 8 8 8 8 8 8	interest on a Dividends a Gross rents Less: rental Net rental Ir Other inves Gross amou Less: cost of Gain or (los Net gain or Special ever personal or reverse Gross Gros	expension of the same of the s	and assess and temporest from some (der a satie of as basis and ch schedul combine in activities (a including sold and a from	sments corary co	ash invite that the th	estments from line 6 in inventories EMENT. s (A) and (I ofe) g expense ubtract line sillowances y (attach si 7, 8d, 9c, )	2 (2 (3 (3 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4	(A) Secontributions in line 9a)	aurities  2.Co 9 10b from SEARCH SERAN	60	(B) Other 1 1 8 (C-6 (C-6 (C-6 (C-6 (C-6 (C-6 (C-6 (C-6	,243 ,909 ,559 ,650	4 5 6c 7 8d 10c 11 12 13 14	b6 Per b7C Per 10,	79,24 -6,65 FBI FBI 629,85 420,21
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THE	3 4 5 6 a b c 7 8 a b c d 9 a b c 1 2 3 4 4 5 6 6 7 8	interest on a Dividends a Gross rents Less: rental in Other inves Gross amout Less: cost of Gain or (los Net gain or Special ever Gross rever special ever gross statement of the cost of the c	o dues savings and interest in the comment in the c	and assess and temporest from services (closs) (sincome (der a sale of as basis and ch schedul combine in activities of including services (all company) (from special from special from services (all activities of company) (from special from services (all activities of close (all activities of cl	ubtract scribe ssets of sales cate of the sales	ash invitable in the state of t	rine form line for inventor, session inventor, session	y	(A) Secontributions on line 9a)	SERVICES	68   65   8a   8b   8c   9a   9b   10a   0b   5   5   6   6   6   6   6   6   6   6	(B) Other 1 8 (-6 6 7) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	,243 ,909 ,559 ,650	4 5 6c 7 7 8d 8d 11 12 13 14 15 16 17 18	b6 Per b7C Per 10, 5, 7, 2,	79,24 -6,69 FBI 629,83 420,2 181,0 032,4 633,7 996,1
TI T	3 4 5 6 a b c 7 8 a b c d 9 a b c 1 2 3 4 4 5 6 6 7 8	interest on a Dividends a Gross rents Less: rental in Other inves Gross amout Less: cost of Gain or (los Net gain or Special ever Gross rever special ever gross statement of the cost of the c	o dues savings and interest in the comment in the c	and assess and temporest from services (closs) (sincome (der a sale of as basis and ch schedul combine in activities of including services (all company) (from special from services (all and dines 1d, did lines 1d	ubtract scribe ssets of sales cate of the sales	ash invitable in the state of t	rine form line for inventor, session inventor, session	y	(A) Secontributions in line 9a)	SERVICES	68   65   8a   8b   8c   9a   9b   10a   0b   5   5   6   6   6   6   6   6   6   6	(B) Other 1 8 (-6 6 7) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	,243 ,909 ,559 ,650	4 5 6c 7 7 8d 10c 11 12 13 14 15 16 17	b6 Per b7C Per 10, 5, 7, 2,	FBI
TI T	3 4 5 6 6 6 7 8 8 9 9 1 5 6 6 7 9 9 1 5 6 6 7 9 9 1 5 6 7 9 9 9 1 5 6 7 9 9 9 1 5 6 7 9 9 9 1 5 6 7 9 9 9 9 1 5 6 7 9 9 9 9	interest on a Dividends a Gross rents Less: rental in Uther investigation of Gain or (los Net gain or Special ever Gross rever special ever gain or Conter special ever gross speci	o dues savings and interest in the comment in the c	and assess and temporest from some (decome (decome (decome in sate of as basis and tch schedul combine lint activities (a tinctuding sold and the sate of as sold and the sate	ubtract scribe sales (attach s	ash invision in the first section in the first sect	ostments  from line 6  from line 6  from line 6  from line 6  gexpense ubtract line fillowances  y (attach si  7, 8d, 9c,  )  umn (C))  mn (A))  year (from line from	y	(A) Secontributions on line 9a)	surities  105 form SERALL	9a 9b 10a 0 5EP 1	(B) Other 1 1 8 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	,243 ,909 ,559 ,650	4 5 6c 7 7 8d 8d 11 12 13 14 15 16 17 18	D6 Per b7C Per 10, 5, 2, 7, 2,	79,24 -6,65 FBI FBI 629,83 420,23 181,04 032,41 633,70 996,13 624,41
TI T	3 4 5 6 6 6 7 8 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	interest on a Dividends a Gross rents Less: rental in Other investigation of the Community	o dues saving: and interest in the comment in the c	and assess and temporest from some (decomposition) assistant of as basis and ch schedul combine in activities of including activities of including and activities of including activities activit	sments corary corresponding to the control of the corresponding to the c	ash inwither that expenses the first that there is a continuous schedular and a continuous schedular a	riom line 6 in inventories EMENT. s (A) and (I otie) g expense ubtract line allowances y (attach so y (attach	y	(A) Secontributions In line 9a) (subtract line d 11)	a 10b from SEARCH	68   68   80   86   86   86   86   98   99   99   99	(8) Other 1	,243 ,909 ,559 ,650	4 5 6c 7 7 8d 1 10c 11 12 13 14 15 16 17 18 19	D6 Per b7C Per 10, 5, 2, 7, 2,	79,24 -6,65 FBI 629,83 420,2 181,04 032,41 633,70 996,1

13

23-7147797 Part III Statement of All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and ns on page 19.) Functional Expenses section 4947(a)(1) nonexast ad for others. (See Specific Ins Do not include amounts reported on (B) Program (C) Management ' (A) Total (D) Fundralsing line 6b, 8b, 9b, 10b, or 16 of Part I. 22 Grants and allocations (att. sch.) (cash S \_ cash 55 \_ 22 23 Specific assistance to individuals (att. sch.) ...... 23 24 Benefits paid to or for members (att. sch.) ...... 24 265,621 182,631 57,351 25,639 25 2,134,727 2,000,770 26 Other salaries and wages ...... 26 38,141 95,816 27 Pension plan contributions ..... 27 164,815 184,722 179,350 6,390 8,145 28 Other employee benefits ..... 28 203,810 8,392 10,696 29 Payroli taxes..... 29 30 Professional fundraising fees ...... 30 31 Accounting fees ..... 31 32 Legal fees..... 32 19,357 20,169 803 33 Supplies ..... 33 122,602 115,214 3,248 4,140 34 Telephone ..... 34 189,253 354,291 162,654 2,384 35 Postage and shipping ..... 35 56,917 50,167 4,050 2,700 36 Occupancy..... 36 257,380 399,224 257,710 330 711 37 Equipment rental and maintenance ..... 37 38 Printing and publications ...... 38 401,937 2,002 39 Travel..... 57,989 57,885 104 39 40 Conferences, conventions, and meetings . . . . . . . . . 40 7,952 41 Interest..... 41 216,473 3,354,215 213,822 2,651 42 Depreciation, depletion, etc. (attach schedule) ... 42 1,603,644 43 Other expenses (itemize): a STATEMENT 56.490 1,694,081 43a 43b 43c 43d 43e ral expenses (add lines 22 thru 43) Organ 2,032,481 7,633,763 5,420,237 181,045 completing columns (B)-(D), carry these totals to lines 13 - 15. 44 Reporting of Joint Costs. Did you report in column (B) (Program services) any joint costs from a combined educational campaign and fundraising solicitation? ► 🖾 Yes 🔲 No If "Yes," enter (i) the aggregate amount of these joint costs \$ 1,899,273; (ii) the amount allocated to Program services \$ 78,318; ; and (Iv) the amount allocated to Fundraising \$ 1,820,955 (III) the amount allocated to Management and general \$ | Part | Statement of Program Service Accomplishments (See Specific Instructions on page 22.) What is the organization's primary exempt purpose? ► ANIMAL CARE, RESCUE, POPULATION CNTRL Program Service Expenses (Required for 501(c)(3) and (4) orgs. and 4947(c)(1) tructs; but optional for others.) All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.) a ANIMAL CARE - SEE EXHIBIT A (Grants and allocations \$ 0) 2,868,766 b SPAY & NEUTER CLINIC - SEE EXHIBIT A (Grants and allocations \$ 0) 101,679 c MAGAZINE, BROCHURES & INTERNET SERVICES - SEE EXHIBIT A (Grants and allocations \$ 0) 1,078,878 d OUTREACH PROGRAMS - SEE EXHIBIT A NOT PROCESS DHULOCODA -1,277,67 0) (Grants and allocations \$ e Other program services (attach schedule) STATEMENT 4 (Grants and allocations \$ 0) 93 5,421 f Total of Program Service Expenses (should equal line 44, column (B), Program services) -

Partity Balance Sheets (See Specific Instructions on page 22.)

Note:	Where required, attached schedules and amounts within the descrip for end-of-year amounts only.		(A) Beginning of year		(B) End of year
45	Cash - non-interest-bearing		318,120	45.	327,385
45	Savings and temporary cash investments		1,409,027	46	3,449,25
1					
	Accounts receivable	478		2000	
b	Less: allowance for doubtful accounts	47b		47c	
		P 4		1900	
48 a		48a	1		
	Less: allowance for doubtful accounts	7.77		48c	
	Grants receivable			49	
50	Receivables from officers, directors, trustees, and key employees (a			50	
	Other notes and loans receivable (attach schedule)			<b>300</b>	
	Less: allowance for doubtful accounts			51c	
	Inventories for sale or use			52	
	Prepaid expenses and deferred charges			53	
	Investments - securities-(attach schedule)			54	
55 a	Investments - land, buildings, and equipment:	1 1			
		55a ·		SUPERIOR .	
	Less: accumulated depreciation (attach schedule)		636 566	55c	100 00
	Investments - other (attach schedule)		230,503		423,91
57 a	Land, buildings, and equipment: basis	57a '5,868,345	2 016 054	867	4 600 40
	Less: accumulated depreciation (attach schedule) STMT5 Other assets (describe ►SEE STATEMENT 6	576 1,168,925	3,916,054	57c	4,699,42
			75		
59	Total assets (add lines 45 through 58) (must equal line 74)		5,879,711		8,924,44
60	Accounts payable and accrued expenses		130,101	-	199,59
61	Grants payable			61	
62	Deferred revenue			62	
63	Loans from officers, directors, trustees, and key employees (attach s			-	
	Tax-exempt bond liabilities (attach schedule)		125 142	64a	104.05
	Mortgages and other notes payable (attach schedule)		125,142		104,25
65	Other llabilities (describe	)		65	
	Total flabilities (add lines 60 through 65)		255,243		303 84
	anizations that follow SFAS 117, check here > 🗵 and complete		255,245	66	303,84
Urg	and lines 73 and 74.	ines of mough oa			
67	Unrestricted		5,547,390	67	7,430,54
60	Temporarily restricted		77,078		1,190,05
69			11,010	69	1,130,03
	anizations that do not follow SFAS 117, check here > and c			tasta	
lo.a	through 74.	oripicte lines 70			
70	Capital stock, trust principal, or current funds			70	
71	Paid-in or capital surplus, or land, building, and equipment fund			71	
72	그 그 그 그는 그는 그는 그는 그는 그는 그를 가게 하는 그를 가게 되었다. 그는			72	
73	Total net assets or fund balances (add lines 67 through 69 OR lin			NO.	
1"	column (A) must equal line 19 and column (B) must equal line 21)		5,624,468	73	8,620,59
		as I	U.S. Cartery, Name of		THE RESERVE NOW
74	Total liabilities and net assets/fund balances (add lines 66 and 7	3)	5,879,711	74	8,924,44

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

PHOTOCOPY - PO WIT FROCESS,

Part IV=A	Reconciliation of Revenu Financial Statements with Return (See Specific Instruction	Revenue per	Partilly		ion of Expenses p tatements with Ex		
	ue, gains, and other support financial statements	a 10,643,407	a Tota	l expenses and losses noial statements	per audited ≥ a	7,647,	27
Amounts in line 12, For	cluded on line a but not on m 990:			ounts included on line a 17, Form 990:	but not on	27	
(1) Net unrealize on investme	zed gains ents \$			ated services use of facilities \$			
(2) Donated se and use of f	ervices facilities \$		repo	r year adjustments ' inted on line 20,			
	<u>\$</u>		(3) Loss	n 990			
(4) Other (spec			2	20, Form 990 \$ er (specify):			
SEE ST	TM 7 s 13,513 its on lines (1) through (4) ►	b 13,513	-	E STMT- 8 \$	13,513		
Line a minu	ıs line b ▶	c 10,629,894		amounts on lines (1) the a minus line b	-	The second secon	_
Amounts inc not on line a	cluded on line 12, Form 990 but a:			ounts included on line 17 n 990 but not on line a:			la <sub>1</sub>
(1) Investment not included	d on		inclu	stment expenses not ided on line 6b,			
line 6b, For 2) Other (spec	m 890 \$ oify);	14		n 990			
	:		-	s		13:4-1	
Add amoun	ts on lines (1) and (2)	d	Add	amounts on lines (1) ar	d (2) ▶ d		
	BODE BODY (1987년 1987년 1987년 1987년 - 1987년 1987년 1987년 1987년 - 1987년 1987년 1987년 1987년 1987년 1987년 1987년 1987년	H	1 2000		Committee of the second second second		-
Total reven	ue per line 12, Form 990 line d)		e Tota	d expenses per line 17, c plus line d)	Form 990		76
Total reven	ue per line 12, Form 990 line d)	e 10,629,894 ustees, and Key En	e Tota (line	l expenses per line 17, c plus line d)	Form 990  not compensated; ns on page 24.)	7,633,	76
Total reven (line c plus Part V. L	ue per line 12, Form 990 line d)  ist of Officers, Directors, Ti  (A) Name and address	e 10,629,894	e Tota (line nployees	d expenses per line 17, c plus line d)	Form 990   not compensated; ns on page 24.)	7,633,	
Total reven (line c plus Part V	ue per line 12, Form 990 line d)  ist of Officers, Directors, Ti  (A) Name and address	e 10,629,894 ustees, and Key En (8) Tide and average wook devoted to pe	e Tota (line nployees	I expenses per line 17, c plus line d)	Form 990  not compensated; ns on page 24.) (0) Contributions to employee benefit plans & deliened compensation	7,633,	
Total reven (line c plus (Part V) L	ue per line 12, Form 990 line d)  ist of Officers, Directors, Ti  (A) Name and address	e 10,629,894 ustees, and Key En	e Tota (line nployees	d expenses per line 17, c plus line d)	Form 990  not compensated; ns on page 24.)	(E) Expense ecocunit and other allowances	
Total reven (line c plus Part V	ue per line 12, Form 990 line d)  ist of Officers, Directors, Ti  (A) Name and address	e 10,629,894 ustees, and Key En (8) Tide and average wook devoted to pe	e Tota (line nployees	I expenses per line 17, c plus line d)	Form 990  not compensated; ns on page 24.) (0) Contributions to employee benefit plans & deliened compensation	(E) Expense ecocunit and other allowances	
Total reven (line c plus Part V	ue per line 12, Form 990 line d)  ist of Officers, Directors, Ti  (A) Name and address	e 10,629,894 ustees, and Key En (8) Tide and average wook devoted to pe	e Tota (line nployees	I expenses per line 17, c plus line d)	Form 990  not compensated; ns on page 24.) (0) Contributions to employee benefit plans & deliened compensation	(E) Expense ecocunit and other allowances	
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Total reven (line c plus Part V	ue per line 12, Form 990 line d)  ist of Officers, Directors, Ti  (A) Name and address	e 10,629,894 ustees, and Key En (8) Tide and average wook devoted to pe	e Tota (line nployees	I expenses per line 17, c plus line d)	Form 990  not compensated; ns on page 24.) (0) Contributions to employee benefit plans & deliened compensation	(E) Expense ecodunit and other allowances	
Total reven (line c plus (Part V) L	ue per line 12, Form 990 line d)  ist of Officers, Directors, Ti  (A) Name and address	e 10,629,894 ustees, and Key En (8) Tide and average wook devoted to pe	e Tota (line nployees	I expenses per line 17, c plus line d)	Form 990  not compensated; ns on page 24.) (0) Contributions to employee benefit plans & deliened compensation	(E) Expense ecodunit and other allowances	
Total reven (line c plus (Part V) L	ue per line 12, Form 990 line d)  ist of Officers, Directors, Ti  (A) Name and address	e 10,629,894 ustees, and Key En (8) Tide and average wook devoted to pe	e Tota (line nployees	I expenses per line 17, c plus line d)	Form 990  not compensated; ns on page 24.) (0) Contributions to employee benefit plans & deliened compensation	(E) Expense ecodunit and other allowances	
Total reven	ue per line 12, Form 990 line d)  ist of Officers, Directors, Ti  (A) Name and address	e 10,629,894 ustees, and Key En (8) Tide and average wook devoted to pe	e Tota (line nployees	I expenses per line 17, c plus line d)	Form 990  not compensated; ns on page 24.) (0) Contributions to employee benefit plans & deliened compensation	(E) Expense ecodunit and other allowances	
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Total reven (line c plus Part V. L	ue per line 12, Form 990 line d) list of Officers, Directors, Ti (A) Name and address  EMENT 9	e 10,629,894 ustees, and Key En (8) Tide and average wook devoted to pe	e Tota (line nployees hours per	I expenses per line 17, c plus line d)	Form 990  not compensated; not compensated; (0) Contributions to employee benefit plans & determed compensation  0	(E) Expense ecodunit and other allowances	

Form 950 (1999)

Pa	Other Information (See Specific Instructions on page 25.)			Ye
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed di	escription	nol	COLOR
	each activity			76
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.		*************	77
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by it "Yes," has it filed a tax return on Form 990-T for this year?	his retur	m?	. 78a
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year?  If "Yes," attach a statement.			79
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through a governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?			80a 2
b	If "Yes," enter the name of the organization > ANGEL CANYON INC.			
	and check whether it is	exempt (	OR I nonexempt.	
	Enter the amount of political expenditures, direct or indirect, as described in the instructions for line 81	81a		0
b	Did the organization file Form 1120-POL for this year?			81b
62 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge less than fair rental value?			828
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part II or as an expense in Part III. (See instructions for reporting in Part III.)	82b	N/A	
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications	?		. 83a 2
	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?			83b 2
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?			84a
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or tax deductible?			84b 1
85 b	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?		· · · · · · · · · · · · · · · · · · ·	85a 1
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization a waiver for proxy tax owed for the prior year.	n recelv	ed	
c	Dues, assessments, and similar amounts from members	85c	N/A	100
d	Section 162(e) lobbying and political expenditures	85d '	N/A	1
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A	
t	Taxable amount of lobbying and political expenditures (line 85d less 85e)	851	N/A	
g	Does the organization elect to pay the section 6033(e) tax on the amount in 85f?			85g 1
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	reasona	able estimate	85h 1
86	501(c)(7) organizations. Enter:			STATE OF THE PARTY
	Initiation fees and capital contributions included on line 12	86a	N/A	100
b	Gross receipts, included on line 12, for public use of club facilities	86b	. N/A	Figure
87	501(c)(12) organizations. Enter:		1 5000	
a	Gross income from members or shareholders	87a	N/A	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A	
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or pit "Yes," complete Part IX	artnersh	ip?	88
89 a	501(c)(3) organizations. Enter. Amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶		0	131,
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit trar the year? If "Yes," attach a statement explaining each transaction	saction	during	89b
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4935, and 4938.			
d	Enter: Amount of tax in 89c, above, reimbursed by the organization			
	List the states with which a copy of this return is filed NONE			
	Number of employees employed in the pay period that includes March 12, 1999 (See instructions.)			90b
		Telepho	ne no. ▶ (435)	644-20
			▶ 84741	
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in fieu of Form 1041 - Check here			N/A
	and enter the amount of tax-exempt interest received or accrued during the tax year	▶ 92	L N/A	-

		A add thing to	0	-		147797 Page 6
	Analysis of Income-Producing		Specific Instructions usiness income		nelina 512 512 av 514	
inter gross	s amounts unless otherwise indicated.				ection 512, 513, or 514	(E) Related or exempt
a Droor	am service revenue:	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	function income
3 Progr	am service revenue.	Boarness code	ATROUN	Exclusion code	Arioun	
· -				-		
b				_		
:-		-		+		
-						
f Medic	are/Medicaid payments	_				
	and contracts from government agencies					
-	pership dues and assessments					
	st on savings & temporary cash investments		· ·			219,89
	ends and interest from securities					
	ental income or (loss) from real estate:	CONTRACTOR	44.5	75.7 % 76.10	457500	STATE OF THE STATE
	inanced property		and the same of th	1	-	ALL STREET, ST
	ebt-financed property.			1-		79,24
	ental Income or (loss) from personal property					
	investment income					
	loss from sales of assets other than inventory					-6,65
1 Net in	come or (loss) from special events					
	profit or (loss) from sales of inventory					
3 Other	revenue: a					
b						
c						
d						
e						
4 Subto	tal (add (columns (B), (D), and (E))					292,48
Line No.	organization's exempt purposes (other than	s reported in column by providing funds f	ent of Exempt n (E) of Part VII confor such purposes).	tributed importantly		
Line No.	Explain how each activity for which income is	Accomplishms reported in column by providing funds for PEMPORARY PT PURPOSESS. DUE TE SANCTUAR DYEES.	ent of Exempt  n (E) of Part VII con or such purposes).  CASH INVE CARE OF O DISTANC EX RENTS OF	tributed importantly STMENTS ANIMALS) E OF FACII N-SITE HOL	to the accomplishment of , STAFF MUST LITIES FROM USING TO	
5 7B	Explain how each activity for which income is organization's exempt purposes (other than INTEREST EARNINGS ON '  DUE TO NATURE OF EXEM! BE ON SITE AT ALL TIM! AVAILABLE HOUSING, THE APPROXIMATELY 15 EMPLY LOSS ON SALE OF VARIOUS ON SALE OF VARIOUS ON SALE OF VARIOUS OF THE APPROXIMATELY 15 EMPLY LOSS ON SALE OF VARIOUS ON SALE OF VARIOUS OF THE APPROXIMATELY 15 EMPLY LOSS ON SALE OF THE APPROXIMATELY 15 EMPLY LOSS ON THE APPROXIMATELY LOSS ON THE A	Accomplishms reported in column by providing funds for TEMPORARY PT PURPOSES. DUE TE SANCTUAR DYEES. UNINEEDE SUBSIDIARIES A UNINEEDE SUBSIDIARIES A Pettentage of ownership	ent of Exempt n (E) of Part VII con or such purposes). CASH INVE E (CARE OF TO DISTANC RY RENTS OF ED SANCTUA	tributed importantly STMENTS ANIMALS), E OF FACII N-SITE HOU RY ASSETS:	to the accomplishment of , STAFF MUST LITIES FROM JSING TO  Specific instruction on	page 30) Endol-year
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5 7B	Explain how each activity for which income is organization's exempt purposes (other than INTEREST EARNINGS ON INTEREST EARNINGS OF PREPARENTS OF THE PREPARENTS OF THE PREPARENTS EXPLAINED TO THE PREPARENTS OF THE PREPARENTS O	Accomplishms reported in column by providing funds if TEMPORARY PT PURPOSE S. DUE TE SANCTUARDYEES. JUNNEEDE SUNNEEDE SUNNEEDE Putentage of one can be complete. Declarational Instruction U, on	ent of Exempt  (E) of Part VII confor such purposes).  CASH INVE  E (CARE OF  TO DISTANC  RY RENTS OF  ED SANCTUA  CASH CONTROLL  CASH CONTRO	tributed importantly STMENTS ANIMALS) E OF FACTI N-SITE HOU RY ASSETS:  dd Entitles (See e of activities  mpanying schedule or than officer) is bas  - /.2000	to the accomplishment of STAFF MUST LITIES FROM USING TO  Specific instruction on Total Income Incom	page 30) End-ol-year assets  the best of my hich preparer  TO EAS ONE TO OVERTINE

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### SCHEDULE A (Form 990)

## Organization Exempt Under Section 50 (c)(3) (Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

OMB No. 1545-0047

1999 4

Supplementary Information - (See separate instructions.) Department of the Treasury Internal Revenue Service ➤ Must be completed by the above organizations and attached to their Form 990 or 990-EZ. Name of the organization 23-7147797 BEST FRIENDS ANIMAL SANCTUARY Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees .. (See page 1 of the instructions. List each one. If there are none, enter "None.") (d) Contributions to employee benefit plans & deferred compensation (c) Expense abount and other allowances (b) Title and everage hours per week devoted to position (a) Name and address of each employee paid more than \$50,000 (c) Compensation NONE 0 Total number of other employees paid over \$50,000 ▶ Compensation of the Five Highest Paid Independent Contractors for Professional Services (See page 1 of the instructions. Ust each one (whether individuals or firms.) If there are none, enter "None.") NONE PHOTOCOPY - DO NOT PROCESS Total number of others receiving over \$50,000 for

For Paperwork Reduction Act Notice, see page 1 of the Instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990) 1999

	actilities Statements About Activities	Yes	No
1	During the year, has the organization attempted to Influence national, state, or local legislation, including any attempt to Influence public opinion on a legislative matter or referendum?  If "Yes," enter the total expenses paid or incurred in connection with the tobbying activities.   \$\Delta N/A\$	38.560	X
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any of its trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary:		
a	Sale, exchange, or leasing of property?		X
b	Lending of money or other extension of credit?	_	Х
C	Furnishing of goods, services, or facilities?		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE FORM . 99.0 PART V 2d	х	
е	Transfer of any part of its income or assets?		х
3	Does the organization make grants for scholarships, fellowships, student loans, etc.?		X
4a b	Do you have a section 403(b) annuity plan for your employees?  Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments. (See instructions on page 2.)	-	X
7	A school. Section 170(b)(1)(A)(ii). (Also complete Part V, page 4.)  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).		
9	A Foderal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state	1	
0	A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state  A medical research organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv).  (Also complete the Support Schedule in Part IV-A.)  An organization that normally receives a substantial part of its support from a governmental unit or from the general public.		
0 1a	A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv).  (Also complete the Support Schedule in Part IV-A.)  An organization that normally receives a substantial part of its support from a governmental unit or from the general public.  Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)		
0 1a 1b	A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state  A medical research organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv).  (Also complete the Support Schedule in Part IV-A.)  An organization that normally receives a substantial part of its support from a governmental unit or from the general public.		
0 1a 1b 2	A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state     ►     A organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv).     (Also complete the Support Schedule in PartIV-A.)  An organization that normally receives a substantial part of its support from a governmental unit or from the general public.     Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)  A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after		
0 1a 1b 2	A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state the property of the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the Support Schedule in Part IV-A.)  An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)  A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)  An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)		
0 1a 1b 2	A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state the property of the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the Support Schedule in Part IV-A.)  An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)  A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)  An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)		
0 1a 1b 2	A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state the property of the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the Support Schedule in Part IV-A.)  An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)  A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)  An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)		
0 1a 1b 2	A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state  A morganization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv).  (Also complete the Support Schedule in Part IV-A.)  An organization that normally receives a substantial part of its support from a governmental unit or from the general public.  Section 170(b)(1)(A)(iv). (Also complete the Support Schedule in Part IV-A.)  A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)  An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)  Provide the following information about the supported organizations. (See page 4 of the instructions.)		

-	CONTRACTOR OF THE PARTY OF THE	ENDS ANIMAL				147797 Page
10	Support Schedule Note: You may use the w					
	endar year fiscal year beginning in) >	(a) 1998	(b) 1997	(c) 1996	(d) 1995	(e) Total
	Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	7,382,405	5,092,871	3,474,160	2,679,273	18,628,70
7	Membership fees received					
8	Gross income from interest, dividends, amounts inceived from payments on securities (section 512(a)(5)), rents, regulate, and unreflected business stazble income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	68,420	23,667	:4,422	·-·· 46, <b>9</b> 11	, 143,22
	Net income from unrelated business activities not included in line 18					
0	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21	The value of services or facilities turnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally luminished to the public without charge.					
2	Other Income. Attach a sch. Do not include gain or (loss) from sale of capital assets					
3	Total of lines 15 through 22	7,450,825	5,116,538	3,478,582		
4	Line 23 minus line 17	7,450,825	5,116,538	3,478,582	2,725,984	18,771,92
25	Enter 1% of line 23	74,508	51,165	. 34,786	27,260	
	Attach a list (which is not open to p (other than a government unit or p the amount shown in line 26a. Ente     Total support for section 509(a)(1)     Add: Amounts from column (e) for     Public support (line 26c minus line	ublicly supported organizater the sum of all these excitest: Enter line 24, column lines:  18 1.4 22 26d total)	tion) whose total gifts for ess amounts	1995 through 1998 exce	eded   26b   26c   26c   26d   26d	NONE 18,771,92 143,22 18,628,70
7	Public support percentage (fine Organizations described on line list to show the name of, and total N/A	12: a For amounts in amounts received in each	cluded in lines 15, 16, an year from, each *disqual	d 17 that were received ified person.* Enter the s	from a "disqualified personal of such amounts for	
	(1998) b For any amount included in line 17 each year, that was more than the 5 through 11, as well as individual enter the sum of all these difference.	larger of (1) the amount of s.) After computing the dif	on line 25 for the year or ference between the an	, attach a list to show the (2) \$5,000. (Include in the	e list organizations descr	ibed in lines
	(1998)	HOTOCO	PY-D@	NCT PRO		
500	c Add: Amounts from column (e) for	20	16 21			
	d Add: Line 27a total	and li	ne 27b total			
	<ul> <li>Public support (line 27c total minus</li> <li>Total support for section 509(a)(2)</li> </ul>					
	g Public support for section 509(a)(2)					Line (1) Appropriate (1)
	h Investment income percentage					
	Unusual Grants: For an organization open to public inspection) for each year	n described in line 10, 11,	or 12 that received any u	nusual grants during 19	95 through 1998, attach a	

9

Schedule A (Form 990) 1999

	ule A (Form 990) 1999 BEST FRIENDS ANIMAL SANCTUARY 23-7147  Private School Questionnaire (See page 4 of the Instructions.)	131	
200			Pag
		/A	
		Y	es N
	Para the annual attack have a mately manifest level attack and a budget by attack and it is about a budget attack.	-	+
æ	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	$\perp$
	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30	I
	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31	
	If Yes," please describe; If "No," please explain. (If you need more space, attach a separate statement.)	9	
	/		
12	Does the organization maintain the following:		
	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	1
	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
	Copies of all material used by the organization or on its behalf to solicit contributions?	32d	+
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		
	n you answered. No to any or one above, please explaint, (if you need more space, attach a separate statement,)		
		8	
3	Does the organization discriminate by race in any way with respect to:		
а	Students' rights or privileges?	33a	T
b	Admissions policies?	33b	
		-	+
c	Employment of faculty or administrative staff?	33c	+
d	Scholarships or other financial assistance?	33d	1
e	Educational policies?	33e	$\perp$
t	Use of facilities?	33f	
0	AUhletic programs?	33g	
			$\top$
n	Other extracurricular activities?	33h	100
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
		10.00000	T
4a	Does the organization receive any financial aid or assistance from a governmental agency?	348	+
	Has the organization's right to such aid ever been revoked or suspended?  If you answered "Yes" to either 34e or b please explain using an attached statement.	34b	
15	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.8. 587, covering racial nondiscrimination? If "No," attach an explanation.	35	

	tures by Electing P by an eligible organization			instruct	ions.)		N/A
neck here ▶ a ☐ if the organization to			9				
neck here > b if you checked "a"	above and "limited control"	provisions apply.		_		-1	
	on Lobbying Exper				Affiliate	a) ed group tals	To be completed for ALL electing organizations
Total lobbying expenditures to influence	ce public opinion (grassroo	ots lobbying)		36			Organizations
Total lobbying expenditures to influence				37			
Total lobbying expenditures (add lines	36 and 37)			38			
Other exempt purpose expenditures				39			
Total exempt purpose expenditures (a	교면 된 영화가 가장 관련에 스타기에 관취 네 관련 다.		• • • • • • • • • • • • • • • • • • • •	40			
Lobbying nontaxable amount. Enter the						J. 1. L.	
If the amount on line 40 is -		obbying nontaxable		No.			
Not over \$500,000			)	1000	stad4	4.00	4.44
Over \$1,000,000 but not over \$1,500,000				41	(C. *L.*	OF SECURIOR	l
Over \$1,500,000 but not over \$17,000				1980	50 + of 20	3.18 (m)	A DECEMBER
Over \$17,000,000	\$1,000,000		}		A. A.		9 9 9 9
Grassroots nontaxable amount (enter	25% of line 41)			42			
Subtract line 42 from line 36. Enter -0-				43		100	
Subtract line 41 from line 38. Enter -0-	If line 41 is more than line	38		44			
Caution: If there is an amount on eith	oer line 43 or line 44 you m	nust file Form 4720				<b>5</b>	
		ging Period Un		1694000	E CONTRACTOR		W. 176.004 (1970)
(String organization	ons that made a section 50 See the instructions for	01(h) election do not	t have to complete a	Il of the f		s below.	
(Suine di gamesa)		01(h) election do not lines 45 through 50 o	t have to complete a	Il of the f ructions	.)		
Calendar year (or fiscal year beginning in)		01(h) election do not lines 45 through 50 o	t have to complete a on page 7 of the inst	Il of the f ructions	veraging P		(e) Total
Calendar year	See the instructions for	01(h) election do not lines 45 through 50 o Lobbying Expe (b)	t have to complete a on page 7 of the inst enditures During 4-	Il of the f ructions	veraging P	eriod	
Calendar year (or fiscal year beginning in)	See the instructions for	01(h) election do not lines 45 through 50 o Lobbying Expe (b)	t have to complete a on page 7 of the inst enditures During 4- (c) 1997	Il of the f ructions	veraging P	eriod	
Calendar year (or fiscal year beginning in)  Lobbying nontaxable amount Lobbying ceiling amount (150% of line 45(e))	See the instructions for	01(h) election do not lines 45 through 50 o Lobbying Expe (b) 1998	t have to complete a on page 7 of the inst enditures During 4- (c) 1997	Il of the f ructions	veraging P	eriod	
Calendar year (or fiscal year beginning in)  Lobbying nontaxable amount Lobbying ceiling amount (150% of line 45(e))  Total lobbying expenditures  Grassroots nontaxable amount	See the instructions for	01(h) election do not lines 45 through 50 o Lobbying Expe (b) 1998	t have to complete a on page 7 of the inst enditures During 4- (c) 1997	Il of the f ructions	veraging P	eriod	
Calendar year (or fiscal year beginning in)  Lobbying nontaxable amount	See the instructions for	01(h) election do not lines 45 through 50 o Lobbying Expe (b) 1998	t have to complete a on page 7 of the inst enditures During 4- (c) 1997	Il of the f ructions	veraging P	eriod	
Calendar year (or fiscal year beginning in)  Lobbying nontaxable amount  Lobbying ceiling amount (150% of line 45(e))  Total lobbying expenditures  Grassroots nontaxable amount (150% of line 48(e))	See the instructions for	01(h) election do not lines 45 through 50 o Lobbying Expe (b) 1998	t have to complete a on page 7 of the inst enditures During 4- (c) 1997	Il of the f ructions	veraging P	eriod	
Calendar year (or fiscal year beginning in)  Lobbying nontaxable amount  Lobbying ceiling amount (150% of line 45(e))  Total lobbying expenditures  Grassroots nontaxable amount (150% of line 48(e))  Grassroots ceiling amount (150% of line 48(e))  Grassroots lobbying expenditures	See the instructions for (a) 1999	O1(h) election do not lines 45 through 50 o Lobbying Expe (b) 1998	t have to complete a on page 7 of the instenditures During 4 (c) 1997	Il of the functions -Year A	yeraging P	eriod	Total
Calendar year (or fiscal year beginning in)  Lobbying nontaxable amount Lobbying ceiling amount (150% of line 45(e))  Total lobbying expenditures  Grassroots nontaxable amount (150% of line 48(e))  Grassroots lobbying amount (150% of line 48(e))  Grassroots lobbying Activity (For reporting only by ording the year, did the organization attemption of the policy of the properties of the policy	by Nonelecting Pub panizations that did not conpit to influence national, sta	O1(h) election do not lines 45 through 50 of Lobbying Expe  (b) 1998  Dilic Charities mplete Part Vi-A) (Se ate or local legislation	t have to complete a on page 7 of the instenditures During 4 (c) 1997	Il of the functions -Year A	yeraging P	eriod	
Calendar year (or fiscal year beginning in)  Lobbying nontaxable amount Lobbying ceiling amount (150% of line 45(e))  Total lobbying expenditures  Grassroots nontaxable amount (150% of line 48(e))  Grassroots lobbying amount (150% of line 48(e))  Crassroots lobbying amount (150% of line 48(e))  Crassroots lobbying amount (150% of line 48(e))  Crassroots lobbying amount (150% of line 48(e))  Total lobbying amount (150% of line 48(e))	by Nonelecting Pub panizations that did not conpit to influence national, sta	O1(h) election do not lines 45 through 50 of Lobbying Expe  (b) 1998  Dilic Charities mplete Part Vi-A) (Se ate or local legislation	t have to complete a on page 7 of the instenditures During 4 (c) 1997	Il of the functions -Year A	yeraging P	erlod d) 996	Total N/A
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Calendar year (or fiscal year beginning in)  Lobbying nontaxable amount Lobbying ceiling amount (150% of line 45(e))  Total lobbying expenditures  Grassroots ceiling amount (150% of line 48(e))  Grassroots lobbying expenditures  Lobbying Activity (For reporting only by org ing the year, did the organization attem uence public opinion on a legislative ma Volunteers  Paid staff or management (include corr Media advertisements  Mailings to members, legislators, or the Publications, or published or broadcast	by Nonelecting Pub janizations that did not compt to influence national, stater or referendum, through	O1(h) election do not lines 45 through 50 of Lobbying Expe  (b) 1998  Dilic Charities implete Part VI-A) (Seate or local legislation in the use of:	thave to complete a on page 7 of the instenditures During 4 (c) 1997	Il of the f	yeraging P	erlod d) 996	Total N/A
Calendar year (or fiscal year beginning in)  Lobbying nentaxable amount Lobbying ceiling amount (150% of line 45(e))  Total lobbying expenditures  Grassroots nontaxable amount (150% of line 48(e))  Grassroots lobbying expenditures  Comparison of line 48(e)  Grassroots lobbying expenditures  Comparison on a legislative real volunteers  Volunteers  Paid staff or management (Include com Media advertisements  Media advertisement	by Nonelecting Publications for interest in the instructions for interest in the interest in the interest interest in the interest interest in the interest interest in the interest interest interest in the interest in the interest in the interest in the interest interest in the	O1(h) election do not lines 45 through 50 of Lobbying Expe  (b) 1998  OIIC Charitties implete Part Vi-A) (Se ate or local legislation in the use of: honored an lines of through some content of the second and lines of thro	t have to complete a on page 7 of the instenditures During 4 (c) 1997	Il of the fructions -Year A'	yeraging P	erlod d) 996	Total N/A
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Calendar year (or fiscal year beginning in)  Lobbying nentaxable amount Lobbying ceiling amount (150% of line 45(e))  Total lobbying expenditures  Grassroots nontaxable amount (150% of line 48(e))  Grassroots lobbying expenditures  Comparison of line 48(e)  Grassroots lobbying expenditures  Comparison on a legislative real volunteers  Volunteers  Paid staff or management (Include com Media advertisements  Media advertisement	by Nonelecting Pub anizations that did not con pit to influence national, statter or referendum, through apensation in expenses rep	O1(h) election do not lines 45 through 50 of Lobbying Experiment (b) 1998  (b) 1998  Oilic Charities replete Part VI-A) (Se ate or local legislation in the use of th	t have to complete a on page 7 of the instenditures During 4 (c) 1997	Il of the fructions -Year A'	yeraging P	erlod d) 996	Total N/A

Schedule A	(Form 990) 1999 BEST	FRIENDS ANI	MAL SANCTUARY	23-714	17797
Part V	Information P		s To and Transactions	and Relationships With Noncharitable	le
51 Did 1	the reporting organizatio	n directly or indirectly en	gage in any of the following with	any other organization described in section 501(c)	
			ns) or in section S27, relating to p	political organizations?	
			ritable exempt organization of:		Yes
					51a(i)
					a(il)
	er transactions:	seeate with a noncharital	noiterinement armanization		b(i)
	경우 이 이 경기를 보고 있다면 하는 것이 되었다.			***************************************	b(il)
0.707					b(iii)
8	The state of the s				b(iv)
	_				b(v)
(vI)	Performance of service	s or membership or fund	raising solicitations		b(vi)
c Shar	ring of facilities, equipme	ent, mailing lists, other as	sets, or pald employees		C
d If the	e answer to any of the al	bove is "Yes," complete t	he following schedule. Column (1	b) should always show the fair market value	
				nization received less than fair market value , other assets, or services received.	
(a)	(b)	T	(c)	(d)	
Line no.	Amount involved	Name of noncha	ritable exempt organization ·	Description of transfers, transactions, and sh	aring arrangem
N/A					
_					
-					
-					
				<del></del>	
			7		
-					
_					
				rempt organizations described in section 501(c)	► □ Yes
b If Y	es,* complete the following	ng schedule.	1	T	
	(a) Name of organ	nization	(b) - Type of organization	(c) Description of relationshi	lo .
N/A	. Harris or organ		Type of organization	Construction of total and	
	u va ma ili				
					the state of the state of
					0.00
				DO NOT PROCES	1
		E-889-8	MTOCOPY -	THE BUILD E STORY	
_			Correction -		
		P	(F1000:		

1999	FEDERA	AL STATEMENTS	6	PAGE 1
	BEST FRIEN	DS ANIMAL SANCTUARY		23-7147797
STATEMENT 1 FORM 990, PART I, I CONTRIBUTIONS, G DIRECT CONTRIE		*		
CONTRIBU	UTOR'S NAME	CONTRIBUTOR'S ADDRESS		AMOUNT CONTR.
		-	\$	249,612
		The state of the s		
			•	514,709
DIRECT CONTRIB	BUTIONS LESS THAN 2	% OF LINE 1D	\$ 9	514,709 ,573,088
TOTAL DIRECT (	BUTIONS LESS THAN 2 CONTRIBUTIONS, LINE UTIONS, LINE 1D		\$10	
TOTAL DIRECT (	CONTRIBUTIONS, LINE		\$10	,573,088

PHOTOCOPY - DO NOT PROCESC

999	FEDERAL STATEMENTS					PAGE :	
	BEST FR	IEND	S ANIMAL S	SANCTUARY		23-714779	
STATEMENT 2 FORM 990, PART I, LINE 8 NET GAIN (LOSS) FROM NONING OTHER ASSETS:		-				2	
DESCRIPTION: DATE ACQUIRED: HOW ACQUIRED: DATE SOLD:	EQU: VAR: PUR: VAR:	CHAS	ED	2			
TO WHOM SOLD: GROSS SALES PRICE: COST OR OTHER BASIS:	}		,909 ,165	۶	· ·- · · ·		
DEPRECIATION:		14	,606				
GAIN (LOSS)	***				\$	-6,650	
GAIN (LOSS) FROM OTHER	R ASSETS		a a	,		-6,650	
TOTAL GAIN (LOSS)			70		\$	-6,650	
STATEMENT 3 FORM 990, PART II, LINE 43 OTHER EXPENSES					,		
OTHER EXPENSES			(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING	
ADVERTISING AIRPLANE EXPENSES ANIMAL FOOD ANIMAL OTHER	30)	\$	14,216 36,276 233,655 137,432	PROGRAM SERVICES 14,216 36,276 233,655 137,432	MANAGEMENT		
ADVERTISING AIRPLANE EXPENSES ANIMAL FOOD ANIMAL OTHER ANIMAL VET AUTO ALLOWANCE	(a)	\$	14,216 36,276 233,655 137,432 127,275 88,193	PROGRAM SERVICES 14,216 36,276 233,655 137,432 127,275 86,611	MANAGEMENT	FUNDRAISING	
ADVERTISING AIRPLANE EXPENSES ANIMAL FOOD ANIMAL OTHER ANIMAL VET AUTO ALLOWANCE AUTO GAS & MAINTENANCE BANK CHARGES CASUAL LABOR DONATIONS & GIFTS	920	ş	TOTAL  14,216 36,276 233,655 137,432 127,275 88,193 44,446 29,300 37,510 119,480	PROGRAM SERVICES 14,216 36,276 233,655 137,432 127,275 86,611 44,446 2,145 37,510 119,480	MANAGEMENT & GENERAL	FUNDRAISING	
ADVERTISING AIRPLANE EXPENSES ANIMAL FOOD ANIMAL OTHER ANIMAL VET AUTO ALLOWANCE AUTO GAS & MAINTENANCE BANK CHARGES CASUAL LABOR	120		14,216 36,276 233,655 137,432 127,275 88,193 44,446 29,300 37,510	PROGRAM SERVICES 14,216 36,276 233,655 137,432 127,275 86,611 44,446 2,145 37,510 119,480 10,431 1,309	MANAGEMENT & GENERAL  1,375 24,937	FUNDRAISING	
ADVERTISING AIRPLANE EXPENSES ANIMAL FOOD ANIMAL OTHER ANIMAL VET AUTO ALLOWANCE AUTO GAS & MAINTENANCE BANK CHARGES CASUAL LABOR DONATIONS & GIFTS HUMANE EDUCATION INSURANCE LEGAL & PROFESSIONAL FE MISCELLANEOUS NEWSLETTER	120		TOTAL  14,216 36,276 233,655 137,432 127,275 88,193 44,446 29,300 37,510 119,480 10,431 1,389 141,873 32,645 197,203	PROGRAM SERVICES 14,216 36,276 233,655 137,432 127,275 86,611 44,446 2,145 37,510 119,480 10,431 1,309 121,763 27,555	1,375 24,937 35 20,110 5,089	207 2,218 45 197,203	
ADVERTISING AIRPLANE EXPENSES ANIMAL FOOD ANIMAL OTHER ANIMAL VET AUTO ALLOWANCE AUTO GAS & MAINTENANCE BANK CHARGES CASUAL LABOR DONATIONS & GIFTS HUMANE EDUCATION INSURANCE LEGAL & PROFESSIONAL FE	120		TOTAL  14,216 36,276 233,655 137,432 127,275 88,193 44,446 29,300 37,510 119,480 10,431 1,389 141,873 32,645	PROGRAM SERVICES  14,216 36,276 233,655 137,432 127,275 86,611 44,446 2,145 37,510 119,480 10,431 1,309 121,763 27,555 146,321 218,185	1,375 24,937 35 20,110 5,089 1,603	207 2,218 45 197,203 2,057 1,360,544 127,606	

1999	FEDERAL STA	TEMENTS		PAGE :	
	BEST FRIENDS ANIMAL SANCTUARY				
STATEMENT 4 FORM 990, PART II	II. LINE E			ŧ.	
STATEMENT OF PR	ROGRAM SERVICE ACCOMPLISHMENT	rs			
	DESCRIPTION		GRANTS AND ALLOCATIONS	PROGRAM SERVICE EXPENSES	
HUMANE EDUCAT	TION, SEMINARS & INTERNSHI	PS - SEE	\$ 0 \$ 0	93,241 93,241	
			• , • . •		
STATEMENT 5 FORM 990, PART II LAND, BUILDINGS,			00		
	ASSET	BASIS	ACCUM. DEPREC.	BOOK VALUE	
AUTOMOBILES / T FURNITURE AND F BUILDINGS LAND MISCELLANEOUS	×	\$ 277,709 756,120 3,203,408 1,654,273 -23,165 \$ 5,868,345	140,607 373,523 669,401 -14,606 1,168,925	137,102 382,597 2,534,007 1,654,273 -8,559 4,699,420	
				ENDING  2,708 16,035 5,732 24,475	
		4	TOTAL \$	6,763 6,750 13,513	

999	PAGE 4					
BEST FRIENDS ANIMAL SANCTUARY						
	B(4)  INCLUDED ON LINE 8D ET INCLUDED ON LINE 4			6,763 6,750 13,513		
STATEMENT 9 FORM 990, PART V LIST OF OFFICERS, DIRECTO	ORS, TRUSTEES, AND KEY EMPLOYE	EES > ·····				
NAME AND ADD	TITLE & AVG		EMPLOYEE BEN. PLN CONTRIB.	ACCOUNT/		
GREGORY CASTLE BOX G KANAB, UT 84741	2ND VICE PRES	\$ 30,187	0	0		
CHRISTOPHER DEPEYER BOX G KANAB, UT 84741	DIRECTOR 50	24,225	0	0		
ERNEST P. ECKHOFF BOX G KANAB, UT 84741	DIRECTOR	30,187	0	0.		
FAITH MALONEY BOX G KANAB, UT 84741	PRESIDENT 50	30,187	0	0		
CELESTE FRIPP BOX G KANAB, UT 84741	SECRETARY 50	30,188	0	0		
CHRISTOPHER A. FRIP BOX G. KANAB, UT 84741	TREASURER 50	30,188	0	. 0		
MICHAEL MOUNTAIN BOX G KANAB, UT 84741	DIRECTOR 50	. 30,188	0	0		
JONATHAN DEPEYER BOX G KANAB, UT 84741	DIRECTOR 50	30,188	0	0		
ALFRED F. BATTISTA BOX G KANAB, UT 84741	1ST VICE PRES		0	0		
PALLEYVERACEDY	- DO NOT PROCE	\$ 265,621	0	0		

Best Friends Animal Sanctuary 1999 Form 990, Part III - "Exhibit A" Statement of Program Service Accomplishments

### FORM 990, PART 3

Program 1. ANIMAL CARE. Expenses: \$2,868,766 (includes donated services of \$960). Best Friends is the nation's largest sanctuary for abused and abandoned companion and domestic animals, with never fewer than 1,800 animals at the sanctuary and a state and federally licensed wildlife rehabilitation program.

- a. Animal facilities. Recent additions to the facilities include three horse "loafing sheds," a dog maternity building, a dog quarantine building, a dog training facility, and a new headquarters building for our dog programs (nearly completed at the end of 1999).
- b. Volunteer program. More than 4,000 people spent time at the sanctuary volunteering their help in the care of the animals.

Program 2. SPAY & NEUTER CLINIC. Expenses: \$101,679. 1,444 animals were spayed/neutered at the sanctuary's subsidized/low cost clinic program. 1,409 received low cost shots.

Program3.MAGAZINE,BROCHURES & INTERNETSERVICES. Expenses: \$1,078,878. Six issues of the bi-monthly *Best Friends* magazine were published. Circulation is now over 130,000.

Educational brochures and pamphlets were issued to individuals, animal welfare organizations, schools, and libraries around the country,

The Best Friends website at <a href="http://www.bestfriends.org">http://www.bestfriends.org</a> provides extensive educational resources.

Program 4. OUTREACH PROGRAMS. Expenses: \$1,277,673 (includes donated services of \$172,794). Working with animal lovers and organizations across the nation, the Best Friends Outreach program has set the goal of bringing about a time when there are No More Homeless Pets.

- a. The Best Friends Network coordinates with members and other animal welfare organizations nationwide to help people begin new sanctuaries, develop local spay/neuter programs, find homes for homeless animals, respond to regional emergencies, and bring an end to the killing of homeless animals. More than 900 requests for local emergencies were assisted through the network program.
- b. Members Meetings in cities around the country bring Best Friends members together as volunteers with local humane societies and rescue groups to help find homes for homeless pets and to bring an end to the killing of animals in shelters.

PHOTOCOPY - DO NOT PROCESC

- c. During 1999, the Animal Placement Program responded to approximately 15,000 requests nationwide for information and assistance in rescuing or placing animals. This program provides behavioral counseling, referral information, advice for assistance in placing animals, and it coordinates intake of animals into the sanctuary.
- d. In our home state of Utah, Best Friends organizes Utah's Week for the Animals, the first statewide week devoted to humane education and care of animals. This year, Utah's Week included classroom activities and a statewide contest on the subject of "honoring animals", which 2,000 students entered. Best Friends sent educational materials to 800 schools, in cooperation with the ASPCA and PsyETA. Sixty veterinarians throughout Utah performed an estimated 900 spay/neuters at discounts. Our mobile spay/neuter clinic performed either low-cost (or free for male cats) alterations on 209 dogs and cats in four Utah cities. An adoption day in Salt Lake City placed 65 animals from various agencies.
- e. In the Los Angeles area, the Best Friends Brigade sends out teams of volunteers to various animal charities to undertake special projects such as building projects; the Catnippers program performs spay/neuter and certain other veterinary procedures on L.A. County feral cats free of charge. The Best Friends Help Line provides telephone access to information regarding animal related questions and problems. The Best Friends Bulletin, published monthly and distributed and posted by volunteers in 1,000 locations, lists dogs and cats in need of new homes. Best Friends Pet Adoption Fairs organized and promoted by Best Friends, generate adoptions for as many as 25 humane organizations on a given day.
- f. In New York City, Best Friends aided and advised in the formation of FIDO-NYC (an inter-agency animal benefit program founded by Mary Tyler Moore and Bernadette Peters), and hosted a gala dinner benefitting this new organization.

Program 5, HUMANE EDUCATION, SEMINARS, & INTERNSHIPS. Expenses: \$93,241. Best Friends educational program hosted groups of students at the sanctuary and across the region. The intern program welcomed veterinary, vet tech, and other students from around the country to intensive hands-on care programs at the sanctuary.

- a. The education team organized 12 school visits in Utah and the local region, reaching 6,000 students. Thirty-five students participated in the internship program at the sanctuary, 200 students took part in service learning projects, and 300 students participated in field trips to the sanctuary.
- b. Best Friends organized eight educational conferences and coordinated the educational efforts for Utah's Week for the Animals.
- A Best Friends representative is on the board of both APHE (Association of Professional Humane Educators), and HEAU (Humane Educators Association of Utah).

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