

1.800.464.1976

YHBcpa.com

Animal Friends VA 13542 Polar Court Woodbridge, VA 22193

Dear Beth:

Enclosed are the original and one copy of the 2022 Exempt Organization return, as follows...

2022 Form 990

Each original should be dated, signed and filed in accordance with the filing instructions. The copy should be retained for your files.

We prepared the return from information you furnished us without verification. Upon examination of the return by tax authorities, requests may be made for underlying data. We therefore recommend that you preserve all records which you may be called upon to produce in connection with such possible examinations.

We sincerely appreciate the opportunity to serve you. Please contact us if you have any questions concerning the tax return.

Sincerely,

Megan P. Furlong, CPA

# TAX RETURN FILING INSTRUCTIONS

FORM 990

## FOR THE YEAR ENDING

December 31, 2022

## **Prepared For:**

Animal Friends VA 13542 Polar Court Woodbridge, VA 22193

## **Prepared By:**

Yount, Hyde & Barbour, PC 1100 Sunset Lane Suite 1310 Culpeper, VA 22701

### Amount Due or Refund:

Not applicable

#### Make Check Payable To:

Not applicable

## Mail Tax Return and Check (if applicable) To:

Not applicable

## Return Must be Mailed On or Before:

Not applicable

### **Special Instructions:**

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-TE to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-TE to us by November 15, 2023

| Form 8879-TE   |  |   | IRS e-file Signature Authorization<br>for a Tax Exempt Entity   |  |   |  |   | ОМ   | OMB No. 1545-0047  |  |  |  |
|--|--|---|---|--|---|--|---|--|--|--|--|--|
| Form <b>C</b>  | 079-1L   | For colordo   | waar 2022 or figar  | al year beginning  | -   | -  | 20  |  |  |  |  |  |
|  | ent of the Treasury  | For Calendar  |   | Do not send to the   | IRS. Keep for you   | ır records.  | , 20  | -   2  | 2022   |  |  |  |
| Internal F<br>Name o   | Revenue Service  |   | Go to   | www.irs.gov/Form   | 8879TE for the lat  | est information.   | EIN   | or SSN   |  |  |  |  |
| Name U   |  | MAL FRIEN   | DS VA   |  |   |  |   | 7-50654  | 72   |  |  |  |
| Name a   |  | r or person subject   |   | TH NELSON  |   |  | 1/  | 50054  | 12   |  |  |  |
| Nume u   |  |   |   | RECTOR   |   |  |   |  |  |  |  |  |
| Part   | І Тур  | e of Return a   |   |  |   |  |   |  |  |  |  |  |
| Form 5<br>or <b>10a</b><br>whiche                            | 330 filers may below, and th   | enter dollars and<br>e amount on that<br>ble, blank (do not   | l cents. For all<br>line for the re   | this Form 8879-TE<br>other forms, enter v<br>turn being filed with<br>, if you entered -0- or  | vhole dollars only.<br>this form was blan   | If you check the b<br>k, then leave line   | ox on line 1:<br>1b, 2b, 3b, 4  | a, 2a, 3a, 4a,<br>1b, 5b, 6b, 7b   | 5a, 6a, 7a, 8a, 9a,<br>, 8b, 9b, or 10b,   |  |  |  |
| 1a   | Form 990 cl  | neck here   | Х ьт  | otal revenue, if any   | (Form 990, Part V   | II, column (A), line   | e 12)   | 1b   | 43,143.  |  |  |  |
| 2a   | Form 990-E   | Z check here  |   | otal revenue, if any   |   |  |   |  |  |  |  |  |
| 3a   | Form 1120-   | POL check here  |   | otal tax (Form 1120  |   |  |   |  |  |  |  |  |
| 4a   | Form 990-P   | F check here  | b T   | ax based on invest   | ment income (For  | m 990-PF, Part V,  | line 5)   | 4b   |  |  |  |  |
| 5a   | Form 8868  | check here  |   | Balance due (Form 8  |   |  |   |  |  |  |  |  |
| 6a   | Form 990-T   | check here  | b T   | otal tax (Form 990-  | T, Part III, line 4) $\cdot$  |  |   | 6b   |  |  |  |  |
| 7a   |  | check here  | b T   | otal tax (Form 4720  | ), Part III, line 1)  |  |   | 7b   |  |  |  |  |
| 8a   |  | check here  | b F   | MV of assets at en   | <b>d of tax year</b> (Forn  | n 5227, Item D)  |   | 8b   |  |  |  |  |
| 9a   | Form 5330  | check here  | b T   | <b>ax due</b> (Form 5330,  | Part II, line 19)   |  |   | 9b   |  |  |  |  |
|  |  | CP check here   |   | mount of credit pa   |   |  |   | 2) <b>10b</b>  |  |  |  |  |
| Part   |  |   | <u> </u>  | Authorization of<br>an officer of the abo  |   |  |   |  |  |  |  |  |
| of any<br>entry te<br>financi<br>later th<br>payme<br>person | refund. If appl<br>o the financial<br>al institution to<br>an 2 business<br>nt of taxes to<br>al identification<br>heck one box<br>I authorize<br>as my sign<br>with a stat<br>on the retu | icable, I authorize<br>institution accou<br>o debit the entry t<br>receive confident<br>n number (PIN) a<br><b>only</b><br><u>YOUNT , H</u><br>ature on the tax y<br>e agency(ies) regurn's disclosure co | the U.S. Trea<br>nt indicated in<br>o this account<br>payment (sett<br>al information<br>s my signature<br>YDE & B<br>year 2022 elect<br>ulating charitie<br>onsent screen. | of the transmission,<br>isury and its designa<br>the tax preparation<br>t. To revoke a payme<br>tlement) date. I also<br>necessary to answe<br>of or the electronic re<br>BARBOUR, PC<br>ER0 firm na<br>tronically filed return<br>as as part of the IRS<br>respect to the entit | ted Financial Agen<br>software for payme<br>ent, I must contact<br>authorize the finan-<br>er inquiries and res-<br>eturn and, if applica<br><b>me</b><br>n. If I have indicated<br>Fed/State program | t to initiate an elec<br>ent of the federal t<br>the U.S. Treasury<br>cial institutions inv<br>olve issues related<br>able, the consent t<br>d within this return<br>I, I also authorize t | ctronic funds<br>taxes owed o<br>Financial Ag<br>volved in the<br>d to the paym<br>to electronic<br>to electronic<br>to enter | withdrawal (<br>on this return,<br>processing o<br>ent. I have se<br>funds withdra<br>r my PIN<br>Ente<br>do n<br>of the return<br>ttioned ERO t | direct debit)<br>and the<br>353-4537 no<br>f the electronic<br>elected a<br>awal.<br>65472<br>r five numbers, but<br>not enter all zeros<br>is being filed<br>o enter my PIN |  |  |  |
| Signature<br>Part  | return. If I<br>IRS Fed/S<br>of officer or perso   | nave indicated wi<br>tate program, I wi   | thin this returr<br>II enter my PIN<br><i>th Nelson</i>   | n that a copy of the r<br>N on the return's disc   | eturn is being filed  | with a state agen  | •   |  | as part of the   |  |  |  |
| ERO's  | EFIN/PIN. Er   | ter your six-digit  | electronic filino   | g identification   |   |  |   |  |  |  |  |  |
|  |  | ed by your five-di  | -   | -  | Γ   | 54102322<br>Do not enter al  |   |  |  |  |  |  |
| submit   |  |   |   | ch is my signature o<br>ements of <b>Pub. 416</b>  |   | nically filed return   | indicated abo   |  |  |  |  |  |
| ERO's s  | ignature   | MEGAN P.  | FURLONG   | , CPA  |   | Date   | 09/07/  | 23   |  |  |  |  |
|  |  |   |   | Must Retain Th<br>t This Form to t   |   |  |   |  |  |  |  |  |
|  | or Drives A  |   |   |  |   | nequesteu I  | 0 00 30   | Earm   | 8879-TE (2022)   |  |  |  |
| LUA  | -or Privacy A  | zi anu Paperwor   |   | Act Notice, see inst   | i uctions.  |  |   | FUI  | (2022)   |  |  |  |
| 202521   | 12-16-22   |   |   |  |   |  |   |  |  |  |  |  |

50427001

(Rev. January 2022)

## Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

#### File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.* 

#### Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

| Туре с   | r Name of exempt organization or other filer, see inst   |                | Taxpayer identification number (TIN)   |                           |   |                   |  |
|--|--|----------------|--|---------------------------|---|-------------------|--|
| print  | ANIMAL FRIENDS VA  |                |  |                           | 47-50   | 65472             |  |
| File by th<br>due date<br>filing you   | Number, street, and room or suite no. If a P.O. box,   |                |  |                           |   |                   |  |
| return. See<br>instructions.<br>WOODBRIDGE, VA 22193   |  |                |  |                           |   |                   |  |
| Enter t  | ne Return Code for the return that this application is for (   | file a separa  | te application for each return)  |                           |   |                   |  |
| Applic   | ation  | Return         | Application  |                           |   |                   |  |
| ls For   | ls For   |                | Is For   |                           |   | Code              |  |
| Form 9   | 90 or Form 990-EZ  | 01             | Form 1041-A  |                           |   | 08                |  |
| Form 4   | 720 (individual)   | 03             | Form 4720 (other than individual)  |                           |   | 09                |  |
| Form 9   | 90-PF  | 04             | Form 5227  |                           |   | 10                |  |
| Form 9   | 90-T (sec. 401(a) or 408(a) trust)   | 05             | Form 6069  |                           |   | 11                |  |
| Form 9   | 90-T (trust other than above)  | 06             | Form 8870  |                           |   | 12                |  |
| Form 9   | Form 990-T (corporation) 07 BETH NELSON  |                |  |                           |   |                   |  |
| <ul> <li>If the box</li> <li>1</li> <li>1<th>e organization does not have an office or place of busine<br/>is is for a Group Return, enter the organization's four dig</th><th>it Group Exe</th><th>mption Number (GEN), I<br/>uch a list with the names and TINs of<br/>MBER 15, 2023 , to file<br/>return for:<br/>Id ending</th><th>f this is fo<br/>all membe</th><th>r the whole g<br/>ers the exten<br/>npt organizat<br/></th><th>roup, check this</th></li></ul> | e organization does not have an office or place of busine<br>is is for a Group Return, enter the organization's four dig | it Group Exe   | mption Number (GEN), I<br>uch a list with the names and TINs of<br>MBER 15, 2023 , to file<br>return for:<br>Id ending | f this is fo<br>all membe | r the whole g<br>ers the exten<br>npt organizat<br> | roup, check this  |  |
|  | this application is for Forms 990-PF, 990-T, 4720, or 600 ny nonrefundable credits. See instructions.                    | 69, enter the  | tentative tax, less  | 3a                        | \$  | 0.                |  |
| -  | f this application is for Forms 990-PF, 990-T, 4720, or 60   | 69. enter anv  | refundable credits and   | 30                        | Ψ   |                   |  |
|  | estimated tax payments made. Include any prior year ove  |                |  | 3b                        | \$  | 0.                |  |
| c E  | Balance due. Subtract line 3b from line 3a. Include your   | payment wit    | h this form, if required, by   |                           |   |                   |  |
| <u> </u>   | ising EFTPS (Electronic Federal Tax Payment System). S   | ee instructio  | ns.  | 3c                        | \$  | 0.                |  |
| Cautio<br>instruc  | n: If you are going to make an electronic funds withdraw tions.  | al (direct del | bit) with this Form 8868, see Form 84  | 453-TE and                | d Form 8879   | -TE for payment   |  |
| LHA  | For Privacy Act and Paperwork Reduction Act Notic  | e, see instru  | ictions.   |                           | Form 8  | 868 (Rev. 1-2022) |  |

| Form <b>990</b> | J |
|-----------------|---|
|-----------------|---|

## EXTENDED TO NOVEMBER 15, 2023 Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

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2022 Open to Public Inspection

| A Ear the 2022 calend                                  | or yoor, or toy yoor beginning |
|--|--------------------------------|
| Department of the Treasury<br>Internal Revenue Service | Go to www.irs.                 |
|  |                                |

|   |   | and a contract year, or tax year beginning  | enuing     |  |  |
|---|---|---|------------|--|--|
| B C                                     | heck if<br>oplicable:   | C Name of organization  |            | D Employer identifie   | cation number  |
|   | Address<br>change   | ANIMAL FRIENDS VA   |            |  |  |
|   | Name<br>change  | Doing business as   |            | 47-50654   | 72   |
|   | Initial   |   | Room/suite | E Telephone number   |  |
|   | Final   | 13542 POLAR COURT   | 571-437-   |  |  |
|   | Jreturn/<br>termin-<br>ated   | City or town, state or province, country, and ZIP or foreign postal code  |            | G Gross receipts \$  | 43,143.  |
|   | Amende  |   |            |  |  |
| -                                       | _lreturn<br>]Applica-   | F Name and address of principal officer: BETH NELSON  |            | H(a) Is this a group re<br>for subordinates  |  |
|   | _tion<br>pending  | 13542 POLAR COURT, WOODBRIDGE, VA 2219  | 3          |  |  |
|   |   |   |            | H(b) Are all subordinates in   |  |
|   |   |   | or 527     |  | list. See instructions   |
|   | Vebsite   |   |            | H(c) Group exemption   | A State of legal domicile: VA  |
|   |   | rganization: Corporation Trust Association X Other PUB1   | LIL Year   |  | A State of legal domicile; VA  |
|   |   | riefly describe the organization's mission or most significant activities: <b>PROV</b>  | אג יזרד    | TWAT DECONE  | MUDOIICU   |
| ဗ                                       |   | DOPTION. THE ORGANIZATION ALSO PROVIDES   |            |  | IRCOGR   |
| Governance                              |   |   |            |  | <u> </u>   |
| ern                                     |   | heck this box if the organization discontinued its operations or dispos   |            |  | sets.  |
| Š                                       |   |   |            |  | <u>1</u>   |
| ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ |   | umber of independent voting members of the governing body (Part VI, line 1b)  |            |  |  |
| ies                                     |   | otal number of individuals employed in calendar year 2022 (Part V, line 2a)   |            |  | 0  |
| ivit                                    |   | otal number of volunteers (estimate if necessary)   |            |  | 0  |
| Activities &                            |   |   |            | <u>7a</u>  | 0.   |
|   | bΝ  | et unrelated business taxable income from Form 990-T, Part I, line 11   | <u> </u>   |  | 0.   |
|   |   |   |            | Prior Year   | Current Year   |
| e                                       |   | ontributions and grants (Part VIII, line 1h)  | ·····      | 5,438.   | 36,592.  |
| ent                                     |   | rogram service revenue (Part VIII, line 2g)   |            | 43,340.  | 6,551.   |
| Revenue                                 |   | vestment income (Part VIII, column (A), lines 3, 4, and 7d)   |            | 0.   | 0.   |
| -                                       |   | ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   |            | 0.   | 0.   |
|   | 12 To   |   |            |  |  |
|   |   | otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)   |            | 48,778.  | 43,143.  |
|   | <b>13</b> G   | rants and similar amounts paid (Part IX, column (A), lines 1-3)   |            | 48,778.<br>0.  | 43,143.<br>0.  |
|   | <b>13</b> G   |   |            | 48,778.<br>0.<br>0.  | 43,143.<br>0.<br>0.  |
| es                                      | <ul><li>13 G</li><li>14 B</li><li>15 S</li></ul>  | rants and similar amounts paid (Part IX, column (A), lines 1-3)<br>enefits paid to or for members (Part IX, column (A), line 4)<br>alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   | ·····      | 48,778.<br>0.<br>0.<br>0.  | 43,143.<br>0.<br>0.<br>0.  |
| ses                                     | <ul><li>13 G</li><li>14 B</li><li>15 S</li><li>16a P</li></ul>  | rants and similar amounts paid (Part IX, column (A), lines 1-3)<br>enefits paid to or for members (Part IX, column (A), line 4)<br>alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)<br>rofessional fundraising fees (Part IX, column (A), line 11e)   | ······     | 48,778.<br>0.<br>0.  | 43,143.<br>0.<br>0.  |
| xpenses                                 | <ul> <li>13 G</li> <li>14 B</li> <li>15 S</li> <li>16a P</li> <li>b Te</li> </ul>   | rants and similar amounts paid (Part IX, column (A), lines 1-3)<br>enefits paid to or for members (Part IX, column (A), line 4)<br>alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)<br>rofessional fundraising fees (Part IX, column (A), line 11e)<br>otal fundraising expenses (Part IX, column (D), line 25)   | 51.        | 48,778.<br>0.<br>0.<br>0.<br>0.  | 43,143.<br>0.<br>0.<br>0.<br>0.  |
| Expenses                                | <ul> <li>13 G</li> <li>14 B</li> <li>15 S</li> <li>16a P</li> <li>b To</li> <li>17 O</li> </ul>   | rants and similar amounts paid (Part IX, column (A), lines 1-3)<br>enefits paid to or for members (Part IX, column (A), line 4)<br>alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)<br>rofessional fundraising fees (Part IX, column (A), line 11e)<br>otal fundraising expenses (Part IX, column (D), line 25) 26<br>ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)   | 51.        | 48,778.<br>0.<br>0.<br>0.<br>0.<br>13,417.   | 43,143.<br>0.<br>0.<br>0.<br>0.<br>41,197.   |
| Expenses                                | <ul> <li>13 G</li> <li>14 B</li> <li>15 S</li> <li>16a P</li> <li>b To</li> <li>17 O</li> </ul>   | rants and similar amounts paid (Part IX, column (A), lines 1-3)<br>enefits paid to or for members (Part IX, column (A), line 4)<br>alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)<br>rofessional fundraising fees (Part IX, column (A), line 11e)<br>otal fundraising expenses (Part IX, column (D), line 25)   | 51.        | 48,778.<br>0.<br>0.<br>0.<br>0.<br>13,417.<br>13,417.  | 43,143.<br>0.<br>0.<br>0.<br>0.<br>41,197.<br>41,197.  |
|   | <ul> <li>13 G</li> <li>14 B</li> <li>15 S</li> <li>16a P</li> <li>b To</li> <li>17 O</li> <li>18 To</li> <li>19 R</li> </ul>  | rants and similar amounts paid (Part IX, column (A), lines 1-3)<br>enefits paid to or for members (Part IX, column (A), line 4)<br>alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)<br>rofessional fundraising fees (Part IX, column (A), line 11e)<br>otal fundraising expenses (Part IX, column (D), line 25) 26<br>ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)   | 51.        | 48,778.<br>0.<br>0.<br>0.<br>0.<br>13,417.<br>13,417.<br>13,417.<br>35,361.  | 43,143.<br>0.<br>0.<br>0.<br>0.<br>41,197.<br>41,197.<br>1,946.  |
|   | <ul> <li>13 G</li> <li>14 B</li> <li>15 S</li> <li>16a P</li> <li>b To</li> <li>17 O</li> <li>18 To</li> <li>19 R</li> </ul>  | rants and similar amounts paid (Part IX, column (A), lines 1-3)<br>enefits paid to or for members (Part IX, column (A), line 4)<br>alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)<br>rofessional fundraising fees (Part IX, column (A), line 11e)<br>otal fundraising expenses (Part IX, column (D), line 25)<br>ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)<br>otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  | 51.        | 48,778.<br>0.<br>0.<br>0.<br>0.<br>13,417.<br>13,417.<br>35,361.<br>ginning of Current Year                                      | 43,143.<br>0.<br>0.<br>0.<br>0.<br>41,197.<br>41,197.<br>1,946.<br>End of Year                           |
|   | <ul> <li>13 G</li> <li>14 B</li> <li>15 S</li> <li>16a P</li> <li>b To</li> <li>17 O</li> <li>18 To</li> <li>19 R</li> </ul>  | rants and similar amounts paid (Part IX, column (A), lines 1-3)<br>enefits paid to or for members (Part IX, column (A), line 4)<br>alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)<br>rofessional fundraising fees (Part IX, column (A), line 11e)<br>otal fundraising expenses (Part IX, column (D), line 25)<br>ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)<br>otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  | 51.<br>Be  | 48,778.<br>0.<br>0.<br>0.<br>0.<br>13,417.<br>13,417.<br>35,361.<br>ginning of Current Year<br>3,715.                            | 43,143.<br>0.<br>0.<br>0.<br>0.<br>41,197.<br>41,197.<br>1,946.<br>End of Year<br>5,661.                 |
|   | <ul> <li>13 G</li> <li>14 B</li> <li>15 S</li> <li>16a P</li> <li>b To</li> <li>17 O</li> <li>18 To</li> <li>19 R</li> </ul>  | rants and similar amounts paid (Part IX, column (A), lines 1-3)<br>enefits paid to or for members (Part IX, column (A), line 4)<br>alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)<br>rofessional fundraising fees (Part IX, column (A), line 11e)<br>otal fundraising expenses (Part IX, column (D), line 25) <u>26</u><br>ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)<br>otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)<br>evenue less expenses. Subtract line 18 from line 12<br>otal assets (Part X, line 16)<br>otal liabilities (Part X, line 26)  | 51.<br>Be  | 48,778.<br>0.<br>0.<br>0.<br>0.<br>13,417.<br>13,417.<br>13,417.<br>35,361.<br>ginning of Current Year<br>3,715.<br>0.           | 43,143.<br>0.<br>0.<br>0.<br>0.<br>41,197.<br>41,197.<br>1,946.<br>End of Year<br>5,661.<br>0.           |
| Net Assets or<br>Fund Balances          | <ul> <li>13 G</li> <li>14 B</li> <li>15 S</li> <li>16a P</li> <li>b Ta</li> <li>17 O</li> <li>18 Ta</li> <li>19 R</li> <li>20 Ta</li> <li>21 Ta</li> <li>22 N</li> </ul>                                    | rants and similar amounts paid (Part IX, column (A), lines 1-3)<br>enefits paid to or for members (Part IX, column (A), line 4)<br>alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)<br>rofessional fundraising fees (Part IX, column (A), line 11e)<br>otal fundraising expenses (Part IX, column (D), line 25) <u>26</u><br>ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)<br>otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)<br>evenue less expenses. Subtract line 18 from line 12<br>otal liabilities (Part X, line 16)<br>otal liabilities (Part X, line 26)<br>et assets or fund balances. Subtract line 21 from line 20        | 51.<br>Be  | 48,778.<br>0.<br>0.<br>0.<br>0.<br>13,417.<br>13,417.<br>35,361.<br>ginning of Current Year<br>3,715.                            | 43,143.<br>0.<br>0.<br>0.<br>0.<br>41,197.<br>41,197.<br>1,946.<br>End of Year<br>5,661.                 |
| Net Assets or<br>Fund Balances          | <ul> <li>13 G</li> <li>14 B</li> <li>15 S</li> <li>16a P</li> <li>b Ta</li> <li>17 O</li> <li>18 Ta</li> <li>19 R</li> <li>20 Ta</li> <li>21 Ta</li> <li>22 N</li> </ul>                                    | rants and similar amounts paid (Part IX, column (A), lines 1-3)<br>enefits paid to or for members (Part IX, column (A), line 4)<br>alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)<br>rofessional fundraising fees (Part IX, column (A), line 11e)<br>otal fundraising expenses (Part IX, column (D), line 25) <u>26</u><br>ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)<br>otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)<br>evenue less expenses. Subtract line 18 from line 12<br>otal assets (Part X, line 16)<br>otal liabilities (Part X, line 26)  | 51.<br>Be  | 48,778.<br>0.<br>0.<br>0.<br>0.<br>13,417.<br>13,417.<br>13,417.<br>35,361.<br>ginning of Current Year<br>3,715.<br>0.           | 43,143.<br>0.<br>0.<br>0.<br>0.<br>41,197.<br>41,197.<br>1,946.<br>End of Year<br>5,661.<br>0.           |
| Let Assets or<br>Balances               | <ul> <li>13 G</li> <li>14 B</li> <li>15 S</li> <li>16a P</li> <li>b To</li> <li>17 O</li> <li>18 To</li> <li>19 R</li> <li>20 To</li> <li>21 To</li> <li>22 N</li> <li>rt II</li> </ul>                     | rants and similar amounts paid (Part IX, column (A), lines 1-3)<br>enefits paid to or for members (Part IX, column (A), line 4)<br>alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)<br>rofessional fundraising fees (Part IX, column (A), line 11e)<br>otal fundraising expenses (Part IX, column (D), line 25) <u>26</u><br>ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)<br>otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)<br>evenue less expenses. Subtract line 18 from line 12<br>otal liabilities (Part X, line 16)<br>otal liabilities (Part X, line 26)<br>et assets or fund balances. Subtract line 21 from line 20        | 51.<br>Be  | 48,778.<br>0.<br>0.<br>0.<br>0.<br>13,417.<br>13,417.<br>13,417.<br>35,361.<br>ginning of Current Year<br>3,715.<br>0.<br>3,715. | 43,143.<br>0.<br>0.<br>0.<br>0.<br>41,197.<br>41,197.<br>1,946.<br>End of Year<br>5,661.<br>0.<br>5,661. |
| PD Net Assets or<br>Eurod Balances      | <ul> <li>13 G</li> <li>14 B</li> <li>15 S</li> <li>16a P</li> <li>b To</li> <li>17 O</li> <li>18 To</li> <li>19 R</li> <li>20 To</li> <li>21 To</li> <li>22 N</li> <li>rt II</li> <li>rt nematic</li> </ul> | rants and similar amounts paid (Part IX, column (A), lines 1-3)<br>enefits paid to or for members (Part IX, column (A), line 4)<br>alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)<br>rofessional fundraising fees (Part IX, column (A), line 11e)<br>otal fundraising expenses (Part IX, column (D), line 25) 26<br>ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)<br>otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)<br>evenue less expenses. Subtract line 18 from line 12<br>otal assets (Part X, line 16)<br>otal liabilities (Part X, line 26)<br>et assets or fund balances. Subtract line 21 from line 20<br>Signature Block | 51.<br>Ben | 48,778.<br>0.<br>0.<br>0.<br>0.<br>13,417.<br>13,417.<br>35,361.<br>ginning of Current Year<br>3,715.<br>0.<br>3,715.            | 43,143.<br>0.<br>0.<br>0.<br>0.<br>41,197.<br>41,197.<br>1,946.<br>End of Year<br>5,661.<br>0.<br>5,661. |

| Sign        | Signature of officer Date                          |                    |                   |          |                   |                        |
|-------------|--|--------------------|-------------------|----------|-------------------|------------------------|
| Here        | BETH NELSON, DIRECTOR                              |                    |                   |          |                   |                        |
|             | Type or print name and title                       |                    |                   |          |                   |                        |
|             | Print/Type preparer's name                         | Preparer's signatu | re                | Date     | Check             | ] PTIN                 |
| Paid        | MEGAN P. FURLONG, CPA                              | MEGAN P.           | FURLONG,          | CP 09/07 | /23 self-employed | P01258688              |
| Preparer    | Firm's name YOUNT, HYDE & BAR                      | BOUR, PC           |                   |          | Firm's EIN 54-    | -1149263               |
| Use Only    | Firm's address 1100 SUNSET LANE                    | SUITE 131          | 0                 |          |                   |                        |
|             | CULPEPER, VA 2270                                  | 1                  |                   |          | Phone no. 540 -   | -825-6050              |
| May the IF  | RS discuss this return with the preparer shown abo | ve? See instructio | ons               |          |                   | X Yes No               |
| 232001 12-1 | 3-22 LHA For Paperwork Reduction Act Notic         | ce, see the separ  | ate instructions. |          |                   | Form <b>990</b> (2022) |

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

| Form  |  | FRIENDS VA                              |                                 | 47-5065472 Page 2     |
|-------|--|---|---------------------------------|-----------------------|
| Par   | t III Statement of Program Ser   | vice Accomplishments                    |                                 |                       |
|       | Check if Schedule O contains a re  | sponse or note to any line in this Part | <u>III</u>                      |                       |
| 1     | Briefly describe the organization's missic<br>ANIMAL RESCUE AS A NO  |   | UGH THE PROCESS C               | F FOSTERING.          |
|       |  |   |                                 |                       |
| 2     | Did the organization undertake any signi   |   | ar which were not listed on the |                       |
|       | prior Form 990 or 990-EZ?  | Schedule O.                             |                                 | Yes X No              |
| 3     | Did the organization cease conducting, of "Yes," describe these changes on Sch   |   | conducts, any program services? | Yes X No              |
| 4     | Describe the organization's program services Section 501(c)(3) and 501(c)(4) organization revenue, if any, for each program services | ions are required to report the amoun   |                                 |                       |
| 4a    | (Code:) (Expenses \$<br>ANIMAL ADOPTIONS FOR<br>FOSTERING.   | 39,656. including grants of \$          | ) (Rever<br>ROUGH THE PROCESS   |                       |
|       | PROVIDING VET SERVIC   | ES INCLUDING NEUTER                     | ING/SPAYING AND M               | ICROCHIPPING          |
|       | FOR ALL RESCUED ANIM   |   | `                               |                       |
|       | TRANSPORTING RESCUE  | ANIMALS TO AND FROM                     | FACILITIES, FOST                | ER FAMILIES AND       |
|       | ADOPTION SITES.  |   |                                 |                       |
|       |  |   |                                 |                       |
|       |  |   |                                 |                       |
|       |  |   |                                 |                       |
|       |  |   |                                 |                       |
|       |  |   |                                 |                       |
| 4b    | (Code:) (Expenses \$   | including grants of \$                  | ) (Reven                        | nue \$                |
|       |  |   |                                 |                       |
|       |  |   |                                 |                       |
|       |  |   |                                 |                       |
|       |  |   |                                 |                       |
|       |  |   |                                 |                       |
|       |  |   |                                 |                       |
|       |  |   |                                 |                       |
|       |  |   |                                 |                       |
|       |  |   |                                 |                       |
|       |  |   |                                 |                       |
|       |  |   | ) (-                            |                       |
| 4c    | (Code:) (Expenses \$   | including grants of \$                  | ) (Rever                        | nue \$                |
|       |  |   |                                 |                       |
|       |  |   |                                 |                       |
|       |  |   |                                 |                       |
|       |  |   |                                 |                       |
|       |  |   |                                 |                       |
|       |  |   |                                 |                       |
|       |  |   |                                 |                       |
|       |  |   |                                 |                       |
|       |  |   |                                 |                       |
|       |  |   |                                 |                       |
| 4d    | Other program services (Describe on Sci  | nedule O.)                              |                                 |                       |
|       | (Expenses \$   | including grants of \$                  | ) (Revenue \$                   | )                     |
| 4e    | Total program service expenses   | 39,656.                                 |                                 |                       |
|       |  |   |                                 | Form <b>990</b> (2022 |
| 32002 | 12-13-22   | 2                                       |                                 |                       |
|       |  | 3                                       |                                 |                       |

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|------|-----|--------|
| Form | 990 | (2022) |

 Form 990 (2022)
 ANIMAL
 FRIENDS
 VA

 Part IV
 Checklist of Required Schedules
 VA

|        |   |            | Yes | No       |
|--------|---|------------|-----|----------|
| 1      | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?   |            |     |          |
|        | If "Yes," complete Schedule A   | 1          | X   |          |
| 2      | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions   | 2          |     | X        |
| 3      | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for   |            |     |          |
|        | public office? If "Yes," complete Schedule C, Part I  | 3          |     | <u> </u> |
| 4      | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect  |            |     |          |
|        | during the tax year? If "Yes," complete Schedule C, Part II   | 4          |     | <u> </u> |
| 5      | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or  |            |     |          |
|        | similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III   | 5          |     | <u> </u> |
| 6      | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to   |            |     |          |
|        | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I  | 6          |     | X        |
| 7      | Did the organization receive or hold a conservation easement, including easements to preserve open space,   |            |     |          |
|        | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II  | 7          |     | X        |
| 8      | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete  |            |     |          |
|        | Schedule D, Part III  | 8          |     | X        |
| 9      | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for   |            |     |          |
|        | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?   |            |     |          |
|        | If "Yes," complete Schedule D, Part IV  | 9          |     | X        |
| 10     | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments  |            |     |          |
|        | or in quasi endowments? If "Yes," complete Schedule D, Part V   | 10         |     | X        |
| 11     | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,   |            |     |          |
|        | as applicable.  |            |     |          |
| а      | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,   |            |     | 37       |
|        | Part VI   | <u>11a</u> |     | X        |
| b      | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total  |            |     | v        |
|        | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII   | 11b        |     | X        |
| С      | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total   |            |     | v        |
| -1     | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  | 11c        |     | <u> </u> |
| a      | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in   |            |     | x        |
| -      | Part X, line 16? If "Yes," complete Schedule D, Part IX   | 11d        |     | X        |
| -      | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X   | 11e        |     |          |
| f      | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> | 11f        |     | x        |
| 100    | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete   |            |     |          |
| 120    |   | 12a        |     | x        |
| h      | Schedule D, Parts XI and XII  | 120        |     |          |
| 5      | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional   | 12b        |     | x        |
| 13     | Is the organization aschool described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  | 13         |     | X        |
| 14a    | Did the organization maintain an office, employees, or agents outside of the United States?   | 14a        |     | X        |
|        | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,   |            |     | <u> </u> |
| ~      | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000  |            |     |          |
|        | or more? If "Yes," complete Schedule F, Parts I and IV  | 14b        |     | x        |
| 15     | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any   |            |     |          |
|        | foreign organization? If "Yes," complete Schedule F, Parts II and IV  | 15         |     | x        |
| 16     | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to  |            |     | <u> </u> |
|        | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV   | 16         |     | x        |
| 17     | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,   |            |     |          |
|        | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions  | 17         |     | x        |
| 18     | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines  |            |     |          |
|        | 1c and 8a? If "Yes," complete Schedule G, Part II   | 18         |     | x        |
| 19     | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."  |            |     |          |
|        | complete Schedule G, Part III   | 19         |     | x        |
| 20a    | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H   | 20a        |     | X        |
|        | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  | 20b        |     |          |
| 21     | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or   |            |     |          |
|        | domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II   | 21         |     | X        |
| 232003 | 12-13-22  | Form       | 990 | (2022)   |

232003 12-13-22

| Form | 990 | (2022) |
|------|-----|--------|
|      | 330 | (2022) |

 Form 990 (2022)
 ANIMAL
 FRIENDS
 VA

 Part IV
 Checklist of Required Schedules (continued)

|        | continued)   |          | Yes | No       |
|--------|--|----------|-----|----------|
| 22     | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on  |          | 103 |          |
|        | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  | 22       |     | x        |
| 23     | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current  |          |     |          |
|        | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete   |          |     |          |
|        | Schedule J   | 23       |     | X        |
| 24a    | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the  |          |     |          |
|        | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete   |          |     |          |
|        | Schedule K. If "No," go to line 25a  | 24a      |     | X X      |
|        | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  | 24b      |     |          |
| С      | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease   |          |     |          |
| -      | any tax-exempt bonds?  | 24c      |     |          |
|        | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  | 24d      |     |          |
| 258    | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If</i> "Yes," <i>complete Schedule L, Part I</i> | 25a      |     | x        |
| h      | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and   | 2.54     |     |          |
|        | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete  |          |     |          |
|        | Schedule L. Part I   | 25b      |     | x        |
| 26     | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current  |          |     |          |
|        | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%  |          |     |          |
|        | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II   | 26       |     | X        |
| 27     | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,  |          |     |          |
|        | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled  |          |     |          |
|        | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III   | 27       |     | X        |
| 28     | Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,   |          |     |          |
|        | instructions for applicable filing thresholds, conditions, and exceptions):  |          |     |          |
| а      | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If   |          |     |          |
|        | "Yes," complete Schedule L, Part IV  | 28a      |     | X<br>X   |
|        | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV  | 28b      |     | <u> </u> |
| С      | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>  | 28c      |     | x        |
| 29     | "Yes," complete Schedule L, Part IV<br>Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  | 29       |     | X        |
| 30     | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation  | 25       |     |          |
|        | contributions? If "Yes," complete Schedule M   | 30       |     | x        |
| 31     | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N. Part I   | 31       |     | X        |
| 32     | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete   |          |     |          |
|        | Schedule N, Part II  | 32       |     | X        |
| 33     | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations   |          |     |          |
|        | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  | 33       |     | X        |
| 34     | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and  |          |     |          |
|        | Part V, line 1   | 34       |     | X        |
|        | Did the organization have a controlled entity within the meaning of section 512(b)(13)?  | 35a      |     | X        |
| b      | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity  |          |     |          |
| ~~     | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  | 35b      |     |          |
| 36     | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?   | 26       |     | x        |
| 37     | If "Yes," complete Schedule R, Part V, line 2<br>Did the organization conduct more than 5% of its activities through an entity that is not a related organization  | 36       |     |          |
| 37     | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI   | 37       |     | x        |
| 38     | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?   | <b>–</b> |     | <u> </u> |
|        | Note: All Form 990 filers are required to complete Schedule O  | 38       | х   |          |
| Par    |  |          |     |          |
|        | Check if Schedule O contains a response or note to any line in this Part V   | <u></u>  |     |          |
|        |  |          | Yes | No       |
|        | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a  |          |     |          |
|        | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0   |          |     |          |
| С      | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming   |          |     |          |
|        | (gambling) winnings to prize winners?  | 1c       | 000 | (2022)   |
| 232004 | - 12-13-22<br>5  | Form     | 530 | (2022)   |
|        | J  |          |     |          |

| Form   | 990 (2022) ANIMAL FRIENDS VA  |           | 47-5065             | 472      | Pa   | age <b>5</b> |
|--------|---|-----------|---------------------|----------|------|--------------|
| Par    | t V Statements Regarding Other IRS Filings and Tax Compliance (continued)   |           |                     |          |      |              |
|        |   |           |                     |          | Yes  | No           |
| 2a     | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,                         |           |                     |          |      |              |
|        | filed for the calendar year ending with or within the year covered by this return                                   | 2a        | 0                   |          |      |              |
| b      | If at least one is reported on line 2a, did the organization file all required federal employment tax retur         | ns?       |                     | 2b       |      |              |
| 3a     | Did the organization have unrelated business gross income of \$1,000 or more during the year?                       |           |                     | 3a       |      | Х            |
| b      | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule           | 0         |                     | 3b       |      |              |
|        | At any time during the calendar year, did the organization have an interest in, or a signature or other a           |           |                     |          |      |              |
|        | financial account in a foreign country (such as a bank account, securities account, or other financial a            | (ccount)  | ?                   | 4a       |      | Х            |
| b      | If "Yes," enter the name of the foreign country   |           |                     |          |      |              |
|        | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A                | ccounts   | (FBAR).             |          |      |              |
| 5a     | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?               |           |                     | 5a       |      | Х            |
| b      | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac         |           |                     | 5b       |      | Х            |
| с      | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?   |           |                     | 5c       |      |              |
|        | Does the organization have annual gross receipts that are normally greater than \$100,000, and did th               |           |                     |          |      |              |
|        | any contributions that were not tax deductible as charitable contributions?   |           |                     | 6a       |      | Х            |
| b      | If "Yes," did the organization include with every solicitation an express statement that such contributi            |           |                     |          |      |              |
|        | were not tax deductible?  |           |                     | 6b       |      |              |
| 7      | Organizations that may receive deductible contributions under section 170(c).                                       |           |                     |          |      |              |
| ,<br>a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser | vices nro | vided to the navor? | 7a       |      | х            |
| b      | If "Yes," did the organization notify the donor of the value of the goods or services provided?                     | 1000 pro  | ndou to the puyor.  | 70<br>7b |      |              |
|        | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was            | e requir  | od                  |          |      |              |
| U      | to file Form 8282?  |           |                     | 7c       |      | х            |
| Ь      |   | 7d        |                     |          |      |              |
|        | It "Yes," indicate the number of Forms 8282 filed during the year   | · · · ·   |                     | 7e       |      |              |
| e<br>f |   |           |                     | 7e<br>7f |      |              |
| י<br>מ | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra-          |           | an required?        |          |      |              |
| 9<br>b | If the organization received a contribution of qualified intellectual property, did the organization file Fo        |           |                     | 7g<br>7h |      |              |
| -      | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization      |           |                     |          |      |              |
| 8      | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained                       | -         |                     | •        |      |              |
| ~      |   |           |                     | 8        |      |              |
| 9      | Sponsoring organizations maintaining donor advised funds.   |           |                     | 0-       |      |              |
| a<br>L |   |           |                     | 9a       |      |              |
| b      |   |           |                     | 9b       |      |              |
| 10     | Section 501(c)(7) organizations. Enter:   |           |                     |          |      |              |
| a      | Initiation fees and capital contributions included on Part VIII, line 12  | 10a       |                     | -        |      |              |
|        | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities                         | 10b       |                     | -        |      |              |
| 11     | Section 501(c)(12) organizations. Enter:  |           |                     |          |      |              |
| a      | Gross income from members or shareholders   | 11a       |                     | -        |      |              |
| b      | Gross income from other sources. (Do not net amounts due or paid to other sources against                           |           |                     |          |      |              |
|        | amounts due or received from them.)   | 11b       |                     |          |      |              |
|        | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form                | 1 1       |                     | 12a      |      |              |
|        | If "Yes," enter the amount of tax-exempt interest received or accrued during the year                               | 12b       |                     |          |      |              |
| 13     | Section 501(c)(29) qualified nonprofit health insurance issuers.  |           |                     | 4.0      |      |              |
| а      | Is the organization licensed to issue qualified health plans in more than one state?                                |           |                     | 13a      |      |              |
| -      | <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.            |           |                     |          |      |              |
| b      | Enter the amount of reserves the organization is required to maintain by the states in which the                    | 11        |                     |          |      |              |
|        | organization is licensed to issue qualified health plans  | 13b       |                     |          |      |              |
|        | Enter the amount of reserves on hand  | 13c       |                     |          |      | 37           |
|        |   |           |                     | 14a      |      | Х            |
|        | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu               |           |                     | 14b      |      |              |
| 15     | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune                |           |                     |          |      | 37           |
|        | excess parachute payment(s) during the year?  |           |                     | 15       |      | X            |
|        | If "Yes," see the instructions and file Form 4720, Schedule N.  |           |                     |          |      |              |
| 16     | Is the organization an educational institution subject to the section 4968 excise tax on net investment             | t income  | ?                   | 16       |      | X            |
|        | If "Yes," complete Form 4720, Schedule O.   |           |                     |          |      |              |
| 17     | Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac               |           |                     |          |      |              |
|        | that would result in the imposition of an excise tax under section 4951, 4952 or 4953?                              |           |                     | 17       |      |              |
|        | If "Yes," complete Form 6069.   |           |                     |          | 0000 |              |
| 232005 | 12-13-22  |           |                     | Form     | 990  | (2022)       |

| Form | 990 | (2022) |
|------|-----|--------|
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Section A. Governing Body and Management

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

| Check if Schedule O contains a response or note to any line in this Part VI |  |
|---|--|
|   |  |

|    | <u></u> | <br> |   | <br> | Ă  |
|----|---------|------|---|------|----|
|    |         |      |   |      |    |
|    |         |      | _ | Yes  | No |
| 1a |         |      | 1 |      |    |

|     |  |                     |                       |         | 103      | 110  |
|-----|--|---------------------|-----------------------|---------|----------|------|
| 1a  | Enter the number of voting members of the governing body at the end of the tax year  | 1a                  |                       | 1       |          |      |
|     | If there are material differences in voting rights among members of the governing body, or if the governing                          |                     |                       |         |          |      |
|     | body delegated broad authority to an executive committee or similar committee, explain on Schedule O.                                |                     |                       |         |          |      |
| b   | Enter the number of voting members included on line 1a, above, who are independent   | 1b                  |                       | 1       |          |      |
| 2   | Did any officer, director, trustee, or key employee have a family relationship or a business relationship                            | p with a            | any other             |         |          |      |
|     | officer, director, trustee, or key employee?   |                     | ,                     | 2       |          | X    |
| 3   | Did the organization delegate control over management duties customarily performed by or under the                                   |                     | supervision           |         |          |      |
|     | of officers disectors tructure or low employees to a management company or other person?   |                     |                       | 3       |          | x    |
| 4   | Did the organization make any significant changes to its governing documents since the prior Form S                                  |                     |                       | 4       |          | X    |
| 5   | Did the organization become aware during the year of a significant diversion of the organization's ass                               |                     |                       | 5       |          | X    |
| 6   | Did the organization have members or stockholders?   |                     |                       | 6       |          | X    |
| 7a  | Did the organization have members, stockholders, or other persons who had the power to elect or ap                                   |                     |                       |         |          |      |
|     | more members of the governing body?  |                     |                       | 7a      |          | x    |
| b   | Are any governance decisions of the organization reserved to (or subject to approval by) members, s                                  |                     |                       |         |          |      |
|     | persons other than the governing body?   |                     |                       | 7b      |          | x    |
| 8   | Did the organization contemporaneously document the meetings held or written actions undertaken during the year                      |                     |                       |         |          |      |
| а   | The governing body?  |                     |                       | 8a      | х        |      |
| b   | Each committee with authority to act on behalf of the governing body?  |                     |                       | 8b      | Х        |      |
| 9   | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea                            |                     |                       |         |          |      |
| -   | organization's mailing address? If "Yes," provide the names and addresses on Schedule O  |                     |                       | 9       |          | x    |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Re                                 | venue               | Code )                |         |          |      |
|     |  |                     | 0000.)                |         | Yes      | No   |
| 10a | Did the organization have local chapters, branches, or affiliates?   |                     |                       | 10a     |          | X    |
|     | If "Yes," did the organization have written policies and procedures governing the activities of such ch                              |                     |                       |         |          |      |
|     | and branches to ensure their operations are consistent with the organization's exempt purposes?                                      | •                   |                       | 10      | ,        |      |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing bod                                   | y befor             | e filing the form?    | 11a     | X        |      |
|     | Describe on Schedule O the process, if any, used by the organization to review this Form 990.  |                     | C C                   |         |          |      |
| 12a |  |                     |                       | 12a     |          | X    |
| b   |  |                     |                       | 12t     |          |      |
| с   | Did the organization regularly and consistently monitor and enforce compliance with the policy? // "                                 |                     |                       |         |          |      |
|     | on Schedule O how this was done  | ,                   |                       | 120     | :        |      |
| 13  | Did the organization have a written whistleblower policy?  |                     |                       | 13      |          | X    |
| 14  | Did the organization have a written document retention and destruction policy?   |                     |                       | 14      |          | X    |
| 15  | Did the process for determining compensation of the following persons include a review and approva                                   |                     |                       |         |          |      |
|     | persons, comparability data, and contemporaneous substantiation of the deliberation and decision?                                    | -                   |                       |         |          |      |
| а   | The organization's CEO, Executive Director, or top management official   |                     |                       | 15a     |          | X    |
| b   | Other officers or key employees of the organization  |                     |                       | 15k     |          | X    |
|     | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.   |                     |                       |         |          |      |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger                          | ment wi             | ith a                 |         |          |      |
|     | taxable entity during the year?  |                     |                       | 16a     |          | X    |
| b   | If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua                             |                     |                       |         |          |      |
|     | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ                                | nization            | 's                    |         |          |      |
|     | exempt status with respect to such arrangements?   |                     |                       | 16b     |          |      |
| Sec | tion C. Disclosure   |                     |                       |         |          |      |
| 17  | List the states with which a copy of this Form 990 is required to be filed $\_VA$  |                     |                       |         |          |      |
| 18  | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a                                 | nd 990 <sup>.</sup> | T (section 501(c)(3   | )s only | ) availa | able |
|     | for public inspection. Indicate how you made these available. Check all that apply.  |                     |                       |         |          |      |
|     | Own website Another's website X Upon request Other (explain  | n on Sc             | hedule O)             |         |          |      |
| 19  | Describe on Schedule O whether (and if so, how) the organization made its governing documents, co                                    | onflict o           | f interest policy, ar | nd fina | ncial    |      |
|     | statements available to the public during the tax year.  |                     |                       |         |          |      |
| 20  | State the name, address, and telephone number of the person who possesses the organization's boot <b>BETH NELSON</b> $-571-437-6171$ | oks and             | l records             |         |          |      |

| 13542 | POLAR | COURT. | WOODBRIDGE, | VA | 22193 |
|-------|-------|--------|-------------|----|-------|
|       |       |        |             |    |       |

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2022.04020 ANIMAL FRIENDS VA

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| Form 990 (2022) ANIMAL FRIENDS VA   | 47-5065472 | Page 7 |
|---|------------|--------|
| Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Co   | ompensated |        |
| Employees, and Independent Contractors  |            |        |
| Check if Schedule O contains a response or note to any line in this Part VII  |            |        |
| Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  |            |        |
| <ul> <li>1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending</li> <li>List all of the organization's current officers, directors, trustees (whether individuals or organizations), re</li> </ul> |            |        |

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

| Name and title     Average<br>hours per<br>weak<br>billow and a directivitient<br>organization<br>organization     Reportable<br>compension<br>from related<br>organizations     Estimated<br>sub-<br>compension<br>from related<br>organizations       1)     BETH NELSON     30.00     X     0     0.     0.       11)     BETH NELSON     30.00     X     0     0.     0.       11)     BETH NELSON     30.00     X     0     0.     0.       12)     BETH NELSON     30.00     X     0     0.     0.       13)     BETH NELSON     30.00     X     0     0.     0.       14)     14     14     14     14     14     14       14)     14     14     14     14     14     14       14)     14     14     14     14     14     14       14)     14     14     14     14     14     14       14)     14     14     14     14     14     14       14)     14     14     14     14     14     14       14)     14     14     14     14     14     14       14)     14     14     14     14     14     14       14)     14     14     14 <th>(A)</th> <th>(B)</th> <th colspan="5"><b>(C)</b><br/>Position</th> <th></th> <th>(D)</th> <th>(E)</th> <th colspan="3">(F)</th>   | (A)             | (B)           | <b>(C)</b><br>Position |         |        |          |                     |      | (D)             | (E)             | (F)                    |  |  |
|---|-----------------|---------------|------------------------|---------|--------|----------|---------------------|------|-----------------|-----------------|------------------------|--|--|
| hours per veck<br>(list any<br>related<br>organizations)     bours the an enderwise of the from<br>the organizations<br>(W2/1099.NISC)     compensation<br>organizations<br>(W2/1099.NISC)     compensation<br>organizations<br>and related<br>organizations     an out of<br>other<br>compensation<br>(W2/1099.NISC)     an out of<br>other<br>organizations       (1) EETH NELSON     30.00     X     0     0.     0.     0.       10     20.00     X     0     0.     0.     0.       (1) EETH NELSON     30.00     X     0     0.     0.     0.       (1) EETH NELSON     30.00     X     0     0.     0.     0.       (1) EETH NELSON     30.00     X     0     0.     0.     0.       (1) EETH NELSON     30.00     X     0     0.     0.     0.       (1) EETH NELSON     30.00     X     0     0.     0.     0.       (1) EETH NELSON     30.00     X     0     0.     0.     0.       (1) EETH NELSON     30.00     X     0     0     0.     0.       (1) EETH NELSON     30.00     X     0     0     0.     0.       (1) EETH NELSON     30.00     X     0     0     0.     0.       (1) EETH NELSON     30.00     X     0     0     0.     0.  | Name and title  | Average       | Position               |         |        |          |                     |      | Reportable      | Reportable      | Estimated              |  |  |
| Image: Sector of the sector |                 | hours per     | box                    | , unles | ss pei | rson i   | s both              | an   | compensation    | compensation    | amount of              |  |  |
| 1) BETH NELSON     30.00     x     0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.   |                 | week          |                        | cer an  | ıd a d | irecto   | r/trus <sup>.</sup> | tee) | from            | from related    | other                  |  |  |
| 1) BETH NELSON     30.00     x     0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.   |                 | (list any     | ctor                   |         |        |          |                     |      | the             | organizations   | compensation           |  |  |
| 1) BETH NELSON     30.00     x     0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.   |                 | hours for     | r dire                 |         |        |          | eq                  |      | organization    | (W-2/1099-MISC/ | from the               |  |  |
| 1) BETH NELSON     30.00     x     0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.   |                 | related       | tee o                  | ustee   |        |          | ensat               |      | (W-2/1099-MISC/ | 1099-NEC)       | organization           |  |  |
| 1) BETH NELSON     30.00     x     0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.   |                 | organizations | trus                   | nal tri |        | oyee     | a mo                |      | 1099-NEC)       |                 | and related            |  |  |
| 1) BETH NELSON     30.00     x     0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.   |                 |               | ridual                 | tutior  | er     | em pl    | est c<br>loyee      | ner  |                 |                 | organizations          |  |  |
| 30.00     x     0.     0.     0.       DIRBETOR     x     0     0.     0.   |                 |               | Indiv                  | Insti   | Offlic | Key      | High<br>emp         | Form |                 |                 |                        |  |  |
| DIRECTOR     X     0.0.0.0.   | (1) BETH NELSON | 30.00         |                        |         |        |          |                     |      |                 |                 |                        |  |  |
|   | DIRECTOR        |               | х                      |         |        |          |                     |      | 0.              | 0.              | 0.                     |  |  |
|   |                 |               |                        |         |        |          |                     |      |                 | •••             |                        |  |  |
|   |                 |               |                        |         |        |          |                     |      |                 |                 |                        |  |  |
|   |                 |               |                        |         |        | <u> </u> |                     |      |                 |                 |                        |  |  |
|   |                 |               |                        |         |        |          |                     |      |                 |                 |                        |  |  |
|   |                 |               |                        |         |        |          |                     |      |                 |                 |                        |  |  |
|   |                 |               |                        |         |        |          |                     |      |                 |                 |                        |  |  |
|   |                 |               |                        |         |        |          |                     |      |                 |                 |                        |  |  |
|   |                 |               |                        |         |        |          |                     |      |                 |                 |                        |  |  |
|   |                 |               |                        |         |        |          |                     |      |                 |                 |                        |  |  |
|   |                 |               |                        |         |        |          |                     |      |                 |                 |                        |  |  |
|   |                 |               |                        |         |        |          |                     |      |                 |                 |                        |  |  |
|   |                 |               |                        |         |        |          |                     |      |                 |                 |                        |  |  |
|   |                 |               |                        |         |        |          |                     |      |                 |                 |                        |  |  |
|   |                 |               |                        |         |        |          |                     |      |                 |                 |                        |  |  |
|   |                 |               |                        |         |        |          |                     |      |                 |                 |                        |  |  |
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|   |                 |               |                        |         |        |          |                     |      |                 |                 |                        |  |  |
|   |                 |               |                        |         |        |          |                     |      |                 |                 |                        |  |  |
|   |                 |               |                        |         |        |          |                     |      |                 |                 |                        |  |  |
|   |                 |               |                        |         |        |          |                     |      |                 |                 |                        |  |  |
|   |                 |               |                        |         |        |          |                     |      |                 |                 |                        |  |  |
|   |                 |               | 1                      |         |        |          |                     |      |                 |                 |                        |  |  |
|   |                 |               |                        |         |        |          |                     |      |                 |                 |                        |  |  |
|   |                 |               |                        |         |        |          |                     |      |                 |                 |                        |  |  |
| 232007, 12-13-22  |                 |               |                        |         |        |          |                     |      |                 |                 |                        |  |  |
| 232007, 12-13-22 Form <b>990</b> (2022)   |                 |               |                        |         |        |          |                     |      |                 |                 |                        |  |  |
| 232007, 12-13-22 Form <b>990</b> (2022)   |                 |               |                        |         |        | L        |                     |      |                 |                 |                        |  |  |
| 232007, 12-13-22 Form <b>990</b> (2022)   |                 |               |                        |         |        |          |                     |      |                 |                 |                        |  |  |
| 232007, 12-13-22 Form <b>990</b> (2022)   |                 |               |                        |         |        |          |                     |      |                 |                 |                        |  |  |
| 232007, 12-13-22 Form <b>990</b> (2022)   |                 |               |                        |         |        |          |                     |      |                 |                 |                        |  |  |
| 232007 12-13-22 Form <b>990</b> (2022)  |                 |               | 1                      |         |        |          |                     |      |                 |                 |                        |  |  |
|   | 232007 12-13-22 | •             |                        |         |        |          |                     |      | 1               |                 | Form <b>990</b> (2022) |  |  |

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| Form 990 (2022) ANIMAL FI   |  |  |                       |           |                          |                                 |            |   | 47-506  | 5472                        | P                                 | age <b>8</b>      |
|---|--|--|-----------------------|-----------|--------------------------|---------------------------------|------------|---|---|-----------------------------|-----------------------------------|-------------------|
| Part VII Section A. Officers, Directors, Trus<br>(A)  | tees, Key Emp<br>(B)   | oloye  | ees,                  | anc<br>(C |                          | ghes                            | t Co       | ompensated Employee<br>(D)                          | s (continued)<br>(E)                              | 1                           | (F)                               |                   |
| (A)<br>Name and title   | Average<br>hours per<br>week   | Average<br>nours per (do not c<br>box, unles |                       |           | ition<br>more<br>rson is | than o<br>s both                | an         | Reportable<br>compensation<br>from                  | (⊏)<br>Reportable<br>compensation<br>from related |                             | (F)<br>Estimate<br>mount<br>other | of                |
|   | (list any<br>hours for<br>related<br>organizations<br>below<br>line) | Individual trustee or director               | Institutional trustee | Offlicer  | Key employee             | Highest compensated<br>employee | Former     | the<br>organization<br>(W-2/1099-MISC/<br>1099-NEC) | organizations<br>(W-2/1099-MISC/<br>1099-NEC)     | s compensat<br>SC/ from the |                                   | ie<br>tion<br>ted |
|   |  |  |                       |           |                          |                                 |            |   |   |                             |                                   |                   |
|   |  |  |                       |           |                          |                                 |            |   |   |                             |                                   |                   |
|   |  |  |                       |           |                          |                                 |            |   |   |                             |                                   |                   |
|   |  |  |                       |           |                          |                                 |            |   |   |                             |                                   |                   |
|   |  |  |                       |           |                          |                                 |            |   |   |                             |                                   |                   |
|   |  |  |                       |           |                          |                                 |            |   |   |                             |                                   |                   |
|   |  |  |                       |           |                          |                                 |            |   |   |                             |                                   |                   |
|   |  |  |                       |           |                          |                                 |            |   |   |                             |                                   |                   |
|   |  |  |                       |           |                          |                                 |            |   |   |                             |                                   |                   |
| 1b Subtotal<br>c Total from continuation sheets to Part VI  | I, Section A   |  |                       |           |                          |                                 |            | 0.  | 0<br>0<br>0                                       | •                           |                                   | 0.                |
| <ul> <li><u>d</u> Total (add lines 1b and 1c)</li> <li>2 Total number of individuals (including but n compensation from the organization</li> </ul>   |  |  |                       |           |                          |                                 |            |   |   | •                           |                                   | 0                 |
| 3 Did the organization list any former officer,   | director truste  |  |                       | mol       | 0.100                    | o or                            | hia        | host componented omp                                |   |                             | Yes                               | No                |
| <ul> <li>line 1a? If "Yes," complete Schedule J for si</li> <li>For any individual listed on line 1a, is the su</li> </ul>  | uch individual   |  |                       |           |                          |                                 |            |   | -   | 3                           | _                                 | x                 |
| <ul> <li>and related organizations greater than \$150</li> <li>Did any person listed on line 1a receive or a</li> </ul>   | ),000? If "Yes,  | " со   | mple                  | ete S     | Sche                     | dule                            | J fo       | or such individual                                  | -   | 4                           |                                   | x                 |
| rendered to the organization? If "Yes," com   | -  |  |                       |           | -                        |                                 |            | -   |   | 5                           |                                   | X                 |
| Section B. Independent Contractors           1         Complete this table for your five highest contractors  | •  | •  |                       |           |                          |                                 |            |   | · ·   | ation f                     | rom                               |                   |
| the organization. Report compensation for the organization. Report compensation (A)   |  |  |                       |           | ith c                    | or wi                           | hin:       | (B)   |   |                             | (C)                               |                   |
|   | address  | NC   | ONE                   | 5         |                          |                                 | +          | Description of s                                    | ervices   | Comp                        | ensatio                           | <u> </u>          |
|   |  |  |                       |           |                          |                                 | +          |   |   |                             |                                   |                   |
|   |  |  |                       |           |                          |                                 |            |   |   |                             |                                   |                   |
|   |  |  |                       |           |                          |                                 | $\uparrow$ |   |   |                             |                                   |                   |
|   |  |  |                       |           |                          |                                 | 1          |   |   |                             |                                   |                   |
| 2 Total number of independent contractors (in \$100,000 of compensation from the organized states and the organized states | •  | ot lin                                       | nitec                 | d to i    | thos<br>C                | se lis<br>)                     | ted        | above) who received mo                              | ore than  |                             | 000                               |                   |

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|   |    |        | Check if Schedule O               |                   |            | sponse  | or note to any lin | e in this Part VIII         |  |                  |  |
|---|----|--------|-----------------------------------|-------------------|------------|---------|--------------------|-----------------------------|--|------------------|--|
|   |    |        |                                   |                   |            |         |                    | <b>(A)</b><br>Total revenue | (B)<br>Related or exempt<br>function revenue | (C)<br>Unrelated | <b>(D)</b><br>Revenue excluded<br>from tax under<br>sections 512 - 514 |
| ts t  | 1  | а      | Federated campaigns               |                   | 1          | a       |                    |                             |  |                  |  |
| Contributions, Gifts, Grants<br>and Other Similar Amounts |    | b      | Membership dues                   |                   |            |         |                    |                             |  |                  |  |
| ۹°<br>۵   |    |        | Fundraising events                |                   |            | _       |                    |                             |  |                  |  |
| ar Sift   |    | d      | Related organizations             |                   | 1          | d       |                    |                             |  |                  |  |
| ini, o  |    |        | Government grants (contr          |                   |            | e       |                    |                             |  |                  |  |
| er tion   |    | f      | All other contributions, gifts,   |                   |            |         |                    |                             |  |                  |  |
| ţ   |    |        | similar amounts not included      | l abov            |            | _       | 36,592.            |                             |  |                  |  |
| ontr<br>off   |    | g      | Noncash contributions included in |                   |            | g \$    |                    | 26 500                      |  |                  |  |
| <u>ų p</u>  |    | h      | Total. Add lines 1a-1f            |                   |            |         |                    | 36,592.                     |  |                  |  |
|   |    |        |                                   |                   | Па         |         | Business Code      |                             |  |                  |  |
| ice   | 2  |        | PET ADOPTION                      | F.E.I             | ES         |         | 900099             | 6,551.                      | 6,551.                                       |                  |  |
| Program Service<br>Revenue                                |    | b      |                                   |                   |            |         |                    |                             |  |                  |  |
| n S<br>M  |    | c      |                                   |                   |            |         |                    |                             |  |                  |  |
| grar<br>Rev   |    | d      |                                   |                   |            |         |                    |                             |  |                  |  |
| roç   |    | e      | All - 11-                         |                   |            |         |                    |                             |  |                  |  |
| ш   |    |        | All other program service         |                   |            |         |                    | 6,551.                      |  |                  |  |
|   | 3  | g      | Total. Add lines 2a-2f            |                   |            |         |                    | 0,551.                      |  |                  |  |
|   | 3  |        |                                   | -                 |            |         |                    |                             |  |                  |  |
|   | 4  |        | Income from investment of         |                   |            |         | roceeds            |                             |  |                  |  |
|   | 5  |        |                                   | s                 |            |         |                    |                             |  |                  |  |
|   | ľ  |        |                                   |                   | (i) F      |         | (ii) Personal      |                             |  |                  |  |
|   | 6  | а      | Gross rents                       | 6a                |            |         |                    |                             |  |                  |  |
|   | Ū  |        | Less: rental expenses             | 6b                |            |         |                    |                             |  |                  |  |
|   |    |        | Rental income or (loss)           | 6c                |            |         |                    |                             |  |                  |  |
|   |    |        | Net rental income or (loss        |                   |            |         |                    |                             |  |                  |  |
|   | 7  |        | Gross amount from sales of        |                   | (i) Sec    |         | (ii) Other         |                             |  |                  |  |
|   |    |        | assets other than inventory       | 7a                |            |         |                    |                             |  |                  |  |
|   |    | b      | Less: cost or other basis         |                   |            |         |                    |                             |  |                  |  |
| ne  |    |        | and sales expenses                | 7b                |            |         |                    |                             |  |                  |  |
| /en   |    | с      | Gain or (loss)                    |                   |            |         |                    |                             |  |                  |  |
| Revenue   |    |        | Net gain or (loss)                |                   |            | <u></u> |                    |                             |  |                  |  |
| Jer   | 8  | а      | Gross income from fundraisi       | ng eve            | ents (not  |         |                    |                             |  |                  |  |
| ₽₽  |    |        | including \$                      |                   | o          | f       |                    |                             |  |                  |  |
|   |    |        | contributions reported on         | line <sup>·</sup> | 1c). See   |         |                    |                             |  |                  |  |
|   |    |        | Part IV, line 18                  |                   |            | 8a      |                    |                             |  |                  |  |
|   |    | b      | Less: direct expenses             |                   |            | 8b      |                    |                             |  |                  |  |
|   |    | С      | Net income or (loss) from         | fundi             | raising e  | vents   |                    |                             |  |                  |  |
|   | 9  | а      | Gross income from gamin           |                   |            |         |                    |                             |  |                  |  |
|   |    |        | Part IV, line 19                  |                   |            |         |                    |                             |  |                  |  |
|   |    |        | Less: direct expenses             |                   |            |         |                    |                             |  |                  |  |
|   |    |        | Net income or (loss) from         |                   |            | ties    |                    |                             |  |                  |  |
|   | 10 | а      | Gross sales of inventory,         |                   |            |         |                    |                             |  |                  |  |
|   |    |        | and allowances                    |                   |            |         |                    |                             |  |                  |  |
|   |    |        | Less: cost of goods sold          |                   |            |         |                    |                             |  |                  |  |
|   |    | С      | Net income or (loss) from         | sales             | s of inver | ntory   | Business Code      |                             |  |                  |  |
| sn  |    | -      |                                   |                   |            |         | Dusiliess Coue     |                             |  |                  |  |
| neo(  | 11 |        |                                   |                   |            |         |                    |                             |  |                  |  |
| ilar<br>ven   |    | b      |                                   |                   |            |         |                    |                             |  |                  |  |
| Miscellaneous<br>Revenue                                  | 1  | c<br>d |                                   |                   |            |         |                    |                             |  |                  |  |
| ž   |    |        | All other revenue                 |                   |            |         |                    |                             |  |                  |  |
|   | 12 |        | Total revenue. See instruction    |                   |            |         |                    | 43,143.                     | 6,551.                                       | 0.               | 0.   |
| 23200   |    |        |                                   |                   |            |         |                    | ,                           | ,  |                  | Form <b>990</b> (2022)   |

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|          | and domestic governments. See Part IV, line 21   |         |         |        |      |
|----------|--|---------|---------|--------|------|
| 2        | Grants and other assistance to domestic  |         |         |        |      |
|          | individuals. See Part IV, line 22  |         |         |        |      |
| 3        | Grants and other assistance to foreign   |         |         |        |      |
|          | organizations, foreign governments, and foreign  |         |         |        |      |
|          | individuals. See Part IV, lines 15 and 16  |         |         |        |      |
| 4        | Benefits paid to or for members  |         |         |        |      |
| 5        | Compensation of current officers, directors,   |         |         |        |      |
|          | trustees, and key employees  |         |         |        |      |
| 6        | Compensation not included above to disqualified  |         |         |        |      |
|          | persons (as defined under section 4958(f)(1)) and  |         |         |        |      |
|          | persons described in section 4958(c)(3)(B)   |         |         |        |      |
| 7        | Other salaries and wages   |         |         |        |      |
| 8        | Pension plan accruals and contributions (include   |         |         |        |      |
|          | section 401(k) and 403(b) employer contributions)  |         |         |        |      |
| 9        | Other employee benefits  |         |         |        |      |
| 10       | Payroll taxes  |         |         |        |      |
| 11       | Fees for services (nonemployees):  |         |         |        |      |
| а        | Management   |         |         |        |      |
| b        | Legal  |         |         |        |      |
| с        | Accounting   | 700.    |         | 700.   |      |
| d        | Lobbying   |         |         |        |      |
| е        | Professional fundraising services. See Part IV, line 17  |         |         |        |      |
| f        | Investment management fees   |         |         |        |      |
| g        | Other. (If line 11g amount exceeds 10% of line 25,   |         |         |        |      |
|          | column (A), amount, list line 11g expenses on Sch 0.)  |         |         |        |      |
| 12       | Advertising and promotion  | 741.    |         | 480.   | 261. |
| 13       | Office expenses  | /41•    |         | 400.   | 201. |
| 14       | Information technology   |         |         |        |      |
| 15       | Royalties  | 9,000.  | 9,000.  |        |      |
| 16<br>17 | Occupancy<br>Travel  | 946.    | 946.    |        |      |
| 17<br>18 | Payments of travel or entertainment expenses   | 540.    | 5400    |        |      |
| 10       | for any federal, state, or local public officials  |         |         |        |      |
| 19       | Conferences, conventions, and meetings   |         |         |        |      |
| 20       | Interest   |         |         |        |      |
| 21       | Payments to affiliates   |         |         |        |      |
| 22       | Depreciation, depletion, and amortization  |         |         |        |      |
| 23       | Insurance  | 1,764.  | 1,764.  |        |      |
| 24       | Other expenses. Itemize expenses not covered   |         |         |        |      |
|          | above. (List miscellaneous expenses on line 24e. If<br>line 24e amount exceeds 10% of line 25, column (A), |         |         |        |      |
|          | amount, list line 24e expenses on Schedule 0.)   |         |         |        |      |
| а        | VET BILLS  | 15,799. | 15,799. |        |      |
| b        | ADOPTION COSTS   | 7,250.  | 7,250.  |        |      |
| с        | ANIMAL SUPPLIES  | 1,750.  | 1,750.  |        |      |
| d        | MEDICINES  | 1,422.  | 1,422.  |        |      |
| е        | All other expenses   | 1,825.  | 1,725.  | 100.   |      |
| 25       | Total functional expenses. Add lines 1 through 24e   | 41,197. | 39,656. | 1,280. | 261. |
| 26       | Joint costs. Complete this line only if the organization   |         |         |        |      |
|          | reported in column (B) joint costs from a combined   |         |         |        |      |
|          | educational campaign and fundraising solicitation.   |         |         |        |      |
|          | Check here if following SOP 98-2 (ASC 958-720)   |         |         |        |      |

#### Form 990 (2022) Part IX Statement of Functional Expenses

1

Do not include amounts reported on lines 6b,

Grants and other assistance to domestic organizations

7b, 8b, 9b, and 10b of Part VIII.

ANIMAL FRIENDS VA

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

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

(A) Total expenses

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**(D)** Fundraising expenses

(C) Management and general expenses

(B) Program service expenses

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Form 990 (2022)

|                             |     | Check if Schedule O contains a response or note to any lir     | ne in this Part X                       |                                 |     |                           |
|-----------------------------|-----|--|---|---------------------------------|-----|---------------------------|
|                             |     |  |   | <b>(A)</b><br>Beginning of year |     | <b>(B)</b><br>End of year |
|                             | 1   | Cash - non-interest-bearing                                    |   | 3,715.                          | 1   | 5,661.                    |
|                             | 2   | Savings and temporary cash investments                         |   | -                               | 2   |                           |
|                             | 3   | Pledges and grants receivable, net                             |   |                                 | 3   |                           |
|                             | 4   | Accounts receivable, net                                       |   |                                 | 4   |                           |
|                             | 5   | Loans and other receivables from any current or former of      |   |                                 |     |                           |
|                             |     | trustee, key employee, creator or founder, substantial con     |   |                                 |     |                           |
|                             |     | controlled entity or family member of any of these persons     |   |                                 | 5   |                           |
|                             | 6   | Loans and other receivables from other disqualified persor     |   |                                 |     |                           |
|                             |     | under section 4958(f)(1)), and persons described in sectior    |   |                                 | 6   |                           |
| s                           | 7   | Notes and loans receivable, net                                | r i i i i i i i i i i i i i i i i i i i |                                 | 7   |                           |
| Assets                      | 8   | Inventories for sale or use                                    |   |                                 | 8   |                           |
| As                          | 9   | Prepaid expenses and deferred charges                          |   |                                 | 9   |                           |
|                             | 10a | Land, buildings, and equipment: cost or other                  |   |                                 |     |                           |
|                             |     | basis. Complete Part VI of Schedule D 10a                      |   |                                 |     |                           |
|                             | b   | Less: accumulated depreciation 10b                             |   |                                 | 10c |                           |
|                             | 11  | Investments - publicly traded securities                       |   |                                 | 11  |                           |
|                             | 12  | Investments - other securities. See Part IV, line 11           |   |                                 | 12  |                           |
|                             | 13  | Investments - program-related. See Part IV, line 11            |   |                                 | 13  |                           |
|                             | 14  | Intangible assets  |   |                                 | 14  |                           |
|                             | 15  | Other assets. See Part IV, line 11                             |   |                                 | 15  |                           |
|                             | 16  | Total assets. Add lines 1 through 15 (must equal line 33)      |   | 3,715.                          | 16  | 5,661.                    |
|                             | 17  | Accounts payable and accrued expenses                          |   |                                 | 17  |                           |
|                             | 18  | Grants payable   |   |                                 | 18  |                           |
|                             | 19  | Deferred revenue   |   |                                 | 19  |                           |
|                             | 20  | Tax-exempt bond liabilities                                    |   |                                 | 20  |                           |
|                             | 21  | Escrow or custodial account liability. Complete Part IV of S   |   |                                 | 21  |                           |
| ŝ                           | 22  | Loans and other payables to any current or former officer,     | director,                               |                                 |     |                           |
| Liabilities                 |     | trustee, key employee, creator or founder, substantial con-    | tributor, or 35%                        |                                 |     |                           |
| abil                        |     | controlled entity or family member of any of these persons     |   |                                 | 22  |                           |
| Ë                           | 23  | Secured mortgages and notes payable to unrelated third p       | parties                                 |                                 | 23  |                           |
|                             | 24  | Unsecured notes and loans payable to unrelated third part      | ies                                     |                                 | 24  |                           |
|                             | 25  | Other liabilities (including federal income tax, payables to r | elated third                            |                                 |     |                           |
|                             |     | parties, and other liabilities not included on lines 17-24). C | omplete Part X                          |                                 |     |                           |
|                             |     | of Schedule D  |   |                                 | 25  |                           |
|                             | 26  | Total liabilities. Add lines 17 through 25                     |   | 0.                              | 26  | 0.                        |
|                             |     | Organizations that follow FASB ASC 958, check here             |   |                                 |     |                           |
| ces                         |     | and complete lines 27, 28, 32, and 33.                         |   |                                 |     |                           |
| lan                         | 27  | Net assets without donor restrictions                          |   |                                 | 27  |                           |
| Ba                          | 28  | Net assets with donor restrictions                             |   |                                 | 28  |                           |
| pur                         |     | Organizations that do not follow FASB ASC 958, check           | here X                                  |                                 |     |                           |
| Net Assets or Fund Balances |     | and complete lines 29 through 33.                              |   |                                 |     |                           |
| s<br>S                      | 29  | Capital stock or trust principal, or current funds             |   | 3,715.                          | 29  | 5,661.                    |
| set                         | 30  | Paid-in or capital surplus, or land, building, or equipment f  |   | 0.                              | 30  | 0.                        |
| tAŝ                         | 31  | Retained earnings, endowment, accumulated income, or o         |   | 0.                              | 31  | 0.                        |
| Ne                          | 32  | Total net assets or fund balances                              |   | 3,715.                          | 32  | 5,661.                    |
|                             | 33  | Total liabilities and net assets/fund balances                 |   | 3,715.                          | 33  | 5,661.                    |

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Form 990 (2022)
Part X Balance Sheet

| Form | 1990 (2022) ANIMAL FRIENDS VA  | 47-5065  | 472 | Page 12           |
|------|--|----------|-----|-------------------|
| Pa   | rt XI Reconciliation of Net Assets   |          |     | G                 |
|      | Check if Schedule O contains a response or note to any line in this Part XI  |          |     |                   |
|      |  |          |     |                   |
| 1    | Total revenue (must equal Part VIII, column (A), line 12)  | 1        |     | ,143.             |
| 2    | Total expenses (must equal Part IX, column (A), line 25)   | 2        | 41  | ,197.             |
| 3    | Revenue less expenses. Subtract line 2 from line 1   | 3        | 1   | ,946.             |
| 4    | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                          | 4        | 3   | ,715.             |
| 5    | Net unrealized gains (losses) on investments   | 5        |     |                   |
| 6    | Donated services and use of facilities   | 6        |     |                   |
| 7    | Investment expenses  | 7        |     |                   |
| 8    | Prior period adjustments   | 8        |     |                   |
| 9    | Other changes in net assets or fund balances (explain on Schedule O)   | 9        |     | 0.                |
| 10   | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,                 |          |     |                   |
|      | column (B))  | 10       | 5   | ,661.             |
| Pa   | rt XII Financial Statements and Reporting  |          |     |                   |
|      | Check if Schedule O contains a response or note to any line in this Part XII                                       |          |     |                   |
|      |  |          |     | Yes No            |
| 1    | Accounting method used to prepare the Form 990: X Cash Accrual Other   |          |     |                   |
|      | If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule     | e O.     |     |                   |
| 2a   |  |          | 2a  | X                 |
|      | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed    | l on a   |     |                   |
|      | separate basis, consolidated basis, or both:   |          |     |                   |
|      | Separate basis Consolidated basis Both consolidated and separate basis   |          |     |                   |
| b    | Were the organization's financial statements audited by an independent accountant?                                 |          | 2b  | X                 |
|      | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate   | e basis, |     |                   |
|      | consolidated basis, or both:   |          |     |                   |
|      | Separate basis Consolidated basis Both consolidated and separate basis   |          |     |                   |
| С    | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | •        |     |                   |
|      | review, or compilation of its financial statements and selection of an independent accountant?                     |          | 2c  |                   |
|      | If the organization changed either its oversight process or selection process during the tax year, explain on Sch  | edule O. |     |                   |
| 3a   | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the    |          |     |                   |
|      | Uniform Guidance, 2 C.F.R. Part 200, Subpart F?  |          | 3a  | X                 |
| b    | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi |          |     |                   |
|      | or audits, explain why on Schedule O and describe any steps taken to undergo such audits                           |          | 3b  | <b>190</b> (2022) |

Form **990** (2022)

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| SCH | EDU | LE | Α |
|-----|-----|----|---|
|     |     |    |   |

Department of the Treasury Internal Revenue Service

(Form 990)

# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

| OMB No. 1545-0047            |
|------------------------------|
| 2022                         |
| Open to Public<br>Inspection |

Т

| Nam      | Name of the organization Employer identification number |   |                        |  |                                       |                  |                 |               |                            |
|----------|---|---|------------------------|--|---------------------------------------|------------------|-----------------|---------------|----------------------------|
| De       |   |   | AL FRIENDS             |  |                                       |                  |                 |               | 7-5065472                  |
| Pa       | πι  | Reason for Public (   | Sharity Status.        | (All organizations must c                      | omplete th                            | nis part.) S     | ee instruction  | IS.           |                            |
| The o    | organ   | ization is not a private found  | ation because it is: ( | For lines 1 through 12, c                      | heck only                             | one box.)        |                 |               |                            |
| 1        |   | A church, convention of ch  | urches, or associatio  | on of churches described                       | l in <b>sectio</b>                    | on 170(b)(1      | I)(A)(i).       |               |                            |
| 2        |   | A school described in section   | ion 170(b)(1)(A)(ii).( | Attach Schedule E (Form                        | า 990).)                              |                  |                 |               |                            |
| 3        |   | A hospital or a cooperative   |                        |  |                                       |                  |                 |               |                            |
| 4        |   | A medical research organization   | ation operated in co   | njunction with a hospital                      | described                             | l in sectio      | n 170(b)(1)(A   | )(iii). Enter | the hospital's name,       |
|          |   | city, and state:  |                        |  |                                       |                  |                 |               |                            |
| 5        |   | An organization operated for section 170(b)(1)(A)(iv). (C   |                        | llege or university owned                      | l or operat                           | ed by a go       | overnmental u   | nit describe  | ed in                      |
| 6        |   | A federal, state, or local gov  |                        | oontal unit described in                       | coction 1                             | 70(6)(1)(1)      | 60              |               |                            |
| 7        |   |   | •                      |  |                                       |                  | .,              | no gonoral r  | public described in        |
| '        |   | An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in |                        |  |                                       |                  |                 |               |                            |
| 8        |   | section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)                |                        |  |                                       |                  |                 |               |                            |
| 9        |   | An agricultural research org  |                        |  | -                                     | od in coniu      | unction with a  | land grant    | collogo                    |
| 9        |   |   |                        |  |                                       | -                |                 | -             | -                          |
|          |   | or university or a non-land-g   | grant college of agric | ulture (see instructions).                     |                                       | name, city       | , and state of  | the college   |                            |
| 10       | X   | university:<br>An organization that norma   |                        | than 22 1/20/ of its supp                      | ort from o                            | ontributior      | n momborob      | in food on    | d aroon ronninto from      |
| 10       | 22  |   |                        |  |                                       |                  |                 |               |                            |
|          |   | activities related to its exem  |                        | •  | . ,                                   |                  |                 | ••            | •                          |
|          |   | income and unrelated busin  |                        | (less section 511 tax) ind                     | on busines                            | sses acqui       | rea by the org  | janization a  | inter Julie 30, 1975.      |
| 44       |   | See section 509(a)(2). (Con   |                        | walk to toot for public oot                    | fatu Caa                              | ocation El       | O(a)(4)         |               |                            |
| 11       |   | An organization organized a   | -                      | •  | •                                     |                  |                 |               |                            |
| 12       |   | An organization organized a   | -                      | -  | -                                     |                  |                 | •             |                            |
|          |   | more publicly supported or  | -                      |  |                                       |                  |                 |               | Direck the box on          |
|          | _   | lines 12a through 12d that  | • •                    |  |                                       | -                |                 | -             |                            |
| а        |   | <b>Type I.</b> A supporting orga  |                        | -  | • • •                                 | -                |                 |               |                            |
|          |   | the supported organization  |                        |  | majority c                            | of the direc     | tors or truste  | es of the su  | ipporting                  |
|          |   | organization. You must o  |                        |  |                                       |                  |                 |               |                            |
| b        |   | <b>Type II.</b> A supporting org  |                        |  |                                       |                  | -               |               | -                          |
|          |   | control or management of the supporting organization vested in the same persons that control or manage the supported                      |                        |  |                                       |                  |                 |               |                            |
|          |   | organization(s). You mus  |                        |  |                                       |                  |                 |               |                            |
| С        |   | Type III functionally inte  |                        |  |                                       |                  |                 | ly integrate  | d with,                    |
|          | _   | its supported organization  | . , .                  |  |                                       |                  | -               |               |                            |
| d        |   | Type III non-functionally   |                        |  |                                       |                  |                 | -             |                            |
|          |   | that is not functionally int  |                        |  | •                                     |                  | -               | l an attentiv | /eness                     |
|          |   | requirement (see instructi  | ,                      | •  | -                                     |                  |                 |               |                            |
| е        |   | Check this box if the orga  |                        |  |                                       |                  | Туре I, Туре    | II, Type III  |                            |
|          |   | functionally integrated, or   |                        | nally integrated supporting                    | ng organiz                            | ation.           |                 |               |                            |
|          | Enter the number of supported organizations             |   |                        |  |                                       |                  |                 |               |                            |
| <u> </u> |   | vide the following information<br>i) Name of supported  | about the supporte     | ed organization(s). (iii) Type of organization | (iv) Is the org                       | anization listed | (v) Amount o    | fmonoton      | (vi) Amount of other       |
|          | (   | organization  |                        | (described on lines 1-10                       | (iv) Is the organized in your governi |                  | support (see ir |               | support (see instructions) |
|          |   | organization  |                        | above (see instructions))                      | Yes                                   | No               |                 |               |                            |
|          |   |   |                        |  |                                       |                  |                 |               |                            |
|          |   |   |                        |  |                                       |                  |                 |               |                            |
|          |   |   |                        |  |                                       |                  |                 |               |                            |
|          |   |   |                        |  |                                       |                  |                 |               |                            |
|          |   |   |                        |  |                                       |                  |                 |               |                            |
|          |   |   |                        |  |                                       |                  |                 |               |                            |
|          |   |   |                        |  |                                       |                  |                 |               |                            |
|          |   |   |                        |  |                                       |                  |                 |               |                            |
| Tota     |   |   |                        |  |                                       |                  |                 |               |                            |
| -        |   | Paperwork Reduction Act N   | lotice, see the Instr  | uctions for Form 990 or                        | 990-EZ.                               | 232021 12-       | 09-22           | Sche          | dule A (Form 990) 2022     |

| Schedule A | (Form | 990 | 202 |
|------------|-------|-----|-----|
|            |       |     |     |

|  | 4 | 7. | -5 | 0 | 65 | 54 | 7 | 2 | Page 2 |
|--|---|----|----|---|----|----|---|---|--------|
|--|---|----|----|---|----|----|---|---|--------|

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

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

| Sec  | ction A. Public Support                      |                       |                      |                       |                              |                     |                 |
|------|--|-----------------------|----------------------|-----------------------|------------------------------|---------------------|-----------------|
| Cale | ndar year (or fiscal year beginning in)      | (a) 2018              | <b>(b)</b> 2019      | (c) 2020              | (d) 2021                     | (e) 2022            | (f) Total       |
| 1    | Gifts, grants, contributions, and            |                       |                      |                       |                              |                     |                 |
|      | membership fees received. (Do not            |                       |                      |                       |                              |                     |                 |
|      | include any "unusual grants.")               |                       |                      |                       |                              |                     |                 |
| 2    | Tax revenues levied for the organ-           |                       |                      |                       |                              |                     |                 |
|      | ization's benefit and either paid to         |                       |                      |                       |                              |                     |                 |
|      | or expended on its behalf                    |                       |                      |                       |                              |                     |                 |
| 3    | The value of services or facilities          |                       |                      |                       |                              |                     |                 |
|      | furnished by a governmental unit to          |                       |                      |                       |                              |                     |                 |
|      | the organization without charge              |                       |                      |                       |                              |                     |                 |
| 4    | Total. Add lines 1 through 3                 |                       |                      |                       |                              |                     |                 |
| 5    | The portion of total contributions           |                       |                      |                       |                              |                     |                 |
|      | by each person (other than a                 |                       |                      |                       |                              |                     |                 |
|      | governmental unit or publicly                |                       |                      |                       |                              |                     |                 |
|      | supported organization) included             |                       |                      |                       |                              |                     |                 |
|      | on line 1 that exceeds 2% of the             |                       |                      |                       |                              |                     |                 |
|      | amount shown on line 11,                     |                       |                      |                       |                              |                     |                 |
|      | column (f)                                   |                       |                      |                       |                              |                     |                 |
|      | Public support. Subtract line 5 from line 4. |                       |                      |                       |                              |                     |                 |
| Sec  | ction B. Total Support                       |                       |                      |                       |                              |                     | •               |
| Cale | ndar year (or fiscal year beginning in)      | (a) 2018              | <b>(b)</b> 2019      | (c) 2020              | (d) 2021                     | (e) 2022            | (f) Total       |
| 7    | Amounts from line 4                          |                       |                      |                       |                              |                     |                 |
| 8    | Gross income from interest,                  |                       |                      |                       |                              |                     |                 |
|      | dividends, payments received on              |                       |                      |                       |                              |                     |                 |
|      | securities loans, rents, royalties,          |                       |                      |                       |                              |                     |                 |
|      | and income from similar sources              |                       |                      |                       |                              |                     |                 |
| 9    | Net income from unrelated business           |                       |                      |                       |                              |                     |                 |
|      | activities, whether or not the               |                       |                      |                       |                              |                     |                 |
|      | business is regularly carried on             |                       |                      |                       |                              |                     |                 |
| 10   | Other income. Do not include gain            |                       |                      |                       |                              |                     |                 |
|      | or loss from the sale of capital             |                       |                      |                       |                              |                     |                 |
|      | assets (Explain in Part VI.)                 |                       |                      |                       |                              |                     |                 |
| 11   | Total support. Add lines 7 through 10        |                       |                      |                       |                              |                     |                 |
| 12   | Gross receipts from related activities,      | etc. (see instruction | ons)                 |                       |                              | 12                  |                 |
| 13   | First 5 years. If the Form 990 is for th     | ne organization's fi  | rst, second, third,  | fourth, or fifth tax  | year as a section            | 501(c)(3)           |                 |
|      | organization, check this box and stop        |                       |                      |                       |                              |                     |                 |
| Sec  | ction C. Computation of Publi                | c Support Per         | rcentage             |                       |                              |                     |                 |
|      | Public support percentage for 2022 (I        |                       |                      |                       |                              | 14                  | %               |
|      | Public support percentage from 2021          |                       |                      |                       |                              | 15                  | %               |
| 16a  | 33 1/3% support test - 2022. If the o        | organization did no   | ot check the box o   | n line 13, and line   | 14 is 33 1/3% or n           | nore, check this bo | ox and          |
|      | stop here. The organization qualifies        |                       | -                    |                       |                              |                     |                 |
| b    | 33 1/3% support test - 2021. If the o        | organization did no   | ot check a box on    | line 13 or 16a, and   | d line 15 is 33 1/3%         | 6 or more, check th | nis box         |
|      | and stop here. The organization qual         |                       |                      |                       |                              |                     |                 |
| 17a  | 10% -facts-and-circumstances test            | - 2022. If the org    | ganization did not   | check a box on lin    | ie 13, 16a, or 16b,          | and line 14 is 10%  | or more,        |
|      | and if the organization meets the fact       | s-and-circumstanc     | es test, check this  | box and stop he       | e <b>re.</b> Explain in Parl | t VI how the organi | zation          |
|      | meets the facts-and-circumstances te         | st. The organizatio   | on qualifies as a pu | ublicly supported of  | organization                 |                     |                 |
| b    | 10% -facts-and-circumstances test            | - 2021. If the or     | ganization did not   | check a box on lin    | ie 13, 16a, 16b, or          | 17a, and line 15 is | 10% or          |
|      | more, and if the organization meets the      | ne facts-and-circur   | nstances test, che   | ck this box and s     | <b>stop here.</b> Explain    | in Part VI how the  |                 |
|      | organization meets the facts-and-circu       | umstances test. Th    | ne organization qu   | alifies as a publicly | y supported organ            | ization             |                 |
| 18   | Private foundation. If the organization      | n did not check a     | box on line 13, 16   | a, 16b, 17a, or 17    | b, check this box a          | and see instruction | s               |
|      |  |                       |                      |                       |                              | Schedule A          | (Form 990) 2022 |

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

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

| Sec   | tion A. Public Support   |                       |                      |                       |                     |                      |                               |
|-------|--|-----------------------|----------------------|-----------------------|---------------------|----------------------|-------------------------------|
| Cale  | ndar year (or fiscal year beginning in)  | (a) 2018              | <b>(b)</b> 2019      | (c) 2020              | <b>(d)</b> 2021     | (e) 2022             | (f) Total                     |
| 1     | Gifts, grants, contributions, and  |                       |                      |                       |                     |                      |                               |
|       | membership fees received. (Do not  |                       |                      |                       |                     |                      |                               |
|       | include any "unusual grants.")   | 6,024.                | 25,924.              | 23,336.               | 33,638.             | 32,337.              | 121,259.                      |
| 2     | Gross receipts from admissions,<br>merchandise sold or services per-<br>formed, or facilities furnished in<br>any activity that is related to the<br>organization's tax-exempt purpose | 30,846.               | 38,151.              | 31,104.               | 14,542.             | 8,097.               | 122,740.                      |
| 3     | Gross receipts from activities that  |                       |                      |                       |                     |                      |                               |
|       | are not an unrelated trade or bus-<br>iness under section 513  |                       |                      |                       |                     |                      |                               |
| 4     | Tax revenues levied for the organ-<br>ization's benefit and either paid to<br>or expended on its behalf  |                       |                      |                       |                     |                      |                               |
| 5     | The value of services or facilities<br>furnished by a governmental unit to<br>the organization without charge  |                       |                      |                       |                     |                      |                               |
| ~     |  | 36,870.               | 64,075.              | 54,440.               | 48,180.             | 40,434.              | 243,999.                      |
|       | Total. Add lines 1 through 5   | 50,070.               | 04,073.              | 54,440.               | 40,100.             | 40,454.              | 243,999.                      |
|       | Amounts included on lines 1, 2, and 3 received from disqualified persons   |                       |                      |                       |                     |                      | 0.                            |
| b     | Amounts included on lines 2 and 3 received<br>from other than disqualified persons that<br>exceed the greater of \$5,000 or 1% of the  |                       |                      |                       |                     |                      | 0.                            |
| ~     | amount on line 13 for the year   |                       |                      |                       |                     |                      | 0.                            |
|       | Public support. (Subtract line 7c from line 6.)  |                       |                      |                       |                     |                      | 243,999.                      |
| Sec   | tion B. Total Support  |                       |                      |                       |                     |                      |                               |
| Cale  | ndar year (or fiscal year beginning in)  | (a) 2018              | <b>(b)</b> 2019      | (c) 2020              | (d) 2021            | (e) 2022             | (f) Total                     |
|       | Amounts from line 6  | 36,870.               | 64,075.              | 54,440.               | 48,180.             | 40,434.              | 243,999.                      |
|       | Gross income from interest,<br>dividends, payments received on<br>securities loans, rents, royalties,<br>and income from similar sources   |                       |                      |                       |                     |                      |                               |
| b     | Unrelated business taxable income  |                       |                      |                       |                     |                      |                               |
|       | (less section 511 taxes) from businesses   |                       |                      |                       |                     |                      |                               |
|       | acquired after June 30, 1975   |                       |                      |                       |                     |                      |                               |
|       | Add lines 10a and 10b  |                       |                      |                       |                     |                      |                               |
| 11    | Net income from unrelated business<br>activities not included on line 10b,<br>whether or not the business is<br>regularly carried on   |                       |                      |                       |                     |                      |                               |
| 12    | Other income. Do not include gain<br>or loss from the sale of capital<br>assets (Explain in Part VI.)  |                       |                      |                       |                     |                      |                               |
| 13    | Total support. (Add lines 9, 10c, 11, and 12.)   | 36,870.               | 64,075.              | 54,440.               | 48,180.             | 40,434.              | 243,999.                      |
| 14    | First 5 years. If the Form 990 is for th   | ne organization's fir | st, second, third, f | ourth, or fifth tax y | ear as a section 5  | 01(c)(3) organizatio | on,                           |
|       |  |                       |                      |                       |                     |                      |                               |
| Sec   | ction C. Computation of Publi  | c Support Per         | centage              |                       |                     | rr                   |                               |
| 15    | Public support percentage for 2022 (I  | ine 8, column (f), di | ivided by line 13, c | olumn (f))            |                     | 15                   | 100.00 %                      |
| 16    | Public support percentage from 2021  |                       |                      |                       |                     | 16                   | %                             |
| Sec   | ction D. Computation of Inves  |                       |                      |                       |                     |                      | 0.0                           |
| 17    | 1 0  |                       |                      | ne 13, column (f))    |                     | 17                   | .00 %                         |
| 18    | Investment income percentage from  |                       |                      |                       |                     |                      | %                             |
| 19a   | 33 1/3% support tests - 2022. If the   |                       |                      |                       |                     |                      |                               |
| 1-    | more than 33 1/3%, check this box ar   |                       |                      |                       |                     |                      | X                             |
| a     | <b>33 1/3% support tests - 2021.</b> If the  |                       |                      |                       |                     |                      |                               |
| 20    | line 18 is not more than 33 1/3%, che  |                       |                      |                       |                     |                      |                               |
|       | Private foundation. If the organization  | THUR HOL CHECK & L    | JUX UN IIINE 14, 198 | I, OF TOD, CHECK IN   | IS DUX ALLU SEE INS |                      | (Form 990) 2022               |
| 23202 | 3 12-09-22   |                       | 16                   |                       |                     | Schedule P           | (i oini <del>33</del> 0) 2022 |

1

2

3a

3b

Yes No

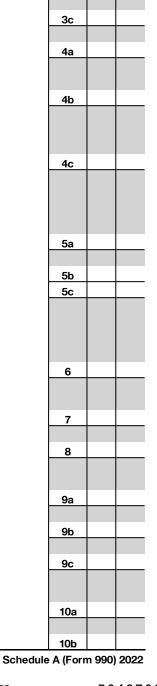
## Part IV Supporting Organizations

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

## Section A. All Supporting Organizations

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

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|         | (Form 990) 2022  |               | FRIENDS | VA |
|---------|------------------|---------------|---------|----|
| Part IV | Supporting Organ | izations (con | tinued) |    |

1

No

|     |  |     | Yes | No |
|-----|--|-----|-----|----|
| 11  | Has the organization accepted a gift or contribution from any of the following persons?  |     |     |    |
| а   | A person who directly or indirectly controls, either alone or together with persons described on lines 11b and   |     |     |    |
|     | 11c below, the governing body of a supported organization?   | 11a |     |    |
| b   | A family member of a person described on line 11a above?   | 11b |     |    |
| с   | A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide   |     |     |    |
|     | detail in Part VI.   | 11c |     |    |
| Sec | tion B. Type I Supporting Organizations  |     |     |    |
|     |  |     | Yes | No |
| 1   | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated supervised or controlled the organization's activities. If the organization had more than one supported |     |     |    |

|   | organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the |
|---|--|
|   | supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.         |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported                      |
|   | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in               |
|   | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,              |

supervised, or controlled the supporting organization.

| Sec | tion C. Type II Supporting Organizations   |     |   |
|-----|--|-----|---|
|     |  | Yes | ĺ |
| 1   | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors |     |   |

| or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control |
|---|
| or management of the supporting organization was vested in the same persons that controlled or managed        |
|   |

| 110 30    | pponted orga | 112011011131.         |               |
|-----------|--------------|-----------------------|---------------|
| Section D | D. All Type  | <b>III Supporting</b> | Organizations |

|   |  |   | Yes | No |
|---|--|---|-----|----|
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the         |   |     |    |
|   | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax  |   |     |    |
|   | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the |   |     |    |
|   | organization's governing documents in effect on the date of notification, to the extent not previously provided?       | 1 |     |    |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported       |   |     |    |
|   | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how     |   |     |    |
|   | the organization maintained a close and continuous working relationship with the supported organization(s).            | 2 |     |    |
| 3 | By reason of the relationship described on line 2, above, did the organization's supported organizations have a        |   |     |    |
|   | significant voice in the organization's investment policies and in directing the use of the organization's             |   |     |    |
|   | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's           |   |     |    |
|   | supported organizations played in this regard.   | 3 |     |    |

#### Section E. Type III Functionally Integrated Supporting Organizations

| 1 | Check the box next to the method that | t the organization used to satisf | v the Integral Part Test durin | on the year (see instructions). |
|---|---------------------------------------|-----------------------------------|--------------------------------|---------------------------------|
| • |                                       |                                   |                                |                                 |

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

| с |  | The organization supported a governmental entity. | Describe in Part VI how | you supported a d | overnmental entity | (see instructions). |  |
|---|--|---|-------------------------|-------------------|--------------------|---------------------|--|
|---|--|---|-------------------------|-------------------|--------------------|---------------------|--|

- 2 Activities Test. Answer lines 2a and 2b below.
- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" *provide details in* **Part VI.** 

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.* 232025 12-09-22

3b | | Schedule A (Form 990) 2022

2a

2b

3a

18 2022.04020 ANIMAL FRIENDS VA Yes No

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

 Schedule A (Form 990) 2022
 ANIMAL
 FRIENDS
 VA

 Part V
 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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Schedule A (Form 990) 2022

232026 12-09-22

instructions).

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|          | dule A (Form 990) 2022 ANIMAL FRIEND                            |                               | ·                                     |      | 7-5065472 Page 7                          |
|----------|---|-------------------------------|---------------------------------------|------|---|
| Pa       | rt V Type III Non-Functionally Integrated 509(                  | a)(3) Supporting Orga         | nizations (continu                    | ued) |   |
| Sect     | ion D - Distributions   |                               |                                       |      | Current Year                              |
| _1       | Amounts paid to supported organizations to accomplish exer      | mpt purposes                  |                                       | 1    |   |
| 2        | Amounts paid to perform activity that directly furthers exemp   | t purposes of supported       |                                       |      |   |
|          | organizations, in excess of income from activity                | 2                             |                                       |      |   |
| 3        | Administrative expenses paid to accomplish exempt purpose       | es of supported organizations | 3                                     | 3    |   |
| 4        | Amounts paid to acquire exempt-use assets                       |                               |                                       | 4    |   |
| 5        | Qualified set-aside amounts (prior IRS approval required - pro  | ovide details in Part VI)     |                                       | 5    |   |
| _6       | Other distributions (describe in Part VI). See instructions.    |                               |                                       | 6    |   |
| 7        | Total annual distributions. Add lines 1 through 6.              |                               |                                       | 7    |   |
| 8        | Distributions to attentive supported organizations to which the | e organization is responsive  |                                       |      |   |
|          | (provide details in Part VI). See instructions.                 |                               |                                       | 8    |   |
| 9        | Distributable amount for 2022 from Section C, line 6            |                               |                                       | 9    |   |
| 10       | Line 8 amount divided by line 9 amount                          | (1)                           | ()                                    | 10   |   |
| Sect     | ion E - Distribution Allocations (see instructions)             | (i)<br>Excess Distributions   | (ii)<br>Underdistributior<br>Pre-2022 | าร   | (iii)<br>Distributable<br>Amount for 2022 |
| 1        | Distributable amount for 2022 from Section C, line 6            |                               |                                       |      |   |
| 2        | Underdistributions, if any, for years prior to 2022 (reason-    |                               |                                       |      |   |
|          | able cause required - explain in Part VI). See instructions.    |                               |                                       |      |   |
| 3        | Excess distributions carryover, if any, to 2022                 |                               |                                       |      |   |
| a        | From 2017   |                               |                                       |      |   |
| b        | From 2018   |                               |                                       |      |   |
| C        | From 2019   |                               |                                       |      |   |
| d        | From 2020   |                               |                                       |      |   |
| e        | From 2021   |                               |                                       |      |   |
| f        | Total of lines 3a through 3e                                    |                               |                                       |      |   |
| g        | Applied to underdistributions of prior years                    |                               |                                       |      |   |
| h        | Applied to 2022 distributable amount                            |                               |                                       |      |   |
| i        | Carryover from 2017 not applied (see instructions)              |                               |                                       |      |   |
| j        | Remainder. Subtract lines 3g, 3h, and 3i from line 3f.          |                               |                                       |      |   |
| 4        | Distributions for 2022 from Section D,                          |                               |                                       |      |   |
|          | line 7: \$  |                               |                                       |      |   |
| <u>a</u> | Applied to underdistributions of prior years                    |                               |                                       |      |   |
| b        | Applied to 2022 distributable amount                            |                               |                                       |      |   |
| C        | Remainder. Subtract lines 4a and 4b from line 4.                |                               |                                       |      |   |
| 5        | Remaining underdistributions for years prior to 2022, if        |                               |                                       |      |   |
|          | any. Subtract lines 3g and 4a from line 2. For result greater   |                               |                                       |      |   |
|          | than zero, explain in Part VI. See instructions.                |                               |                                       |      |   |
| 6        | Remaining underdistributions for 2022. Subtract lines 3h        |                               |                                       |      |   |
|          | and 4b from line 1. For result greater than zero, explain in    |                               |                                       |      |   |
|          | Part VI. See instructions.                                      |                               |                                       |      |   |
| 7        | Excess distributions carryover to 2023. Add lines 3j            |                               |                                       |      |   |
|          | and 4c.   |                               |                                       |      |   |
| _8       | Breakdown of line 7:  |                               |                                       |      |   |
| -        | Excess from 2018  |                               |                                       |      |   |
| -        | Excess from 2019  |                               |                                       |      |   |
|          | Excess from 2020  |                               |                                       |      |   |
| -        | Excess from 2021  |                               |                                       |      |   |
| <u>م</u> | Excess from 2022  |                               |                                       |      |   |

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Schedule A (Form 990) 2022

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| Schedule A     | (Form 990) 2022 ANIMAL FRIENDS VA  | 47-5065472 Page 8  |
|----------------|--|--|
| Part VI        | <b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any a | 17a or 17b; Part III, line 12;<br>ines 1 and 2; Part IV, Section C,<br>Part V, Section B, line 1e; Part V, |
|                | (See instructions.)  |  |
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| 232028 12-09-2 |  | Schedule A (Form 990) 2022   |
|                | 21   |  |

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



Employer identification number 47-5065472

## FORM 990, ITEM K, OTHER FORM OF ORGANIZATION:

ANIMAL FRIENDS VA

PUBLIC

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

MICROCHIPPING FOR ALL ANIMALS THAT ARE ADOPTED THROUGH THEIR AGENCY.

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

NO REVIEW WILL BE CONDUCTED.

FORM 990, PART VI, SECTION C, LINE 19:

UPON REQUEST.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 232211 10-28-22

Schedule O (Form 990) 2022

#### 2022 DEPRECIATION AND AMORTIZATION REPORT

| FORM 99      | DRM 990 PAGE 10 990 |                  |        |      |                  |             |                             |                  |                        |                            |                           |  |                               |                           |                                       |
|--------------|---------------------|------------------|--------|------|------------------|-------------|-----------------------------|------------------|------------------------|----------------------------|---------------------------|--|-------------------------------|---------------------------|---------------------------------------|
| Asset<br>No. | Description         | Date<br>Acquired | Method | Life | C<br>o<br>n<br>v | Line<br>No. | Unadjusted<br>Cost Or Basis | Bus<br>%<br>Excl | Section 179<br>Expense | *<br>Reduction In<br>Basis | Basis For<br>Depreciation | Beginning<br>Accumulated<br>Depreciation | Current<br>Sec 179<br>Expense | Current Year<br>Deduction | Ending<br>Accumulated<br>Depreciation |
|              |                     |                  |        |      |                  |             |                             |                  |                        |                            |                           |  |                               |                           |                                       |
|              |                     |                  |        |      |                  |             |                             |                  |                        |                            |                           |  |                               |                           |                                       |
|              |                     |                  |        |      |                  |             |                             |                  |                        |                            |                           |  |                               |                           |                                       |
|              |                     |                  |        |      |                  |             |                             |                  |                        |                            |                           |  |                               |                           |                                       |
|              |                     |                  |        |      |                  |             |                             |                  |                        |                            |                           |  |                               |                           |                                       |
|              |                     |                  |        |      |                  |             |                             |                  |                        |                            |                           |  |                               |                           |                                       |
|              |                     |                  |        |      |                  |             |                             |                  |                        |                            |                           |  |                               |                           |                                       |
|              |                     |                  |        |      |                  |             |                             |                  |                        |                            |                           |  |                               |                           |                                       |
|              |                     |                  |        |      |                  |             |                             |                  |                        |                            |                           |  |                               |                           |                                       |
|              |                     |                  |        |      |                  |             |                             |                  |                        |                            |                           |  |                               |                           |                                       |
|              |                     |                  |        |      |                  |             |                             |                  |                        |                            |                           |  |                               |                           |                                       |
|              |                     |                  |        |      |                  |             |                             |                  |                        |                            |                           |  |                               |                           |                                       |
|              |                     |                  |        |      |                  |             |                             |                  |                        |                            |                           |  |                               |                           |                                       |
|              |                     |                  |        |      |                  |             |                             |                  |                        |                            |                           |  |                               |                           |                                       |

228111 04-01-22

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

## 2022 Return

## **Final Audit Report**

September 07, 2023

| Created:        | September 07, 2023                                 |
|-----------------|--|
| By:             | Yount, Hyde & Barbour, P.C.(gina.aylor@yhbcpa.com) |
| Status:         | ESigned  |
| Transaction ID: | WDCV75CH62NMCC865VRLLFU3JW                         |
| Documents:      | 2022US X50427000.4 Clnt V1.pdf                     |

# "2022 Return" History

- Document emailed to (afpamperedpaws@gmail.com) for signature 9/7/2023 09:04:11 AM Pacific Daylight Time
- Document viewed by (afpamperedpaws@gmail.com)
   9/7/2023 09:06:24 AM Pacific Daylight Time IP address: 107.77.203.97
- Document viewed by (afpamperedpaws@gmail.com)
   9/7/2023 09:08:30 AM Pacific Daylight Time IP address: 174.196.130.186
- Document e-signed by (afpamperedpaws@gmail.com) Signature Date: 9/7/2023 09:15:40 AM Pacific Daylight Time - IP address: 107.77.203.97
- Document Signed 9/7/2023 09:15:40 AM Pacific Daylight Time