Return of Organization Exempt From Income Tax

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

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

Department of the Treasury

A For the 2020 calendar year, or tax year beginning and ending Check if applicable: C Name of organization D Employer identification number Address change NETWORK FOR ANIMALS USA INC Name 47-1431869 change Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 727-599-8148 4957 CROSS POINTE DRIVE 1,249,618. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended OLDSMAR, FL 34677 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: GLORIA DAVIES 」Yes X No for subordinates? SAME AS C ABOVE **H(b)** Are all subordinates included? Yes Tax-exempt status: X 501(c)(3) 501(c) () **◄** (insert no.) 4947(a)(1) or 527 If "No," attach a list. See instructions J Website: ► NETWORKFORANIMALS.ORG **H(c)** Group exemption number ▶ K Form of organization: X Corporation Other > . Year of formation: 2014 **M** State of legal domicile: ${
m FL}$ Trust Association Part I Summary Briefly describe the organization's mission or most significant activities: NETWORK FOR ANIMALS CRUSADES **Activities & Governance** AGAINST CRUELTY TO ANIMALS BY FOCUSING ON DIRECT ACTION, OFTEN IN if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 0 Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h **Current Year Prior Year** 923,525. 1,245,629. Contributions and grants (Part VIII, line 1h) 8 0. 0. Program service revenue (Part VIII, line 2g) 7.017. 3,989. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 11 1,249,618.930,542. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 473,944. 617,404 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 88,342. 41,513. 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 442,629. 281,313. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 940,230. 1,004,915. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -74,373. 309,388. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** Ы 514,348. 823,736. 20 Total assets (Part X, line 16) 0. 21 Total liabilities (Part X, line 26) 三年 348. 22 Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign GLORIA DAVIES, PRESIDENT Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature ANNETTE CARRO, CPA P01309345 Paid self-employed Firm's name RUBINBROWN LLP Firm's EIN $\rightarrow 43 - 0765316$ Preparer Firm's address 10801 W CHARLESTON BLVD. STE 300 Use Only LAS VEGAS, NV 89135 Phone no. (702) 415-2112 X Yes May the IRS discuss this return with the preparer shown above? See instructions

Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	NETWORK FOR ANIMALS CRUSADES AGAINST CRUELTY TO ANIMALS BY FOCUSING ON
	DIRECT ACTION, OFTEN IN FAR-FLUNG, OTHERWISE NEGLECTED PLACES AROUND
	THE GLOBE. WE RECEIVE NO GOVERNMENT GRANTS AND RELY ON THE GENEROSITY
	OF OUR SUPPORTERS TO CONDUCT OUR LIFESAVING AND LIFE CHANGING WORK FOR
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
 4а	revenue, if any, for each program service reported. (Code:) (Expenses \$ 467,178 . including grants of \$ 256,527 .) (Revenue \$)
44	(Code:) (Expenses \$40 / , 1 / 8 • including grants of \$20 , 52 / •) (Revenue \$) BECAUSE OF THE COVID-19 PANDEMIC, NETWORK FOR ANIMALS FACED PERHAPS THE
	MOST CHALLENGING YEAR IN ITS HISTORY. OVERNIGHT, ANIMAL SHELTERS WHERE
	WE PROVIDE FINANCIAL SUPPORT FOR DOGS IN SOUTH AFRICA, URUGUAY, ISRAEL,
	JORDAN AND THAILAND WERE CUT OFF FROM THEIR REGULAR FOOD AND MEDICAL
	SUPPLIERS WHILE AT THE SAME TIME REPORTING MASSIVE DROPS IN ASSISTANCE
	FROM CORPORATE DONORS. IN EVERY CASE WE MANAGED TO SOURCE FOOD AND
	MEDICAL SUPPLIES AND PROVIDED ADDITIONAL FUNDING TO HELP THE SHELTERS
	DURING LOCKDOWN. LITERALLY THOUSANDS OF DOGS WERE HELPED THROUGH THE
	WORST OF THE CRISIS BECAUSE OF OUR ASSISTANCE.
4b	(Code:) (Expenses \$ 70,163. including grants of \$ 44,483.) (Revenue \$)
	OF COURSE, THE PANDEMIC ALSO PUT CATS IN CRISIS. THE SHELTERS WE
	ASSIST IN MULTIPLE COUNTRIES STRUGGLED TO FEED AND PROVIDE MEDICAL
	SUPPLIES AND CARE (INCLUDING SPAY-NEUTER) FOR CATS AT THEIR FACILITIES.
	NETWORK FOR ANIMALS PROVIDED VITAL ASSISTANCE THROUGHOUT THE
	UNPRECEDENTED EMERGENCY.
	
40	(Code:) (Expenses \$124 , 777including grants of \$124 , 852)
70	ONE OF NETWORK FOR ANIMALS' MAJOR FOCUSES IS TO BRING ABOUT AN END TO
	THE CHINESE DONKEY SKIN TRADE. CHINA DEMANDS 2.8-MILLION DONKEY SKINS
	EACH YEAR TO BE USED IN THE MANUFACTURE OF UNPROVEN TRADITIONAL
	MEDICINE. THERE ARE ONLY 44 MILLION DONKEYS IN THE WORLD AND IF NOT
	HALTED, THE CHINESE TRADE WILL WIPE THEM ALL OUT. AFRICA IS
	PARTICULARLY BADLY HIT BECAUSE DONKEYS PLAY A VITAL ROLE IN VILLAGE
	LIFE, SERVING AS TRANSPORT FOR WATER AND OTHER ESSENTIAL ITEMS,
	INCLUDING TRANSPORTING CHILDREN TO SCHOOL. YET THE PEOPLE OFTEN PUT THE
	SHORT TERM OFFER OF CASH WITHOUT CONSIDERING THE LONG-TERM CONSEQUENCES
	OF NOT HAVING DONKEYS. WE WORK TO RAISE AWARENESS OF THE IMPORTANCE OF
	DONKEYS IN RURAL COMMUNITIES AND HELPED RESCUE HUNDREDS OF DONKEYS FROM
	THE TRADE, ALL OF WHICH WE CONTINUE TO SUPPORT IN TWO SANCTUARIES IN
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 145,376 • including grants of \$ 273,542 •) (Revenue \$)
4e	Total program service expenses ► 807,494.
	Form 990 (2020)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
-	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
·	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
Ü	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,	├		
′		7		x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	-		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			_V
_	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?			٦,
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
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,			
	Part VI	11a		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			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	 -		
124	•	12a		x
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
b	•	12b		x
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional			X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		Х	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		_
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		v	
	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			.,
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
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	17	Х	<u> </u>
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
b	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	Х	

032003 12-23-20

Form **990** (2020)

Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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			_v
•	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			x
	Schedule K. If "No," go to line 25a	24a		
	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the 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 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			l
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			٠.,
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			1 37
	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			x
20	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	22		x
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34		x
25.0	Part V, line 1	35a		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	33a		122
b		256		
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b		
50		36		x
37	If "Yes," complete Schedule R, Part V, line 2	30		
01	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 in Schedule O for Part VI, lines 11b and 19?	5,		<u> </u>
-	2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2	1	37	1

Note: All Form 990 filers are required to complete Schedule O **Total Complete Schedule O** Part V

	Check if Schedule O contains a response or note to any line in this Part V					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portab	ole gaming			
	(gambling) winnings to prize winners?			1c		

032004 12-23-20

Form **990** (2020)

NETWORK FOR ANIMALS USA INC 47-1431869 Page 5 Form 990 (2020) Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V 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 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За **b** If "Yes," has it filed a Form 990-T for this year? *If* "No" to line 3b, provide an explanation on Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? Х 4a **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Х **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit Х any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). Х Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required Х to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year 7d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against

Х excess parachute payment(s) during the year?

14b

12a

13a

Form 990 (2020)

X

X

amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand

Did the organization receive any payments for indoor tanning services during the tax year?

Section 501(c)(29) qualified nonprofit health insurance issuers.

If "Yes," see instructions and file Form 4720, Schedule N.

If "Yes," complete Form 4720, Schedule O.

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b

a Is the organization licensed to issue qualified health plans in more than one state?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

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

	Check if Schedule O contains a response or note to any line in this Part VI			X							
Sec	tion A. Governing Body and Management										
			Yes	No							
1a	Enter the number of voting members of the governing body at the end of the tax year	5									
	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	וכ									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other										
	officer, director, trustee, or key employee?	2		Х							
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision										
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х							
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			х							
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			Х							
	6 Did the organization have members or stockholders?										
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	6		X							
	more members of the governing body?	7a		Х							
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or										
~	persons other than the governing body?	7b		х							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	1.5									
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 reached at the	0.5		 -							
•	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 Revenue Code.)		ı								
	(This Section B requests information about policies not required by the internal nevertile Code.)		Yes	No							
10a	Did the organization have local chapters, branches, or affiliates?	10a	100	X							
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		 -							
		10b									
112	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х								
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	110									
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		х							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b									
	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes." <i>describe</i>	120									
·		12c									
12	in Schedule O how this was done	13		х							
13	Did the organization have a written whistleblower policy?			X							
14	Did the organization have a written document retention and destruction policy?	14									
15	Did the process for determining compensation of the following persons include a review and approval by independent										
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45-		Х							
	The organization's CEO, Executive Director, or top management official	15a		X							
a	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	15b		<u> </u>							
40-											
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	40-		Х							
	taxable entity during the year?	16a		<u> </u>							
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation										
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	401									
Sac	exempt status with respect to such arrangements? tion C. Disclosure	16b									
	List the states with which a copy of this Form 990 is required to be filed FL										
17 10	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3	الم ممار ۱	ave:l-	ble							
18		yo uniy)	avalla	DIG.							
	for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain on Schedule O)										
40	(**************************************	. d fi	امنما								
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, are	iu iinan	cial								
00	statements available to the public during the tax year.										
20	State the name, address, and telephone number of the person who possesses the organization's books and records GARY LYONS, MCFARLAND, GOULD, LYONS, SULLIVAN & HOGAN, PA - 727	_161	_11	11							
	311 SOUTH MISSOURI AVENUE, CLEARWATER, FL 33756	4 O T	<u> T T</u>	<u> </u>							
	JII DOUTH MIDDOUNI AVENUE, CHEARWAIEN, IL 33/30		000								

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See 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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

X Check this box if neither the organi (A)	(B)			((C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos	itior) than	nne	Reportable	Reportable	Estimated
	hours per	box	(do not check more than one box, unless person is both an officer and a director/trustee)			s both	n an	compensation	compensation	amount of
	week		cer ar	la a a	recio	rrus	tee)	from	from related	other
	(list any hours for	irecto						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or d	stee			sated		(W-2/1099-MISC)	(88-2/1099-181130)	organization
	organizations	Individual trustee or director	Institutional trustee		yee	Highest compensated employee		(** 2) 1000 (**100)		and related
	below	idual	ution	la e	Key employee	est co oyee	le.			organizations
	line)	Indiv	Instit	Officer	Key 6	High	Former			
(1) GLORIA DAVIES	4.00									
PRESIDENT		X		Х				0.	0.	0
(2) LESLEY D BARRITT	4.00									
SECRETARY/TREASURER		Х		X				0.	0.	0
(3) ALLISON T SEVERSON	4.00									
DIRECTOR		Х						0.	0.	0
(4) BRIAN D DAVIES	4.00							_		_
DIRECTOR		Х						0.	0.	0
(5) LESLIE BUSBY	4.00	l								•
DIRECTOR		X						0.	0.	0
		-								
		-								
		-								
		-								
		1								
		1								
		1								
		l		L	L	L	L			

Form **990** (2020)

47-1431869

Par	t VII Section A. Officers, Directors, Trust	tees, Key Emp	oloy	ees,	anc	Hig	ghes	t C	ompensated Employee	s (continued)				
	(A)	(B)			•	C)			(D)	(E)			(F)	
	Name and title	Average	(do		Pos		າ than d	ne	Reportable	Reportable		Est	timate	d
		hours per	box	, unles	ss per	rson i	s both	n an	compensation	compensatio	n	am	ount o	of
		week		cer an	la a a	recio	r/trus	iee)	from	from related	- 1		other	
		(list any	recto						the	organizations			oensat	
		hours for related	or di	ee			ated		organization	(W-2/1099-MIS	,C)		om the	
		organizations	ustee	trust		90	bens		(W-2/1099-MISC)			•	anizati	
		below	ual tr	ional		ploye	t con	١.					l relate nizatio	
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	inzanc	113
		,		느	0	ž	ᄑᇴ	Œ			\dashv			
											\dashv			
			•											
											\dashv			
											\dashv			
			-											
											\dashv			
											-			
											\longrightarrow			
											\longrightarrow			
1b	Subtotal							ightharpoons	0.		0.			0.
С	Total from continuation sheets to Part VII	, Section A						ightharpoons	0.		0.			0.
d	Total (add lines 1b and 1c)							<u> </u>	0.		0.			0.
2	Total number of individuals (including but no	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable	:			
	compensation from the organization													0
													Yes	No
3	Did the organization list any former officer,	director, truste	ee, k	еу е	empl	loye	e, or	hig	hest compensated empl	oyee on				
	line 1a? If "Yes," complete Schedule J for su	uch individual										3		Х
4	For any individual listed on line 1a, is the su													
	and related organizations greater than \$150	0,000? If "Yes.	" co	mple	ete S	Sche	edule	J f	for such individual			4		X
5	Did any person listed on line 1a receive or a													
	rendered to the organization? If "Yes," com	plete Schedule	e J fo	or su	ıch ı	oers	on .					5		Х
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest cor	mpensated ind	lepe	nder	nt co	ontra	actor	rs th	nat received more than \$	100,000 of comp	ensat	ion fro	m	
	the organization. Report compensation for t													
	(A)	•							(B)			(C)	
	Name and business	address							Description of s	ervices	С	omper		1
CAF	RE2, 203 REDWOOD SHORES	PKWY,	SU	IT	E	23	0,		ELECTRONIC A	DDRESS				
	OWOOD CITY, CA 94065	,	-				•	- 1	RECRUITMENT			130	0,00	00.
	RECRUITMENT												, , , ,	
								\dashv						
								\dashv						

Form **990** (2020)

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

Part VIII Statement of Revenue

			Check if Schedule O contains	s a response o	or note to any lir	ne in this Part VIII			
						(A)	(B)	(C)	(D)
						Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
							lunction revenue	business revenue	sections 512 - 514
SΩ	1	а	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues			-			
9			Fundraising events			-			
fts,			Related organizations			-			
ig ig			Government grants (contributions			-			
ons,						-			
utic		T	All other contributions, gifts, grants, a		245 620				
들 된			similar amounts not included above		<u>245,629.</u>	-			
o d		_	Noncash contributions included in lines 1a-1			1 245 620			
Og		h	Total. Add lines 1a-1f			1,245,629.			
					Business Code				
Se	2	а							
e vi		b							
Program Service Revenue		С							
ar eve		d							
oga		е							
P.		f	All other program service revenue	∍					
		g	Total. Add lines 2a-2f)				
	3		Investment income (including div	idends, intere	st, and				
			other similar amounts)			3,989.			3,989.
	4		Income from investment of tax-ex						
	5		Royalties						
			,	(i) Real	(ii) Personal				
	6	а	Gross rents 6a						
			Less: rental expenses 6b			1			
			Rental income or (loss) 6c			-			
			Net rental income or (loss)						
				i) Securities	(ii) Other				
	′	а		ij occurrico	(ii) Otrici	-			
			assets other than inventory 7a			-			
		D	Less: cost or other basis						
ther Revenue			and sales expenses			-			
eve			Gain or (loss)						
Ϋ́.			Net gain or (loss)		D				
the	8	а	Gross income from fundraising event						
Ò			including \$						
			contributions reported on line 1c)	I					
			Part IV, line 18						
			Less: direct expenses						
			Net income or (loss) from fundrais						
	9	а	Gross income from gaming activi						
			Part IV, line 19						
		b	Less: direct expenses	9b					
		С	Net income or (loss) from gaming	activities					
	10	а	Gross sales of inventory, less retu	urns					
			and allowances	10a					
		b	Less: cost of goods sold	I					
_			Net income or (loss) from sales of		>				
			· · ·		Business Code				
Miscellaneous Revenue	11	а							
nec		b							
ella Yei		c							
Sc			All other revenue						
Σ			Total. Add lines 11a-11d						
	12		Total revenue. See instructions			1,249,618.	0.	0.	3,989.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (C) Management and general expenses (**D**) Fundraising Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 29,250. 29,250. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 588,154. 588,154. Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 10 Payroll taxes Fees for services (nonemployees): Management Legal 3,250. 3,250. Accounting Lobbying 41,513. 41,513. Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 13,942. 13,942. column (A) amount, list line 11g expenses on Sch O.) 130,500. 104,000. 26,500. Advertising and promotion 12 42,444. 5,267. Office expenses 13 18,057. 18,057. Information technology 14 Royalties 15 16 Occupancy 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates 21 Depreciation, depletion, and amortization 22 23 Other expenses. Itemize expenses not covered 24 above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 62,587. 128. 62,459. EDUCATIONAL COMMUNICATI FOOD & MEDICATION 9,689. 9,689. С d 844. 844. All other expenses 940,230. 807,494. 27,546. 105,190. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. if following SOP 98-2 (ASC 958-720)

Form 990 (2020)

Га	IL A	Balance Sneet					
		Check if Schedule O contains a response or	note to	any line in this Part X	(A) Beginning of year		(B) End of year
	Ι.						
	1	Cash - non-interest-bearing			53,251.	1	203,594
	2	Savings and temporary cash investments			461,097.	2	620,142
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any curren					
		trustee, key employee, creator or founder, su					
		controlled entity or family member of any of t	•			5	
	6	Loans and other receivables from other disqu		•		_	
		under section 4958(f)(1)), and persons descri				6	
şţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
⋖	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D					
	1	Less: accumulated depreciation				10c	
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, lin				12	
	13	Investments - program-related. See Part IV, li				13	
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	F14 240	15	000 506		
	16	Total assets. Add lines 1 through 15 (must e			514,348.	16	823,736
	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. Comple				21	
es	22	Loans and other payables to any current or f					
Liabilities		trustee, key employee, creator or founder, su					
jab		controlled entity or family member of any of t	-			22	
_	23	Secured mortgages and notes payable to un				23	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on li	ines 17-	24). Complete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			0.	26	0.
s		Organizations that follow FASB ASC 958, o	check h	ere >			
e)C		and complete lines 27, 28, 32, and 33.					
alar	27	Net assets without donor restrictions				27	
Ä	28	Net assets with donor restrictions				28	
Ē		Organizations that do not follow FASB AS	C 958, d	heck here 🕨 🔼			
Net Assets or Fund Balances		and complete lines 29 through 33.			^		^
ţ	29	Capital stock or trust principal, or current fun			0.	29	0.
sse	30	Paid-in or capital surplus, or land, building, o			4,572.	30	4,572.
ţ	31	Retained earnings, endowment, accumulated			509,776.	31	819,164.
Š	32	Total net assets or fund balances			514,348.	32	823,736.
	33	Total liabilities and net assets/fund balances			514,348.	33	823,736.

Form **990** (2020)

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,249		
2	Total expenses (must equal Part IX, column (A), line 25)	2		0,2	
3	Revenue less expenses. Subtract line 2 from line 1	3		9,3	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	514	<u>4,3</u>	<u>48.</u>
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	823	3,7	36.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
				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 in Schedule	Э.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		1
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2020)

032012 12-23-20

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

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

Open to Public Inspection

Name of the organization

NETWORK FOR ANIMALS USA INC.

Employer identification number 47-1431869

D -				IMID ODA INC				7 1431003						
Pa	rt I	Reason for Public (Charity Status.	All organizations must c	omplete th	nis part.) S	ee instructions.							
The	organi	zation is not a private found	ation because it is: (F	For lines 1 through 12, ch	neck only	one box.)								
1		A church, convention of chu	urches, or associatio	n of churches described	in sectio	n 170(b)(1)(A)(i).							
2		A school described in secti	ion 170(b)(1)(A)(ii). (Attach Schedule E (Form	1 990 or 99	90-EZ).)								
3		A hospital or a cooperative	hospital service orga	nization described in se	ection 170	(b)(1)(A)(ii	i).							
4		A medical research organiza	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,						
		city, and state:	·				· / / / /	•						
5		An organization operated for	or the benefit of a col	lege or university owned	or operate	ed by a go	vernmental unit describe	ed in						
•		section 170(b)(1)(A)(iv). (C				, 3 -								
6		A federal, state, or local gov		nental unit described in	section 17	70/h)/1)/A)/	(v)							
7	H		-				· ·	aublia dagaribad in						
′	ш	An organization that normal	•	iliai part of its support if	om a gove	en in icina i	unit or norm the general p	Jublic described in						
_		section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)												
8	H	•												
9		An agricultural research org				-	-	-						
		or university or a non-land-g	grant college of agricu	ulture (see instructions).	Enter the i	name, city,	, and state of the college	or						
		university:												
10	X	An organization that normal	lly receives (1) more	than 33 1/3% of its supp	ort from c	ontribution	is, membership fees, and	d gross receipts from						
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its support f	rom gross investment						
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	m busines	ses acquir	red by the organization a	after June 30, 1975.						
		See section 509(a)(2). (Cor	mplete Part III.)											
11	Ш	An organization organized a	and operated exclusi	vely to test for public saf	ety. See	section 50	9(a)(4).							
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform tl	he functior	ns of, or to carry out the	purposes of one or						
		more publicly supported org	ganizations describe	d in section 509(a)(1) o	r section \$	509(a)(2).	See section 509(a)(3). (Check the box in						
		lines 12a through 12d that of	describes the type of	supporting organization	and com	plete lines	12e, 12f, and 12g.							
а		Type I. A supporting orga	anization operated, si	upervised, or controlled I	by its supp	orted orga	anization(s), typically by	giving						
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority o	of the direc	tors or trustees of the su	upporting						
		organization. You must c	omplete Part IV, Se	ctions A and B.										
b		Type II. A supporting orga			ion with its	s supporte	d organization(s), by hav	vina						
		control or management of	· ·					-						
		organization(s). You mus												
С		Type III functionally inte	-		in connect	tion with a	and functionally integrate	ed with						
·		its supported organization					• •	, a willi,						
d		Type III non-functionally						zation(s)						
u		that is not functionally into					· · · · · · · · · · · · · · · · · · ·	• •						
		requirement (see instructi	-		•			7611633						
_		¬ '	•	- T										
е		Check this box if the orga					Type i, Type ii, Type iii							
	Ento	functionally integrated, or	* *	ially integrated supporting	ig organiz	ation.								
f		r the number of supported o												
g		ride the following information Name of supported	(ii) EIN	(iii) Type of organization		nization listed	(v) Amount of monetary	(vi) Amount of other						
	•	organization	. ,	(described on lines 1-10	in your governi Yes	No No	support (see instructions)	support (see instructions)						
				above (see instructions))	103	140								
Γota	I													

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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)						
6	Public support. Subtract line 5 from line 4.						
Sec	tion B. Total Support					•	
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4						
	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 5	i01(c)(3)	
	organization, check this box and stop	here					>
Sec	tion C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2020 (I	ine 6, column (f), d	livided by line 11,	column (f))		14	%
	Public support percentage from 2019					15	%
16a	33 1/3% support test - 2020. If the	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization	·			▶□
b	33 1/3% support test - 2019. If the	organization did no	ot check a box on	line 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	ifies as a publicly s	supported organization	ation			▶□
17a	10% -facts-and-circumstances test	- 2020. If the org	janization did not	check a box on line	e 13, 16a, or 16b, a	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	re. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organization	on qualifies as a pu	iblicly supported o	rganization		>
b	10% -facts-and-circumstances test	- 2019. If the org	anization did not	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circun	nstances test, che	ck this box and s	top here. Explain i	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	ne organization qu	alifies as a publicly	supported organi	zation	>
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	nd see instructions	s >
					Cob	dule A (Form 990	000 EZ\ 0000

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

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

Sed	ction A. Public Support		,				
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grants.")	164,065.	726,595.	977,963.	923,525.	1242099.	4034247.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	,	·	,	·		
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	164,065.	726,595.	977,963.	923,525.	1242099.	4034247.
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)						4034247.
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6	164,065.	726,595.	977,963.	923,525.	1242099.	4034247.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	,	,,,,,,	,	7,017.	3,989.	11,006.
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b				7,017.	3,989.	11,006.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	164,065.	726,595.	977,963.	930,542.	1246088.	4045253.
14	First 5 years. If the Form 990 is for the	ie organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3) organizatio	n,
_	check this box and stop here)
	ction C. Computation of Publi						00 50
	Public support percentage for 2020 (li		•	olumn (f))		15	99.73 %
	Public support percentage from 2019 etion D. Computation of Inves					16	<u>%</u>
	•			- 40 1 (0)		47	.27 %
	Investment income percentage for 20					17	
	Investment income percentage from 2			on line 14, and line		18 3 1/3% and line 17	% is not
198	33 1/3% support tests - 2020. If the more than 33 1/3%, check this box ar						▶ ▼
b	33 1/3% support tests - 2019. If the	organization did ne	ot check a box on	line 14 or line 19a	, and line 16 is mo	re than 33 1/3%, a	nd
	line 18 is not more than 33 1/3%, che						>
20	Drivate foundation If the organization	n did not chack a l	nov on line 14 10c	or 10h chock th	ic hav and can incl	ructions	

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

 If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 in 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 in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
_		
За		
- 54		
3b		
JU		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
10a		
10b		

Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
h	A family member of a person described in line 11a above?	11b		
	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	110		
C		11c		
Sect	detail in Part VI. tion B. Type I Supporting Organizations	TIC		
000	tion B. Type I Supporting Organizations		V	NI.
			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 Part VI 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.	1		
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.	2		
Sect	tion C. Type II Supporting Organizations			
	_		Yes	No
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			
	the supported organization(s).	1		
Sect	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		100	110
•	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	•		
2				
	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 in 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			
Sact	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	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 governmental entity (see instructions)	ructions	′ 1	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	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.	2a		
b	Did the activities described in 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.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	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.	3b		

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

Schedule A (Form 990 or 990-EZ) 2020

Fai	Type in Non-Functionally integrated 509	(a)(3) Supporting Orga	(continued)	
<u>Secti</u>	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt			
	organizations, in excess of income from activity	2		
3	Administrative expenses paid to accomplish exempt purpose	3		
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required - prior I	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	ne organization is responsive		
	(provide details in Part VI). See instructions.		8	
9_	Distributable amount for 2020 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount	T	10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2020			
<u>a</u>	From 2015			
<u>b</u>	From 2016			
с	From 2017			
<u>d</u>	From 2018			
е	From 2019			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2020 distributable amount			
<u>i</u>	Carryover from 2015 not applied (see instructions)			
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from Section D,			
	line 7: \$			
<u>a</u>	Applied to underdistributions of prior years			
b	Applied to 2020 distributable amount			
<u> </u>	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2021. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
<u>a</u>	Excess from 2016			
<u>b</u>	Excess from 2017			
<u>C</u>	Excess from 2018			
d	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2020

e Excess from 2020

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Name of the organization **Employer identification number**

NETWORK FOR ANIMALS USA INC 47-1431869 Organization type (check one):

	•
Filers of:	Section:
Form 990 or 990-EZ	$\boxed{\textbf{X}}$ 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation
	zation is covered by the General Rule or a Special Rule. 1501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General Rule	
	inization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or om any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special Rules	
sections 50 any one cor	inization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 19(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from 11 ntributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; 990-EZ, line 1. Complete Parts I and II.
contributor, literary, or e	inization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering lumn (b) instead of the contributor name and address), II, and III.
year, contril is checked, purpose. Do	inization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the butions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., on't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively naritable, etc., contributions totaling \$5,000 or more during the year
but it must answer "	ation that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization Employer identification number

NETWORK FOR ANIMALS USA INC

47-1431869

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$15,000 .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$10,260 .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$9,850.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$9,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$8,750.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

NETWORK FOR ANIMALS USA INC

47-1431869

Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$5,475.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$\$,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11_		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

NETWORK FOR ANIMALS USA INC

47-1431869

Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<u></u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	990 990.FZ or 990.PE\(/2020)

Name of organization **Employer identification number** NETWORK FOR ANIMALS USA INC 47-1431869 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (d) Description of how gift is held (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

 \blacktriangleright Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

Department of the Treasury
Internal Revenue Service

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

2020
Open to Public Inspection

Name of the organization

Employer identification number

Name of the organization					Linployer identili	
NETWORK FOR ANII	MALS USA	INC			47-143186	9
Part I General Infor	mation on A	ctivities Out	side the United States. Comple	ete if the organ	ization answered "Y	es" on
Form 990, Part IV	/, line 14b.					
<u> </u>	•		ds to substantiate the amount of its gra			77
the grantees' eligibility fo	or the grants or a	ssistance, and t	the selection criteria used to award the	grants or assis	stance?	Yes X No
O For amountment Door	uile e ine Deut V/4le e				h	-1-41
2 For grantmakers. Description United States.	ribe in Part v the	e organization's	procedures for monitoring the use of its	s grants and ot	ner assistance outs	de the
	ne following Part	I line 3 table ca	an be duplicated if additional space is n	habaar		
(a) Region	(b) Number of	(c) Number of			vity listed in (d)	(f) Total
	offices	employees, agents, and independent	(by type) (such as, fundraising, pro-		gram service,	expenditures
	in the region	independent contractors	gram services, investments, grants to	1	specific type	for and investments
		in the region	recipients located in the region)	of service	(s) in the region	in the region
					NTHLY SUPPORT	
avp alvibly leptal				TO FEED APP		16 220
SUB-SAHARAN AFRICA EUROPE (INCLUDING			PROGRAM SERVICES	200 RESCUED FUNDS TRANS		16,338.
ICELAND & GREENLAND)				NFA'S SISTE		
- ALBANIA, ANDORRA,					N IN THE UK	
AUSTRIA, BELGIUM			PROGRAM SERVICES		FOR PROGRAM	566,816.
,						, ·
				PROVIDED SU	PPORT FOR	
EAST ASIA AND THE AUSTRALIAN FIRE RELIEF						
PACIFIC			PROGRAM SERVICES	EFFORTS		5,000.
3 a Subtotal	0	0				588,154.
b Total from continuation		_				_
sheets to Part I	0	0				0.
c Totals (add lines 3a	0	0				588 154.

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

Schedule F (Form 990) 2020

SEE PART V FOR COLUMN (E) DESCRIPTIONS

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States.	Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any
recipient who received more than \$5,000. Part II can be duplicated if additional space is r	needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)		(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			PROVIDED MONTHLY					
			SUPPORT TO FEED					
		SUB-SAHARAN	APPROXIMATELY 200					
			RESCUED DONKEYS	16,338.	CASH PAYMENT	0.		
		EUROPE (INCLUDING	FUNDS TRANSFERRED TO					
		ICELAND &	NFA'S SISTER					
		GREENLAND) -	ORGANIZATION IN THE					
		ALBANIA, ANDORRA,	UK TO BE USED FOR	566,816.	CASH PAYMENT	0.		
			PROVIDED SUPPORT FOR					
		EAST ASIA AND THE						
		PACIFIC	RELIEF EFFORTS	5,000.	CASH PAYMENT	0.		
2 Enter total number of	recipient organization	ns listed above that are	recognized as charities by the f	foreign country,	recognized as a tax	•		•

2	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax	
	exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2020

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.							
Part III can be duplica (a) Type of grant or assistar	ated if additional space is neede	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Page 4

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2020

Page 5

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2:

NETWORK FOR ANIMALS CAREFULLY SCRUTINIZES INDIVIDUALS AND ORGANIZATIONS BEFORE SELECTING THOSE WHO WILL RECEIVE SUPPORT. NO INDIVIDUAL OR ORGANIZATION IS SELECTED UNTIL THEY HAVE BEEN PERSONALLY VISITED AND POTENTIAL PROJECTS ARE INSPECTED BY THE FOUNDERS, THE CAMPAIGN DIRECTOR ONCE A DONATION IS MADE THERE IS REGULAR ONGOING OR AN APPOINTEE. CONTACT AND CONTINUED VISITS TO THOSE RECEIVING DONATIONS. NFA RECEIVES COPIES OF RECEIPTS AND REPORTS, AS APPLICABLE.

PART I, LINE 3, COLUMN (E):

(A) REGION:

EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIU (E) SPECIFIC TYPES OF SERVICES IN REGION: FUNDS TRANSFERRED TO NFA'S SISTER ORGANIZATION IN THE UK TO BE USED FOR PROGRAM SERVICES WORLDWIDE, PRINCIPALLY RESCUE, FOOD, MEDICINES, TRANSPORTATION AND CARE OF DOGS, CATS AND OTHER ANIMALS.

PART II, COLUMN (D):

(A) REGION:

EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIU (D) PURPOSE OF GRANT: FUNDS TRANSFERRED TO NFA'S SISTER ORGANIZATION IN THE UK TO BE USED FOR PROGRAM SERVICES WORLDWIDE, PRINCIPALLY RESCUE, TRANSPORTATION AND CARE OF DOGS, CATS AND OTHER ANIMALS. FOOD, MEDICINES,

SCHEDULE G

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

vame of the organization NETWORK	FOR ANIMALS USA II	NC.			-	oyeride ·1431	869
Part I Fundraising Activities.	Complete if the organization answe		es" or	Form 990, Part IV, I			
required to complete this part Indicate whether the organization rais X Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the 10 highest paid individed compensated at least \$5,000 by the	ed funds through any of the following e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with providuals or entities (fundraisers) pursua	tion of tion of fundra (includ	non-governising of onal fundation	overnment grants nment grants events ficers, directors, trus undraising services?	. [Yes er is to be	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have co or con contribu	Did aiser ustody trol of utions?	(iv) Gross receipts from activity	(v) Amounto (or retaing fundra	ned by) iser	(vi) Amount paid to (or retained by) organization
DIRECT MAIL SYSTEMS - 12450		Yes	No				
AUTOMOBILE BLVD, CLEARWATER,	DIRECT MAIL FUNDRAISING		Х	240,480.	10	4,100.	136,380.
Solution Total Solution Solution	n is registered or licensed to solicit c	ontrib	utions	240,480. or has been notified		14,100. t from re	136,380. gistration

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990 or 990-EZ) 2020

			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
a)			(event type)	(event type)	(total number)	Coi. (C)
פאפומפ						
ב ב	1	Gross receipts				
	2	Loop: Contributions				
	2	Less: Contributions				
4	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
χ Σ						
ë e	6	Rent/facility costs				
Direct Experises	7	Food and beverages				
_ [8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4 through			>	
_	11	Net income summary. Subtract line 10 from li				
aı	rt I		answered "Yes" on Forn	n 990, Part IV, line 19, o	reported more than	
		\$15,000 on Form 990-EZ, line 6a.		_		
\top				O A Dull take Constant		(07.1.1
veriue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	
מאמנו	1	Gross revenue	(a) Bingo		(c) Other gaming	
		Gross revenue	(a) Bingo		(c) Other gaming	
Expenses Revenue			(a) Bingo		(c) Other gaming	
	2	Cash prizes			(c) Other gaming	
Direct Expenses Revenue	2	Cash prizes Noncash prizes Rent/facility costs			(c) Other gaming	(d) Total gaming (add col. (a) through col. (d
1	2 3 4	Cash prizes Noncash prizes		bingo/progressive bingo		col. (a) through col. (d
Direct Experises	2 3 4 5	Cash prizes Noncash prizes Rent/facility costs		bingo/progressive bingo		col. (a) through col. (a
Direct Experises	2 3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses		bingo/progressive bingo	Yes%	col. (a) through col. (d
Direct Expenses	2 3 4 5 6 7	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	Yes% No 15 in column (d)	bingo/progressive bingo Yes% No	☐ Yes % ☐ No	col. (a) through col. (
Direct Expenses	2 3 4 5 6 7	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through	Yes% No 15 in column (d)	bingo/progressive bingo Yes% No	☐ Yes % ☐ No	col. (a) through col. (
Direct Expenses	2 3 4 5 6 7 8	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7	Yes% No 15 in column (d) from line 1, column (d) cts gaming activities:	bingo/progressive bingo Yes% No	Yes% No	col. (a) through col. (
a Direct Expenses	2 3 4 5 6 7 8 Entils t	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization conducted the organization licensed to conduct gaming and	Yes% No 1 5 in column (d) from line 1, column (d) acts gaming activities: ctivities in each of these	bingo/progressive bingo Yes% No states?	Yes% No	col. (a) through col. (
a Direct Experises	2 3 4 5 6 7 8 Entils t	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7	Yes% No 1 5 in column (d) from line 1, column (d) acts gaming activities: ctivities in each of these	bingo/progressive bingo Yes% No states?	Yes% No	col. (a) through col. (
a Direct Expenses	2 3 4 5 6 7 8 Entils t	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization conducted the organization licensed to conduct gaming and	Yes% No 1 5 in column (d) from line 1, column (d) acts gaming activities: ctivities in each of these	bingo/progressive bingo Yes% No states?	Yes% No	col. (a) through col. (a)
d a b	2 3 4 5 6 7 8 Ent list lif "	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization conduct he organization licensed to conduct gaming at No," explain:	Yes% No 15 in column (d) from line 1, column (d) acts gaming activities: ctivities in each of these	bingo/progressive bingo Yes% No states?	Yes% No	col. (a) through col. (d
a b a	2 3 4 5 6 7 8 Entities the state of the stat	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization conduct organization licensed to conduct gaming act No," explain: ere any of the organization's gaming licenses researched.	Yes% No 15 in column (d) from line 1, column (d) acts gaming activities: ctivities in each of these	bingo/progressive bingo Yes% No states?	Yes	col. (a) through col. (d
a b	2 3 4 5 6 7 8 Entities the state of the stat	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization conduct he organization licensed to conduct gaming at No," explain:	Yes% No 15 in column (d) from line 1, column (d) acts gaming activities: ctivities in each of these	bingo/progressive bingo Yes% No states?	Yes	col. (a) through col. (

Sch	nedule G (Form 990 or 990-EZ) 2020 NETWORK FOR ANIMALS USA INC 47-1	<u> </u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	No
12			
	Indicate the percentage of gaming activity conducted in:	ا ءه ا	0/
	a The organization's facility	13a	<u>%</u>
	a An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	No
		. —	
	of "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount		
'			
	of gaming revenue retained by the third party > \$		
(c If "Yes," enter name and address of the third party:		
	Name		
	Address >		
16	Gaming manager information:		
	Name >		
	Name P		
	Gaming manager compensation \$		
	Description of services provided		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions:		
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
•		Yes	☐ No
	retain the state gaming license?	163	
ı	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
D -	organization's own exempt activities during the tax year > \$		
Pá	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part IV	t III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
SC	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS	; :	
_			
(I) NAME OF FUNDRAISER: DIRECT MAIL SYSTEMS		
<u> </u>	MAND OF TONDRAIDER: DIRECT MATE DIDIEMD		
/ T	ADDDEGG OF BUNDDATGED. 19450 AUMONODIJE DUVD. GURADNAMED BU	22766	,
<u>(I</u>) ADDRESS OF FUNDRAISER: 12450 AUTOMOBILE BLVD, CLEARWATER, FL	33762	4
			_
_			
_			

Schedule G	G (Form 990 or 990-EZ)	NETWORK F	OR	ANIMALS	USA	INC	47-1431869	Page 4
Part IV	G (Form 990 or 990-EZ) Supplemental Infor	mation (continue)	٦)					
		Continue	<i>J)</i>					
ī								
			_				 	
-								
-								
ī								
-								
			_					
-								

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

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

► Attach to Form 990.

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

2020

OMB No. 1545-0047

Open to Public Inspection

Schedule I (Form 990) 2020

Name of the organization NETWORK FC	Employer identification number $47-1431869$						
Part I General Information on Grants an	d Assistance						
Does the organization maintain records to criteria used to award the grants or assist Describe in Part IV the organization's proc	ance?						
Part II Grants and Other Assistance to D	=				anization answered "Y	es" on Form 990, Parl	IV, line 21, for any
recipient that received more than \$5 1 (a) Name and address of organization or government	5,000. Part II can (b) EIN	be duplicated if addit (c) IRC section (if applicable)	(d) Amount of cash grant	ed. (e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
OREGON HUMANE SOCIETY 1067 NE COLOMBIA BLVD PORTLAND, OR 97211			20,000.	0.			OREGON WILDFIRE RELIEF
NORTH VALLEY ANIMAL DISASTER GROUP PO BOX 441 CHICO, CA 95927-0441			8,000.	0.			CALIFORNIA WILDFIRE RELIEF
2 Enter total number of section 501(c)(3) and 3 Enter total number of other organizations	-	-	l ne line 1 table	<u> </u>	<u> </u>	1	>

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

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III

Part III can be duplicated it additional space is needed.								
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance			
Part IV Supplemental Information. Provide the information requ	uired in Part I, lin	e 2; Part III, column	(b); and any other ad	ditional information.				
PART I, LINE 2:								
NETWORK FOR ANIMALS CAREFULLY SCRUT	TINIZES I	NDIVIDUALS	AND ORGAN	IZATIONS				
BEFORE SELECTING THOSE WHO WILL REC	CEIVE SUP	PORT. NO I	NDIVIDUAL	OR				
ORGANIZATION IS SELECTED UNTIL THEY HAVE BEEN PERSONALLY VISITED AND								
POTENTIAL PROJECTS ARE INSPECTED BY THE FOUNDERS, THE CAMPAIGN DIRECTOR OR								
AN APPOINTEE. ONCE A DONATION IS MADE THERE IS REGULAR ONGOING CONTACT AND								
CONTINUED VISITS TO THOSE RECEIVING	DONATIO	NS. NFA RE	CEIVES COP	IES OF				
RECEIPTS AND REPORTS, AS APPLICABLE								
•								

SCHEDULE 0

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

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 990-EZ.

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

Inspection

OMB No. 1545-0047

Name of the organization

NETWORK FOR ANIMALS USA INC

Employer identification number 47-1431869

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
FAR-FLUNG, OTHERWISE NEGLECTED PLACES AROUND THE GLOBE. WE RECIEVE NO
GOVERNMENT GRANTS AND RELY ON THE GENEROSITY OF OUR SUPPORTERS TO
CONDUCT OUR LIFESAVING AND LIFE CHANGING WORK FOR ANIMALS IN DISTRESS.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
ANIMALS IN DISTRESS.
FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:
SOUTH AFRICA.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
OTHER VARIOUS PROGRAMS. EXPENSES \$ 145,376. INCLUDING GRANTS OF \$ 273,542. REVENUE \$ 0.
FORM 990, PART VI, SECTION A, LINE 8B:
THERE ARE NO COMMITTEES SEPARATE FROM THE BOARD OF DIRECTORS.
FORM 990, PART VI, SECTION B, LINE 11B:
THE FORM 990 WAS PREPARED BY AN OUTSIDE CPA FIRM AND REVIEWED BY MANAGEMENT FOR ACCURACY. THE FORM 990 WAS PROVIDED TO THE BOARD OF DIRECTORS PRIOR TO
FILING. THE FORM 990 WAS REVIEWED AND SIGNED BY THE PRESIDENT.
FORM 990, PART VI, SECTION C, LINE 19:
THE ORGANIZATION, UPON REQUEST, MAKES AVAILABLE ITS FORM 990 AND ALL OTHER
DOCUMENTS REQUIRED BY LAW TO BE MADE AVAILABLE TO THE PUBLIC. FINANCIAL LHA For Pararywork Parkwation Act Notice and the Instructions for Form 900 or 900 FZ.
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

Name of the organization NETWORK FOR ANIMALS USA INC	Employer identification number 47-1431869
STATEMENTS AND ANY POLICY DOCUMENTS ARE PROVIDED TO INTERE	STED PARTIES,
SUCH AS FUNDERS, UPON REQUEST. THE BOARD RESERVES THE RIGH	T TO EVALUATE THE
NECESSITY OF EACH SUCH REQUEST FOR FINANCIAL STATEMENTS AN	D POLICY
DOCUMENTS AND TO DETERMINE, IN ITS SOLE DISCRETION, WHETHE	R TO RELEASE
THESE DOCUMENTS TO AN OUTSIDE PARTY.	

Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047

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. Taxpayer identification number (TIN) Name of exempt organization or other filer, see instructions. Type or print NETWORK FOR ANIMALS USA INC 47-1431869 File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filing your 4957 CROSS POINTE DRIVE return. See instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. OLDSMAR, FL 34677 Enter the Return Code for the return that this application is for (file a separate application for each return) Return Application Application Return Code Is For Is For Code Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07 Form 990-BL 02 Form 1041-A 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 10 Form 990-PF Ω4 Form 5227 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 GARY LYONS, MCFARLAND, GOULD, LYONS, SULLIVAN & HOGAN, The books are in the care of ► 311 SOUTH MISSOURI AVENUE - CLEARWATER, FL 33756 Fax No. ▶ 727-461-6430 Telephone No. ► 727-461-1111 If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box 🕨 🔲 . If it is for part of the group, check this box 🕨 📉 and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until NOVEMBER 15, 2021, to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 2020 or tax year beginning , and ending | Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2020)

instructions

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment