OMB No. 1545-0047

**Open to Public** 

Form	990
Form	990

Department of the Treasury

# 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.

Inspection Internal Revenue Service A For the 2021 calendar year, or tax year beginning and ending Check if applicable: C Name of organization D Employer identification number В MAINE STATE SOCIETY FOR THE PROTECTION Address change OF ANIMALS Name change 01-0212545 Doing business as Initial Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite Final return/ termin-ated 207-892-4000 P.O. BOX 10 4,177,108. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended 04082 SOUTH WINDHAM, ME H(a) Is this a group return Applica-tion pending F Name and address of principal officer: MERIS J BICKFORD for subordinates? ..... Yes X No SAME AS C ABOVE **H(b)** Are all subordinates included? Yes No Tax-exempt status: X 501(c)(3) 4947(a)(1) or 527 501(c) ( ) < (insert no.) If "No," attach a list. See instructions J Website: ► WWW.MSSPA.ORG H(c) Group exemption number K Form of organization: X Corporation Trust Association Other **>** L Year of formation: 1975 M State of legal domicile: ME Part I Summary Briefly describe the organization's mission or most significant activities: PROTECTING THE HEALTH AND 1 Activities & Governance WELFARE OF NEGLECTED AND ABUSED EQUINES. 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 13 3 3 Number of independent voting members of the governing body (Part VI, line 1b) 13 4 4 19 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 5 5 270 Total number of volunteers (estimate if necessary) 6 6 Ο. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h Prior Year **Current Year** 981,542. 1,239,800. Contributions and grants (Part VIII, line 1h) 8 Revenue 0. 0. 9 Program service revenue (Part VIII, line 2g) 832,008. 439,257. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 17,549. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12,063. 11 438,348. 2,083,871. 1 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ..... 12 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. Ο. 13 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 648,610. 711,634. 15 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. Ο. **b** Total fundraising expenses (Part IX, column (D), line 25) 162,378. 547,416. 613,196. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17 1,324,830. 1,196,026. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 887,845. 113,518. Revenue less expenses. Subtract line 18 from line 12 19 **Beginning of Current Year** End of Year P 13,728,458. 14,197,054. 20 Total assets (Part X, line 16) 162,003. 196,934. 21 Total liabilities (Part X, line 26) let 13. 566,455. 14,000,120. 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.

Sign Here	Signature of officer MERIS J BICKFORD, CEO Type or print name and title			Date						
	Print/Type preparer's name	Preparer's signature	Date							
Paid	PATRICK NICHOLAS, CPA	PATRICK NICHOLAS,	CP 11/11	/22 self-employed P00289567						
Preparer	Firm's name 🕒 WIPFLI LLP			Firm's EIN 🕨 39-0758449						
Use Only	Firm's address 30 LONG CREEK DRIVE									
	SOUTH PORTLAND,	ME 04106-2437		Phone no. 207.774.5701						
May the IRS discuss this return with the preparer shown above? See instructions										
132001 12-0	9-21   HA For Paperwork Reduction Act Notic	ce. see the separate instructions.		Form <b>990</b> (2021)						

	Public Copy
_	MAINE STATE SOCIETY FOR THE PROTECTION
	990 (2021)       OF ANIMALS       01-0212545       Page 2         t III       Statement of Program Service Accomplishments       01-0212545       Page 2
Fai	
1	Check if Schedule O contains a response or note to any line in this Part III
'	PROTECTING THE HEALTH AND WELFARE OF NEGLECTED AND ABUSED EQUINES.
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
	revenue, if any, for each program service reported. (Code: ) (Expenses \$ 924,234. including grants of \$ ) (Revenue \$ 17,549.)
4a	(Code:) (Expenses \$ 924,234. including grants of \$) (Revenue \$ 17,549.) THE MSSPA RESCUES, REHABILITATES OR RE-HOMES LARGE ANIMALS,
	PARTICULARLY EQUINES WHO HAVE BEEN SEIZED BY MAINE LAW ENFORCEMENT
	OFFICIALS FROM CIRCUMSTANCES OF ABUSE OR NEGLECT. THE MSSPA ALSO
	PROVIDES SANCTUARY SERVICES TO THOSE ANIMALS WHO CANNOT FOR WHATEVER
	REASON BE RE-HOMED OR PERMANENTLY PLACED IN AN APPROPRIATE FACILITY.
	PROGRAM SERVICES INCLUDE INDIVIDUALIZED FEED PROGRAMS, APPROPRIATE
	SOCIALIZATION WITH OTHER ANIMALS AND HUMANS, AS WELL AS THE DELIVERY OF
	ALL NECESSARY VETERINARY MEDICAL EXPENSES FOR EACH ANIMAL. ALL
	REHABILITATED ANIMALS ARE PROFESSIONALLY ASSESSED AND PROVIDED WITH
	TRAINING OR RE-TRAINING AS APPROPRIATE. THE MSSPA ALSO WORKS TO
	PREVENT CRUELTY TO ANIMALS THROUGH NO/LOW COST EDUCATIONAL PROGRAMS AND
4	MATERIALS TO THE PUBLIC.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	
40	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
μu	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ► 924,234.
	Form 990 (2021)
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#### MAINE STATE SOCIETY FOR THE PROTECTION

Par	art 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		Х	$\vdash$
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions		Х	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candid	dates for		
	public office? If "Yes," complete Schedule C, Part I			X
4				
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessn	nents, or		
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III			X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the	right to		
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Sched	lule D, Part I 6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," con	nplete		
	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 custod	lian for		
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation ser	vices?		
	If "Yes," complete Schedule D, Part IV		$\perp$	X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V		X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII	I, IX, or X,		
	as applicable.			
а	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Sc.	hedule D,		
	Part VI	<u>11a</u>	Х	<u> </u>
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	<u> </u>	<u> </u>
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		<u> </u>	<u> </u>
d	d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets repo	rted in		
	Part X, line 16? If "Yes," complete Schedule D, Part IX			<u> </u>
е	e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	<u>11e</u>	X	<u> </u>
f	<b>5</b>			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Par		<u> </u>	<u> </u>
12a	a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," comple	te		
	Schedule D, Parts XI and XII	<u>12a</u>	X	
b	• Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		┿	X
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		+	X
			+	X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, k			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$			
	or more? If "Yes," complete Schedule F, Parts I and IV		+	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for a	-		<b>v</b>
	foreign organization? If "Yes," complete Schedule F, Parts II and IV		+	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance			
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		+	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part			
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions		+-	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part V			
40	1c and 8a? If "Yes," complete Schedule G, Part II		+	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes	<i>`</i>		v
<b>00</b> -	complete Schedule G, Part III		+	X X
	a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H			<u>⊢</u> ^
			+	<u> </u>
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 12, K West Researches Detected to Detect Level V.			x
120000	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		n <b>990</b>	-
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OF ANIMALS

Form 990 (2021)

#### MAINE STATE SOCIETY FOR THE PROTECTION

Form	990 (2021) OF ANIMALS 01-0212	545	Р	age <b>4</b>
Par	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			
	Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
Ь	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	2.70		<u> </u>
254	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h		250		
D	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	0.5%		x
00	Schedule L, Part I	25b		
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%			v
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	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 line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	х	1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	<b>–</b>		<u> </u>
00		38	х	1
Par		1 00		<u> </u>
	Check if Schedule O contains a response or note to any line in this Part V			
			V	
4 -	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
		-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	4.	х	
	(gambling) winnings to prize winners?	1c		 (2021)
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## 01 - 02125/5

MAINE	STATE	SOCIETY	FOR	THE	PROTECTION

Form 990 (2021) OF ANIMALS 01-0212545 PA								
Pa				5				
			Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
	filed for the calendar year ending with or within the year covered by this return 2a 19							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х					
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.							
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х				
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b						
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a							
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X				
b	If "Yes," enter the name of the foreign country							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X				
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit							
	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		X				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	1						
	were not tax deductible?	6b						
7	Organizations that may receive deductible contributions under section 170(c).							
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>				
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required							
	to file Form 8282?	7c		X				
	If "Yes," indicate the number of Forms 8282 filed during the year	7e		x				
e								
f								
g k								
-	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?							
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8						
9	sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.	0						
a		9a						
b	Did the sponsoring organization make any taxable distributions under section 4966?	9b						
10	Section 501(c)(7) organizations. Enter:							
	Initiation fees and capital contributions included on Part VIII, line 12 10a							
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1						
11	Section 501(c)(12) organizations. Enter:	1						
а	Gross income from members or shareholders							
b	Gross income from other sources. (Do not net amounts due or paid to other sources against							
	amounts due or received from them.)							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a						
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
а	Is the organization licensed to issue qualified health plans in more than one state?	13a						
	Note: See the instructions for additional information the organization must report on Schedule O.							
b	Enter the amount of reserves the organization is required to maintain by the states in which the							
	organization is licensed to issue qualified health plans 13b	-						
С	Enter the amount of reserves on hand							
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X				
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		<u> </u>				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or							
	excess parachute payment(s) during the year?	15		X				
	If "Yes," see the instructions and file Form 4720, Schedule N.			v				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X				
	If "Yes," complete Form 4720, Schedule O.							
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any	4-						
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17						
	If "Yes," complete Form 6069.							

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# MAINE STATE SOCIETY FOR THE PROTECTION OF ANIMALS

Form	990 (2021) OF ANIMALS		01-0212	545	Р	age 6
Pa	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 th	rough	7b below, and for a	"No" r	espon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.				•	
	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	1a	13			
	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	13			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship		any other			
	officer, director, trustee, or key employee?			2		x
3	Did the organization delegate control over management duties customarily performed by or under the					
				3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 99			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's asso			5		X
6	Did the organization have members or stockholders?			6		X
	Did the organization have members, stockholders, or other persons who had the power to elect or ap					
	more members of the governing body?			7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto	ockho	lders. or			
	persons other than the governing body?			7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year					
a	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 read					
-	organization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i>			9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev					
		Ciriac	0000./		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such cha					
			, , ,	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body			11a		X
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		0			
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b		X
	Did the organization regularly and consistently monitor and enforce compliance with the policy? $f = \gamma$					
	on Schedule O how this was done	, -		12c		x
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14		X
15	Did the process for determining compensation of the following persons include a review and approval					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a		X
b	Other officers or key employees of the organization			15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	ient w	ith a			
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi	zation	's			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed <b>NONE</b>					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	d 990	T (section 501(c)(3)s	only)	availal	ble
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website X Upon request Other (explain	on Sc	hedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con			financ	cial	
	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 boo	ks and	l records			
	KATHY WOODBREY - 207-892-3040					
	P.O. BOX 10, SOUTH WINDHAM, ME 04082					
132006	3 12-09-21			Form	990	(2021)
	6					

2021.05000 MAINE STATE SOCIETY FOR T 253150\_1

MAINE STA	ምፑ	स.म.	v	٣Ο	R	тц	F.	PROTECTION		Pu	blic Co									
Form 990 (2021) OF ANIMAL Part VII Compensation of Officers, D	'S			_			_		01-0212 mpensated	545	Page 7									
Employees, and Independent	t Contracto	ors																		
Check if Schedule O contains a respo	nse or note to	any	' line	in tł	nis F	Part	VII													
Section A. Officers, Directors, Trustees, Key E	Employees, a	nd H	lighe	est C	Com	npen	sate	ed Employees												
<ul> <li>Complete this table for all persons required to         <ul> <li>List all of the organization's current officers</li> </ul> </li> <li>Enter -0- in columns (D), (E), and (F) if no compensation of the organization of the organi</li></ul>	, directors, tru	istee						, ,	•											
<ul> <li>List all of the organization's current key employed</li> </ul>	ployees, if any	. Se	e the	e ins	truc	ction	s for	definition of "key emplo	oyee."											
• List the organization's five <b>current</b> highest co able compensation (box 5 of Form W-2, Form 1099-MIS																				
<ul> <li>List all of the organization's former officers, reportable compensation from the organization an</li> </ul>						omp	bens	ated employees who re	ceived more than \$10	0,000 of										
<ul> <li>List all of the organization's former director more than \$10,000 of reportable compensation fro See the instructions for the order in which to list th</li> </ul>	om the organiz	zatio	n an						or or trustee of the org	ganizatio	n,									
Check this box if neither the organization no	or any related o	orga	nizat	tion	com	npen	sate	d any current officer, di	rector, or trustee.											
(A)	(B)			(0	)			(D)	(E)		(F)									
Name and title	Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)			Position (do not check more than one box, unless person is both a				Position (do not check more than one box, unless person is both ar				age Position F (do not check more than one box, unless person is both an collection of the director (trusten)			nan	Reportable compensation from	Reportable compensation from related	Esti amo	mated ount of ther
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compo from organ and	ensation m the nization related nizations									

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ASSISTANT TREASURER		X	X		0.
(6) MARILYN L. GOODREAU	1.00				
DIRECTOR		x			0.
(7) DAVID JEFFERSON, DVM	1.00				
DIRECTOR		x			0.
(8) JOSEPH MCCARTHY	1.00				
DIRECTOR		x			0.
(9) NANCY MILLS	1.00				
DIRECTOR		x			0.
(10) SONYA NADEAU	1.00				
DIRECTOR		x			0.
(11) ANDY ROBINSON	1.00				
DIRECTOR		x			0.
(12) AMY STARNES	1.00				
DIRECTOR		x			0.
(13) ROGER TIMMONS	1.00				
DIRECTOR		x			0.
(14) JOHN TRAFTON	1.00				
DIRECTOR		x			0.
(15) MARGARET WHEELER	1.00				
DIRECTOR		x			0.

line)

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132007 12-09-21

Form 990 (2021)

## 15141111 147695 253150

(1) MERIS J BICKFORD

(2) KATHY WOODBREY

(3) JANE SHEEHAN

(4) BILL DIAMOND

(5) DEBBIE VALENTI

ASST. CEO & SECRETARY

CEO & VP

PRESIDENT

TREASURER

2021.05000 MAINE STATE SOCIETY FOR T 253150\_1

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MAINE ST	ATE SOCI	[E]	Y	FO	R	тн	E	PROTECTION		Public Co
OF ANIMA									01-0212	2545 Page 8
art VII Section A. Officers, Directors, Trus (A)	stees, Key Em (B)	ploy	ees,		<u>d Hig</u> C)	ghes	st Co	ompensated Employee (D)	es (continued) (E)	(F)
Name and title	Average hours per week	box offi	, unle	Pos heck	i <b>tion</b> more rson i	than of s both pr/trus	n an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
		-								
		_						100.005		
b Subtotal c Total from continuation sheets to Part V	II, Section A							188,095. 0.	0.	. 0.
d Total (add lines 1b and 1c) Total number of individuals (including but in compensation from the organization ►							lo re	188,095. ceived more than \$100,	-	1
Did the organization list any <b>former</b> officer										Yes No 3 X
line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the s and related organizations greater than \$15	um of reportab	le co	ompe	ensa	tion	and	l oth	er compensation from t	he organization	4 X
Did any person listed on line 1a receive or rendered to the organization? <i>If</i> "Yes," cor ection B. Independent Contractors	accrue comper	nsati	on fi	rom	any	unre	elate	ed organization or individ	dual for services	5 X
Complete this table for your five highest co										ation from
the organization. Report compensation for (A) Name and business			endir DNI		ith c	or wi	thin	the organization's tax y (B) Description of s		(C) Compensation
		14	5111							
Total number of independent contractors ( \$100,000 of compensation from the organ	•	ot lir	niteo	d to	thos C		ted	above) who received me	ore than	
										Form <b>990</b> (2021)

132008 12-09-21

8 2021.05000 MAINE STATE SOCIETY FOR T 253150\_1 MAINE STATE SOCIETY FOR THE PROTECTION OF ANIMALS

Public Copy

	01-0212545	Page <b>9</b>
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			2021) OF ANIMALS				01-0212	545 Page 9
Pa	rt V	411						
			Check if Schedule O contains a response	or note to any line			(0)	
					<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	<b>(D)</b> Revenue excluded from tax under sections 512 - 514
s co	1	2	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts								
<u>n</u> G								
Ţs,				80,000.				
ilar Gif			<b>3</b>					
ns,			Government grants (contributions) 1e					
er		f	All other contributions, gifts, grants, and	001 540				
Ęj			similar amounts not included above 1f	901,542.				
ont od (		-	Noncash contributions included in lines 1a-1f		001 540			
<u>o</u> e		h	Total. Add lines 1a-1f	····· •	981,542.			
				Business Code				
ice	2							
er v		b						
o S enr		С						
ran Sev		d						
Program Service Revenue		е						
₫.		f	All other program service revenue					
		g	Total. Add lines 2a-2f					
	3		Investment income (including dividends, inter-					
			other similar amounts)		92,365.			92,365.
	4		Income from investment of tax-exempt bond p	Г				
	5		Royalties					
			(i) Real	(ii) Personal				
	6		Gross rents 6a					
			Less: rental expenses 6b					
			Rental income or (loss) 6c					
			Net rental income or (loss)					
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory <b>7a</b> 3,085,652					
		b	Less: cost or other basis					
anu			and sales expenses					
evenue			Gain or (loss)					
å			Net gain or (loss)	🕨	346,892.			346,892.
Other Re	8	а	Gross income from fundraising events (not					
ō			including \$ of					
			contributions reported on line 1c). See					
			Part IV, line 18					
			Less: direct expenses 8t					
			Net income or (loss) from fundraising events	►				
	9	а	Gross income from gaming activities. See					
			Part IV, line 19					
			Less: direct expenses9t					
			Net income or (loss) from gaming activities	🕨				
	10	а	Gross sales of inventory, less returns					
			and allowances 10					
			Less: cost of goods sold 10					
		с	Net income or (loss) from sales of inventory					
s				Business Code				
e e	11	а	OTHER INCOME	900099	17,549.	17,549.		
Miscellaneous Revenue		b						
cell leve		С						
Mis.		d	All other revenue					
_		e	Total. Add lines 11a-11d		17,549.			
	12		Total revenue. See instructions	►	1,438,348.	17,549.	0.	439,257.
132009	9 12-	09-	21					Form <b>990</b> (2021)

#### MAINE STATE SOCIETY FOR THE PROTECTION OF ANIMALS

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	t IX Statement of Functional Expense		r organizationa must c	ploto column (A)	
ecti	on 501(c)(3) and 501(c)(4) organizations must comp			ipiete column (A).	
	Check if Schedule O contains a respon	se or note to any line in t (A)	nis Part IX	(C)	
	not include amounts reported on lines 6b,	Total expenses	<b>(B)</b> Program service	Management and	<b>(D)</b> Fundraising
,	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,		/		
	trustees, and key employees	196,487.	57,120.	98,244.	41,123
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	418,772.	347,950.	19,500.	51,322
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	46,356.	35,519.	3,967.	<u>6,870</u> 7,503
0	Payroll taxes	50,019.	33,012.	9,504.	7,503
1	Fees for services (nonemployees):				-
а	Management				
b	Legal				
	Accounting				
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A), amount, list line 11g expenses on Sch 0.)	29,419.		29,419.	
2	Advertising and promotion	28,819.		25,415.	28,819
		35,925.	1,803.	27,969.	6,153
13	Office expenses	55,525.	1,005.	27,505.	0,155
14 15	Information technology				
15	Royalties				
16					
17	Travel				
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	100 200	100 200		
22	Depreciation, depletion, and amortization	100,386.	100,386.		
23	Insurance	18,019.	495.	17,524.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)				
	MEDICAL CARE - HORSES	158,529.	158,529.		
b	ANIMAL SUPPLIES - HORSE	93,002.	93,002.		
с	REPAIRS AND MAINTENANCE	64,834.	64,834.		
d	MISCELLANEOUS	25,370.		25,370.	
е	All other expenses	58,893.	31,584.	6,721.	20,588
25	Total functional expenses. Add lines 1 through 24e	1,324,830.	924,234.	238,218.	162,378
26	Joint costs. Complete this line only if the organization		-		•
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

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132010 12-09-21

Form **990** (2021)

MAI	NE	STATE	SOCIETY	FOR	THE	PROTECTION
OF Z	ANI	MALS				

a	τΧ	Balance Sheet			
_		Check if Schedule O contains a response or note to any line in this Part	,		
			(A) Beginning of year		<b>(B)</b> End of year
Τ	1	Cash - non-interest-bearing	611,75	9. 1	295,226
	2	Savings and temporary cash investments		2	
	3			3	50,000
	4			4	
	5				
		trustee, key employee, creator or founder, substantial contributor, or 359			
				5	
	6	Loans and other receivables from other disqualified persons (as defined			
				6	
,	7			7	
201	8			8	
2	9			5.9	2,816
	10a				
			740.		
	b	Less: accumulated depreciation 10b 932,	590. 2,283,50	7. 10c	2,254,150
					11,439,203
	12			12	
			le O contains a response or note to any line in this Part X       (A) Beginning of year         st-bearing       611,759,1         porary cash investments       2         nts receivable, net       3         able, net       4         receivables from any current or former officer, director, ikoyee, creator or founder, substantial contributor, or 35% or family member of any of these persons       5         receivables from other disqualified persons (as defined b58(f(1)), and persons described in section 4958(c)(3)(B) receivables, net       6         ale or use       8         s and depirment: cost or other Part VI of Schedule D       10a       3, 186, 740.         parameter       10b       932, 590.       2, 283, 507.       10c         blicly traded sourthies       10, 687, 055.       11       12         grammetated. See Part IV, line 11       12       13, 728, 458.       16         le and accurued expenses       15, 721.       17         a       19       14       143, 321.       15         di labilities       20       13, 728, 458.       16         le and currued expenses       21       13       12.         grammetated third parties       23       24       162, 003.       26         a la loans payable to unrelated third parties<		
Balance Sheet         Check if Schedule O contains a response or note to any line in this Part X         (A)         Beginning of year         1       Cash - non-interest-bearing         3       Pledges and grants receivable, net         4       Coars and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons         6       Loans and other receivables from other disqualified persons (sa defined under section 4958(I/G)(S)         7       Inventories for sale or use         9       Prepaid expenses and deferred charges         10a       3,186,740.         b       Less: accumulated depreciation         10b       932,590.         11       Investments - publicly traded sourtiles.         11       Investments - orbics. See Part IV, line 11         11       Investments - orbics. See Part IV, line 11         11       Investments - orbics. See Part IV, line 11         11       Investments - orbics accumulates devenees         12       Investments - orbics accumulates devenees         11       Investments - orbics see Part IV, line 11         11       Investments - orbics and accuvet expenses         12       Investments - orbick accumulates accumulates	155,659				
		8       Inventories for sale or use       8         9       Prepaid expenses and deferred charges       2,816.9         10a       Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D       10a       3,186,740.         b       Less: accumulated depreciation       10b       932,590.2,283,507.10c         11       Investments - publicly traded securities       10,687,055.11         12       Investments - other securities. See Part IV, line 11       12         13       Investments - program-related. See Part IV, line 11       13         14       Intargible assets       14         15       Other assets. See Part IV, line 11       143, 321.15         16       Total assets. Add lines 1 through 15 (must equal line 33)       13,728,458.16         17       Accounts payable and accrued expenses       15,721.17         18       Grants payable       18         19       Deferred revenue       19         20       Tax-exempt bond liabilities       20         21       Loans and other 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       22         23       Secured morts and loans payable to unrelated third parties       23	14,197,054		
			ts - publicly traded securities10,687,055.11ts - other securities. See Part IV, line 1112ts - program-related. See Part IV, line 1113assets14ets. See Part IV, line 11143,321.15ets. See Part IV, line 11143,728,458.16payable and accrued expenses15,721.17yable19et bond liabilities20custodial account liability. Complete Part IV of Schedule D21other payables to any current or former officer, director, ey employee, creator or founder, substantial contributor, or 35%20		43,636
	18				-
				22	
	23				
			110 00	2. 25	153,298
	26		162,00	-	153,298 196,934
3					
	27		8,109,14	2. 27	8,106,472
				-	5,893,648
			]		
3		-			
5	29			29	
3					
8					
					14,000,120
z					14,197,054

132011 12-09-21

	MAINE STATE SOCIETY FOR THE PROTECTION			Ρι	ublic	с Сору
Form	990 (2021) OF ANIMALS	01	-02125	45	Pag	e <b>12</b>
	t XI Reconciliation of Net Assets				, ug	0
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,	438	3,34	18.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,	324	1,83	30.
3	Revenue less expenses. Subtract line 2 from line 1	3		113	3,51	.8.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	13,	566	5,45	55.
5	Net unrealized gains (losses) on investments	5		307	7,80	)9.
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		12	2,33	38.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	14,	000	),12	20.
Pa	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
			_		Yes	Νο
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		L	2b	X	
	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:					
	X 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?		L	2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule (	D.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Au	dit			
	Act and OMB Circular A-133?		L	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed aud	lit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b	000	

Form **990** (2021)

132012 12-09-21

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Internal Rever	<b>10)</b> f the Treasury nue Service	Co	Public Cha omplete if the organ 494 ► Go to www.irs.gov		OMB No. 1545-0047 <b>2021</b> Open to Public Inspection ridentification number				
Name of t	the organizati			CIETY FOR THE	E PRO	FECTIO	DN		identification number
Dort I	Poscon		NIMALS	(				0	1-0212545
Part I				(All organizations must c			ee instructior	IS.	
1          2          3          4	A church, cor A school des A hospital or	nvention of chi cribed in <b>sect</b> i a cooperative earch organiza	urches, or associatio ion 170(b)(1)(A)(ii). ( hospital service orga	For lines 1 through 12, cl n of churches described Attach Schedule E (Form anization described in se njunction with a hospital	in <b>sectio</b> 1 990).) <b>ection 170</b>	on 170(b)(1 )(b)(1)(A)(ii	i).	)(iii). Enter	the hospital's name,
5			or the benefit of a col Complete Part II.)	lege or university owned	l or operat	ed by a go	vernmental u	nit describe	ed in
6				nental unit described in	section 1	70(h)(1)(A)	(v)		
7 X	,	, 0	6	ntial part of its support fr			• •	ne deneral i	oublic described in
• ==	-		omplete Part II.)	nia part of ito capport i	onn a gort			io gonora j	
8	-			1)(A)(vi). (Complete Par	EIL)				
9			• •	in section 170(b)(1)(A)(	,	ed in coniu	inction with a	land-grant	college
				ulture (see instructions).					
10		on that norma	lly receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d aross receipts from
11 12 a b c	income and u See section and u An organizati An organizati more publicly lines 12a thro <b>Type I.</b> A section organizatio <b>Type II.</b> A section organizatio <b>Type II.</b> A section <b>Type II.</b> A section organizatio	nrelated busin 509(a)(2). (Con on organized a supported org ugh 12d that of upporting orga and organization h. You must of upporting org nanagement of n(s). You must octionally inte	ness taxable income mplete Part III.) and operated exclusi ganizations describe describes the type of anization operated, si complete Part IV, Se anization supervised f the supporting orga t complete Part IV, grated. A supporting	or controlled in connect anization vested in the sa <b>Sections A and C.</b> g organization operated	m busines fety. See perform t r <b>section</b> and com by its supp majority c tion with it ame perso in connec	sses acquir section 50 he function 509(a)(2). plete lines ported org. of the direct s supporte ns that con tion with, a	red by the org D9(a)(4). Ins of, or to ca See section 12e, 12f, and anization(s), t tors or truste and organizatio Introl or mana	yanization a rry out the <b>509(a)(3).</b> ( l 12g. ypically by es of the su n(s), by hav ge the supp	after June 30, 1975. purposes of one or Check the box on giving upporting ving ported
		0		). You must complete I			•		
d		-	•	orting organization oper				•	
			0	ation generally must sat	•		•	an attentiv	/eness
c —	- ·	ι.	,	nplete Part IV, Sections written determination from					
e		-					турет, туре	п, туре п	
f Entr	functionally integrated, or Type III non-functionally integrated supporting organization.								
		••	about the supporte	d organization(a)		•••••			
	i) Name of supp		(ii) EIN	(iii) Type of organization		anization listed	(v) Amount o	f monetary	(vi) Amount of other
	organization			(described on lines 1-10	Yes	ing document? No	support (see ii	nstructions)	support (see instructions)
				above (see instructions))					
 Total									

# MAINE STATE SOCIETY FOR THE PROTECTION OF ANIMALS

|--|

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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	(d) 2020	(e) 2021	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")	774,901.	1378066.	711,802.	1239800.	981,542.	5086111.
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	774,901.	1378066.	711,802.	1239800.	981,542.	5086111.
	Total. Add lines 1 through 3	774,901.	13/0000.	/11,002.	1239000.	901,542.	2000111.
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,						<b>F</b> 31 <b>7FF</b>
_	column (f)						531,755.
	Public support. Subtract line 5 from line 4.						4554356.
		() == (=	(1) 00 / 0	( ) 00/0	( )) 00000	( )	(0
	ndar year (or fiscal year beginning in)	(a) 2017 774,901.	(b)2018 1378066.	(c)2019 711,802.	(d) 2020 1239800.	(e) 2021 981,542.	(f) Total 5086111.
	Amounts from line 4	114,901.	13/0000.	/11,002.	1239000.	901,942.	2000111.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,			200 020	227 002		1000040
	and income from similar sources	262,684.	341,475.	299,020.	237,802.	92,365.	1233346.
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		4 000		1 - 0 0 1	1	
	assets (Explain in Part VI.)	16,515.	1,230.	33,063.	17,201.	17,549.	
	Total support. Add lines 7 through 10						6405015.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	
13	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third, t	fourth, or fifth tax y	ear as a section 5/	01(c)(3)	
_	organization, check this box and stor						
Sec	ction C. Computation of Publi	ic Support Per	centage				
	Public support percentage for 2021 (I		•	())		14	71.11 %
	Public support percentage from 2020					15	68.22 %
16a	33 1/3% support test - 2021. If the o	organization did no	t check the box or	n line 13, and line <sup>-</sup>	14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2020. If the o	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual		• •				
17a	10% -facts-and-circumstances test	- 2021. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10% o	or more,
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop he	<b>re.</b> Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	est. The organizatio	n qualifies as a pu	blicly supported o	rganization		
b	10% -facts-and-circumstances test	- <b>2020.</b> If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is <sup>.</sup>	10% or
	more, and if the organization meets the	ne facts-and-circum	nstances test, cheo	ck this box and <b>st</b>	t <b>op here.</b> Explain i	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	ation	
18	Private foundation. If the organization	on did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	
						Schedule A	(Form 990) 2021

132022 01-04-22

Schedule A (Form 990) 2021

Part II

					Public Cop
SC	HEDULE D	Supplementa	al Financial Statements		OMB No. 1545-0047
(Forr	n 990) ment of the Treasury	► Complete if the orga Part IV, line 6, 7, 8, 9, 10	anization answered "Yes" on Form 990, , 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.		2021 Open to Public
	Revenue Service	Go to www.irs.gov/Form99	90 for instructions and the latest informatio	<u>n.</u>	Inspection
Nam	e of the organizati	on MAINE STATE SOCIETY OF ANIMALS	Y FOR THE PROTECTION	Em	ployer identification number $01 - 0212545$
Par		ations Maintaining Donor Advised	d Funds or Other Similar Funds or a	Accour	
	organizatic	n answered "Yes" on Form 990, Part IV, line I	e 6. (a) Donor advised funds	(b) Eur	nds and other accounts
1	Total number at e	nd of year		<b>(b)</b> Fui	
2		f contributions to (during year)			
3		f grants from (during year)			
4		t end of year			
5			writing that the assets held in donor advised fu	unds	
			exclusive legal control?		Yes No
6			dvisors in writing that grant funds can be used		
			r donor advisor, or for any other purpose conf	Ū.	
Par	impermissible priv		ganization answered "Yes" on Form 990, Part		
1		servation easements held by the organization		rv, inte 7.	
-		n of land for public use (for example, recreat	· · · · · ·	storically	r important land area
	Protection of	of natural habitat	Preservation of a co	ertified hi	storic structure
	Preservation	n of open space			
2	•	<b>o o</b> .	ied conservation contribution in the form of a	conserva	
	day of the tax yea				Held at the End of the Tax Year
a					
b	•				
			ucture included in (a)	20	
u				2d	
3			eased, extinguished, or terminated by the orga		during the tax
	year 🕨		, , , , , ,		5
4	Number of states	where property subject to conservation eas	ement is located		
5	Does the organiza	tion have a written policy regarding the per	iodic monitoring, inspection, handling of		
	,	forcement of the conservation easements it			
6	Staff and voluntee	er hours devoted to monitoring, inspecting,	handling of violations, and enforcing conserva	tion ease	ements during the year
7		ses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservation	easemen	ts during the year
•	►\$			(D)(i)	
8			e satisfy the requirements of section 170(h)(4)		Yes No
9			on easements in its revenue and expense stat		
Ū		•	ote to the organization's financial statements		
	organization's acc	ounting for conservation easements.	C C		
Par		ations Maintaining Collections of f the organization answered "Yes" on Form	Art, Historical Treasures, or Other	Simila	r Assets.
1a			8, not to report in its revenue statement and b	alance st	heet works
	•		lic exhibition, education, or research in furthe		
		· ·	icial statements that describes these items.		
b	•		8, to report in its revenue statement and balar	nce sheet	t works of
	art, historical treas	sures, or other similar assets held for public	exhibition, education, or research in furtherar	nce of pul	blic service,
	•	ing amounts relating to these items:			
					\$
_	.,				·
2	•	,	asures, or other similar assets for financial gain	n, provide	e
~	•	unts required to be reported under FASB A	•		¢
		eduction Act Notice, see the Instructions			Schedule D (Form 990) 2021
	10-28-21	,			
			28		

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2021.05000 MAINE STATE SOCIETY FOR T 253150\_1

	MATNE S	TATE SOCIET	Y FOR THE	PROTECT	TON			Ρ	ubli	c Co
ne	dule D (Form 990) 2021 OF ANIM		1 1 010 1111				01-02	1254	5 Pa	age <b>2</b>
r	t III Organizations Maintaining Co	ollections of Art	, Historical Tre	asures, or (	Other Si	mila	r Assets	(conti	nued)	
	Using the organization's acquisition, accession	on, and other records	, check any of the f	ollowing that n	nake signif	icant	use of its			
	collection items (check all that apply):									
I	Public exhibition	d		nange program						
)	Scholarly research	e	Other							
	Preservation for future generations									
	Provide a description of the organization's co	llections and explain	how they further th	e organization	's exempt	purpo	se in Part	XIII.		
	During the year, did the organization solicit or			•				_	_	_
-	to be sold to raise funds rather than to be ma							Yes		No
r	t IV Escrow and Custodial Arranger reported an amount on Form 990, Par		te if the organizatior	n answered "Y	es" on For	m 990	), Part IV, I	ine 9, or		
I	Is the organization an agent, trustee, custodia							-		-
	on Form 990, Part X?						L	Yes		No
)	If "Yes," explain the arrangement in Part XIII a	and complete the follo	owing table:		ſ			A.m.o.un		
					-			Amoun		
	Beginning balance					<u>1c</u>				
	Additions during the year					1d				
	Distributions during the year					<u>1e</u>				
	Ending balance Did the organization include an amount on Fo					1f		Vee		
	C C						L	Yes	-	<b>∣No</b> ∣
	If "Yes," explain the arrangement in Part XIII. <b>t V</b> Endowment Funds. Complete it									
		(a) Current year	(b) Prior year	(c) Two years		Three	years back	(e) Fou	vears	back
	Beginning of year balance	10,687,055.	10,125,092.	9,687,	. ,		53,787.		,182,	
			451,986.		000.		35,348.			977.
	Contributions	752,148.	609,587.	933,			.97,749.	1	,269,	
	Net investment earnings, gains, and losses	752,140.	000,007.				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		, 205,	<u> </u>
	Grants or scholarships									
	Other expenditures for facilities		499,610.	521,	383	-	59,400.		484,	561
	and programs		199,010,				44,407.			590.
	Administrative expenses	11,439,203.	10,687,055.	10,125,	092		87,579.	8	<u>,953</u> ,	
	End of year balance				052.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		0	, ,,	/0/.
	Provide the estimated percentage of the curre Board designated or quasi-endowment	50.0000	(ine rg, column (a)) %	neio as.						
	Permanent endowment > 26.0000	%	_70							
	Term endowment $\blacktriangleright$ 24.0000 g									
	The percentages on lines 2a, 2b, and 2c should be a should be should be a should be a should be a should be should be a should									
	Are there endowment funds not in the posses	•	ion that are held an	d administerer	t for the or	naniz	ation			
	by:	bion of the organizat				guinz			Yes	No
	(i) Unrelated organizations							3a(i)	x	
	(ii) Related organizations							3a(ii)		Х
	If "Yes" on line 3a(ii), are the related organization	tions listed as require	d on Schedule R?							
	Describe in Part XIII the intended uses of the									
r	t VI Land, Buildings, and Equipm									
	Complete if the organization answered	I "Yes" on Form 990,	Part IV, line 11a. Se	ee Form 990, F	Part X, line	10.				
	Description of property	(a) Cost or ot	her (b) Cost	or other	(c) Accu	mulate	ed	(d) Boo	k valu	e
		basis (investm	• •		deprec			., -		
	Land		8	1,090.				8	1,0	90.
	Buildings			4,851.	52	5,1	22.	1,82		
	Leasehold improvements									
			75	0,799.	40'	7,4	68.	34	3,3	31.

MAINE	STATE	SOCIETY	FOR	THE	PROTECTION
	~ =				

Schedule D (Form 990) 2021 OF ANIMALS		01-	-0212545 Page <b>3</b>
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(a) Description of security or Category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
<ul> <li>(1) Financial derivatives</li> <li>(2) Observe health and the internet.</li> </ul>			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ► Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" ( (a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of voar market value
		(c) Method of Valdation. Cost of end-	
(1)			
(2)			
(3)			
(4)			
(5)			
(6) (7)			
• •			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets.			
Complete if the organization answered "Yes" of	on Form 990. Part IV. line	11d. See Form 990. Part X. line 15.	
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15)		
Part X Other Liabilities.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) DEFERRED COMPENSATION			153,298.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)		153,298.
<ol> <li>Liability for uncertain tax positions. In Part XIII, provide</li> </ol>		the organization's financial statements the	

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ....

Schedule D (Form 990) 2021

132053 10-28-21

	MAINE STATE SOCIETY FOR		ROMION		Puk	olic Cop
Coho	dule D (Form 990) 2021 OF ANIMALS	INE PROI	ECITON	01_0	0212545	Daga <b>4</b>
	t XI Reconciliation of Revenue per Audited Financial Stat	ements With	Revenue per Re		5212545	Page -
	Complete if the organization answered "Yes" on Form 990, Part IV, lin					
1				1	1,758,	495.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	307,809.			
b	Donated services and use of facilities					
с	Recoveries of prior year grants					
d	Other (Describe in Part XIII.)		12,338.			
е	Add lines 2a through 2d			2e	320,	147.
3	Subtract line 2e from line 1			3	1,438,	348.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
с	Add lines <b>4a</b> and <b>4b</b>			4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	1,438,	348.
Pa	t XII Reconciliation of Expenses per Audited Financial Sta	tements With	Expenses per	Returr	า.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.		· · · ·		
1	Total expenses and losses per audited financial statements			1	1,324,	,830.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a				
b	Prior year adjustments	2b				
с	Other losses	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e		0.
3	Subtract line 2e from line 1			3	1,324,	,830.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
с	Add lines 4a and 4b			4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	<u>}.)</u>		5	1,324,	830.
Pa	t XIII Supplemental Information.					

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

### PART V, LINE 4:

ENDOWMENT FUNDS ARE HELD FOR THE GENERAL PURPOSES OF THE SOCIETY.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN VALUE - PERPETUAL TRUSTS

132054 10-28-21

12,338.

OMB No. 1545-0047

Open to Public

Inspection

01-0212545

SCHEDULE O	
(Form 990)	

Department of the Treasury Internal Revenue Service

## Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information. MAINE STATE SOCIETY FOR THE PROTECTION Employer identification number

Name of the organization OF ANIMALS

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

THE CEO REVIEWS FORM 990 PRIOR TO FILING

FORM 990, PART VI, SECTION B, LINE 15:

THE CEO'S SALARY IS DETERMINED BY A NEGOTIATED CONTRACT BETWEEN THE BOARD

OF DIRECTORS AND THE CEO.

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

THE SOCIETY'S FORM 990 IS AVAILABLE ON ITS WEBSITE OR UPON REQUEST. THE

SOCIETY MAKES AVAILABLE TO THE PUBLIC ITS GOVERNING DOCUMENTS, POLICIES OR

FINANCIAL STATEMENTS UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN VALUE OF PERPETUAL TRUSTS

12,338.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 132211 11-11-21

Schedule O (Form 990) 2021

SCHEDULE R (Form 990) Com Department of the Treasury Internal Revenue Service	Related Organizations and Unrelated Partnerships         Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.         ▲ Go to www.irs.gov/Form990 for instructions and the latest information.	ons and Unrelated Pa sred "Yes" on Form 990, Part IV, ► Attach to Form 990.	rtnerships line 33, 34, 35b, 3 st information.	16, or 37.		OMB No. 1545-0047 2021 Open to Public Inspection	blic
ation MAINE STATE OF ANIMALS	SOCIETY FOR THE PROT	PROTECTION			Employer identification number 01-0212545	fication num 545	nber
Part I Identification of Disregarded Entities. Complete if the organization	lete if the organization answered "Yes'	answered "Yes" on Form 990, Part IV, line 33.	œ.				
<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	r Total income	me End-of-year assets		(f) Direct controlling entity	
Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.	zations. Complete if the organization	answered "Yes" on Form 99	), Part IV, line 34,	because it had one	or more related tax-ex	empt	
<b>(a)</b> Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	) 12(b)(13) biled y?
AHIMSA FOUNDATION - 04-2749858 60 STATE STREET Docenny MA 03100	SUPPORT ORGANIZATIONS INVOLVED WITH ANIMAL	כא כלא לעודר כשוווויים ב				Yes	₽ >
							4
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	ons for Form 990.				Schedule F	Schedule R (Form 990) 2021	) 2021

132161 11-17-21 LHA

2				1 1	Pu	lblic Copy
Page 2	(j) (k) General or Percentage managing ownership Partner? Yes No	e related	(i) Section 512(b)(13) controlled entity? Yes No			990) 202
– <b>0 2 1 2 5 4 5</b> e or more related	(j) General or F managing Partner? Kes No		(h) Percentage ownership			Schedule R (Form 990) 2021
THE       PROTECTION         01-0212545         Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related	(i) Code V-UBI amount in DBI X-1 (Form 1065) K-1 (Form 1065)	Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related	(g) Share of end-of-year assets ow			Scheduk
4, because	(h) Alloaritons? Yes No	IV, line 34				
rt IV, line 3	(g) Share of end-of-year assets	n 990, Part	(f) Share of total income			
m 990, Pa	Sha (c Sha S ass ass	s" on Forn	(e) Type of entity (C corp, S corp, or trust)			
es" on For	(f) Share of total income	wered "Ye	(C corp.)			
swered "Y		zation ans	(d) Direct controlling entity			
<b>I ON</b> ization ans	(e) inant incom 1, unrelated, irom tax un is 512-514)	the organi				
PROTECTION te if the organization	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	omplete if	(c) Legal domicile (state or foreign country)			34
-	(d) Direct controlling entity		(b) Primary activity			
SOCIETY F	(C) Legal domicile forate or forate country)	s a Corpor	P rime			
INE STATE SOCJ ANIMALS Organizations Taxable as partnership during the tax	(b) Primary activity	anizations Taxable as				
MAINE       STATE       SOCIETY       FOR         Schedule R (Form 990)       2021       OF       ANIMALS         Part III       Identification of Related Organizations Taxable as a Partnership.	(a) Name, address, and EIN of related organization	Part IV Identification of Related Organizations Taxable as a Corporation or Trust.	(a) Name, address, and EIN of related organization			132162 11-17-21

MAINE STATE SOCIETY FOR THE PROTECTION OF ANIMALS Schedule R (Form 990) 2021 Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes	No	
<ul> <li>During the tax year, up the organization engage in any or the following transactions with one or more related organizations listed in raits in view of the case of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity</li> <li>B Gift, grant, or capital contribution to related organization(s)</li> <li>C Gift, grant, or capital contribution from related organization(s)</li> <li>d Loans or loan guarantees to or for related organization(s)</li> <li>e Loans or loan guarantees by related organization(s)</li> </ul>				1a           1c           1c           1c           1c           1c	x x x x	
<ul> <li>f Dividends from related organization(s)</li> <li>g Sale of assets to related organization(s)</li> <li>h Purchase of assets from related organization(s)</li> <li>i Exchange of assets with related organization(s)</li> <li>j Lease of facilities, equipment, or other assets to related organization(s)</li> </ul>				★ 한 는 는 는	×××××	
<ul> <li>k Lease of facilities, equipment, or other assets from related organization(s)</li> <li>l Performance of services or membership or fundraising solicitations for related organizati</li> <li>m Performance of services or membership or fundraising solicitations by related organizati</li> <li>m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)</li> <li>o Sharing of paid employees with related organization(s)</li> </ul>	organization(s) organization(s) iization(s)			关 = È 는 5	×××××	
<ul> <li>P Reimbursement paid to related organization(s) for expenses</li> <li>G Reimbursement paid by related organization(s) for expenses</li> </ul>				10 14	××	
<ul> <li>C Other transfer of cash or property to related organization(s)</li> <li>C Other transfer of cash or property from related organization(s)</li> <li>If the answer to any of the above is "Yes," see the instructions for information on wh</li> </ul>	no must complete thi	s line, including covered re	on who must complete this line, including covered relationships and transaction thresholds.	1r 1s	XX	
<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	<b>(d)</b> Method of determining amount involved	lved		
(1) AHIMSA FOUNDATION	υ	0	CASH			
(3)						
(4) (5)					Pu	D
<b>(6)</b> 132163 11-17-21	35		Schedule R (Form 990) 2021	l (Form 99	blic Copy	blia Conv

Page 4			() ntage ship				Pu	blic Copy
Ъ		evenue)	or Percentage ownership					Schedule R (Form 990) 2021
-021254		gross r	(j) General or managing partner? Yes No					e R (Fo
01-02		total assets or	(i) Code V-UBI ⊂ amount in box 20 <sup>n</sup> of Schedule K-1 ⊥ V (Form 1065) V					Schedul
		sured by	(h) Dispropor- tionate allocations? Yes No					
	.7.	of its activities (mea	(g) Share of end-of-year assets					
	990, Part IV, line 37	than five percent c	<b>(f)</b> Share of total income					
	on Form	ed more	Are all Are all 501(c)(3) orgs.? Yes No					-
PROTECTION	zation answered "Yes"	le organization conduct stment partnerships.	(d) Predominant income					36
Y FOR THE	mplete if the organi	ip through which th sion for certain inve	(c) Legal domicile (state or foreign country)					
STATE SOCIETY MALS	<b>e as a Partnership.</b> Co	tity taxed as a partnersh uctions regarding exclus	<b>(b)</b> Primary activity					
MAINE STAT Schedule R (Form 990) 2021 OF ANIMALS	Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line	Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.	<b>(a)</b> Name, address, and EIN of entity					132164 11-17-21

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Schedule F	≺ (⊢orm	990)2	2021

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

132165 11-17-21