Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

18 19

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Net

			Un	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)						ck lung	2007	
		f the Treasury rue Service	 -	The organization may h		·		•	state renorti	na ron	uiromente	Open to Public
A			<u> </u>	year, or tax year beg		January 1					mber 31	Inspection , 20 07
R			Please	C Name of organization				·	- 3			tification number
		· ' '	use IRS label or	Best Little Rabbit,	Rodent 8	& Ferret House				91		1873550
=	Number and street (or P.O. box if mail is not delivered to street address) Room/suite						ET	elephone nun				
	Initial re	eturn	type. See	14317 Lake City W	ay NE					(206)	365-9105
=	Termina		Specific Instruc-	City or town, state or o	country, and	ZIP + 4				FAC	counting method:	Cash Accrual
_		ed return	tions.	Seattle, WA 98125							Other (spec	
=		ion pending		tion 501(c)(3) organizat				able		ot appl	icable to secti	on 527 organizations.
G								liates ►				
									H(c) Are all a	affiliates	included?	Yes No
J .	Organi	zation type (check or	nly one) ▶ ☑ 501(c) (3) ∢ (inse	rt no.) 4947(a)(1) or [527			a list. See ins	•
				rganization is not a 509 re than \$25,000. A return					H(d) Is this a organizat			oruling? Yes No
	to file a	return, be su	re to file	a complete return.	<u> </u>		•				on Number >	
	Gross	receinter Ac	d liner	s 6b, 8b, 9b, and 10b	to line 12 •							nization is not required 0, 990-EZ, or 990-PF).
	art I			penses, and Char			Fund I	Balar				
	1	···		gifts, grants, and sin			- will !		.000 1000 1		-	
				gins, grants, and sin o donor advised fun		nilo iguaiveu.	1a		60,2	208		
	a b			pport (not included			1b					
	1	•		support (not included			1c					
	d			ntributions (grants) (-	1d					
				1a through 1d) (cash					4,990		1e	60,208
	2			revenue including go				n Part		• -	2	26,017
	3	-		es and assessment					· • • • • • • • • • • • • • • • • • • •	' Г	3	61
	4		•	ngs and temporary		· .					4	0
	5	Dividends and interest from securities					5	0				
	6a											
	b			oenses			6b					
	С	Net rental	incon	ne or (loss). Subtrac	t line 6b f	from line 6a .				. L	6c	0
•	7			nt income (describe)	7	0
Revenue	8a	Gross am	ount f	from sales of assets	other	(A) Securities	1 1	(B) Other			
E S		than inver			1		8a					
_	b	Less: cost	or othe	er basis and sales exp	enses		8b					
	C	Gain or (lo	oss) (a	ttach schedule) .	·		8c					
	d	Net gain o	or (loss). Combine line 8c, c	olumns (A)	and (B)					8d	0
	9	Special eve	ents an	d activities (attach scho	edule). If an	y amount is from	gaming	, chec	k here 🕨 🗌] [
	а					of						
				ported on line 1b).			9a					
	b			penses other than fu			9b				_	٨
	C			loss) from special e				9a	 93,1	-	9c	0
	10a			inventory, less return			10a		55,9 55,9	-		
				oods sold			10b				00	37,123
	1			ss) from sales of invent						• • •	0c	184
	11 12			from Part VII, line 10 Add lines 1e, 2, 3, 4,						· -	12	123,593
	!										13	144,523
50	13			es (from line 44, col		mn (C))				• -	14	3,391
Expenses	14			nd general (from line							15	0,001
ž.	15 16			m line 44, column (l filiates (attach sched							16	0
Œ	17			s. Add lines 16 and		-					17	147,914
	 			cit) for the year. Sub							18	<24,321>
ssets	18			ing for the year. Sub and halances at bed						· ⊢	19	45,593

Other changes in net assets or fund balances (attach explanation).

Net assets or fund balances at end of year. Combine lines 18, 19, and 20

20

21,272,

	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraisin
22	Grants paid from donor advised funds (attach schedule)			SCIVICOS	anu yenerar	
La	(cash \$ noncash \$)		ŀ			
	If this amount includes foreign grants, check here $ ightharpoonup$	22a				
2b	Other grants and allocations (attach schedule)					
	(cash \$)				107	
	If this amount includes foreign grants, check here $ ightharpoonup$	22b				
3	Specific assistance to individuals (attach schedule)	23				
4	Benefits paid to or for members (attach schedule)	24				
5a	Compensation of current officers, directors, key employees, etc. listed in Part V-A	25a	33,445	33,445		
b	Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b				-
_	Compensation and other distributions, not					
C	included above, to disqualified persons (as					
	defined under section 4958(f)(1)) and persons		į			
	described in section 4958(c)(3)(B)	25c				
6	Salaries and wages of employees not included	000	26 004	26.004	İ	
	on lines 25a, b, and c	26	26,094	26,094		
7	Pension plan contributions not included on lines 25a, b, and c	27				
3	Employee benefits not included on lines	20		·		
	25a – 27	28	4,261	4,261		
))	Professional fundraising fees	30	1,201			
, 	Accounting fees	31	1,126		1,126	
2	Legal fees	32				
3	Supplies	33	1,954	1,954		
ţ	Telephone	34	2,810	2,500	310	
5	Postage and shipping	35	222	222		
5	Occupancy	36	31,008	30,859	149	
7	Equipment rental and maintenance	37	78	70		
\$	Printing and publications	38 39	1,285	78 1,285	· · · · · · · · · · · · · · · · · · ·	
•	Travel	40	1,265	1,205		
)	Conferences, conventions, and meetings	41	15,336	15,336		· · · · · · · · · · · · · · · · · · ·
l ≥	Depreciation, depletion, etc. (attach schedule)	42	,	,		
<u>.</u> 3	Other expenses not covered above (itemize):					
a	Internet & e-mail	43a	1,163	1,163		
b	Veterinary expenses	43b	14,808	14,808		
C	Bank Fees	43c	3,360	3,360		
d	Business fees & taxes	43d	575		575	
е	Animal Maintenance	43e	9,158	9,158		
f	Insurance	43f	1,231		1,231	
g		43g				
	Total functional expenses. Add lines 22a through 43g. (Organizations completing			And the second s	· · · · · · · · · · · · · · · · · · ·	
	columns (B)-(D), carry these totals to lines 13-15)	44	147,914	144,523	3,391	
	t Costs. Check ▶ ☐ if you are following SOP					
*** B 8	ny joint costs from a combined educational campaign	and fund	traising solicitation	reported in (B) Pro	gram services?. >	☐ Yes [
v.	es," enter (i) the aggregate amount of these joint cost	s \$: (ii) the	amount allocated t	to Program services	\$

(Grants and allocations

(Grants and allocations

Other program services (attach schedule)

Statement of Program Service Accomplishments (See the instructions.) Part III Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments. Rescue, Adoption and Education What is the organization's primary exempt purpose? ▶ Program Service **Expenses** All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number (Required for 501(c)(3) and of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) (4) orgs., and 4947(a)(1) trusts; but optional for organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.) others.) a Veterinary Medical Care: All rabbits & guinea pigs are spayed/neutered as soon as they arrive. During 2007 we also had numerous injured animals who required surgery for injured eyes, broken bones, tumors, etc. When funds permit we also spay/neuter our rats, chinchillas and other rodents so they can live a more natural life with opposite sex friends. (Grants and allocations) If this amount includes foreign grants, check here I 14.808 b Animal Rescue - Sanctuary and Adoptions 235 domestic rabbits, rodents & ferrets were rescued, housed & provided veterinary care during 2007. An additional 50 feral rabbits were rescued from a local park in cooperation with the City of Seattle. These feral rabbits were also spayed/neutered and then they were relocated to our Rabbit Meadows Sanctuary where they will live out their lives. Rodents rescued included: degus. chinchillas, gerbils, guinea pigs, hamsters, rats & mice. (Grants and allocations If this amount includes foreign grants, check here 111,713

We provide one on one education to the public as to the Public education and Animal Welfare: proper care, housing and feeding of each species when they adopt, purchase supplies, or when they board their animals with us. We spent over 1,000 hours returning phone

calls asking us for help with behavior or out of character actions of the callers animal. During 2007 we also held 2 workshops on grooming techniques, proper care, housing and feeding. We also created "Is a Rabbit the Right Pet for You?" (Grants and allocations) If this amount includes foreign grants, check here ন Other Education: Flyers; Brochures; Web Page; Train shelter staff how to care for these animals.

16,761

1,241

) If this amount includes foreign grants, check here 144,523

f Total of Program Service Expenses (should equal line 44, column (B), Program services). Form 990 (2007)

If this amount includes foreign grants, check here

	rt IV			1	
	lote:	Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.	(A) Beginning of year		(B) End of year
	45	Cash—non-interest-bearing	28,537	45	4,385
	46	Savings and temporary cash investments		46	0
	1	Accounts receivable			
	b	Less: allowance for doubtful accounts , 47b 0		47c	2,156
	40-	Pladras receivable 48a			
	}	Pledges receivable		48c	0
	49	Grants receivable		49	0
		Receivables from current and former officers, directors, trustees, and			
ets	30a	key employees (attach schedule)		50a	0
	b	Receivables from other disqualified persons (as defined under section			,
		4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b	0
	51a	Other notes and loans receivable (attach			
		schedule)		F-4 -	
Assets	_	Less: allowance for doubtful accounts 51b	7,279	51c	4,310
•	52	Inventories for sale or use	1,600	53	1,600
	53	Prepaid expenses and deferred charges	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	54a	0
		Investments—other securities (attach schedule) Cost FMV		54b	. 0
	1	Investments—land, buildings, and			
	950	equipment: basis			
	b	Less: accumulated depreciation (attach			
		schedule)	189,000		196,414
	56	Investments—other (attach schedule)		56	
	ł	Land, buildings, and equipment: basis . 57a 6,328			
	b	Less: accumulated depreciation (attach school (attach 57b) 4,050	2,458	57c	2,278
	58	schedule)			
	90	(describe >)		58	0
	59	Total assets (must equal line 74). Add lines 45 through 58	228,874	59	211,143
	60	Accounts payable and accrued expenses	11,652		12,866
	61	Grants payable		61	0
	62	Deferred revenue		62	0
Hes	63	Loans from officers, directors, trustees, and key employees (attach		63	0
Liabiliti		schedule)		64a	0
<u>=</u>	64a	Tax-exempt bond liabilities (attach schedule)	171,629		169,975
	65	Other liabilities (describe		65	7,030
		,			
	66	Total liabilities. Add lines 60 through 65	183,281	66	189,871
	Orga	anizations that follow SFAS 117, check here ► □ and complete lines			
ø		67 through 69 and lines 73 and 74.		67	0
ĕ	67	Unrestricted		68	0
Balances	68	Temporarily restricted	· · · · · · · · · · · · · · · · · · ·	69	0
D E	69	Permanently restricted			
Fund	Orga	complete lines 70 through 74.			
ò	70	Capital stock, trust principal, or current funds		70	
	71	Paid-in or capital surplus, or land, building, and equipment fund .	150,867	71	150,867
80	72	Retained earnings, endowment, accumulated income, or other funds	-105,273	72	129,595
Net Assets	73	Total net assets or fund balances. Add lines 67 through 69 or lines			
Ž		70 through 72. (Column (A) must equal line 19 and column (B) must	AE E02	70	21,272
	74	equal line 21) Total liabilities and net assets/fund balances. Add lines 66 and 73	45,593 228,874		21,212
		I AFRI MEDIBRICO DUM TIPE REPORTANTE MENOTIOCON LICO, 1000, 00, 010, 10			a. 1 1, 1 TO

Pa	rt IV-A	Reconciliation of Revenue per A instructions.)	udited Financial Stater	nents With Re	venue per Return	(See the
a	Total rev	enue, gains, and other support per au	dited financial statement	s	a	
b		included on line a but not on Part I, I				
. 1		alized gains on investments		b1		
2		services and use of facilities		b2		
3		es of prior year grants		b3		
4		ecify):		b4		
		b1 through b4			b	
C					C	
ď.		included on Part I, line 12, but not on		اسعا		
1		nt expenses not included on Part I, lin		<u>d1</u>		
2	Otner (sp	ecify):		d2		
	Add lines				d	
e	Total rev	enue (Part I, line 12). Add lines c and	d		• • • • • • • • • • • • • • • • • • •	
Pa	rt IV-B	Reconciliation of Expenses per A	udited Financial State	ments With Ex	penses per Retur	m
a	Total exp	enses and losses per audited financia			a	
b	-	included on line a but not on Part I, li				
1		services and use of facilities		_b1 [
2		adjustments reported on Part I, line 2		b2		
3	_	ported on Part I, line 20		b3		
4		ecify):				
				b4		
		b1 through b4	· · · · · · · · · · · · · · · · · · ·		b	
C					<u>C</u>	
d		included on Part I, line 17, but not on		l se t		100
1		nt expenses not included on Part I, lin		d1		
2	Other (sp	ecify):		d2		
	Add lines	d1 and d2			d	
e Dov		enses (Part I, line 17). Add lines c and Current Officers, Directors, Trustee	d d			
r at		or key employee at any time during the y	ear even if they were not	compensated.) (S	ee the instructions.)	
	· .	(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0)	(B) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
	ıdi Ackern		President - 56 hrs	1 _	,	
		ity Way NE, Seattle, WA 98125		0	0	0
	et Myers	TO NOT NOT TO MAKE THE PROPERTY	Vice President-60 hrs	99.44		
		ity Way NE, Seattle, WA 98125		33,445	0	0
	Tamane	ity Way NE, Seattle, WA 98125	Secretary - 1 hr	0		
143	1/ Lake C	ny way NE, Seame, WA 30125			V	0
						
			<u> </u>			
						3
				aparina de la casa de		

and check whether it is \square exempt or \square nonexempt

b If "Yes," enter the name of the organization ▶

81a Enter direct and Indirect political expenditures. (See line 81 instructions.) . .

b Did the organization file Form 1120-POL for this year?

81b

	331 (COA)		ŧ	Page .		
Pai	t VI Other Information (continued)		Yes	No		
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a		1		
	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)					
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	1			
	b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?					
	a Did the organization solicit any contributions or gifts that were not tax deductible?					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?					
85a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	85a		eciamon.		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?					
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization					
	received a waiver for proxy tax owed for the prior year.					
C	Dues, assessments, and similar amounts from members					
	Section 162(e) lobbying and political expenditures			and a		
	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A					
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)					
a	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g				
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h				
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12					
	Gross receipts, included on line 12, for public use of club facilities					
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders 87a N/A					
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)					
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88a		✓		
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b		1		
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶ 0					
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		1		
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958					
đ	Enter: Amount of tax on line 89c, above, reimbursed by the organization					
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e		1		
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	V.S. starter	✓		
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g		V		
Q()a	List the states with which a copy of this return is filed ▶ Washington					
JVa L	Number of employees employed in the pay period that includes March 12, 2007 (See					
	instructions.) The books are in care of ▶ Sandi Ackerman Telephone no. ▶ (206)	36	5-910	5)5		
	Located at ► 14317 Lake City Way NE, Seattle, WA ZIP + 4 ► 98125	-3619				
b	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)?	91b	Yes	No		
	If "Yes," enter the name of the foreign country ▶					
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		1.00			
		أينينسنسي				

Form 99	0 (2007)					Page 8
Part	VI Other Information (continued)					Yes No
C	At any time during the calendar year, did the on	ganization main	tain an office	outside of the	United States?	91c ✓
92	If "Yes," enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts fit and enter the amount of tax-exempt interest rec	ling Form 990 is eived or accrue	n lieu of Form ed during the t	1041—Check ax year	here	
	VII Analysis of Income-Producing Activ		<i>INSTRUCTIONS.)</i> siness income		ion 512, 513, or 514	· —
Note: Enter gross amounts unless otherwise		 		 	(E) Related or	
indicated.		(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	exempt function
93 a	Program service revenue: Adoptions	Suarious void	75110412	LAGIRA VI VOGO	7 UROLINE	income 5,800
b	Grooming					1,623
c	Boarding					18,594
d					· da	0
e						0
f	Medicare/Medicaid payments					0
g	Fees and contracts from government agencies			-	***************************************	0
94	Membership dues and assessments					61
95	Interest on savings and temporary cash investments					0
96	Dividends and interest from securities					0
97	Net rental income or (loss) from real estate:					0
a	debt-financed property	<u> </u>				0
b	not debt-financed property	l		-		0
98	Net rental income or (loss) from personal property					0
99	Other investment income					0
100	Gain or (loss) from sales of assets other than inventory					0
101	Net income or (loss) from special events .					37,123
102	Gross profit or (loss) from sales of inventory				······································	184
103	Other revenue: a Shipping charges					0
b						. 0
C.						0
d						0
104	Subtotal (add columns (B), (D), and (E)) .	0.00				63,385

Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

% % % Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? \Box Yes \Box No

(B)

Percentage of ownership interest

Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

of the organization's exempt purposes (other than by providing funds for such purposes).

Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment

(C) Nature of activities

Total (add line 104, columns (B), (D), and (E)) . . .

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

105

Part VIII

Line No.

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Part IX

Part X

NIA

See attachment

(A)
Name, address, and EIN of corporation,
partnership, or disregarded entity

(D) Total income

☐ Yes ☐ No

(E) End-of-year

63.385

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Part XI	Information Regarding Transfers To and From Controlled Entities. Complete only if the	organization
	is a controlling organization as defined in section 512(b)(13).	o.gamaaaom

106	Is a controlling organization in			officed in any	Earl Edonald Con C	Yes	No
100	the Code? If "Yes," complete the	e schedule below for each	controlled entity	amed in sec	uon 512(b)(13) of		1,
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C Descrip trans	tion of	(D Amount of		[√
а						***************************************	
b							
С		_					
	Totals						
.107	Did the reporting organization re 512(b)(13) of the Code? If "Yes,"				section	Yes	No
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Descript trans	ion of	(D) Amount of		er
a		 					
b		-					
С		_					
	Totals			and the second			
108	Did the organization have a bind rents, royalties, and annuities de			006, coverin	g the interest,	Yes	No
Please Sign Here	Signature of officer Sandi Ackerman, Preside	lete Declaration of preparer (other			of which preparer has as	ny know	
Paid	Type or print name and title Preparer's signature		l Is	theck if elf- mployed ▶ □	Preparer's SSN or PTIN (S	See Gen.	inst. X)
Preparer Use Only	Litti 2 nensa ira Arres F			EIN Phone n	▶ :		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information—(See separate instructions.)

2007

OMB No. 1545-0047

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ Name of the organization Employer identification number Best Little Rabbit, Rodent & Ferret House 91 1873550 Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees (See page 1 of the instructions. List each one. If there are none, enter "None.") (d) Contributions to (a) Name and address of each employee paid more (b) Title and average hours (e) Expense (c) Compensation imployee benefit plans & account and other than \$50,000 per week devoted to position deferred compensation allowances None Total number of other employees paid over \$50,000. Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services (See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.") (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation None Total number of others receiving over \$50,000 for professional services Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services (List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.) (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation None

Total number of other contractors receiving over \$50,000 for other services

Par	Statements About Activities (See page 2 of the instructions.)	Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities \$\Bigsim \$\text{\$\		1
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
а	Sale, exchange, or leasing of property?		1
b	Lending of money or other extension of credit?	-	1
c	Furnishing of goods, services, or facilities?	1	
ď	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	1	
e	Transfer of any part of its income or assets?		1
3a	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)	And the second desired to the second desired	1
b	Did the organization have a section 403(b) annuity plan for its employees?	-	√
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	A CONTRACTOR OF THE CONTRACTOR	1
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? . 3d		✓
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	resource of Contrast	1
b	Did the organization make any taxable distributions under section 4966?		1
C	Did the organization make a distribution to a donor, donor advisor, or related person?		✓
d	Enter the total number of donor advised funds owned at the end of the tax year	, 	0
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year >		0
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts		0
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year		0

Pa	rt I\	Reason for Non-Privat	e Foundation	Status (See pages 4	through 8 o	f the instruct	tions.)		
l ce	rtify 1	that the organization is not a priva	ate foundation be	cause it is: (Please chec	k only ONE ap	plicable box.)	· · · · · · · · · · · · · · · · · · ·		
5		A church, convention of churche			- ,	,···,			
6		A school. Section 170(b)(1)(A)(ii).	(Also complete P	art V.)					
7		A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).							
8	A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).								
9	9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city and state								
10	10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv) (Also complete the Support Schedule in Part IV-A.)								
11a	An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)								
11b		A community trust. Section 170(b)(1)(A)(vi). (Also c	omplete the Support So	:hedule in Part	IV-A.)			
12	An organization that normally receives: (1) more than 33%% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no more than 33%% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)								
13		An organization that is not contraction requirements of section 509(a)(3).	olled by any disc Check the box t	qualified persons (other hat describes the type o	than foundation	n managers) a rganization:	nd otherwise meets the		
		☐ Type II ☐ Type II	∏Туре	III-Functionally Integrat	ed [Type III-Other	r		
		Provide the following info	rmation about ti	ne supported organizat	ions. (See pag	e 8 of the instr	uctions.)		
(a) Name(s) of supported organization(s)		(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	ls the su organization the sup organiz governing o	on listed in porting ation's	(e) Amount of support			
					Yes	No			
N/	<i>f</i>								
			-						
Tota					L	>			
:06					- * *	<u>· · · · · · · · · · · · · · · · · · · </u>			
14		An organization organized and op	erated to test for	public safety. Section 5	i09(a)(4). (See p	page 8 of the in	structions.)		

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting. Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting. Calendar year (or fiscal year beginning in) -(a) 2006 (b) 2005 (c) 2004 (e) Total Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.). 83,156 66,100 52,103 34.881 236,240 16 Membership fees received 335 182 402 277 1,196 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose. 152,309 137,586 155.095 160.017 605.007 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975 0 income from unrelated business activities not included in line 18. 0 0 A Tax revenues levied for the organization's 20 benefit and either paid to it or expended on 0 0 0 0 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge. n 0 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets 142 67 218 704 1.131 207,818 235.942 203,935 Total of lines 15 through 22 195,879 843,574 24 Line 23 minus line 17 83,633 66,349 52,723 35,862 238,567 25 Enter 1% of line 23 2.359 2.039 2.078 1.959 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24. 26a 26 Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts > 26b 26c Total support for section 509(a)(1) test: Enter line 24, column (e) . Add: Amounts from column (e) for lines: 18 _ 26d Public support (line 26c minus line 26d total) 26e Public support percentage (line 26e (numerator) divided by line 26c (denominator)) Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: 24,532 (2003) 7,725 (2005) ______ 26,680 (2004) For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: 0 (2004) 0 (2003) (2006) (2005) Add: Amounts from column (e) for lines: 15 605,007 842,443 27c 64,237 64,237 27d and line 27b total Add: Line 27a total 27e 778.206 843,574 92 % Public support percentage (line 27e (numerator) divided by line 27f (denominator)) . . . 27q Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)). Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Pai	Private School Questionnaire (See page 9 of the instructions.) (To be completed ONLY by schools that checked the box on line 6 in Part IV)	F		
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,		Yes	No
	other governing instrument, or in a resolution of its governing body?	29		SWEETS.
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during		W. 1	
	the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
32	Does the organization maintain the following:			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
¢	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
33	Does the organization discriminate by race in any way with respect to:	220		
a	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
C	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33e		
e	Educational policies?	33f		
f	Use of facilities?	30.		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
		34a		
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34b		
þ	Has the organization's right to such aid ever been revoked or suspended?	310		
	If you answered "Yes" to either 34a or b, please explain using an attached statement. Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05			
35	Does the organization certify that it has compiled with the applicable requirements of second 4.01 through not of Rev. Prog. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	engana terist	
	VI 11411 1 1			

Private School Questionnaire (See page 9 of the instructions.)

-	art VI-A Lobbying Expenditures by I	Electing Public	Charities (Sec	e page 11 g	f the	instructions.	Page (
	(To be completed ONLY by a	an eligible orgai	nization that file	ed Form 57	68)	NA	•
Une	ack ▶ a ☐ if the organization belongs to an aff	illated group. Ch	eck ► b [] if	you checked "	a" and	"limited control"	T
	Limits on Lobby (The term "expenditures" me	•				(a) Affiliated group totals	(b) To be completed for all electing organizations
36	Total lobbying expenditures to influence publ				36	·	Organizations
37	Total lobbying expenditures to influence a leg				37		
38	Total lobbying expenditures (add lines 36 and			· · · }_	38		
39	Other exempt purpose expenditures				39		
40	Total exempt purpose expenditures (add lines				40		
41	Lobbying nontaxable amount. Enter the amount						
		lobbying nontax	-				30 60 60
	Not over \$500,000						
	Over \$500,000 but not over \$1,000,000 . \$100	0,000 plus 15% of	the excess over \$5	000,000			
	Over \$1,000,000 but not over \$1,500,000 . \$175		-	37.05	41		
	Over \$1,500,000 but not over \$17,000,000. \$225 Over \$17,000,000 \$1,00	5,000 plus 5% of th	•	* ************************************			
42	Grassroots nontaxable amount (enter 25% of				42		
43	Subtract line 42 from line 36. Enter -0- if line			L	43		
44	Subtract line 41 from line 38, Enter -0- if line	41 is more than li	ne 38		44		
	Caution: If there is an amount on either line 4	13 or line 44, you i	must file Form 47	20.			
	4-Year A	veraging Perio	d Under Secti	on 501(h)	4000.000		
	(Some organizations that made a secti See the instructions	ion 501(h) election	do not have to d	omplete all o	f the fi ctions.	ve columns be	elow.
		Lot	obying Expenditu	res During 4	-Year	Averaging Pe	riod
	Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2006	(c) 2005		(d) 2004	(e) Total
45	Lobbying nontaxable amount						
<u>46</u>	Lobbying ceiling amount (150% of line 45(e))						
47	Total lobbying expenditures						
48	Grassroots nontaxable amount						
49	Grassroots celling amount (150% of line 48(e))						
50	Grassroots lobbying expenditures			.)//			***
Pa	rt VI-B Lobbying Activity by Nonele (For reporting only by organiz			//// Part VI-A) (S	ee pa	ige 14 of the	e instructions.)
	ng the year, did the organization attempt to infl				ig any	Yes No	Amount
atte	mpt to influence public opinion on a legislative	matter or referenc	lum, through the	use of:			
a							
b	Paid staff or management (Include compensation	tion in expenses r	eported on lines	c through h.)		· 	
C	Media advertisements	• • • • • •		• • • • •			
d	Mailings to members, legislators, or the public					 	
6					• •		
Ť	Grants to other organizations for lobbying pur			nd.			
9	Direct contact with legislators, their staffs, go				• •	·	
h	Raillies, demonstrations, seminars, convention Total lobbying expenditures (Add lines c throu		ares, or any other	means .	• • •		
ı	If "Yes" to any of the above, also attach a sta	itement giving a d	letailed descriptio	n of the lobby	ing ac	tivities.	

Pa	rt VI		n Regarding 7 ganizations (Se	Fransfers To and Transfee page 14 of the instruction	actions and ons.)	Relationships Wi	th Non	chari	table	
51	Did the reporting organization directly or indirectly engage in any of the 501(c) of the Code (other than section 501(c)(3) organizations) or in section				e following with	any other organization	describe	ed in s	ectio	
à				to a noncharitable exempt org		g to pointed organizati	J:13:	Yes	No	
_		Cash	or garmento.	to a nondinantable officerpr org	canzadon on.		51a(i)	+	X	
	(ii)	Other assets .			• • • • •		a(ii)	1	X	
h		er transactions:			• • • • •	· · · · · · · ·	CAN	+-	-	
		(i) Sales or exchanges of assets with a noncharitable exempt organiza					b(i)		\ \ \	
	(ii)		Purchases of assets from a noncharitable exempt organization			• • • • • • •	b(ii)	+	X	
	(iii)					• • • • • • •	b(iii)	┼─	X	
	(iv)		nei doodio		• • • • • • •	b(iv)	 			
c	. ,	v) Reimbursement arrangements			• • • •		b(v)	+-	X	
		_		ship or fundralsing solicitations			b(vi)	 	×	
				ists, other assets, or paid empli			C	\vdash	\downarrow	
d					ould always show the fa		<u> </u>			
_	g000	ds, other assets, o	r services given b	y the reporting organization. If n column (d) the value of the goo	the organization	received less than fair	market	value	n any	
(a)		(b)		(c)		(d)				
Line		Amount involved	Name of non	charitable exempt organization	Description of	transfers, transactions, and	sharing arr	angem	ents	
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	1			- COU-t- 1						
	desc		1(c) of the Code (affiliated with, or related to, or other than section 501(c)(3)) or			☐ Yes		No	
(a) Name of organization			ation	(b) Type of organization		(c) Description of relations	hip			
N/A										
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Best Little Rabbit, Rodent & Ferret House EIN: 91-1873550 Form 990 (2007) Attachment Part 1 Revenues and Expenses Line 10c: Profit or (Loss) from Sale of Inventory

Sale of Inventory Rabbit & Rodent Supplies

Ferret Supplies Wholesale sales (of above supplies) **Total Sales**

Cost of Goods Sold Gross Profit from Sale of Inventory

Part V-A

Line 75b Name, Title and Avg. hours per week) Janet Myers, V. President 60 hours

Only full time paid employee of the organization

Part IV Balance Sheet Line 57 Equipment & Depreciation

Capitalized Equipment Refrigerator Truck

Washing machine

Van

\$169,975

Security: Title on Redmond Property

Notes Payable (property mortgage):

Original Amount: \$171,708

Lender:

Bal Due

Purpose:

Part IV Balance Sheet Line 64b Mortgages and Other Notes Payable

Related party, President (Sandi Ackerman) personally signed for BLRRFH

American General Finance

\$1,382 \$2,367 \$6,328

Refinance loan on Redmond Animal Sanctuary property to reduce interest

Cost

\$ 604

\$1.975

\$ 616 \$2,367 \$4,050

Depr

\$ 179

\$87,395.45

\$ 4,743.86

\$ 982.58

\$93,121.89

\$55,998.88

\$37,123.01

Compensation

\$33,445

\$ 888

Date of Note: 11/8/06

Maturity Date: 11/8/36

Term: 30 yr fixed rate

Interest rate: 8.8%

\$ 474 \$1,088 \$ 766

Book

Page 1 of 2

\$2,278

Part VIII Relationship of Activities to Accomplishment of Exempt Purposes Line# Rescued animals are adopted into permanent homes. Adoption fees are charged to place 93a emphasis on the adopters long-term commitment to care for and treat the animal as an important

Page 2 of 2

part of their family. 235 animals were placed in 2007. An additional 50 rabbits were relocated from a Seattle Park into our Rabbit Sanctuary. 93b

Grooming provides the organization an opportunity to educate the public and adopters of animals on the techniques and importance of quality animal care. It is also an opportunity to observe the animal's health and behavior and allows us to suggest diet changes and recommend veterinary visits. Appx. 300 animals came for nail trims and several long haired rabbits for clipping. Boarding provides the organization an opportunity to educate the public and adopters on proper 93c care of their companion. We issue a Report Card at the end of the boarding with suggestions for changes, to improve the life of the animal. We also board animals during disasters, when a

102Supplies applicable to the animals the organization rescues and finds homes for, are sold to the public and adopters. This provides an opportunity to educate customers on the appropriate diet, grooming and housing requirements of their companion animals. It also gives us the opportunity to educate about the reasons for and how to prevent animals from being abandoned.

military person is required to go overseas, and when people temporarily lose their homes.

Best Little Rabbit, Rodent & Ferret House

EIN: 91-1873550

Form 990 (2007) Attachment

Schedule A (Form 990) Part III A caretaker lives and cares for over 300 rabbits at the Sanctuary. There is no monetary payment.

Line 2c Directors are compensated only if they are an employee performing daily operations. There is no Line 2d compensation for serving on the Board.

Schedule A (Form 990) Part IV-A

Other income: Shipping Charges (same for all years listed) Line 22