efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493227014879

Form **990**

Department of the Treasury
Internal Revenue Service

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
▶ Information about Form 990 and its instructions is at *www IRS gov/form990*

OMB No 1545-0047

2017

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 10-01-2017 , and ending 09-30-2018

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
BEST FRIENDS ANIMAL SOCIETY

Doing business as

Number and street (or P O box if mail is not delivered to street address) | Room/suite
5001 ANGEL CANYON ROAD

City or town, state or province, country, and ZIP or foreign postal code
KANAB, UT 84741

D Employer identification number
23-7147797

E Telephone number
(435) 644-2001

G Gross receipts $ 102,119,654

F Name and address of principal officer
GREGORY CASTLE
5001 ANGEL CANYON ROAD
KANAB, UT 84741

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW BESTFRIENDS ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1984

M State of legal domicile UT

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
TO BRING ABOUT A TIME WHEN THERE ARE NO MORE HOMELESS PETS

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	9
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	6
5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	993
6	Total number of volunteers (estimate if necessary)	6	11,307
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	149,223
b	Net unrelated business taxable income from Form 990-T, line 34	7b	7,393

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	106,716,834	87,247,994
	9	Program service revenue (Part VIII, line 2g)	3,238,197	2,961,925
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,555,394	1,103,113
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,742,270	1,850,433
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	113,252,695	93,163,465
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	5,595,119	6,433,011
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	45,330,239	48,434,448
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	646,541	525,812
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶16,732,656		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	39,703,416	41,544,988
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	91,275,315	96,938,259
	19	Revenue less expenses Subtract line 18 from line 12	21,977,380	-3,774,794
			Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	127,213,345	147,534,278
	21	Total liabilities (Part X, line 26)	18,747,992	45,885,296
	22	Net assets or fund balances Subtract line 21 from line 20	108,465,353	101,648,982

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

****** 2019-08-12
Signature of officer Date

STEPHEN HOWELL CHIEF OPERATING OFFICER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
MARC A METCALF	MARC A METCALF			P00170461

Firm's name ▶ TANNER LLC — Firm's EIN ▶ 20-2253063

Firm's address ▶ 36 S STATE STREET SUITE 600
SALT LAKE CITY, UT 84111 — Phone no (801) 532-7444

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Part III **Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III . . . . . ☑

1 Briefly describe the organization's mission

TO BRING ABOUT A TIME WHEN THERE ARE NO MORE HOMELESS PETS WE DO THIS BY DEMONSTRATING AND PROMOTING EXEMPLARY ANIMAL CARE AND BUILDING COMMUNITY PROGRAMS AND PARTNERSHIPS

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ **Yes** ☑ **No**

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? . . . . . ☐ **Yes** ☑ **No**

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

4a (Code) (Expenses $ 20,499,210 including grants of $ 87,870) (Revenue $ 96,858)

See Additional Data

4b (Code) (Expenses $ 48,930,414 including grants of $ 6,345,141) (Revenue $ 385,189)

See Additional Data

4c (Code) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ 69,429,624

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	Yes	
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		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
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*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17	Yes	
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No

Part IV **Checklist of Required Schedules** *(continued)*

			Yes	No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	**20a**		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	**20b**		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
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**	Yes	
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**	Yes	
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**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
c	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**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
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**		No
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**	Yes	
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**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
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**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response or note to any line in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	**1a** 240			
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b** 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		**1c**	Yes	
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** 993			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		**2b**	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .		**3a**	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .		**3b**	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .		**4a**	Yes	
b	If "Yes," enter the name of the foreign country ▶VI , CJ 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**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		**5b**		No
c	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? . . .		**6a**		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	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**	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		**7b**	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		**7c**		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		**7e**		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .		**7f**		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		**7h**	Yes	
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		**8**		
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .		**9a**		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .		**9b**		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
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	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O		**13a**		
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**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .		**14b**		

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

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

Section 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	9		
	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 in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	6		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			No
6	Did the organization have members or stockholders?	6			No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	8a		Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			No

Section B. Policies (*This Section B requests information about policies not required by the Internal Revenue Code.*)

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	Yes	

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed▶ AL , AK , AR , CA , CT , DC , GA , HI , IL , KS , KY , MD , MA , MI , MN , MS , NH , NJ , NM , NY , OK , OR , PA , RI , SC , TN , VA , WV , WI

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☑ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶STEPHEN HOWELL CHIEF OPERATING OFFICER 5001 ANGEL CANYON ROAD KANAB, UT 84741 (435) 644-2001

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

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) ABIGAIL L JONES BOARD VICE CHAIR	1 00 0 00	X						0	0	0
(2) KRAIG BUTRUM BOARD MEMBER	1 00 0 00	X						0	0	0
(3) LYNN FLANDERS BOARD TREASURER	1 00 0 00	X						0	0	0
(4) MICARL MICA HILL BOARD MEMBER	1 00 0 00	X						0	0	0
(5) MOLLY JORDAN KOCH BOARD MEMBER	1 00 0 00	X						0	0	0
(6) ALFRED BATTISTA INTERNAL CONSULTANT	40 00 0 00	X						150,301	0	15,516
(7) BERNADETTE MEJIA DIRECTOR - PRINCIPAL GIFTS	40 00 0 00	X						116,036	0	16,016
(8) CYRUS MEJIA BOARD MEMBER	40 00 0 00	X						65,749	0	16,016
(9) SUSAN CITRO CHIEF EXPERIENCE OFFICER	40 00 0 00			X				236,568	0	16,316
(10) GREGORY CASTLE CEO EMERITUS	40 00 0 00			X				222,926	0	18,116
(11) VALERIE DORIAN CHIEF DEVELOPMENT OFFICER	40 00 0 00			X				220,182	0	7,000
(12) PAUL ALTHERR EXECUTIVE VICE-PRESIDENT	40 00 0 00			X				191,787	0	7,000
(13) JULIANNE CASTLE CEO	40 00 0 00			X				183,086	0	14,541
(14) ANGELA EMBREE CHIEF INFORMATION OFFICER	40 00 0 00			X				179,904	0	15,516
(15) GRETA PALMER CHIEF BRAND & COMMUNICATIONS OFFICER	40 00 0 00			X				171,969	0	15,516
(16) HOLLY SIZEMORE CHIEF MISSIONS OFFICER	40 00 0 00			X				141,509	0	15,516
(17) JUDAH BATTISTA CHIEF OF STAFF	40 00 0 00			X				131,212	0	24,884

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(18) KAREN GALLARDO DIRECTOR - PLANNED GIVING	40 00 0 00				X			188,546	0	16,336
(19) MARC PERALTA SR DIRECTOR - NATIONAL NO KILL ADVANCEMENT	40 00 0 00					X		141,179	0	24,864
(20) TERESA BODEM DIRECTOR - OPERATIONS AND STRATEGIC PROJECTS	40 00 0 00					X		134,559	0	17,916
(21) LISA FIELDING DIRECTOR - MAJOR GIFTS	40 00 0 00					X		128,445	0	16,595
(22) ELYSIA HOWARD LEAD - LICENSING & CORPORATE PARTNERSHIPS	40 00 0 00					X		126,764	0	14,306
(23) NICOLE S PETSCHAUER SENIOR VETERINARIAN	40 00 0 00					X		125,196	0	24,884
1b Sub-Total . . . . . ▶										
c Total from continuation sheets to Part VII, Section A . . . . ▶										
d Total (add lines 1b and 1c) . . . . . ▶								2,855,918	0	296,854

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 45

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization?*If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
NEWPORT ONE 33 RAILROAD AVE DUXBURY, MA 02332	CONSULTING / PRINTING	7,907,279
WALSWORTH PUBLISHING PO BOX 310287 DES MOINES, IA 50331	PRINTING	1,380,657
MAXWELL CONSTRUCTION PO BOX 129 GLENDALE, UT 84729	CONSTRUCTION	764,297
LARRY ROSE CONSTRUCTION LLC PO BOX 152 ORDERVILLE, UT 84758	CONSTRUCTION	680,067
SOCIAL CAPITAL INC 980 N MICHIGAN AVE SUITE 1610 CHICAGO, IL 60611	CONSULTING	565,300

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 65

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII . . . . . ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts						
1a Federated campaigns	1a	300,229				
b Membership dues	1b					
c Fundraising events	1c	249,710				
d Related organizations	1d					
e Government grants (contributions)	1e	197,900				
f All other contributions, gifts, grants, and similar amounts not included above	1f	86,500,155				
g Noncash contributions included in lines 1a-1f $ 4,639,694						
h **Total.** Add lines 1a-1f ▶			87,247,994			
Program Service Revenue	Business Code					
2a PROGRAM EVENTS	900099		1,869,846	1,869,846		
b CLINIC REVENUE	541900		1,092,079	1,092,079		
c						
d						
e						
f All other program service revenue						
g **Total.** Add lines 2a–2f ▶			2,961,925			
Other Revenue						
3 Investment income (including dividends, interest, and other similar amounts) ▶			1,407,612	1,407,612		
4 Income from investment of tax-exempt bond proceeds ▶						
5 Royalties ▶			15,315	15,315		
	(i) Real	(ii) Personal				
6a Gross rents	706,862					
b Less rental expenses	0					
c Rental income or (loss)	706,862					
d Net rental income or (loss) ▶			706,862	631,320		75,542
	(i) Securities	(ii) Other				
7a Gross amount from sales of assets other than inventory	7,058,975	702,187				
b Less cost or other basis and sales expenses	7,027,801	1,037,860				
c Gain or (loss)	31,174	-335,673				
d Net gain or (loss) ▶			-304,499	-304,499		
8a Gross income from fundraising events (not including $ 249,710 of contributions reported on line 1c) See Part IV, line 18 a		157,400				
b Less direct expenses b		254,633				
c Net income or (loss) from fundraising events ▶			-97,233			-97,233
9a Gross income from gaming activities See Part IV, line 19 a						
b Less direct expenses b						
c Net income or (loss) from gaming activities ▶						
10a Gross sales of inventory, less returns and allowances a		1,461,236				
b Less cost of goods sold b		635,895				
c Net income or (loss) from sales of inventory ▶			825,341	816,947	8,394	
Miscellaneous Revenue	Business Code					
11a CAFETERIA	722210		194,016	194,016		
b MAGAZINE ADVERTISING	541800		140,829		140,829	
c ANGELS REST	812900		65,303	65,303		
d All other revenue						
e **Total.** Add lines 11a–11d ▶			400,148			
12 **Total revenue.** See Instructions ▶			93,163,465	5,787,939	149,223	-21,691

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	6,337,191	6,337,191		
2 Grants and other assistance to domestic individuals See Part IV, line 22	87,870	87,870		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	7,950	7,950		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	3,152,774	1,166,830	882,830	1,103,114
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	36,326,446	27,502,239	4,136,707	4,687,500
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	1,298,751	952,151	140,682	205,918
9 Other employee benefits	4,721,712	3,803,325	386,965	531,422
10 Payroll taxes	2,934,765	2,154,887	368,656	411,222
11 Fees for services (non-employees)				
a Management				
b Legal	447,591	28,267	324,943	94,381
c Accounting	128,413	648	127,765	
d Lobbying	130,850	130,850		
e Professional fundraising services See Part IV, line 17	525,812			525,812
f Investment management fees	227,176		227,176	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	3,183,665	1,841,143	726,583	615,939
12 Advertising and promotion	1,176,914	635,874	46,183	494,857
13 Office expenses	1,399,511	702,852	543,903	152,756
14 Information technology	2,199,674	535,410	1,412,691	251,573
15 Royalties . .				
16 Occupancy	2,893,006	2,584,073	302,081	6,852
17 Travel	3,116,150	2,357,967	231,557	526,626
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings	2,102,124	1,946,767	23,678	131,679
20 Interest	18,746	14,618	2,826	1,302
21 Payments to affiliates				
22 Depreciation, depletion, and amortization . .	2,436,983	2,398,926	18,579	19,478
23 Insurance . . .	280,147	11,343	268,804	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a ANIMAL CARE SUPPLIES	8,779,355	8,710,396	64,883	4,076
b EQUIPMENT RENTAL	5,882,657	2,131,535	22,213	3,728,909
c ANGELS REST/CAFETERIA C	4,045,374	1,367,449	19,624	2,658,301
d MISCELLANEOUS	3,096,652	2,019,063	496,650	580,939
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	96,938,259	69,429,624	10,775,979	16,732,656
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)	3,360,555	1,642,235	0	1,718,320

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		943,155	1	100
	2	Savings and temporary cash investments		17,706,511	2	35,644,997
	3	Pledges and grants receivable, net		12,713,605	3	9,186,442
	4	Accounts receivable, net		6,192,955	4	6,830,300
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		971,462	8	902,352
	9	Prepaid expenses and deferred charges		1,923,710	9	1,885,480
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 59,186,365			
	b	Less accumulated depreciation	10b 21,124,080	30,910,491	10c	38,062,285
	11	Investments—publicly traded securities		46,345,040	11	46,926,435
	12	Investments—other securities See Part IV, line 11		6,289,279	12	5,317,345
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		3,217,137	15	2,778,542
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		127,213,345	16	147,534,278
Liabilities	17	Accounts payable and accrued expenses		12,150,903	17	14,585,669
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		0	20	24,760,846
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties		885,951	23	837,629
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		5,711,138	25	5,701,152
	26	**Total liabilities.** Add lines 17 through 25		18,747,992	26	45,885,296
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		75,412,986	27	72,047,356
	28	Temporarily restricted net assets		18,567,205	28	13,297,766
	29	Permanently restricted net assets		14,485,162	29	16,303,860
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		108,465,353	33	101,648,982
	34	Total liabilities and net assets/fund balances		127,213,345	34	147,534,278

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12)	1	93,163,465
2	Total expenses (must equal Part IX, column (A), line 25)	2	96,938,259
3	Revenue less expenses Subtract line 2 from line 1	3	-3,774,794
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	108,465,353
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	-1,097,722
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-1,943,855
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	101,648,982

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII . . . . . ☐

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Additional Data

Software ID:
Software Version:
EIN: 23-7147797
Name: BEST FRIENDS ANIMAL SOCIETY

Form 990 (2017)

Form 990, Part III, Line 4a:

ANIMAL CARE ACTIVITIES (SANCTUARY) - SEE SCHEDULE O

Form 990, Part III, Line 4b:

INITIATIVES, PROGRAM CITIES, EMERGENCY RESPONSE, NETWORK PARTNERS AND OTHER NATIONAL OUTREACH - SEE SCHEDULE O

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
BEST FRIENDS ANIMAL SOCIETY

Employer identification number
23-7147797

Part I **Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 12, check only one box)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170 (b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university

10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

11 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations

g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

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

Cat No 11285F

Schedule A (Form 990 or 990-EZ) 2017

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

(Complete only if you checked the box on line 5, 7, 8, or 9 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")	52,613,136	86,619,224	82,251,839	108,442,688	88,864,738	418,791,625
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	52,613,136	86,619,224	82,251,839	108,442,688	88,864,738	418,791,625
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						1,456,862
6 **Public support.** Subtract line 5 from line 4						417,334,763

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2013	(b)2014	(c)2015	(d)2016	(e)2017	(f)Total
7 Amounts from line 4	52,613,136	86,619,224	82,251,839	108,442,688	88,864,738	418,791,625
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	451,437	1,208,596	1,233,663	1,398,860	2,051,512	6,344,068
9 Net income from unrelated business activities, whether or not the business is regularly carried on	33,591	38,411	230	8,501	8,394	89,127
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	314,205	376,285	386,476	452,907	402,212	1,932,085
11 **Total support.** Add lines 7 through 10						427,156,905

12 Gross receipts from related activities, etc (see instructions) **12** 12,787,302

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) **14** 97 700 %

15 Public support percentage for 2016 Schedule A, Part II, line 14 **15** 97 720 %

16a **33 1/3% support test—2017.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☑

b **33 1/3% support test—2016.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2016.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

	Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	**Total.** Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	**Public support.** (Subtract line 7c from line 6)						

Section B. Total Support

	Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13	**Total support.** (Add lines 9, 10c, 11, and 12)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2016 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2017** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2016** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2017.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests—2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV **Supporting Organizations** (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	**11a**		
b	A family member of a person described in (a) above?	**11b**		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI*	**11c**		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year*	**1**		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization*	**2**		

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)*	**1**		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

a ☐ The organization satisfied the Activities Test Complete **line 2** below

b ☐ The organization is the parent of each of its supported organizations Complete **line 3** below

c ☐ The organization supported a governmental entity Describe in **Part VI** how you supported a government entity (see instructions)

			Yes	No
2	Activities Test **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities*	**2a**		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement*	**2b**		
3	Parent of Supported Organizations **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in **Part VI.***	**3a**		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in **Part VI.** the role played by the organization in this regard*	**3b**		

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

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

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

Section D - Distributions	**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in **Part VI**) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**) See instructions	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2017**	**(iii) Distributable Amount for 2017**
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 **Excess distributions carryover to 2018.** Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

Additional Data

Software ID:
Software Version:
EIN: 23-7147797
Name: BEST FRIENDS ANIMAL SOCIETY

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

Facts And Circumstances Test

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ. ▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2017

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then
- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then
- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then
- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization	Employer identification number
BEST FRIENDS ANIMAL SOCIETY	23-7147797

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ $

3 Volunteer hours for political campaign activities (see instructions)

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ $

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

	(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's funds If none, enter -0-	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
1					
2					
3					
4					
5					
6					

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	**(a)** Filing organization's totals	**(b)** Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)	6,396	
b Total lobbying expenditures to influence a legislative body (direct lobbying)	123,417	
c Total lobbying expenditures (add lines 1a and 1b)	129,813	
d Other exempt purpose expenditures	96,808,446	
e Total exempt purpose expenditures (add lines 1c and 1d)	96,938,259	
f Lobbying nontaxable amount Enter the amount from the following table in both columns	1,000,000	
g Grassroots nontaxable amount (enter 25% of line 1f)	250,000	
h Subtract line 1g from line 1a If zero or less, enter -0-	0	
i Subtract line 1f from line 1c If zero or less, enter -0-	0	

If the amount on line 1e, column (a) or (b) is:	**The lobbying nontaxable amount is:**
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

4-Year Averaging Period Under section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	**(a)** 2014	**(b)** 2015	**(c)** 2016	**(d)** 2017	**(e)** Total
2a Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	188,134	203,066	190,003	129,813	711,016
d Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures	7,939	199,478	5,405	6,396	219,218

Part II-B **Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities?			
j	Total Add lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A **Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3		

Part III-B **Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV **Supplemental Information**

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
BEST FRIENDS ANIMAL SOCIETY

Employer identification number
23-7147797

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a ☐ Public exhibition

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange programs

e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table

		Amount
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . . . ☐

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	22,399,833	19,383,509	19,477,560	11,145,637	9,121,830
b Contributions	1,777,172	1,815,213	160,355	9,370,546	1,755,147
c Net investment earnings, gains, and losses	670,090	1,345,699	920,542	-944,023	307,576
d Grants or scholarships					
e Other expenditures for facilities and programs			1,010,124		
f Administrative expenses	247,294	144,588	164,824	94,600	38,916
g End of year balance	24,599,801	22,399,833	19,383,509	19,477,560	11,145,637

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a Board designated or quasi-endowment ▶ 30 710 %

b Permanent endowment ▶ 66 280 %

c Temporarily restricted endowment ▶ 3 010 %

The percentages on lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations . . . . . 3a(i) Yes ☐

(ii) related organizations . . . . . 3a(ii) ☐ No

b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . 3b ☐ ☐

4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		11,094,790		11,094,790
b Buildings		29,176,802	12,684,451	16,492,351
c Leasehold improvements		3,458,810	737,477	2,721,333
d Equipment		4,450,250	7,702,152	-3,251,902
e Other		11,005,713		11,005,713
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* . . ▶				38,062,285

Part VII **Investments—Other Securities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

Part IX **Other Assets.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) 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' 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	
CHARITABLE GIFT ANNUITIES PAYABLE	2,582,702
CAPITAL LEASE PAYABLE	6,704
OTHER LIABILITIES	3,111,746
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	5,701,152

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☑

Part XI **Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	

Part XII **Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	

Part 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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 23-7147797
Name: BEST FRIENDS ANIMAL SOCIETY

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	BEST FRIENDS HAS ANALYZED ALL TAX POSITIONS FOR APPLICABLE TAX JURISDICTIONS FOR WHICH THE STATUTE OF LIMITATIONS REMAINED OPEN, INCLUDING U S FEDERAL AND STATE JURISDICTIONS FOR THE YEARS ENDED SEPTEMBER 30, 2018 AND SEPTEMBER 30, 2017 AND DETERMINED THERE WERE NO MAT ERIAL UNRECOGNIZED TAX BENEFITS OR OBLIGATIONS THE OPEN TAX YEARS SUBJECT TO SELECTION FO R EXAMINATION ARE 2014 THROUGH 2017

Supplemental Information

Return Reference	Explanation
PART V, LINE 4	THE ORGANIZATION INTENDS TO USE THE INCOME GENERATED FROM THE PERMANENT ENDOWMENT FOR VARIOUS PROGRAMS

SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990.
▶ Information about Schedule F (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
BEST FRIENDS ANIMAL SOCIETY

Employer identification number
23-7147797

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☑ No

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) ITALY - EUROPE	0	0	PROGRAM SERVICES	SUPPORT FOR CARE OF CATS	7,950
(2)					
(3)					
(4)					
(5)					
3a Sub-total	0	0			7,950
b Total from continuation sheets to Part I					0
c **Totals** (add lines 3a and 3b)	0	0			7,950

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)		ITALY - EUROPE	SUPPORT FOR CARE OF CATS - DONOR DESIGNATED GRANT	7,950	WIRE TRANSFER			BOOK
(2)								
(3)								
(4)								

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ 0

3 Enter total number of other organizations or entities . . . . . ▶ 1

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	**(b)** Region	**(c)** Number of recipients	**(d)** Amount of cash grant	**(e)** Manner of cash disbursement	**(f)** Amount of non-cash assistance	**(g)** Description of non-cash assistance	**(h)** Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes,"the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* ☐ Yes ☑ No

2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990)* ☐ Yes ☑ No

3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)* ☐ Yes ☑ No

4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* ☐ Yes ☑ No

5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* ☐ Yes ☑ No

6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)* ☐ Yes ☑ No

Part V **Supplemental Information**

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

Return Reference	Explanation
PART I, LINE 2	ALL GRANT RECIPIENTS ARE RESEARCHED PRIOR TO RECEIVING FUNDS WHEN PROVIDING A LARGE GRANT, AN AGREEMENT IS SIGNED BY BOTH PARTIES AND A WRITTEN REPORT IS REQUIRED SHOWING HOW THE FUNDS WERE SPENT FOR SMALLER GRANTS, A BRIEF DESCRIPTION IS OBTAINED NOTING HOW THE FUNDS WERE SPENT

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at *www irs gov/form990*.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
BEST FRIENDS ANIMAL SOCIETY

Employer identification number
23-7147797

Part I **Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

a ☑ Mail solicitations
b ☑ Internet and email solicitations
c ☐ Phone solicitations
d ☑ In-person solicitations
e ☑ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☑ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☑ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
1 SOCIAL CAPITAL 980 N MICHIGAN AVE SUITE 1610 CHICAGO, IL 60611	CONSULTING		No	0	242,677	-242,677
2 NEWPORT CREATIVE COMMUNICATIONS INC 21 RAILROAD AVE DUXBURY, ME 02332	CONSULTING		No	0	230,000	-230,000
3 CHARITY DYNAMICS LLC 4031 GUADALUPE ST AUSTIN, TX 78751	CONSULTING		No	0	6,367	-6,367
4 JUDY RAPP SMITH 6371 W 5TH STREET LOS ANGELESE, CA 90048	CONSULTING		No	0	33,000	-33,000
5 CVENT INC PO BOX 822699 PHILADELPHIA, PA 19182	CONSULTING		No	0	2,250	-2,250
6						
7						
8						
9						
10						
Total ▶					514,294	-514,294

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY

Part II **Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 SAVE THEM ALL GALA (event type)	(b) Event #2 DISCOVERY WEEKEND (event type)	(c) Other events _____ (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	341,460	65,650		407,110
	2 Less Contributions	184,060	65,650		249,710
	3 Gross income (line 1 minus line 2)	157,400			157,400
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	78,400	34,792		113,192
	8 Entertainment				
	9 Other direct expenses	110,491	30,950		141,441
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				254,633
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-97,233

Part III **Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain _____

11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in

a The organization's facility	**13a**	%
b An outside facility	**13b**	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

c If "Yes," enter name and address of the third party

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ $

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

Return Reference	Explanation

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
BEST FRIENDS ANIMAL SOCIETY

Employer identification number
23-7147797

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000 Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 159

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 0

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) PROVIDE FOOD FOR ANIMALS	338		76,165	FMV	ANIMAL FOOD FOR INDIVIDUALS SUPPORTING OUR PROGRAMS FOR CATS, DOGS, AND HORSES
(2) PROVIDE ASSISTANCE FOR FOOD, VETERINARY EXPENSES	25	11,705			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
PART I, LINE 2	ALL GRANT RECIPIENTS ARE RESEARCHED PRIOR TO RECEIVING FUNDS WHEN PROVIDYNG A LARGE GRANT, AN AGREEMENT IS SIGNED BY BOTH PARTIES AND A WRITTEN REPORT IS REQUIRED SHOWING HOW THE FUNDS WERE SPENT FOR SMALLER GRANTS, A BRIEF DESCRIPTION IS OBTAINED NOTING HOW THE FUNDS WERE SPENT

Additional Data

Software ID:
Software Version:
EIN: 23-7147797
Name: BEST FRIENDS ANIMAL SOCIETY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ACE OF HEARTS DOG RESCUE	95-4863739	501(C)(3)	898,133				PROGRAM SERVICE SUPPORT
MAYOR'S ALLIANCE FOR NYC ANIMALS	73-1653635	501(C)(3)	430,000				PROGRAM SERVICE SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
STRAY CAT ALLIANCE	95-4787231	501(C)(3)	366,003				PROGRAM SERVICE SUPPORT
KITTEN RESCUE	95-4670174	501(C)(3)	282,875				PROGRAM SERVICE SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BENNIE- RESERVATION (CP&S)		501(C)(3)		187,735	ANIMAL FOOD	MARKET PRICE	PROGRAM SERVICE SUPPORT
HEAVEN ON EARTH SOCIETY FOR ANIMALS	77-0538189	GOV	180,075				PROGRAM SERVICE SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CATS CATS CATS RESCUE INC	81-1875595	501(C)(3)	127,650				PROGRAM SERVICE SUPPORT
JACKSONVILLE HUMANE SOCIETY	59-0624410	GOV	108,000				PROGRAM SERVICE SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
FJC-A FOUNDATION OF PHILANTHROPIC FUNDS	13-3848582	501(C)(3)	107,250				PROGRAM SERVICE SUPPORT
FIXNATION INC	83-0452460	501(C)(3)	100,075				PROGRAM SERVICE SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MAUI HUMANE SOCIETY	99-6000953	GOV	100,000				PROGRAM SERVICE SUPPORT
ORANGE COUNTY ANIMAL CARE	95-6000928	GOV	100,000				PROGRAM SERVICE SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ANIMAL BALANCE	68-0630714	501(C)(3)	75,000				PROGRAM SERVICE SUPPORT
COMMUNITY CATS		501(C)(3)		73,065	ANIMAL FOOD	MARKET PRICE	PROGRAM SERVICE SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE FETCH FOUNDATION		501(C)(3)		70,091	ANIMAL FOOD	MARKET PRICE	PROGRAM SERVICE SUPPORT
CHARLOTTESVILLE-ALBEMARLE SPCA	54-0595009	501(C)(3)	64,557				PROGRAM SERVICE SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUL DOG		501(C)(3)		64,150	ANIMAL FOOD	MARKET PRICE	PROGRAM SERVICE SUPPORT
ARLINGTON ANIMAL SERVICES	75-6000450	501(C)(3)	60,400				PROGRAM SERVICE SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
LIFELINE ANIMAL PROJECT INC	01-0599278	501(C)(3)	60,000				PROGRAM SERVICE SUPPORT
SPAY-NEUTER ASSISTANCE PROGRAM INC	76-0608925	501(C)(3)	50,000				PROGRAM SERVICE SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MGM ANIMAL FOUNDATION	74-2946340	501(C)(3)	50,000				PROGRAM SERVICE SUPPORT
PETCO FOUNDATION	33-0845930	501(C)(3)	50,000				PROGRAM SERVICE SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KITTY BUNGALOW CHARM SCHOOL	27-1297223	501(C)(3)	49,875		ANIMAL FOOD	MARKET PRICE	PROGRAM SERVICE SUPPORT
LYNCHBURG HUMANE SOCIETY	54-0570901	GOV	49,425				PROGRAM SERVICE SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CHEYENNE ANIMAL SHELTER	83-0217643	501(C)(3)	47,925				PROGRAM SERVICE SUPPORT
ZIONS BANK		501(C)(3)	47,369				PROGRAM SERVICE SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAVING ORPHAN SOULS RESCUE		501(C)(3)		47,168	ANIMAL FOOD	MARKET PRICE	PROGRAM SERVICE SUPPORT
THE ANIMAL FOUNDATION	88-0144253	501(C)(3)	43,410				PROGRAM SERVICE SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AUSTIN PETS ALIVE	74-2893360	501(C)(3)	43,325				PROGRAM SERVICE SUPPORT
NOAH'S ARK		501(C)(3)		41,555	ANIMAL FOOD	MARKET PRICE	PROGRAM SERVICE SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
DENKAI ANIMAL SANCTUARY		501(C)(3)		41,555	ANIMAL FOOD	MARKET PRICE	PROGRAM SERVICE SUPPORT
PINAL COUNTY ANIMAL CARE & CONTROL	86-6000556	GOV	39,695				PROGRAM SERVICE SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ANGELS OF ASSISI	54-2021941	501(C)(3)	39,375				PROGRAM SERVICE SUPPORT
ROCKWALL PETS	45-2499166	501(C)(3)	39,013				PROGRAM SERVICE SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAVING ANIMALS IN NEED TOGETHER (SAINT)		501(C)(3)		35,792	ANIMAL FOOD	MARKET PRICE	PROGRAM SERVICE SUPPORT
MARICOPA COUNTY ANIMAL CARE & CONTROL	86-6000472	GOV	35,700				PROGRAM SERVICE SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALLEY CAT ADVOCATES INC	61-1343210	501(C)(3)	35,000				PROGRAM SERVICE SUPPORT
STRAY HEARTS		501(C)(3)		33,244	ANIMAL FOOD	MARKET PRICE	PROGRAM SERVICE SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
LOUISVILLE METRO ANIMAL SERVICES	32-0049006	501(C)(3)	33,000				PROGRAM SERVICE SUPPORT
ANGEL CITY PIT BULLS	27-2348995	GOV	32,925				PROGRAM SERVICE SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DUBUQUE REGIONAL HUMANE SOCIETY	42-6039535	GOV	32,175				PROGRAM SERVICE SUPPORT
KENTUCKY HUMANE SOCIETY	61-0463938	GOV	31,325				PROGRAM SERVICE SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNDERDOG ANIMAL RESCUE		501(C)(3)		30,294	ANIMAL FOOD	MARKET PRICE	PROGRAM SERVICE SUPPORT
CITY OF MEMPHIS-ANIMAL CONTROL DIV		GOV	30,000				PROGRAM SERVICE SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ASAVET VETERINARY CHARITIES	46-5746312	501(C)(3)	28,000				PROGRAM SERVICE SUPPORT
MEQUITE ANIMAL SHELTER		501(C)(3)		27,988	ANIMAL FOOD	MARKET PRICE	PROGRAM SERVICE SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HALIFAX HUMANE SOCIETY	59-0530990	GOV	27,700				PROGRAM SERVICE SUPPORT
VA FEDERATION OF HUMANE SOCIETIES	51-0208873	GOV	26,260				PROGRAM SERVICE SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MIDLANDS HUMANE SOCIETY	20-5105144	GOV	25,750				PROGRAM SERVICE SUPPORT
TEXAS LITTER CONTROL	46-0920592	GOV	25,525				PROGRAM SERVICE SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CITY OF IDAHO FALLS ANIMAL SHELTER	82-6000208	GOV	25,000				PROGRAM SERVICE SUPPORT
HUMANE SOCIETY OF YUMA	86-6053617	GOV	25,000				PROGRAM SERVICE SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
COMPANION ANIMAL RESCUE OF ASCENSION	90-0877497	501(C)(3)	25,000				PROGRAM SERVICE SUPPORT
PETS LOW COST SPAY & NEUTER CLINIC	68-0648159	501(C)(3)	25,000				PROGRAM SERVICE SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SNAKE RIVER ANIMAL SHELTER INC	20-5175430	501(C)(3)	25,000				PROGRAM SERVICE SUPPORT
THE PUBLIC FOR ANIMAL WELFARE INC	74-2421563	501(C)(3)	25,000		ANIMAL FOOD	MARKET PRICE	PROGRAM SERVICE SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CACHE HUMANE SOC-LOGAN	51-0187825	GOV	23,820		ANIMAL FOOD	MARKET PRICE	PROGRAM SERVICE SUPPORT
SOUTHERN PINES ANIMAL SHELTER	64-0514796	501(C)(3)	23,625				PROGRAM SERVICE SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SANTA FE ANIMAL SHELTER INC	85-6000484	501(C)(3)	23,355				PROGRAM SERVICE SUPPORT
ONE MORE CHANCE		501(C)(3)		23,046	ANIMAL FOOD	MARKET PRICE	PROGRAM SERVICE SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HILLSBOROUGH COUNTY PET RESOURCES FDN		GOV	22,950				PROGRAM SERVICE SUPPORT
HUMANE SOCIETY OF ST LUCIE COUNTY	59-0836088	GOV	22,690				PROGRAM SERVICE SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
RUFF START RESCUE INC	27-2545988	501(C)(3)	22,336				PROGRAM SERVICE SUPPORT
SALT LAKE COUNTY ANIMAL SERVICES	87-6000316	GOV	22,125				PROGRAM SERVICE SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
DALLAS PETS ALIVE	46-2768869	501(C)(3)	21,000				PROGRAM SERVICE SUPPORT
CHUCK WAGGIN' PET FOOD PANTRY (PART OF PACC911)		501(C)(3)		20,805	ANIMAL FOOD	MARKET PRICE	PROGRAM SERVICE SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
PEOPLE FOR ANIMALS INC	22-2331492	501(C)(3)	20,500				PROGRAM SERVICE SUPPORT
ANIMAL CARE & CONTROL TEAM-PA	45-3985637	GOV	20,000				PROGRAM SERVICE SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HUMANE SOCIETY OF PINELLAS INC	59-0781650	GOV	20,000				PROGRAM SERVICE SUPPORT
HUMANE SOCIETY OF SOUTHEAST TEXAS	74-6060624	GOV	20,000				PROGRAM SERVICE SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
A LIFE TO LIVE ANIMAL SHELTER & ADOPTION CENTER	47-1817617	501(C)(3)	20,000				PROGRAM SERVICE SUPPORT
ALTERED TAILS	02-0710228	501(C)(3)	20,000				PROGRAM SERVICE SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HUNTSVILLE ANIMAL SERVICES	63-6001296	501(C)(3)	20,000				PROGRAM SERVICE SUPPORT
PACC911	20-5153613	501(C)(3)	20,000				PROGRAM SERVICE SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HUMANE SOCIETY OF PAGOSA SPRINGS		GOV		19,200	ANIMAL FOOD	MARKET PRICE	PROGRAM SERVICE SUPPORT
WILD BLUE ANIMAL RESCUE & SANCTUARY	27-1184549	501(C)(3)	18,750				PROGRAM SERVICE SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TUBA CITY HUMANE		GOV		18,704	ANIMAL FOOD	MARKET PRICE	PROGRAM SERVICE SUPPORT
METRO ANIMAL CARE & CONTROL	62-0694743	GOV	18,100				PROGRAM SERVICE SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HUMANE SOCIETY OF INDIANAPOLIS	35-0876385	GOV	18,000				PROGRAM SERVICE SUPPORT
TRUCATCH MFG SYSTEMS INC	46-0397040	501(C)(3)	17,980				PROGRAM SERVICE SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HUMANE SOCIETY OF NORTHERN UTAH	26-2250673	GOV	17,971				PROGRAM SERVICE SUPPORT
FUREVER BUDDYS RESCUE	45-2488353	501(C)(3)	17,521				PROGRAM SERVICE SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SAVING GRACE PET ADOPTION CENTER	93-1318052	501(C)(3)	17,500				PROGRAM SERVICE SUPPORT
COMMUNITY ANIMAL WELFARE SOC-CAWS	87-0515959	501(C)(3)	17,425				PROGRAM SERVICE SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
PAWS FOR LIFE-UT	45-5358361	501(C)(3)	17,350				PROGRAM SERVICE SUPPORT
THE PAW MISSION	82-2187275	501(C)(3)	16,500				PROGRAM SERVICE SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
YOUNG-WILLIAMS ANIMAL CTR OF EAST TN	45-5326778	501(C)(3)	16,475		ANIMAL FOOD	MARKET PRICE	PROGRAM SERVICE SUPPORT
TINY PAWS KITTEN RESCUE INC	20-2636365	501(C)(3)	16,058				PROGRAM SERVICE SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MESA COUNTY ANIMAL SERVICES		GOV		15,183	ANIMAL FOOD	MARKET PRICE	PROGRAM SERVICE SUPPORT
WHISKERS	82-4825714	501(C)(3)	15,150				PROGRAM SERVICE SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COUNTY OF ORANGE ANIMAL CARE	95-6000928	GOV	15,000				PROGRAM SERVICE SUPPORT
BRANDYWINE VALLEY SPCA	23-1381030	501(C)(3)	15,000				PROGRAM SERVICE SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
KANE SCHOOLS FOUNDATION FOR STUDENTS	75-7134344	501(C)(3)	15,000				PROGRAM SERVICE SUPPORT
PASADENA ANIMAL SHELTER	74-6001846	501(C)(3)	15,000				PROGRAM SERVICE SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIV OF ILLINOIS URBANA-CHAMPAIGN	37-6006007	501(C)(3)	15,000				PROGRAM SERVICE SUPPORT
PAGE ANIMAL ADOPTION AGENCY		501(C)(3)		13,732	ANIMAL FOOD	MARKET PRICE	PROGRAM SERVICE SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SADIE'S SAFE HAVEN		501(C)(3)		13,668	ANIMAL FOOD	MARKET PRICE	PROGRAM SERVICE SUPPORT
VALLEY VIEW EQUINE RESCUE	26-3832985	501(C)(3)	13,500				PROGRAM SERVICE SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KNOX-WHITLEY HUMANE ASSOC INC	31-1648199	GOV	13,225				PROGRAM SERVICE SUPPORT
UTAH VALLEY ANIMAL RESCUE	47-1264869	501(C)(3)	13,036				PROGRAM SERVICE SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
KITT CRUSADERS INC	27-4007806	501(C)(3)	12,475				PROGRAM SERVICE SUPPORT
DESIGNER DOG RESCUE	47-2834889	501(C)(3)	12,275				PROGRAM SERVICE SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
KOKOMO HUMANE SOCIETY INC	35-0989705	GOV	12,000				PROGRAM SERVICE SUPPORT
CAMDEN COUNTY ANIMAL SHELTER	20-0549531	GOV	11,944				PROGRAM SERVICE SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CLEVELAND COUNTY ANIMAL CONTROL		GOV	11,000				PROGRAM SERVICE SUPPORT
ANIMAL WELFARE LEAGUE OF ARLINGTON	54-0603502	501(C)(3)	10,875				PROGRAM SERVICE SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
TEAM SHELTER USA LLC		501(C)(3)	10,682				PROGRAM SERVICE SUPPORT
HUMANE SOCIETY OF VALDOSTALOWNDES CTY	58-1874746	GOV	10,475				PROGRAM SERVICE SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ANIMAL ALLIES HUMANE SOCIETY	41-0917362	GOV	10,300				PROGRAM SERVICE SUPPORT
HAPPY HOMES ANIMAL RESCUE INC	45-4087542	501(C)(3)	10,178				PROGRAM SERVICE SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SAINT FRANCIS ANIMAL CENTER	57-0785170	501(C)(3)	10,175				PROGRAM SERVICE SUPPORT
CAPITAL AREA HUMANE SOCIETY	38-1601542	GOV	10,000				PROGRAM SERVICE SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CLEVELAND ANIMAL CARE & CONTROL	34-6000646	GOV	10,000				PROGRAM SERVICE SUPPORT
COMMUNITY ANIMAL RESCUE EFFORT	36-3624185	501(C)(3)	10,000				PROGRAM SERVICE SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
DAY OF THE DOGS	81-3592289	501(C)(3)	10,000				PROGRAM SERVICE SUPPORT
FETCHING TAILS FOUNDATION	47-3210253	501(C)(3)	10,000				PROGRAM SERVICE SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
FLORIDA URGENT RESCUE INC	47-5526491	501(C)(3)	10,000				PROGRAM SERVICE SUPPORT
PETRED INC	81-4755780	501(C)(3)	10,000				PROGRAM SERVICE SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SAFE ANIMAL SHELTER OF ORANGE PARK	59-3054559	501(C)(3)	10,000				PROGRAM SERVICE SUPPORT
SNIP ALLIANCE	26-2538404	501(C)(3)	10,000				PROGRAM SERVICE SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
THIS OLD HORSE INC	45-4234611	501(C)(3)	10,000				PROGRAM SERVICE SUPPORT
BAM BECAUSE ANIMALS MATTER		501(C)(3)		9,340	ANIMAL FOOD	MARKET PRICE	PROGRAM SERVICE SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
FRIENDS OF CHICAGO ANIMAL CARE & CONTROL	36-4427796	GOV	9,000				PROGRAM SERVICE SUPPORT
THE FIX IS IN INC	26-4628692	501(C)(3)	8,800				PROGRAM SERVICE SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SAVE A KITTY FERAL CAT PROGRAM	20-1356147	501(C)(3)	8,750				PROGRAM SERVICE SUPPORT
CHA ANIMAL SHELTER	51-0166864	501(C)(3)	8,000				PROGRAM SERVICE SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KANSAS CITY PET PROJECT	45-3067615	GOV	7,975				PROGRAM SERVICE SUPPORT
PAWS		501(C)(3)		7,877	ANIMAL FOOD	MARKET PRICE	PROGRAM SERVICE SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UTAH ANIMAL ADOPTION CENTER	94-2950501	501(C)(3)	7,765				PROGRAM SERVICE SUPPORT
HAVEN HUMANE SOCIETY INC	94-1634752	GOV	7,500		ANIMAL FOOD	MARKET PRICE	PROGRAM SERVICE SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HOUSTON PETS ALIVE	46-5455638	501(C)(3)	7,500				PROGRAM SERVICE SUPPORT
PURRFECT PAWPRINTS	90-0353655	501(C)(3)	7,493				PROGRAM SERVICE SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
LIFELINE ANIMAL PROJECT		501(C)(3)	7,485				PROGRAM SERVICE SUPPORT
HARRIS COUNTY ANIMAL SHELTER	76-0454514	GOV	7,125				PROGRAM SERVICE SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ROBINSON'S RESCUE INC	42-1717278	501(C)(3)	7,076				PROGRAM SERVICE SUPPORT
CENTRAL MISSOURI HUMANE SOCIETY	43-0666742	GOV	7,025				PROGRAM SERVICE SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ALBANY HUMANE SOCIETY		GOV	7,000				PROGRAM SERVICE SUPPORT
THE RESCUE TEAM INC	81-3017874	501(C)(3)	6,850				PROGRAM SERVICE SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
DESERT PAWS RESCUE	06-1721946	501(C)(3)	6,675				PROGRAM SERVICE SUPPORT
HUMANE SOCIETY OF SO MISSISSIPPI	64-6034439	GOV	6,600				PROGRAM SERVICE SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HARDEE COUNTY ANIMAL CONTROL	59-6000632	GOV	6,500				PROGRAM SERVICE SUPPORT
PRINCE WILLIAM HUMANE SOCIETY	20-5062874	GOV	6,500				PROGRAM SERVICE SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
LOUIE'S LEGACY ANIMAL RESCUE	27-0805279	501(C)(3)	6,425				PROGRAM SERVICE SUPPORT
JASPER COUNTY ANIMAL RESCUE LEAGUE	42-0888028	GOV	6,275				PROGRAM SERVICE SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ASHLEY VALLEY COMMUNITY CATS	46-2197750	501(C)(3)	6,060				PROGRAM SERVICE SUPPORT
VERONA STREET ANIMAL SOCIETY	74-3141579	GOV	6,000				PROGRAM SERVICE SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SNIP-IT OF CENTRAL FLORIDA	59-3760425	501(C)(3)	6,000				PROGRAM SERVICE SUPPORT
COLOR-COUNTRY ANIMAL WELFARE	26-3955089	501(C)(3)	5,995				PROGRAM SERVICE SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ZIGGY AND FRIENDS CAT RESCUE	46-3128166	501(C)(3)	5,725				PROGRAM SERVICE SUPPORT
MONTGOMERY COUNTY ANIMAL SHELTER	74-6000058	GOV	5,625				PROGRAM SERVICE SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
WILLIAMSON COUNTY REGIONAL ANIMAL SHELTER	74-6000978	GOV	5,575				PROGRAM SERVICE SUPPORT
MY PIT BULL IS FAMILY	47-2264053	501(C)(3)	5,500				PROGRAM SERVICE SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NAVAJO NATION ANIMAL CONTROL		GOV		5,292	ANIMAL FOOD	MARKET PRICE	PROGRAM SERVICE SUPPORT
RAMONA HUMANE SOCIETY	23-7374470	GOV	5,270				PROGRAM SERVICE SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
KERN COUNTY ANIMAL SERVICES	95-6000925	GOV	5,250				PROGRAM SERVICE SUPPORT
ANIMAL CARE CENTERS OF NYC	13-3788986	501(C)(3)	5,200				PROGRAM SERVICE SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BARKY PINES ANIMAL RESCUE & SANCTUARY	47-1934556	501(C)(3)	5,200				PROGRAM SERVICE SUPPORT
LOOKING GLASS ANIMAL RESCUE INC	81-0810006	501(C)(3)	5,200				PROGRAM SERVICE SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
PRAIRIE PAWS ANIMAL SHELTER	48-0529856	501(C)(3)	5,125				PROGRAM SERVICE SUPPORT

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
BEST FRIENDS ANIMAL SOCIETY

Employer identification number
23-7147797

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☑ First-class or charter travel ☐ Housing allowance or residence for personal use			
	☐ Travel for companions ☐ Payments for business use of personal residence			
	☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees			
	☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☐ Compensation committee ☐ Written employment contract			
	☐ Independent compensation consultant ☑ Compensation survey or study			
	☐ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Return Reference	Explanation
PART I, LINE 1A	FIRST-CLASS OR CHARTER TRAVEL PART I, LINE 1A BEST FRIENDS ANIMAL SOCIETY OWNS TWO SMALL, PISTON ENGINE-POWERED AIRCRAFT THAT ARE USED FOR ANIMAL TRANSPORT AND BY EMPLOYEES WHO OCCASIONALLY TRAVEL FOR WORK-RELATED PURPOSES THE AIRCRAFT ARE FLOWN BY BEST FRIENDS' EMPLOYEES BEST FRIENDS DOES NOT EMPLOY A FULL TIME PILOT THE AIRCRAFT ARE NOT USED FOR ANY OTHER PURPOSE AND ARE NOT AVAILABLE FOR HIRE BY THE GENERAL PUBLIC
PART I, LINE 3	THE BOARD REVIEWED AND APPROVED THE COMPENSATION OF THE CEO AFTER CONSIDERING DATA FROM DIFFERENT SOURCES, INCLUDING COMPENSATION AMOUNTS OF COMPARABLE POSITIONS AT COMPARABLE ORGANIZATIONS

Additional Data

Software ID:
Software Version:
EIN: 23-7147797
Name: BEST FRIENDS ANIMAL SOCIETY

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 ALFRED BATTISTA INTERNAL CONSULTANT	(i)	150,301	0	0	7,000	8,516	165,817	0
	(ii)	0	0	0	0	0	0	0
1 SUSAN CITRO CHIEF EXPERIENCE OFFICER	(i)	236,568	0	0	7,000	9,316	252,884	0
	(ii)	0	0	0	0	0	0	0
2 GREGORY CASTLE CEO EMERITUS	(i)	222,926	0	0	7,000	11,116	241,042	0
	(ii)	0	0	0	0	0	0	0
3 VALERIE DORIAN CHIEF DEVELOPMENT OFFICER	(i)	220,182	0	0	7,000	0	227,182	0
	(ii)	0	0	0	0	0	0	0
4 PAUL ALTHERR EXECUTIVE VICE-PRESIDENT	(i)	191,787	0	0	7,000	0	198,787	0
	(ii)	0	0	0	0	0	0	0
5 JULIANNE CASTLE CEO	(i)	183,086	0	0	3,425	11,116	197,627	0
	(ii)	0	0	0	0	0	0	0
6 ANGELA EMBREE CHIEF INFORMATION OFFICER	(i)	179,904	0	0	7,000	8,516	195,420	0
	(ii)	0	0	0	0	0	0	0
7 GRETA PALMER CHIEF BRAND & COMMUNICATIONS OFFICER	(i)	171,969	0	0	7,000	8,516	187,485	0
	(ii)	0	0	0	0	0	0	0
8 HOLLY SIZEMORE CHIEF MISSIONS OFFICER	(i)	141,509	0	0	7,000	8,516	157,025	0
	(ii)	0	0	0	0	0	0	0
9 JUDAH BATTISTA CHIEF OF STAFF	(i)	131,212	0	0	7,000	17,884	156,096	0
	(ii)	0	0	0	0	0	0	0
10 KAREN GALLARDO DIRECTOR - PLANNED GIVING	(i)	188,546	0	0	7,000	9,336	204,882	0
	(ii)	0	0	0	0	0	0	0
11 MARC PERALTA SR DIRECTOR - NATIONAL NO KILL ADVA	(i)	141,179	0	0	7,000	17,864	166,043	0
	(ii)	0	0	0	0	0	0	0
12 TERESA BODEM DIRECTOR - OPERATIONS AND STRATEGIC	(i)	134,559	0	0	7,000	10,916	152,475	0
	(ii)	0	0	0	0	0	0	0
13 NICOLE S PETSCHAUER SENIOR VETERINARIAN	(i)	125,196	0	0	7,000	17,884	150,080	0
	(ii)	0	0	0	0	0	0	0

Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
▶Information about Schedule K (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
BEST FRIENDS ANIMAL SOCIETY

Employer identification number
23-7147797

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	KANE COUNTY UTAH	87-6000300		05-29-2018	25,000,000	CONSTRUCTION OF BUILDINGS		X	X			X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired				
2	Amount of bonds legally defeased				
3	Total proceeds of issue	25,000,000			
4	Gross proceeds in reserve funds	24,675,000			
5	Capitalized interest from proceeds	62,500			
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	325,000			
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds				
11	Other spent proceeds				
12	Other unspent proceeds	24,675,000			
13	Year of substantial completion				

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X						
15	Were the bonds issued as part of an advance refunding issue?		X						
16	Has the final allocation of proceeds been made?		X						
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?		X						

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?								
2	Are there any lease arrangements that may result in private business use of bond-financed property?								

Part III **Private Business Use** (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?								
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?								
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶								
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6	Total of lines 4 and 5								
7	Does the bond issue meet the private security or payment test?								
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?								
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?								

Part IV **Arbitrage**

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X						
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?	X							
b	Exception to rebate?		X						
c	No rebate due?		X						
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X						
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV **Arbitrage** (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X						
7	Has the organization established written procedures to monitor the requirements of section 148? . . .		X						

Part V **Procedures To Undertake Corrective Action**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?								

Part VI **Supplemental Information.** Provide additional information for responses to questions on Schedule K (see instructions).

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶Information about Schedule L (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
BEST FRIENDS ANIMAL SOCIETY

Employer identification number
23-7147797

Part I **Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1 (a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	(d) Corrected? No

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II **Loans to and/or From Interested Persons.**
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization? To	(d) Loan to or from the organization? From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	(g) In default? No	(h) Approved by board or committee? Yes	(h) Approved by board or committee? No	(i) Written agreement? Yes	(i) Written agreement? No
Total					▶ $							

Part III **Grants or Assistance Benefiting Interested Persons.**
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV **Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	No
(1) JUDAH BATTISTA	SON BD MEMBER BATTISTA	130,012	EMPLOYEE COMPENSATION		No
(2) CARRAGH MALONEY	DAUGHTER BD MEMBER CASTLE	90,092	EMPLOYEE COMPENSATION		No
(3) LYNN BATTISTA	DAUGH-IN-LAW BD MEMBER BATTISTA	30,817	EMPLOYEE COMPENSATION		No
(4) JONATHAN SIZEMORE	SPOUSE OFFICER SIZEMORE	43,556	EMPLOYEE COMPENSATION		No
(5) GILLIAN BATTISTA	DAUGHTER BD MEMBER BATTISTA	82,508	EMPLOYEE COMPENSATION		No

Part V **Supplemental Information**

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶Information about Schedule M (Form 990) and its instructions is at *www.irs.gov/form990*

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
BEST FRIENDS ANIMAL SOCIETY

Employer identification number
23-7147797

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles	X	121	146,031	FMV
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	139	1,457,065	FMV
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory	X	1,403,336	2,620,484	FMV
20 Drugs and medical supplies	X	2,590	48,900	FMV
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (ANIMAL AND CLEANING SUPPLIES)	X	59,991	568,019	FMV
26 Other ▶ ( )				
27 Other ▶ ( )				
28 Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement | 29 |

		Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		No
b If "Yes," describe the arrangement in Part II			
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a	Yes	
b If "Yes," describe in Part II			
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II			

Part II **Supplemental Information.**

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
PART I, LINE 32B	BEST FRIENDS ANIMAL SOCIETY UTILIZES THE SERVICES OF AN AUTOMOBILE BROKER TO SELL DONATED VEHICLES

SCHEDULE O (Form 990 or 990-EZ)

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 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
BEST FRIENDS ANIMAL SOCIETY

Employer identification number
23-7147797

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART III LINE 4A	AT THE HEART OF BEST FRIENDS ANIMAL SOCIETY'S WORK LIES BEST FRIENDS ANIMAL SANCTUARY - TH E COUNTRY'S LARGEST NO-KILL SANCTUARY FOR COMPANION ANIMALS, NESTLED IN THE MAJESTIC RED R OCK CANYONS OF SOUTHERN UTAH FOUNDED IN 1984, THE SANCTUARY WAS CREATED ON ONE SIMPLE BEL IEF THAT EVERY PET HAS A LIFE WORTH SAVING SINCE THEN, THOUSANDS UPON THOUSANDS OF ANIMA LS HAVE FOUND REFUGE HERE AND RECEIVED LOVE AND OUTSTANDING CARE AS THEY SEARCH FOR GOOD H OMES ON ANY GIVEN DAY, SOME 1,600 DOGS, CATS, BUNNIES, BIRDS, HORSES AND OTHER BARNYARD A NIMALS CALL THE SANCTUARY THEIR HOME BETWEEN HOMES, WITH EACH ANIMAL RECEIVING ALL THE AFF ECTION AND CARE NEEDED TO HEAL, BOTH PHYSICALLY AND EMOTIONALLY BEST FRIENDS IS COMMITTED TO FINDING LOVING HOMES FOR AS MANY ANIMALS AT THE SANCTUARY AS POSSIBLE BUT EVEN IF THA T RIGHT HOME NEVER COMES ALONG, THE ANIMALS ARE WELCOME TO CALL THE SANCTUARY HOME FOR THE REST OF THEIR LIVES AT THE SANCTUARY IN FISCAL YEAR 2018 *1,353 ANIMALS WERE WELCOMED * 1,080 ANIMALS FOUND LOVING FOREVER HOMES, WITH 31 PERCENT OF THEM HAVING SPECIAL NEEDS *M ORE THAN 34,000 PEOPLE VISITED, MORE THAN 11,000 PEOPLE VOLUNTEERED TO HELP THE ANIMALS, A ND MORE THAN 3,600 SANCTUARY TOURS WERE CONDUCTED *WILD FRIENDS, BEST FRIENDS' UNIQUE STA TE AND FEDERALLY LICENSED WILDLIFE REHABILITATION AND EDUCATION CENTER, SUCCESSFULLY REHAB ILITATED 163 INJURED WILD ANIMALS AND AFTER THEIR FULL RECOVERY RELEASED THEM BACK TO THEI R NATURAL HABITATS FOR THOSE ANIMALS TOO INJURED OR TOO ACCLIMATED TO PEOPLE TO RETURN TO THE WILD, THEY RECEIVE A LIFETIME OF CARE AND BECOME TREASURED TEACHERS BY EDUCATING VISI TORS AND VOLUNTEERS ABOUT WILDLIFE AND CONSERVATION ISSUES *ANIMAL CARE FACILITIES WERE R ENOVATED TO MAKE BEST FRIENDS' CARE EVEN BETTER *THE NEW AMAZON AVIARY AT PARROT GARDEN W AS COMPLETED AND OPENED IN OCTOBER 2018 THE BUILDING RECEIVED A NEW CONCRETE FOUNDATION A LONG WITH ELECTRICAL AND PLUMBING INFRASTRUCTURE AND WAS OUTFITTED WITH BUILDING MATERIALS DESIGNED TO WITHSTAND HARSH WEATHER CONDITIONS THESE NEW FEATURES AND THE UPDATED SPACE MAKE THE FLIGHT EASIER TO CLEAN, ALLOWING STAFF TO SPEND LESS TIME CLEANING AND MORE TIME CARING FOR AND SOCIALIZING THE BIRDS DURING THE WINTER, THE NEW AVIARY PROVIDES A SAFE SP ACE FOR BIRDS TO SPREAD THEIR WINGS AND GET EXERCISE OUTSIDE OF THEIR INDOOR CAGES *PHASE 0 OF OUR ESTIMATED $3 7 MILLION HORSE HAVEN RENOVATION PROJECT, WHICH AIMS TO MAKE HORSE HAVEN AN EVEN GREATER REFUGE FOR ABANDONED AND ABUSED HORSES, WAS COMPLETED IN JULY 2018 A ND PHASE 1 WAS STARTED THE NEW WATERLINE, FENCING AND UTILITIES WERE INSTALLED, THE DESIG N FOR THE NEW ARENA WAS COMPLETED AND A CONTRACTOR WAS SELECTED *IN AUGUST, A NEW STATE-O F-THE-ART KITTEN NURSERY OPENED IN THE BEST FRIENDS VISITOR CENTER IN DOWNTOWN KANAB TO SU PPORT CAT WORLD BY CARING FOR ORPHANED KITTENS AND NURSING MOTHERS ARRIVING THROUGH THE LO CAL COMMUNITY CAT PROGRAM THE NEW SPACE CAN CARE FOR 40-50 KITTENS AT A TIME AND INCLUDES AN ISOLATION ROOM FOR KITTENS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART III LINE 4A	WITH CONTAGIOUS DISEASES AND A PUBLIC VIEWING WINDOW FOR COMMUNITY ENGAGEMENT *CONSTRUCT ION FOR THE NEW WILD FRIENDS HEADQUARTERS BEGAN WITH AN ANTICIPATED COMPLETION IN EARLY 20 19 *A REMODEL OF DOGTOWN HEADQUARTERS WAS COMPLETED WITH A GRAND OPENING HELD IN SEPTEMBE R 2018 THE RENOVATIONS IMPROVED FUNCTIONALITY OF THE BUILDING AND INCLUDED REMOVING WALLS AND REARRANGING A NUMBER OF SPACES TO CREATE TWO TEACHING AND VOLUNTEER ORIENTATION CLASS ROOMS, TWO DOG ENRICHMENT ROOMS, A NEW LAUNDRY ROOM WITH TWO WASHERS AND DRYERS, AN ADA-CO MPLIANT BATHROOM, AND A NUMBER OF NEW DOG HOLDING AREAS, OFFICE SPACES AND A REMODELED REC EPTION AREA *BEST FRIENDS ANIMAL CLINIC HAD ANOTHER BUSY YEAR *SPAY/NEUTER PROCEDURES 4, 111 (1,013 PUBLIC) *DENTAL 165 (6 PUBLIC) *OTHER MISCELLANEOUS SURGERIES 263 (25 PUBLIC) * AFTER-HOURS EMERGENCIES 61 (10 PUBLIC) WHEN BEST FRIENDS WAS FIRST FOUNDED, AN ESTIMATED 1 7 MILLION DOGS AND CATS WERE BEING KILLED IN AMERICA'S SHELTERS EVERY YEAR, SIMPLY BECAUSE THEY DIDN'T HAVE SAFE PLACES TO CALL HOME TOGETHER WITH OUR MEMBERS, PARTNERS AND CARING PEOPLE AROUND THE COUNTRY, WE HAVE REDUCED THAT NUMBER TO ABOUT 800,000 PER YEAR THAT'S TREMENDOUS PROGRESS, BUT WE WON'T STOP UNTIL WE SAVE THEM ALL THROUGH LIFESAVING PROGRAMS , SPECIAL EVENTS, TARGETED INITIATIVES, LEGISLATIVE EFFORTS AND A NETWORK OF VALUABLE PART NERSHIPS WITH ANIMAL WELFARE ORGANIZATIONS IN ALL 50 STATES (NEARLY 2,500 AND COUNTING), B EST FRIENDS IS WORKING TO END THE KILLING OF DOGS AND CATS IN SHELTERS FOR GOOD IN FACT, WE'VE EVEN PUT A DATE ON IT BY 2025, TOGETHER, WE WILL MAKE THE ENTIRE COUNTRY NO-KILL T O ACHIEVE THAT GOAL, WE ENGAGED IN A RANGE OF PROGRAMMING DESIGNED TO GROW NO-KILL EXPERTI SE IN AREAS OF THE COUNTRY THAT NEED IT MOST AND PREPARE THE NEXT GENERATION OF NO-KILL LE ADERS IN FISCAL YEAR 2018, WE *DEVELOPED THE FIRST NATIONAL MASTER SHELTER LIST IN ANIMA L WELFARE TO PROVIDE A MORE ACCURATE PICTURE OF LIFESAVING NEEDS AT SHELTERS IN EVERY SING LE STATE OVER THE COURSE OF THE YEAR, AROUND 20 BEST FRIENDS STAFF MEMBERS AND VOLUNTEERS RESEARCHED AND COLLECTED DATA ON 2,096 ORGANIZATIONS ACROSS THE COUNTRY THAT WAS NOT ALRE ADY AVAILABLE THROUGH SHELTER ANIMALS COUNT *AWARDED PIVOTAL RACHAEL RAY SAVE THEM ALL GR ANTS TO JACKSONVILLE HUMANE SOCIETY IN FLORIDA AND ORANGE COUNTY ANIMAL CARE IN CALIFORNIA , TWO ORGANIZATIONS STRATEGICALLY POSITIONED TO SAVE THE MOST LIVES AND PROVIDE LEADERSHIP IN KEY STATES *LAUNCHED STATE-LEVEL NO-KILL 2025 STEERING COMMITTEES AND COALITIONS MADE UP OF LOCAL LEADERS IN IDAHO, CALIFORNIA, KENTUCKY, NEW YORK, NEW JERSEY, NORTH CAROLINA, FLORIDA, ALABAMA, ARKANSAS, WASHINGTON AND TENNESSEE *COMPOSED AND PUBLISHED HUMANE ANIM AL CONTROL, A MANUAL THAT DESCRIBES OUR COUNTRY'S MOST SUCCESSFUL LIFESAVING PROGRAMS AND SERVES AS A GUIDE FOR ANIMAL CONTROL PROFESSIONALS COMMITTED TO ACHIEVING NO-KILL *CREATE D THE BEST FRIENDS TRAINING ACADEMY TO TRAIN ANIMAL WELFARE ORGANIZATIONS WORKING TO ACHIE VE NO-KILL IN THEIR COMMUNITIE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART III LINE 4A	S *PROVIDED 17 SHELTER ASSESSMENTS ACROSS 11 STATES AND CONDUCTED 32 ANIMAL CONTROL OFFIC ER TRAININGS ACROSS 12 STATES THROUGH OUR SHELTER OUTREACH PROGRAM, REACHING MORE THAN 700 ANIMAL CONTROL OFFICERS AND SHELTER STAFF THROUGHOUT THE COUNTRY MORE THAN 40 ORGANIZATI ONS ALSO RECEIVED EXPERT MENTORING FROM BEST FRIENDS STAFF THROUGH OUR MENTORSHIPS PROGRAM *EMBEDDED MULTIPLE FULL-TIME STAFF MEMBERS IN TWO SHELTERS IN TEXAS, THE STATE WITH THE MOST ANIMALS KILLED IN SHELTERS EACH YEAR, TO PROVIDE HANDS-ON LEADERSHIP OVER THE COURSE OF SEVERAL MONTHS IN FISCAL YEAR 2018, BEST FRIENDS DIRECTLY TOUCHED THE LIVES OF THOUSAN DS OF PETS IN NEED ACROSS THE COUNTRY BY *PERFORMING 92,068 SPAY/NEUTER SURGERIES THROUGH OUR CLINICS AND PROGRAMS *FINDING HOMES FOR 33,968 ANIMALS THROUGH OUR ADOPTION CENTERS, E VENTS AND PROMOTIONS *CARING FOR 4,642 NEWBORN KITTENS AND NURSING MOTHERS AT OUR KITTEN N URSERIES *PLACING 6,040 KITTENS IN SHORT-TERM FOSTER HOMES TO HELP PREPARE THEM FOR ADOPTI ON *SPAYING OR NEUTERING 48,987 COMMUNITY CATS THROUGH BEST FRIENDS LARGE-SCALE COMMUNITY CAT PROGRAMS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART III LINE 4B	OTHER FISCAL YEAR 2018 HIGHLIGHTS *MORE THAN 30,000 BEST FRIENDS VOLUNTEERS CONTRIBUTED M ORE THAN 420,000 HOURS NATIONWIDE ON BEHALF OF HOMELESS PETS IN NEED *BEST FRIENDS SUPER ADOPTION EVENTS ARE STILL THE LARGEST ADOPTION EVENTS IN THE COUNTRY TAKING PLACE EVERY Y EAR IN NEW YORK CITY, LOS ANGELES, SALT LAKE CITY, AND NOW HOUSTON, THEY BRING TOGETHER RE SCUE GROUPS, SHELTERS AND THOUSANDS OF ADOPTERS TO FIND HOMES FOR AS MANY PETS AS POSSIBLE IN 2018, 2,530 PETS FOUND HOMES AT SUPER ADOPTION EVENTS HOUSTON'S FIRST SUPER ADOPTION EVENT FOUND HOMES FOR 570 PETS *STRUT YOUR MUTT, A NATIONAL FUNDRAISER THAT HELPS RAISE MONEY FOR HUNDREDS OF ANIMAL WELFARE GROUPS (AND THE ANIMALS), TAKES PLACE IN 14 CITIES AC ROSS THE COUNTRY, PLUS THERE IS AN ONLINE EVENT FOR PEOPLE WHO DON'T LIVE NEAR EVENT CITIE S IN 2018, STRUT YOUR MUTT RAISED MORE THAN $2 5 MILLION, WITH NEARLY $2 MILLION GOING DI RECTLY TO 357 PARTICIPATING BEST FRIENDS NETWORK PARTNERS *THE BEST FRIENDS NETWORK IS MA DE UP OF A GROUP OF ANIMAL WELFARE ORGANIZATIONS COMMITTED TO SAVING THE LIVES OF HOMELESS PETS THROUGH EFFECTIVE ADOPTION AND SPAY/NEUTER PROGRAMS IN FISCAL YEAR 2018, 443 NEW PA RTNERS JOINED THE NETWORK BRINGING THE TOTAL NUMBER OF PARTNERS TO 2,470 (AND COUNTING) AC ROSS ALL 50 STATES BEST FRIENDS PRESENTED NETWORK PARTNERS WITH $6 5 MILLION IN FUNDING (INCLUDING $900,000 IN-KIND DONATIONS) THAT MADE IT POSSIBLE FOR THEM TO SAVE THE LIVES OF EVEN MORE HOMELESS PETS *THE RACHAEL RAY SAVE THEM ALL GRANTS, MADE POSSIBLE THROUGH THE RACHAEL RAY FOUNDATION, FUNDED NEW LIFESAVING PROGRAMS FOR 72 BEST FRIENDS NETWORK PARTNER ACROSS 34 STATES IN FISCAL YEAR 2018 TWO GROUPS WORKING COLLABORATIVELY IN KENTUCKY RECE IVED GRANTS TO HELP LARGE DOGS, WHICH ARE SOME OF THE ANIMALS MOST AT RISK OF BEING KILLED IN SHELTERS KENTUCKY HUMANE SOCIETY RECEIVED A $30,000 GRANT TO PROVIDE 600 SPAY/NEUTER SURGERIES FOR LARGE DOGS TO REDUCE THE NUMBER OF DOGS ENTERING LOUISVILLE METRO ANIMAL SER VICES WHILE LOUISVILLE RECEIVED A $33,000 GRANT TO HIRE A FULL-TIME BEHAVIOR SPECIALIST A ND IMPLEMENT A BEHAVIOR PROGRAM FOR LARGE DOGS WHO HAVE BEEN AT THE SHELTER FOR MORE THAN 100 DAYS *DURING BEST FRIENDS' SUMMER TO SAVE THEM ALL - A PROMOTION THAT FEATURED VARIOU S ADOPTION SPECIALS BETWEEN JUNE 25 AND JULY 4 - NEARLY 9,000 PETS FROM BEST FRIENDS AND M ORE THAN 250 PARTICIPATING NETWORK PARTNERS FOUND HOMES HILLSBOROUGH COUNTY PET RESOURCE CENTER, A PARTNER IN TAMPA, FLORIDA, FOUND HOMES FOR A WHOPPING 518 PETS DURING THE 10-DAY PROMOTION *AT THE 2018 BEST FRIENDS NATIONAL CONFERENCE HELD IN LOS ANGELES, CALIFORNIA, 1,657 PARTICIPANTS FROM 46 STATES AND FOUR COUNTRIES HEARD INNOVATIVE, FOUND INSPIRATION AND HELPED CELEBRATE THE 20TH ANNIVERSARY OF THE CONFERENCE *BEST FRIENDS RUNS LIFESAVING COMMUNITY CAT PROGRAMS IN MULTIPLE CITIES ACROSS THE COUNTRY DESIGNED TO SAVE THE LIVES O F UNOWNED, FREE-ROAMING CATS THROUGH TRAP-NEUTER-RETURN (TNR) AND DRAMATICALLY REDUCE THE NUMBER OF CATS ENTERING LOCAL

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART III LINE 4B	SHELTERS TNR PROGRAMS TRAP, SPAY OR NEUTER AND VACCINATE COMMUNITY CATS AND THEN RETURN T HEM TO THEIR OUTDOOR HOMES WHERE THEY ARE SAFE AND THRIVING OUR TNR PROGRAMS ARE CRUCIAL FOR SAVING LIVES BECAUSE CATS (ESPECIALLY COMMUNITY CATS) ARE AMONG THE MOST AT-RISK PETS IN SHELTERS IN FISCAL YEAR 2018, LARGE-SCALE COMMUNITY CAT PROGRAMS WERE ACTIVE IN 10 LOC ATIONS ACROSS EIGHT STATES REGIONAL LIFESAVING UTAH *NO-KILL UTAH'S (NKUT) INITIATIVE, A BEST FRIENDS LED COALITION, WHICH BRINGS TOGETHER MUNICIPAL SHELTERS, ANIMAL WELFARE ORGAN IZATIONS AND DEDICATED INDIVIDUALS, IS RIGHT ON TRACK TO ACHIEVE ITS GOAL OF MAKING THE EN TIRE STATE NO-KILL BY 2019 FOR THE FIFTH YEAR IN A ROW, UTAH HAS MAINTAINED ITS NO-KILL S TATUS FOR DOGS AND IS NEARLY NO-KILL FOR CATS THE STATE'S OVERALL SAVE RATE FOR CATS AND DOGS IN FISCAL YEAR 2018 WAS 84 8 PERCENT, UP FROM 75 9 PERCENT IN 2014 - THE FIRST YEAR T HE INITIATIVE LAUNCHED *AT THE BEST FRIENDS PET ADOPTION CENTER IN SALT LAKE CITY, WHICH FEATURES ADOPTABLE PETS FROM OUR SHELTER PARTNER, A TOTAL OF 1,804 LUCKY DOGS AND CATS FOU ND LOVING HOMES AND AT THE BEST FRIENDS KITTEN NURSERY IN SALT LAKE CITY, THE NUMBER OF K ITTENS GIVEN A SECOND CHANCE AT LIFE TOTALED 1,145 WITH 49 NURSING MOMS CARED FOR AS WELL *THE BEST FRIENDS SPAY/NEUTER CLINICS IN OREM AND OGDEN, JUST OUTSIDE OF SALT LAKE CITY, SPAYED OR NEUTERED 15,314 PETS, KEEPING COUNTLESS PETS FROM ENTERING SHELTERS IN THE FUTUR E LOS ANGELES *THE NO-KILL LOS ANGELES (NKLA) INITIATIVE, A BEST FRIENDS LED COALITION TH AT BRINGS TOGETHER CITY SHELTERS, ANIMAL WELFARE GROUPS AND THOUSANDS OF INDIVIDUALS TO MA KE L A NO-KILL, HAS BROUGHT THE CITY TO THE CUSP OF NO-KILL IN FISCAL YEAR 2018, L A MA INTAINED ITS CITYWIDE NO-KILL STATUS FOR DOGS, AND THE SAVE RATE FOR CATS IS NOT FAR BEHIN D THE TOTAL SAVE RATE FOR DOGS AND CATS IN L A WAS 89 6 PERCENT, LESS THAN A PERCENTAGE POINT SHY OF THE 90% NO-KILL BENCHMARK WE WON'T STOP UNTIL L A IS COMPLETELY NO-KILL *T HE NKLA PET ADOPTION CENTER - L A 'S CHICEST ADOPTION CENTER THAT SHOWCASES PETS FROM OUR NKLA COALITION PARTNERS AND FROM BEST FRIENDS - FOUND HOMES FOR NEARLY 3,000 DOGS AND CATS *THE BEST FRIENDS PET ADOPTION AND SPAY/NEUTER CENTER IN LOS ANGELES PULLED 6 053 CATS A ND DOGS FROM L A ANIMAL SERVICE FACILITIES, FOUND HOMES FOR 3,236 OF THEM, AND PERFORMED 8,515 SPAY/NEUTER SURGERIES *NEWBORN KITTENS ARE THE PETS MOST AT RISK OF BEING KILLED IN LOS ANGELES CITY SHELTERS THAT'S WHY OUR KITTEN NURSERY IN L A IS CRUCIAL FOR MAKING TH E CITY NO-KILL IN FISCAL YEAR 2018, THE NURSERY CARED FOR 2,874 NEWBORN KITTENS AND 100 N URSING MOTHERS NEW YORK *THE BEST FRIENDS PET ADOPTION CENTER IN NEW YORK CITY CELEBRATED ITS ONE-YEAR ANNIVERSARY IN APRIL 2018, SERVING AS ANOTHER LIFESAVING OUTLET FOR HOMELESS PETS IN THE CITY AND SURROUNDING TRISTATE AREA HOMELESS PETS FROM ANIMAL CARE CENTERS OF NYC AND OUR OTHER LOCAL ANIMAL WELFARE PARTNERS ARE FEATURED FOR ADOPTION THROUGH THE CEN TER AND 1,408 OF THEM FOUND LO

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART III LINE 4B	VING NEW HOMES IN FISCAL YEAR 2018 THE KITTEN NURSERY LOCATED INSIDE THE CENTER CARED FOR 258 NEWBORN KITTENS ATLANTA *THE BEST FRIENDS PET ADOPTION CENTER IN ATLANTA FOUND LOVIN G, NEW HOMES FOR 1,042 CATS AND DOGS IN FISCAL YEAR 2018 *DURING THE 2018 FISCAL YEAR, A NEW TRANSPORT PROGRAM WAS DESIGNED AND LAUNCHED TO HELP MOVE ADOPTABLE PETS AT HIGH RISK O F BEING KILLED FROM THE SOUTHEAST REGION TO OTHER LIFESAVING LOCATIONS AROUND THE COUNTRY WHERE THEY ARE MORE LIKELY TO BE ADOPTED THIS PROJECT INCLUDED THE HIRING OF THREE NEW ST AFF MEMBERS, PURCHASING AND OUTFITTING THREE TRANSPORT VEHICLES AND A COMPLETE RENOVATION OF TWO BUILDINGS MORE THAN 400 PETS WERE TRANSPORTED IN JUST THE FIRST YEAR OF THE PROGRA M *THE WILD SUCCESS OF BEST FRIENDS' COBB COUNTY COMMUNITY CAT PROGRAM INSPIRED NEIGHBORI NG PAULDING COUNTY TO REACH OUT TO US TO ASK FOR ASSISTANCE IN PASSING NEW ORDINANCES AND ESTABLISHING A NEW COMMUNITY CAT PROGRAM OF THEIR OWN TEXAS *IN HOUSTON, WE SECURED THE L OCATION AND BEGAN PLANNING FOR THE NEW BEST FRIENDS LIFESAVING CENTER TO SERVE AS THE HUB FOR SAVING CATS AND DOGS IN TEXAS, THE MOST CRITICAL LIFESAVING STATE IN THE COUNTRY THIS NEW COMPREHENSIVE SPACE WILL INCLUDE A PET ADOPTION CENTER, A NEWBORN KITTEN NURSERY, A S PAY/NEUTER CLINIC, AND A SPECIAL QUARANTINE AND TRANSPORT SPACE FOR HELPING PREPARE PETS J OURNEYING TO FIND NEW HOMES IN OTHER COMMUNITIES *IN DECEMBER 2017, BEST FRIENDS EXPANDED AN EXISTING PARTNERSHIP WITH HARRIS COUNTY ANIMAL SHELTER IN HOUSTON AND DEPLOYED MULTIPL E TEAM MEMBERS TO WORK ALONGSIDE SHELTER STAFF WHICH HELPED CREATE A MORE TRUSTING STAFF O PEN TO CHANGE AND TRANSPARENCY, EXPAND A FOSTER PROGRAM THAT HELPED MORE THAN 250 KITTENS AND NURSING MOMS, AND SPAY OR NEUTER MORE THAN 1,200 CATS THROUGH A THRIVING COMMUNITY CAT PROGRAM *IN EDINBURG, TEXAS, WE EMBEDDED TWO FULL-TIME BEST FRIENDS STAFF MEMBERS AT PAL M VALLEY ANIMAL CENTER (PVAC) TO SERVE AS DIRECTOR OF LIFESAVING AND SHELTER MANAGER, LED A STRATEGIC PLANNING SESSION DURING WHICH THE PVAC BOARD OF DIRECTORS VOTED TO PURSUE A NO -KILL GOAL, AND DEPLOYED MULTIPLE BEST FRIENDS TEAM MEMBERS OVER THE COURSE OF THE YEAR TO PROVIDE A WIDE RANGE OF EXPERTISE AND SUPPORT LIFESAVING INITIATIVES DURING FISCAL YEAR 2018, BEST FRIENDS' ADVOCACY TEAM HELPED ENACT EFFORTS TO PROTECT HOMELESS PETS AROUND THE COUNTRY AND HELPED ACHIEVE 84 LEGISLATIVE WINS ON BEHALF OF CATS, DOGS AND OTHER PETS ACR OSS 32 STATES AND 51 CITIES OR COUNTIES, INCLUDING ONE WIN AT THE FEDERAL LEVEL DURING TH AT SAME PERIOD, 183,436 EMAILS WERE SENT TO LAWMAKERS BY SUBSCRIBERS TO THE BEST FRIENDS L EGISLATIVE ACTION CENTER

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4B	IN FISCAL YEAR 2018 *WE HELPED PAVE THE WAY FOR ESTABLISHING CALIFORNIA AS A NO-KILL STATE, MAKING IT THE SECOND STATE IN THE NATION TO PASS A STATEWIDE NO-KILL RESOLUTION *SPEARHEADED THE PASSAGE OF THREE NEW LAWS IN ILLINOIS THAT WILL HELP SUPPORT SPAY/NEUTER PROGRAMS, HELP ANIMAL CONTROL FACILITIES INCREASE INNOVATIVE LIFESAVING PROGRAMS LIKE FOSTER CARE AND REQUIRE TRANSPARENCY IN ANIMAL SHELTERS *HELPED PASS LAWS IN THE STATE OF DELAWARE TO LEGALIZE RETURN-TO-FIELD PROGRAMS FOR COMMUNITY CATS AND TO ELIMINATE AUTOMATIC "DANGEROUS DOG" STIGMA ON DOGS SEIZED FROM FIGHT BUSTS IN MASSACHUSETTS *WORKED WITH STAFF FROM THE INTERNATIONAL MUNICIPAL LAWYERS ASSOCIATION (IMLA) TO HELP DRAFT AND REFINE THEIR NEW MODEL DANGEROUS DOG ORDINANCE, WHICH THEY UNVEILED THIS PAST YEAR THIS MODEL ORDINANCE SERVES AS A RESOURCE THAT ATTORNEYS ACROSS THE COUNTRY CAN USE TO DRAFT LOCAL DOG LAWS IN THEIR COMMUNITIES THAT ARE BREED-NEUTRAL AND BEHAVIOR-BASED, WITH PROVISIONS REGULATING RECKLESS OWNERS *HELPED DEFEAT A DANGEROUS USDA PROPOSAL TO ALLOW THIRD-PARTY INSPECTIONS OF PUPPY MILLS, WHICH WOULD HAVE EFFECTIVELY GIVEN PUPPY MILLS THE AUTHORITY TO POLICE THEMSELVES OUR ADVOCACY ALERT ON THIS ISSUE GENERATED MORE THAN 10,000 EMAILS TO THE USDA, STOPPING THE PROPOSAL IN ITS TRACKS WE ALSO HELPED DEFEAT BILLS THAT WOULD HAVE PROTECTED PUPPY MILLS IN GEORGIA, FLORIDA AND MICHIGAN *HELPED MARYLAND ENACT THE SECOND STATEWIDE RETAIL PUPPY MILL BAN IN THE U S *CELEBRATED THE PASSING OF A NEW LAW TO PROTECT COMMUNITY CATS IN THE STATE OF DELAWARE, WHICH WAS THE PRODUCT OF A MULTIYEAR EFFORT LED IN PART BY OUR ADVOCACY TEAM *HELPED ENACT SIX LOCAL RETAIL PET SALES BANS IN NEW JERSEY, WHICH NOW HAS MORE OF THESE MUNICIPAL ORDINANCES ON THE BOOKS THAN ANY OTHER STATE AND HELPED PASS LEGISLATION TO REFORM THE NEW JERSEY SPCA AND BRING MUCH-NEEDED UNIFORMITY AND ACCOUNTABILITY TO THE WAY THE STATE'S ANIMAL CRUELTY LAWS ARE ENFORCED

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	ANNE MEJIA, SECRETARY AND CYRUS MEJIA, BOARD MEMBER, ARE HUSBAND AND WIFE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE 990 IS PREPARED INTERNALLY AND REVIEWED BY TANNER LLC, THE CHIEF FINANCIAL OFFICER, THE CHAIRMAN OF THE BOARD, AND THE CHAIRMAN OF THE FINANCE COMMITTEE THE RETURN IS THEN DISTRIBUTED TO THE WHOLE BOARD FOR FINAL REVIEW BEFORE BEING FILED

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	UPON BEING APPOINTED, ALL BOARD MEMBERS, OFFICIERS, AND STAFF ARE REQUIRED TO SIGN AN AGREEMENT THAT ACKNOWLEDGES ACCEPTANCE OF BEST FRIENDS' CONFLICT OF INTEREST POLICY THIS POLICY APPLIES TO ALL BOARD MEMBERS, DIRECTORS, COMMITTEE MEMBERS AND STAFF OF BEST FRIENDS ANIMAL SOCIETY THIS POLICY REQUIRES THAT ALL AFFILIATIONS WITH ENTITIES IN WHICH A FINANCIAL INTEREST IS HELD BE DISCLOSED TO THE BOARD THE SENIOR FINANCIAL MANAGEMENT OF BEST FRIENDS, INCLUDING THE CFO AND CONTROLLER,ROUTINELY MONITOR ALL TRANSACTIONS TO ENSURE THAT ANY RELATED PARTY TRANSACTIONS ARE FULLY DISCLOSED TO THE BOARD AT LEAST ANNUALLY AND IN THE FINANCIAL STATEMENTS TO ENSURE THAT THE TRANSACTIONS COMPLY WITH POLICY THIS POLICY IS CURRENTLY UNDER REVIEW BY THE BOARD TO PROVIDE GREATER STRUCTURE, INCLUDING REQUIRING MORE FREQUENT SIGN-OFF ON POLICY,MORE REPORTING, AND RESTRICTIONS ON PARTICIPATION BY RELEVANT BOARD AND STAFF IN THE DEALING WITH THE CONFLICT

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE BOARD REVIEWED AND APPROVED THE COMPENSATION OF THE CEO AFTER CONSIDERING DATA FROM DIFFERENT SOURCES, INCLUDING COMPENSATION AMOUNTS OF COMPARABLE POSITIONS AT COMPARABLE ORGANIZATIONS THE CHIEF EXECUTIVE OFFICER DETERMINES THE COMPENSATION OF THE CFO, CDMO, CRPO, CIO, CDO ABD THE CNPO AFTER CONSIDERING DATA FROM DIFFERENT SOURCES, INCLUDING COMPENSATION AMOUNTS OF COMPARABLE POSITIONS AT COMPARABLE ORGANIZATIONS THE CEO REVIEWS THOSE SALARIES WITH THE BOARD

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	COPIES OF THE FORM 990, FORM 990-T, AND AUDITED FINANCIAL STATEMENTS ARE AVAILABLE FOR PUBLIC VIEWING ON THE BEST FRIENDS' WEBSITE GOVERNING DOCUMENTS AND THE CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST, SUBJECT TO APPROVAL OF SENIOR MANAGEMENT

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	AGENCY FUNDS DESIGNATED FOR OTHER ORGANIZATIONS -1,352,442 UNREALIZED CHANGE IN SPLIT INTEREST AGREEMENT 113,564 INVESTMENT EXPENSES NOT INCLUDED AT FORM 990, PART VIII, LINE 7B -704,977

SCHEDULE R (Form 990)

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.
▶ Attach to Form 990.
▶ Information about Schedule R (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
BEST FRIENDS ANIMAL SOCIETY

Employer identification number
23-7147797

Part I **Identification of Disregarded Entities** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) BEST FRIENDS PRODUCTIONS LLC 5001 ANGEL CANYON ROAD KANAB, UT 84741 47-2566720	PARTICIPATE IN JOINT VENTURE TO PRODUCE A FILM	UT	-20	97,277	BEST FRIENDS ANIMAL SOCIETY
(2) 1089 WYCKOFF LLC 5001 ANGEL CANYON ROAD KANAB, UT 84741 81-0717002	HOLD LEASE ON BUILDING IN NEW YORK, NY	UT	-59	45,392	BEST FRIENDS ANIMAL SOCIETY
(3) 307 WEST BROADWAY LLC 5001 ANGEL CANYON ROAD KANAB, UT 84741 47-4201980	HOLD LEASE ON BUILDING IN MANHATTAN, NY	UT	-346,639	253,311	BEST FRIENDS ANIMAL SOCIETY
(4) CHUFF LLC 5001 ANGEL CANYON ROAD KANAB, UT 84741 47-4259736	PURCHASE PROPERTY IN KANAB, UT	UT	-660,468	2,535,244	BEST FRIENDS ANIMAL SOCIETY
(5) AMBER HOUSING LLC 5001 ANGEL CANYON ROAD KANAB, UT 84741 81-0898475	PURCHASE PROPERTY IN KANAB, UT	UT	-53,698	1,307,320	BEST FRIENDS ANIMAL SOCIETY

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.

(a) 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 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	No

Part III **Identification of Related Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1)BEST FRIENDS WELLNESS CENTER INC 5001 ANGEL CANYON ROAD KANAB, UT 84741 47-3149724	OPERATE FITNESS CENTER	UT	BEST FRIENDS ANIMAL SOCIETY	C	-46,056	108,010	100 000 %	Yes	

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
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)**annuities, **(iii)** royalties, or**(iv)** rent from a controlled entity	1a	Yes	
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	Yes	
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	1o	Yes	
p Reimbursement paid to related organization(s) for expenses	1p		No
q Reimbursement paid by related organization(s) for expenses	1q		No
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	**(b)** Transaction type (a-s)	**(c)** Amount involved	**(d)** Method of determining amount involved
(1)BEST FRIENDS WELLNESS CENTER INC	A	12,000	ARM'S LENGTH ESTIMATE OF RENT
(2)BEST FRIENDS WELLNESS CENTER INC	J	12,000	ARM'S LENGTH ESTIMATE OF RENT
(3)BEST FRIENDS WELLNESS CENTER INC	O	47,416	PORTION OF SALARY AND PAYROLL TAX

Part VI **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)