

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](http://www.irs.gov/form990)

OMB No 1545-0047  
**2015**  
Open to Public Inspection

### A For the 2015 calendar year, or tax year beginning 10-01-2015, and ending 09-30-2016

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization BEST FRIENDS ANIMAL SOCIETY		<b>D</b> Employer identification number 23-7147797
	Doing business as		<b>E</b> Telephone number (435) 644-2001
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G</b> Gross receipts \$ 102,931,545
	5001 ANGEL CANYON ROAD		
City or town, state or province, country, and ZIP or foreign postal code KANAB, UT 84741		<b>F</b> Name and address of principal officer GREGORY CASTLE 5001 ANGEL CANYON ROAD KANAB, UT 84741	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>J</b> Website: WWW.BESTFRIENDS.ORG		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>H(c)</b> Group exemption number	
		<b>L</b> Year of formation 1984	<b>M</b> State of legal domicile UT

### Part I Summary

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities TO BRING ABOUT A TIME WHEN THERE ARE NO MORE HOMELESS PETS		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	9
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	5
	<b>5</b> Total number of individuals employed in calendar year 2015 (Part V, line 2a)	<b>5</b>	838
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	9,748
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	204,048	
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	0	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	85,484,292	80,895,783
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,325,318	3,179,820
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,140,700	1,193,775
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,556,136	1,874,915
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	91,506,446	87,144,293
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	6,438,004	4,942,981
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0	0
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	36,499,132	41,020,007
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>14,575,909</b>	479,218	345,238
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	34,028,187	35,544,106
<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	77,444,541	81,852,332	
<b>19</b> Revenue less expenses Subtract line 18 from line 12	14,061,905	5,291,961	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	94,111,893	100,285,253
	<b>22</b> Net assets or fund balances Subtract line 21 from line 20	14,915,529	14,886,070
		79,196,364	85,399,183

### 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.

<b>Sign Here</b>	***** Signature of officer	2017-08-08 Date			
	PAUL ALTHERR, CHIEF FINANCIAL OFFICER Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name DAVID SPERRY	Preparer's signature DAVID SPERRY	Date	Check <input type="checkbox"/> if self-employed	PTIN P00176382
	Firm's name <b>TANNER LLC</b>	Firm's EIN <b>20-2253063</b>			
	Firm's address <b>36 S STATE STREET SUITE 600</b> SALT LAKE CITY, UT 84111	Phone no <b>(801) 532-7444</b>			

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 \$ 19,515,203 including grants of \$ 54,057 ) (Revenue \$ 104,684 )  
See Additional Data

**4b** (Code ) (Expenses \$ 39,854,916 including grants of \$ 4,888,924 ) (Revenue \$ 40,869 )  
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 ▶ 59,370,119

**Part IV Checklist of Required Schedules**

		Yes	No
<b>1</b>	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	Yes	
<b>2</b>	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	Yes	
<b>3</b>	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		No
<b>4</b>	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	Yes	
<b>5</b>	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? <i>If "Yes," complete Schedule C, Part III</i>		No
<b>6</b>	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? <i>If "Yes," complete Schedule D, Part I</i>		No
<b>7</b>	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		No
<b>8</b>	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		No
<b>9</b>	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? <i>If "Yes," complete Schedule D, Part IV</i>		No
<b>10</b>	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	Yes	
<b>11</b>	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		
<b>a</b>	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	Yes	
<b>b</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? <i>If "Yes," complete Schedule D, Part VII</i>	Yes	
<b>c</b>	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? <i>If "Yes," complete Schedule D, Part VIII</i>		No
<b>d</b>	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? <i>If "Yes," complete Schedule D, Part IX</i>		No
<b>e</b>	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	Yes	
<b>f</b>	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	Yes	
<b>12a</b>	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		No
<b>b</b>	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	Yes	
<b>13</b>	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
<b>14a</b>	Did the organization maintain an office, employees, or agents outside of the United States?		No
<b>b</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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	Yes	
<b>15</b>	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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	Yes	
<b>16</b>	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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		No
<b>17</b>	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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	Yes	
<b>18</b>	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		No
<b>19</b>	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		No
<b>20a</b>	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
<b>b</b>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

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

<b>21</b>	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? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	<b>21</b>	Yes	
<b>22</b>	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? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	<b>22</b>	Yes	
<b>23</b>	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? <i>If "Yes," complete Schedule J</i> . . . . .	<b>23</b>	Yes	
<b>24a</b>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .	<b>24a</b>		No
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<b>24b</b>		
<b>c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<b>24c</b>		
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<b>24d</b>		
<b>25a</b>	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	<b>25a</b>		No
<b>b</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? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	<b>25b</b>		No
<b>26</b>	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? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	<b>26</b>		No
<b>27</b>	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? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	<b>27</b>		No
<b>28</b>	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)			
<b>a</b>	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28a</b>	Yes	
<b>b</b>	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28b</b>	Yes	
<b>c</b>	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? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28c</b>		No
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>29</b>	Yes	
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>30</b>		No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	<b>31</b>		No
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	<b>32</b>		No
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	<b>33</b>	Yes	
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .	<b>34</b>	Yes	
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<b>35a</b>	Yes	
<b>b</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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<b>35b</b>	Yes	
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<b>36</b>		No
<b>37</b>	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? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .	<b>37</b>		No
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	<b>38</b>	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

Table with columns for question numbers (1a-14b), descriptions, and Yes/No columns. Includes sub-questions for various IRS forms and reporting requirements.

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

Table with 5 main rows (1a-9) and sub-rows (1b, 2-9a, 9b). Columns include question text, a small table for counts, and Yes/No columns.

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

Table with 16 rows (10a-16b) and 3 columns (question text, Yes, No).

Section C. Disclosure

Table with 3 rows (17-20) and 2 columns (question text, answer/checkbox).

**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)						(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
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) GREGORY CASTLE CEO, BOARD MEMBER	40 00	X		X			196,202	0	12,362	
(2) FRANCIS BATTISTA CHAIR OF BOARD	40 00	X					141,861	0	12,362	
(3) LYNN FLANDERS BOARD TREASURER	1 00	X					0	0	0	
(4) ANNE MEJIA DIR OF PRINCIPLE GIFTS/BOARD SECRETARY	40 00	X					103,176	0	12,362	
(5) CYRUS MEJIA ONBOARDING AND CULTURE/BOARD MEMBER	40 00	X					63,600	0	12,362	
(6) KRAIG BUTRUM BOARD MEMBER	1 00	X					0	0	0	
(7) ABIGAIL L JONES BOARD MEMBER	1 00	X					0	0	0	
(8) TIMY SULLIVAN BOARD MEMBER	1 00	X					0	0	0	
(9) MOLLY JORDAN-KOCH BOARD MEMBER	1 00	X					0	0	0	
(10) PAUL ALTHERR CFO	40 00			X			186,959	0	7,000	
(11) JULIANNE CASTLE CDMO	40 00			X			173,826	0	12,362	
(12) ANGELA L EMBREE CIO	40 00			X			167,511	0	5,362	
(13) SUSAN M CITRO CDO	40 00			X			129,745	0	3,599	
(14) JUDAH BATTISTA CRPO	40 00			X			108,891	0	12,133	

**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)						(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
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(15) HOLLY SIZEMORE ..... CNPO	40 00			X				113,072	0	11,867
(16) MARC A PERALTA ..... EXECUTIVE DIRECTOR	40 00					X		132,670	0	18,264
(17) VALERIE DORIAN ..... SR DIRECTOR DEVELOPMENT	40 00					X		139,230	0	0
(18) KAREN GALLARDO ..... DIRECTOR OF PLANNED GIVING	40 00					X		124,281	0	4,041
(19) TARA TIMPSON ..... STAFF VETERINARIAN	40 00					X		109,497	0	9,674
(20) NICOLE PETSCHAUER ..... SENIOR VETERINARIAN	40 00					X		111,200	0	10,307
<b>1b Sub-Total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .							2,001,721	0		144,057

**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 ▶ 29

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .		No
<b>4</b> 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? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	Yes	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .		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 CREATIVE COMMUNICATIONS INC 33 RAILROAD AVE DUXBURY, MA 02332	CONSULTING / PRINTING	6,911,666
WALSWORTH PUBLISHING CO PO BOX 310287 DES MOINES, IA 503310287	PRINTING	955,195
SOCIAL CAPITAL INC 980 N MICHIGAN AVE SUITE 1610 CHICAGO, IL 60611	CONSULTING	594,061
INSIDESQUAD INC 1137 MCDONALD AVE BROOKLYN, NY 11230	CONTRACTOR	514,193
MAXWELL CONSTRUCTION INC PO BOX 129 GLENDALE, UT 84729	CONTRACTOR	332,051

**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 ▶ 44



**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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . . <b>1a</b>	162,836				
	<b>b</b>	Membership dues . . . . . <b>1b</b>					
	<b>c</b>	Fundraising events . . . . . <b>1c</b>					
	<b>d</b>	Related organizations . . . . . <b>1d</b>					
	<b>e</b>	Government grants (contributions) <b>1e</b>	357,875				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above <b>1f</b>	80,375,072				
	<b>g</b>	Noncash contributions included in lines 1a-1f \$	3,194,008				
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . . ▶	80,895,783				
<b>Program Service Revenue</b>	<b>2a</b>	PROGRAM EVENTS	2,136,007	2,136,007			
	<b>b</b>	CLINIC REVENUE	1,043,813	1,043,813			
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b>	All other program service revenue					
	<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . . ▶	3,179,820				
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶	1,148,926	1,148,926			
	<b>4</b>	Income from investment of tax-exempt bond proceeds . . . ▶					
	<b>5</b>	Royalties . . . . . ▶	17,577	17,577			
	<b>6a</b>	Gross rents	(i) Real	707,377			
			(ii) Personal				
			<b>b</b> Less rental expenses	0			
			<b>c</b> Rental income or (loss)	707,377			
	<b>d</b>	Net rental income or (loss) . . . . . ▶	707,377	622,640		84,737	
	<b>7a</b>	Gross amount from sales of assets other than inventory	(i) Securities	14,626,989	303,787		
			(ii) Other				
			<b>b</b> Less cost or other basis and sales expenses	14,722,300	163,627		
			<b>c</b> Gain or (loss)	-95,311	140,160		
	<b>d</b>	Net gain or (loss) . . . . . ▶	44,849	44,849			
	<b>8a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . . <b>a</b>					
	<b>b</b>	Less direct expenses . . . . . <b>b</b>					
	<b>c</b>	Net income or (loss) from fundraising events . . . ▶					
	<b>9a</b>	Gross income from gaming activities See Part IV, line 19 . . . . . <b>a</b>					
	<b>b</b>	Less direct expenses . . . . . <b>b</b>					
	<b>c</b>	Net income or (loss) from gaming activities . . . ▶					
	<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . . <b>a</b>					
			1,393,635				
<b>b</b> Less cost of goods sold . . . . . <b>b</b>			901,325				
<b>c</b>	Net income or (loss) from sales of inventory . . . ▶	492,310	473,102	19,208			
Miscellaneous Revenue		Business Code					
<b>11a</b>	OTHER REVENUE	722320	230,111	230,111			
<b>b</b>	CAFETERIA	722210	191,233	191,233			
<b>c</b>	MAGAZINE ADVERTISING	541800	184,840		184,840		
<b>d</b>	All other revenue . . . . .		51,467	51,467			
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . . ▶		657,651				
<b>12</b>	<b>Total revenue.</b> See Instructions . . . . . ▶		87,144,293	5,959,725	204,048	84,737	

**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>		<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b>	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	4,875,746	4,875,746		
<b>2</b>	Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	59,125	59,125		
<b>3</b>	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	8,110	8,110		
<b>4</b>	Benefits paid to or for members . . . . .				
<b>5</b>	Compensation of current officers, directors, trustees, and key employees . . . . .	2,390,878	1,144,961	482,179	763,738
<b>6</b>	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b>	Other salaries and wages . . . . .	30,245,343	23,597,411	3,028,782	3,619,150
<b>8</b>	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	990,812	769,859	72,619	148,334
<b>9</b>	Other employee benefits . . . . .	4,858,207	3,704,084	636,325	517,798
<b>10</b>	Payroll taxes . . . . .	2,534,767	1,948,778	257,703	328,286
<b>11</b>	Fees for services (non-employees)				
<b>a</b>	Management . . . . .				
<b>b</b>	Legal . . . . .	155,233	14,279	110,282	30,672
<b>c</b>	Accounting . . . . .	125,516		125,516	
<b>d</b>	Lobbying . . . . .	203,350	203,350		
<b>e</b>	Professional fundraising services. See Part IV, line 17 . . . . .	345,238			345,238
<b>f</b>	Investment management fees . . . . .	242,537		242,537	
<b>g</b>	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) . . . . .	3,101,440	1,705,724	802,198	593,518
<b>12</b>	Advertising and promotion . . . . .	4,009,834	3,103,627	335,780	570,427
<b>13</b>	Office expenses . . . . .	9,544,171	2,243,215	385,379	6,915,577
<b>14</b>	Information technology . . . . .	712,631	73,992	611,307	27,332
<b>15</b>	Royalties . . . . .				
<b>16</b>	Occupancy . . . . .	2,838,077	2,512,827	316,922	8,328
<b>17</b>	Travel . . . . .	1,849,378	1,404,722	76,584	368,072
<b>18</b>	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b>	Conferences, conventions, and meetings . . . . .	1,992,068	1,773,631	236	218,201
<b>20</b>	Interest . . . . .	41,404	9,184	32,220	
<b>21</b>	Payments to affiliates . . . . .				
<b>22</b>	Depreciation, depletion, and amortization . . . . .	1,991,939	1,955,853	18,579	17,507
<b>23</b>	Insurance . . . . .	300,916	86,511	214,103	302
<b>24</b>	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.)				
<b>a</b>	ANIMAL CARE SUPPLIES	7,581,641	7,472,155	100,940	8,546
<b>b</b>	MISCELLANEOUS	365,559	286,716	46,912	31,931
<b>c</b>	VOLUNTEER APPRECIATION	242,772	200,214	3,164	39,394
<b>d</b>	ANGELS REST/CAFETERIA C	181,573	181,573		
<b>e</b>	All other expenses	64,067	34,472	6,037	23,558
<b>25</b>	<b>Total functional expenses.</b> Add lines 1 through 24e	<b>81,852,332</b>	<b>59,370,119</b>	<b>7,906,304</b>	<b>14,575,909</b>
<b>26</b>	<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A)		(B)	
		Beginning of year		End of year	
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	2,681,130	<b>1</b>	2,445,327	
	<b>2</b> Savings and temporary cash investments . . . . .	5,568,397	<b>2</b>	7,858,527	
	<b>3</b> Pledges and grants receivable, net . . . . .	2,701,437	<b>3</b>	4,318,086	
	<b>4</b> Accounts receivable, net . . . . .	14,353,530	<b>4</b>	8,441,804	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .			<b>5</b>	
	<b>6</b> 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 . . . . .			<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>		
	<b>8</b> Inventories for sale or use . . . . .	482,411	<b>8</b>	892,840	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	1,162,623	<b>9</b>	1,288,715	
	<b>10a</b> Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D . . . . .	46,334,216			
	<b>b</b> Less accumulated depreciation . . . . .	16,865,316	25,708,930	<b>10c</b>	29,468,900
	<b>11</b> Investments—publicly traded securities . . . . .	31,549,021	<b>11</b>	34,205,602	
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	8,489,484	<b>12</b>	8,584,363	
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .		<b>13</b>		
	<b>14</b> Intangible assets . . . . .		<b>14</b>		
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	1,414,930	<b>15</b>	2,781,089	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	94,111,893	<b>16</b>	100,285,253		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	8,644,529	<b>17</b>	9,094,623	
	<b>18</b> Grants payable . . . . .		<b>18</b>		
	<b>19</b> Deferred revenue . . . . .		<b>19</b>		
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>		
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>		
	<b>22</b> 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 . . . . .		<b>22</b>		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	920,960	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	3,136,695	<b>24</b>		
	<b>25</b> 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 . . . . .	3,134,305	<b>25</b>	4,870,487	
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	14,915,529	<b>26</b>	14,886,070	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
	<b>27</b> Unrestricted net assets . . . . .	55,697,746	<b>27</b>	55,704,538	
	<b>28</b> Temporarily restricted net assets . . . . .	10,567,214	<b>28</b>	17,419,479	
	<b>29</b> Permanently restricted net assets . . . . .	12,931,404	<b>29</b>	12,275,166	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>		
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>		
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>		
<b>33</b> Total net assets or fund balances . . . . .	79,196,364	<b>33</b>	85,399,183		
<b>34</b> Total liabilities and net assets/fund balances . . . . .	94,111,893	<b>34</b>	100,285,253		

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	87,144,293
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	81,852,332
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	5,291,961
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	79,196,364
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	1,525,236
<b>6</b>	Donated services and use of facilities	<b>6</b>	186,824
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-801,202
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	85,399,183

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? 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 <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
<b>b</b>	Were the organization's financial statements audited by an independent accountant? 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 <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
<b>c</b>	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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
<b>3a</b>	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?		No
<b>b</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		

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 23-7147797

**Name:** BEST FRIENDS ANIMAL SOCIETY

## Form 990, Part III, Line 4a

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<b>4a</b>	(Code	) (Expenses \$	19,515,203	including grants of \$	54,057 ) (Revenue \$	104,684 )
ANIMAL CARE ACTIVITIES (SANCTUARY) - SEE SCHEDULE O						

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**Form 990, Part III, Line 4b**

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**4b** (Code ) (Expenses \$ 39,854,916 including grants of \$ 4,888,924 ) (Revenue \$ 40,869 )

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

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**Form 990, Part III, Line 4c**

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

SCHEDULE A (Form 990 or 990EZ)

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.

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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 11, 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).
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).
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).
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).
8 A community trust described in section 170(b)(1)(A)(vi).
9 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...
10 An organization organized and operated exclusively to test for public safety.
11 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...
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s)...
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s)...
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s)...
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated...
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).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row.



**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any unusual grants.)	60,631,180	61,835,173	52,613,136	86,619,224	82,251,839	343,950,552
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	60,631,180	61,835,173	52,613,136	86,619,224	82,251,839	343,950,552
<b>5</b> 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)						509,580
<b>6 Public support.</b> Subtract line 5 from line 4						343,440,972

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
<b>7</b> Amounts from line 4	60,631,180	61,835,173	52,613,136	86,619,224	82,251,839	343,950,552
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	663,841	778,827	451,437	1,208,596	1,233,663	4,336,364
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on	152,692	66,217	33,591	38,411	230	291,141
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	303,150	315,409	314,205	376,285	386,476	1,695,525
<b>11 Total support.</b> Add lines 7 through 10						350,273,582

**12** Gross receipts from related activities, etc. (see instructions) **12** 13,393,715

**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 2015 (line 6, column (f) divided by line 11, column (f)) **14** 98.050%

**15** Public support percentage for 2014 Schedule A, Part II, line 14 **15** 97.400%

**16a 33 1/3% support test—2015.** 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—2014.** 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—2015.** 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—2014.** 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 9 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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (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**

<b>15</b> Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b> Public support percentage from 2014 Schedule A, Part III, line 15	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2015</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b> Investment income percentage from <b>2014</b> Schedule A, Part III, line 17	<b>18</b>	

**19a 33 1/3% support tests—2015.** 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—2014.** 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 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> 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)? <i>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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part II of Schedule L (Form 990).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

**Part IV Supporting Organizations** (continued)**Section B. Type I Supporting Organizations**

- 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.*
- 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.*

	Yes	No
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

- 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).*

	Yes	No
<b>1</b>		

**Section D. All Type III Supporting Organizations**

- 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, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- 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).*
- 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.*

	Yes	No
<b>1</b>		
<b>2</b>		
<b>3</b>		

**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).
- 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.*
- 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.*
- 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.*
- 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.*

	Yes	No
<b>2a</b>		
<b>2b</b>		
<b>3a</b>		
<b>3b</b>		

**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. **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)
<b>1</b> Net short-term capital gain	<b>1</b>	
<b>2</b> Recoveries of prior-year distributions	<b>2</b>	
<b>3</b> Other gross income (see instructions)	<b>3</b>	
<b>4</b> Add lines 1 through 3	<b>4</b>	
<b>5</b> Depreciation and depletion	<b>5</b>	
<b>6</b> 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)	<b>6</b>	
<b>7</b> Other expenses (see instructions)	<b>7</b>	
<b>8</b> <b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	

**Section B - Minimum Asset Amount**

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

**Section C - Distributable Amount**

		Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b> Enter 85% of line 1	<b>2</b>	
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b> Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b> Income tax imposed in prior year	<b>5</b>	
<b>6</b> <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) <input type="checkbox"/>		

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

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in Part VI) See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
<b>9</b> Distributable amount for 2015 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2015</b>	<b>(iii) Distributable Amount for 2015</b>
<b>1</b> Distributable amount for 2015 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
<b>3</b> Excess distributions carryover, if any, to 2015			
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b> From 2013. . . . . _____			
<b>e</b> From 2014. . . . . _____			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2015 distributable amount			
<b>i</b> Carryover from 2010 not applied (see instructions)			
<b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f			
<b>4</b> Distributions for 2015 from Section D, line 7 \$ _____			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2015 distributable amount			
<b>c</b> Remainder Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
<b>6</b> Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
<b>7 Excess distributions carryover to 2016.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7			
<b>a</b>			
<b>b</b>			
<b>c</b> Excess from 2013. . . . . _____			
<b>d</b> From 2014. . . . . _____			
<b>e</b> From 2015. . . . . _____			

**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**

2015

Open to Public Inspection

SCHEDULE C (Form 990 or 990-EZ)

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.

Department of the Treasury Internal Revenue Service

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 BEST FRIENDS ANIMAL SOCIETY

Employer identification number

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
2 Political expenditures \$
3 Volunteer hours

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

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received. Rows 1-6.



**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**

<b>1a</b>	Total lobbying expenditures to influence public opinion (grass roots lobbying)	199,478													
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying)	3,588													
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b)	203,066													
<b>d</b>	Other exempt purpose expenditures	81,649,262													
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d)	81,852,328													
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns	1,000,000													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>		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		
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														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f)	250,000													
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0-	0													
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0-	0													
<b>j</b>	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?														

 **Y e s**       **N o****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)2012	(b)2013	(c)2014	(d)2015	(e) Total
<b>2a</b> Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
<b>c</b> Total lobbying expenditures	140,861	159,181	188,134	203,066	691,242
<b>d</b> Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
<b>f</b> Grassroots lobbying expenditures	10,085	4,007	7,939	199,478	221,509

**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)).**

	(a)		(b)
	Yes	No	Amount
<i>For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity</i>			
<b>1</b> 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			
<b>a</b> Volunteers?			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
<b>c</b> Media advertisements?			
<b>d</b> Mailings to members, legislators, or the public?			
<b>e</b> Publications, or published or broadcast statements?			
<b>f</b> Grants to other organizations for lobbying purposes?			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
<b>i</b> Other activities?			
<b>j</b> Total. Add lines 1c through 1i			
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> 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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year?	<b>3</b>	

**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."**

<b>1</b> Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures ( <b>do not include amounts of political expenses for which the section 527(f) tax was paid</b> ).		
<b>a</b> Current year	<b>2a</b>	
<b>b</b> Carryover from last year	<b>2b</b>	
<b>c</b> Total	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>	
<b>4</b> 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?	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>	

**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
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**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](http://www.irs.gov/form990).

OMB No 1545-0047  
**2015**  
**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
<b>1</b> Total number at end of year		
<b>2</b> Aggregate value of contributions to (during year)		
<b>3</b> Aggregate value of grants from (during year)		
<b>4</b> 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
<b>a</b> Total number of conservation easements	
<b>b</b> Total acreage restricted by conservation easements	
<b>c</b> Number of conservation easements on a certified historic structure included in (a)	
<b>d</b> Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	

**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

Table with columns for Amount and rows for 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance

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" to Form 990, Part IV, line 10.

Table with columns (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back and rows for 1a-1g balance and expenses

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

- a Board designated or quasi-endowment 33.940%, b Permanent endowment 63.330%, c Temporarily restricted endowment 2.730%

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, (ii) related organizations

Small table for 3a(i), 3a(ii), 3b with Yes/No columns

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

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' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Table with columns (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value and rows for 1a Land, 1b Buildings, 1c Leasehold improvements, 1d Equipment, 1e Other, Total

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.

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include Financial derivatives, Closely-held equity interests, Other ANNUITIES, and INVESTMENT IN JV. Total: 8,584,363.

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.

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. 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.

Table with 2 columns: (a) Description, (b) Book value. 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.

Table with 2 columns: (a) Description of liability, (b) Book value. Rows include Federal income taxes, CHARITABLE GIFT ANNUITIES PAYABLE, CAPITAL LEASE PAYABLE, OTHER LIABILITIES. Total: 4,870,487.

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. [X]

**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.

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

**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.

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

**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, 2016 AND SEPTEMBER 30, 2015 AND DETERMINED THERE WERE NO MATERIAL UNRECOGNIZED TAX BENEFITS OR OBLIGATIONS THE OPEN TAX YEARS SUBJECT TO SELECTION FOR EXAMINATION ARE 2012 THROUGH 2015



## Supplemental Information

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

## 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, 2016 AND SEPTEMBER 30, 2015 AND DETERMINED THERE WERE NO MATERIAL UNRECOGNIZED TAX BENEFITS OR OBLIGATIONS THE OPEN TAX YEARS SUBJECT TO SELECTION FOR EXAMINATION ARE 2012 THROUGH 2015

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No 1545-0047

**2015**

**Open to Public  
Inspection**

▶ 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](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

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** Activities 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			PROGRAM SERVICES	SUPPORT FOR CARE OF CATS	8,110
(2)					
(3)					
(4)					
(5)					
<b>3a</b> Sub-total	0	0			8,110
<b>b</b> Total from continuation sheets to Part I	0	0			0
<b>c Totals</b> (add lines 3a and 3b)	0	0			8,110

**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.

<b>1</b>	<b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
<b>( 1 )</b>			ITALY - EUROPE	SUPPORT FOR CARE OF CATS - DONOR DESIGNATED GRANT	8,110	WIRE TRANSFER			BOOK
<b>( 2 )</b>									
<b>( 3 )</b>									
<b>( 4 )</b>									

**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.

<b>(a)</b> Type of grant or assistance	<b>(b)</b> Region	<b>(c)</b> Number of recipients	<b>(d)</b> Amount of cash grant	<b>(e)</b> Manner of cash disbursement	<b>(f)</b> Amount of non-cash assistance	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> 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 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 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).

**990 Schedule F, Supplemental Information**

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**

OMB No 1545-0047

**2015**

**Open to Public  
Inspection**

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](http://www.irs.gov/form990)

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?		(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
		Yes	No			
1 NEWPORT CREATIVE COMMUNICATIONS INC 21 RAILROAD AVE DUXBURY, MA 02332	CONSULTING		No	0	201,649	-201,649
2 SOCIAL CAPITAL 980 N MICHIGAN AVE SUITE 1610 CHICAGO, IL 60611	CONSULTING		No	0	295,002	-295,002
3 JUDY RAPP SMITH 6371 W 5TH STREET LOS ANGELES, CA 90048	CONSULTING		No	0	128,903	-128,903
4 CHANGEORG INC PO BOX 200153 PITTSBURG, PA 15251	CONSULTING		No	0	20,000	-20,000
5						
6						
7						
8						
9						
10						
<b>Total</b>					645,554	-645,554

**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	(b)Event #2	(c)Other events	(d)
		(event type)	(event type)	(total number)	Total events (add col (a) through col (c))
<b>Revenue</b>	<b>1</b> Gross receipts . . . . .				
	<b>2</b> Less Contributions . . . . .				
	<b>3</b> Gross income (line 1 minus line 2) . . . . .				
<b>Direct Expenses</b>	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .				
	<b>7</b> Food and beverages . . . . .				
	<b>8</b> Entertainment . . . . .				
	<b>9</b> Other direct expenses . . . . .				
	<b>10</b> Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶				
	<b>11</b> Net income summary Subtract line 10 from line 3, column (d) . . . . . ▶				

**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))
<b>Revenue</b>	<b>1</b> Gross revenue . . . . .				
<b>Direct Expenses</b>	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
<b>6</b> Volunteer labor . . . . .	<input type="checkbox"/> Yes ..... % <input type="checkbox"/> No	<input type="checkbox"/> Yes ..... % <input type="checkbox"/> No	<input type="checkbox"/> Yes ..... % <input type="checkbox"/> No		
<b>7</b> Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶					
<b>8</b> 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

<b>a</b> The organization's facility	<b>13a</b>	%
<b>b</b> An outside facility	<b>13b</b>	%

**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 complete this part to provide any additional information (see instructions).

Return Reference	Explanation
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Schedule I (Form 990)

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

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

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?
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.

Table with 8 columns: (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. Row 1 contains 'See Additional Data Table'.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table. 160
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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) PROVIDE FOOD FOR ANIMALS	22		4,957	FMV	ANIMAL FOOD FOR INDIVIDUAS SUPPORTING OUR PROGRAMS FOR CATS, DOGS, AND HORSES
PROVIDE ASSISTANCE FOR FOOD, (2) VETERINARY EXPENSES	11	54,168			

**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.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ALLEY CAT ADVOCATES INC	61-1343210	501(C)3	50,000				PROGRAM SERVICE SUPPORT
ANGEL CITY PIT BULLS	27-2348995	501(C)3	8,350				PROGRAM SERVICE SUPPORT
ANGELS OF ASSISI	54-2021941	501(C)3	13,998				PROGRAM SERVICE SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ANIMAL AID FOR VERMILION AREA	72-1213047	501(C)3	7,000				PROGRAM SERVICE SUPPORT
ANIMAL ARK RESCUE INC	45-1744558	501(C)3	12,925				PROGRAM SERVICE SUPPORT
ANIMAL BALANCE	68-0630714	501(C)3	10,000				PROGRAM SERVICE SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ANIMAL CARE AND CONTROL TEAM-PA	45-3985637	501(C)3	19,670				PROGRAM SERVICE SUPPORT
ANIMAL RESCUE NEW ORLEANS INC		501(C)3	22,000				PROGRAM SERVICE SUPPORT
ANIMAL RESCUE OF NEW HAMPSHIRE	02-0222790	501(C)3	5,490				PROGRAM SERVICE SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ANIMALS IN NEED RESCUE NETWORK	46-5765146	501(C)3	12,000				PROGRAM SERVICE SUPPORT
ARK-VALLEY HUMANE SOCIETY (CPS)		501(C)3		10,092	MARKET PRICE	ANIMAL FOOD	PROGRAM SERVICE SUPPORT
ASHLEY VALLEY COMMUNITY CATS	46-2197750	501(C)3	7,500				PROGRAM SERVICE SUPPORT



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AUSTIN PETS ALIVE	74-2893360	501(C)3	30,830				PROGRAM SERVICE SUPPORT
BARC	30-0021149	501(C)3	12,050				PROGRAM SERVICE SUPPORT
BENNIE- RESERVATION		501(C)3		10,165	MARKET PRICE	ANIMAL FOOD	PROGRAM SERVICE SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BLACK AND ORANGE CAT FOUNDATION		501(C)3	9,000				PROGRAM SERVICE SUPPORT
BLACKHAT HUMANE SOCIETY		501(C)3		5,723	MARKET PRICE	ANIMAL FOOD	PROGRAM SERVICE SUPPORT
BROTHER WOLF ANIMAL RESCUE	20-8787719	501(C)3	8,000				PROGRAM SERVICE SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CACHE HUMANE SOC-LOGAN	51-0187825	501(C)3	31,050				PROGRAM SERVICE SUPPORT
CAGE FREE K9 RESCUE	26-1412219	501(C)3	7,500				PROGRAM SERVICE SUPPORT
CAMDEN COUNTY ANIMAL SHELTER	20-0549531	501(C)3	11,375				PROGRAM SERVICE SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CARSON CATS RESCUE	46-4828084	501(C)3	23,580				PROGRAM SERVICE SUPPORT
CAT ADOPTION TEAM	20-0773819	501(C)3	17,280				PROGRAM SERVICE SUPPORT
CAT CARE HOSPITAL INC	58-2063366	501(C)3	6,156				PROGRAM SERVICE SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CAT HAVEN INC	72-1454718	501(C)3	15,000				PROGRAM SERVICE SUPPORT
CAT TOWN	27-3838132	501(C)3	10,000				PROGRAM SERVICE SUPPORT
CATS CATS CATS RESCUE INC	81-1875595	501(C)3	10,950				PROGRAM SERVICE SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CITY OF SAN ANTONIO	74-6002070	GOVERNMENT	80,454				PROGRAM SERVICE SUPPORT
CLARK COUNTY HUMANE SOCIETY INC	39-1595272	501(C)3	5,370				PROGRAM SERVICE SUPPORT
COLONY CATS AND DOGS	04-3749543	501(C)3	7,355				PROGRAM SERVICE SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
COMMUNITY CATS		501(C)3		25,229	MARKET PRICE	ANIMAL FOOD	PROGRAM SERVICE SUPPORT
COMPANION ANIMAL ALLIANCE	27-1204719	501(C)3	8,531				PROGRAM SERVICE SUPPORT
COMPANION ANIMAL RESCUE OF ASCENSION	90-0877497	501(C)3	10,000				PROGRAM SERVICE SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
DAVIS COUNTY ANIMAL SERVICES	87-6000297	GOVERNMENT	19,175				PROGRAM SERVICE SUPPORT
DESERT PAWS RESCUE	06-1721946	501(C)3	7,000				PROGRAM SERVICE SUPPORT
DOGS WITHOUT BORDERS	20-5123869	501(C)3	45,000				PROGRAM SERVICE SUPPORT



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
DOLLY'S FOUNDATION-REA INC	27-4411340	501(C)3	22,000				PROGRAM SERVICE SUPPORT
DOWNTOWN DOG RESCUE	46-1958507	501(C)3	7,350				PROGRAM SERVICE SUPPORT
FAITHFUL FRIENDS INC	51-0410508	501(C)3	5,736				PROGRAM SERVICE SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
FARR WEST ANIMAL HOSPITAL LLC	27-2048958	501(C)3	10,000				PROGRAM SERVICE SUPPORT
FDN AGAINST COMPANION ANIMAL EUTHANASIA	35-1917847	501(C)3	10,000				PROGRAM SERVICE SUPPORT
FERAL CAT COALITION OF OREGON	93-1168181	501(C)3	9,990				PROGRAM SERVICE SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
FIXNATION INC	83-0452460	501(C)3	151,300				PROGRAM SERVICE SUPPORT
FLAGLER HUMANE SOCIETY	59-2247034	501(C)3	5,800				PROGRAM SERVICE SUPPORT
FOOD FOUR PAWS PET PANTRY		501(C)3		11,238	MARKET PRICE	ANIMAL FOOD	PROGRAM SERVICE SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
FOR PETS SAKE INC		501(C)3		8,067	MARKET PRICE	ANIMAL FOOD	PROGRAM SERVICE SUPPORT
FRANKLIN COUNTY ANIMAL SHELTER	01-0344891	501(C)3	8,900				PROGRAM SERVICE SUPPORT
FRIENDS FOR FELINES INC	27-0663113	501(C)3	8,850				PROGRAM SERVICE SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
FRIENDS OF ARLINGTON ANIMAL SERVICES	41-2250126	501(C)3	10,749				PROGRAM SERVICE SUPPORT
FRIENDS OF FELINES KS	36-4570528	501(C)3	8,200				PROGRAM SERVICE SUPPORT
FRIENDS OF PALM SPRINGS SHELTER	33-0731853	501(C)3	65,000				PROGRAM SERVICE SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
FTASPAY	36-4673985	501(C)3	16,000				PROGRAM SERVICE SUPPORT
FURKIDS INC	01-0766844	501(C)3	20,000				PROGRAM SERVICE SUPPORT
FURRY FRIENDS FREEDOM FOUNDATION	46-4724967	501(C)3	5,100				PROGRAM SERVICE SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
GRANT COUNTY ANIMAL OUTREACH	20-8911406	501(C)3	6,970				PROGRAM SERVICE SUPPORT
GRANT COUNTY ANIMAL SHELTER	61-6000989	GOVERNMENT	20,390				PROGRAM SERVICE SUPPORT
HALO ANIMAL RESCUE	86-0832160	501(C)3	10,000				PROGRAM SERVICE SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
HAYWOOD SPAYNEUTER	56-1574745	501(C)3	10,000				PROGRAM SERVICE SUPPORT
HEALING HEART	65-1259371	501(C)3		16,042	MARKET PRICE	ANIMAL FOOD	PROGRAM SERVICE SUPPORT
HEARTS ALIVE		501(C)3		5,380	MARKET PRICE	ANIMAL FOOD	PROGRAM SERVICE SUPPORT



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
HEARTS ALIVE VILLAGE		501(C)3		7,917	MARKET PRICE	ANIMAL FOOD	PROGRAM SERVICE SUPPORT
HEAVEN ON EARTH SOCIETY FOR ANIMALS	77-0538189	501(C)3	243,507				PROGRAM SERVICE SUPPORT
HELPING HANDS PET RESCUE INC	20-0530879	501(C)3	6,850				PROGRAM SERVICE SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
HILLSBOROUGH COUNTY ANIMAL SERVICES	59-6000661	501(C)3	10,000				PROGRAM SERVICE SUPPORT
HUMANE ASSN OF WILSON CO	62-1048196	501(C)3	5,370				PROGRAM SERVICE SUPPORT
HUMANE OHIO	34-1897582	501(C)3	25,000				PROGRAM SERVICE SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
HUMANE SOCIETY OF HARRIS COUNTY	58-2020386	501(C)3	25,000				PROGRAM SERVICE SUPPORT
HUMANE SOCIETY OF PAGOSA SPRINGS		501(C)3		10,066	MARKET PRICE	ANIMAL FOOD	PROGRAM SERVICE SUPPORT
HUMANE SOCIETY OF SO MISSISSIPPI	64-6034439	501(C)3	10,000				PROGRAM SERVICE SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
HUMANE SOCIETY OF SOUTHEAST TEXAS	74-6060624	501(C)3	11,147				PROGRAM SERVICE SUPPORT
HUMANE SOCIETY OF TAMPA BAY	59-0799907	501(C)3	25,000				PROGRAM SERVICE SUPPORT
HUMANE SOCIETY OF UTAH-MURRAY	87-0256350	501(C)3	18,500				PROGRAM SERVICE SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
HUMANE SOCIETY OF WEST MICHIGAN	38-1360926	501(C)3	9,990				PROGRAM SERVICE SUPPORT
IDAHO HUMANE SOCIETY	82-0212536	501(C)3	12,500				PROGRAM SERVICE SUPPORT
IRON COUNTY		GOVERNMENT		8,070	MARKET PRICE	ANIMAL FOOD	PROGRAM SERVICE SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
JACKSONVILLE HUMANE SOCIETY	59-0624410	501(C)3	126,425				PROGRAM SERVICE SUPPORT
KARMA RESCUE INC	04-3782227	501(C)3	28,300				PROGRAM SERVICE SUPPORT
KAUAI COMMUNITY CAT PROJECT	26-4305704	501(C)3	10,000				PROGRAM SERVICE SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
KENTUCKY HUMANE SOCIETY	61-0463938	501(C)3	74,515				PROGRAM SERVICE SUPPORT
KINDER4RESCUE	26-2924461	501(C)3	12,500				PROGRAM SERVICE SUPPORT
KITTEN RESCUE	95-4670174	501(C)3	300,000				PROGRAM SERVICE SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
KITTY BUNGALOW CHARM SCHOOL	27-1297223	501(C)3	68,400				PROGRAM SERVICE SUPPORT
KNOX-WHITLEY HUMANE ASSOC INC	31-1648199	501(C)3	26,000				PROGRAM SERVICE SUPPORT
LA DEPT OF ANIMAL SERVICES	95-6000735	GOVERNMENT	76,102				PROGRAM SERVICE SUPPORT



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
LA PLATA HUMANE		501(C)3		5,033	MARKET PRICE	ANIMAL FOOD	PROGRAM SERVICE SUPPORT
LABS & FRIENDSORG	45-3139097	501(C)3	31,165				PROGRAM SERVICE SUPPORT
LAFAYETTE ANIMAL AID	23-7414331	501(C)3	44,950				PROGRAM SERVICE SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
LATINO ALLIANCE FOR ANIMAL CARE FDN	45-4722654	501(C)3	6,000				PROGRAM SERVICE SUPPORT
LEXINGTON HUMANE SOCIETY	61-0444762	501(C)3	77,490				PROGRAM SERVICE SUPPORT
LIBERTY HUMANE SOCIETY INC	22-3585263	501(C)3	10,625				PROGRAM SERVICE SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
LIFELINE ANIMAL PROJECT INC	01-0599278	501(C)3	101,580				PROGRAM SERVICE SUPPORT
LOUDON COUNTY FRIENDS OF ANIMALS	46-3105831	501(C)3	5,040				PROGRAM SERVICE SUPPORT
LOUIES LEGACY ANIMAL RESCUE	27-0805279	501(C)3	19,250				PROGRAM SERVICE SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
LOUISVILLE METRO ANIMAL SERVICES	32-0049006	501(C)3	9,740				PROGRAM SERVICE SUPPORT
MARION ANIMAL RESOURCE CONNECTION	45-3711812	501(C)3	9,990				PROGRAM SERVICE SUPPORT
MASON COMPANY LLC	26-3355696	501(C)3	20,000				PROGRAM SERVICE SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MEOW NOW INC	46-4830300	501(C)3	10,000				PROGRAM SERVICE SUPPORT
MERRIMACK RIVER FELINE RESCUE SOCIETY	04-3172322	501(C)3	7,000				PROGRAM SERVICE SUPPORT
MESA COUNTY ANIMAL SERVICES		501(C)3		15,287	MARKET PRICE	ANIMAL FOOD	PROGRAM SERVICE SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MESQUITE ANIMAL SHELTER		501(C)3		12,949	MARKET PRICE	ANIMAL FOOD	PROGRAM SERVICE SUPPORT
NAKOLE-EMPLOYEE ORDERVILLE		501(C)3		7,530	MARKET PRICE	ANIMAL FOOD	PROGRAM SERVICE SUPPORT
NATIONAL EQUINE RESOURCE NETWORKS	27-0487202	501(C)3	6,000				PROGRAM SERVICE SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NUZZLES AND CO	87-0482464	501(C)3	15,500				PROGRAM SERVICE SUPPORT
ONE MORE CHANCE	20-3588471	501(C)3		6,877	MARKET PRICE	ANIMAL FOOD	PROGRAM SERVICE SUPPORT
PAGE ANIMAL ADOPTION CENTER	26-1708518	501(C)3	620	26,367	MARKET PRICE	ANIMAL FOOD	PROGRAM SERVICE SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
PALM BEACH COUNTY ANIMAL CARE & CONTROL	59-6000785	501(C)3	30,000				PROGRAM SERVICE SUPPORT
PAWS FOR LIFE-UT	45-5358361	501(C)3	14,200				PROGRAM SERVICE SUPPORT
PAWS ST GEORGE	48-1288881	501(C)3	9,250				PROGRAM SERVICE SUPPORT



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
PEGGY ADAMS ANIMAL RESCUE LEAGUE	59-0637811	501(C)3	10,812				PROGRAM SERVICE SUPPORT
PEOPLE FOR ANIMALS INC	22-2331492	501(C)3	10,500				PROGRAM SERVICE SUPPORT
PET AID INC	72-1492593	501(C)3	10,000				PROGRAM SERVICE SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
PET ALLIES INC	86-0829565	501(C)3	435	34,386	MARKET PRICE	ANIMAL FOOD	PROGRAM SERVICE SUPPORT
PET COMMUNITY CENTER	45-1524886	501(C)3	90,000				PROGRAM SERVICE SUPPORT
PET SAMARITAN	87-0483236	501(C)3	7,500				PROGRAM SERVICE SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
PETER ZIPPI MEMORIAL FUND INC	47-4691814	501(C)3	10,250				PROGRAM SERVICE SUPPORT
PIMA ANIMAL CARE CENTER	86-6000543	GOVERNMENT	10,309	20,376	MARKET PRICE	ANIMAL FOOD	PROGRAM SERVICE SUPPORT
PINAL COUNTY ANIMAL CARE AND CONTROL	86-6000556	501(C)3	10,000				PROGRAM SERVICE SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
PIT SISTERS INC	32-0355003	501(C)3	30,970				PROGRAM SERVICE SUPPORT
PLANNED PETHOOD OF GEORGIA	90-0516757	501(C)3	12,000				PROGRAM SERVICE SUPPORT
PLAQUEMINES ANIMAL WELFARE SOCIETY	46-0519776	501(C)3	9,875				PROGRAM SERVICE SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
PURRFECT PAWPRINTS	90-0353655	501(C)3	5,675				PROGRAM SERVICE SUPPORT
RICHMOND ANIMAL LEAGUE INC	51-0240493	501(C)3	10,000				PROGRAM SERVICE SUPPORT
ROCKWALL PETS	45-2499166	501(C)3	25,000				PROGRAM SERVICE SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SADIES SAFE HAVEN		501(C)3		7,569	MARKET PRICE	ANIMAL FOOD	PROGRAM SERVICE SUPPORT
SAN ANTONIO PETS ALIVE LLC	45-4141531	501(C)3	384,955				PROGRAM SERVICE SUPPORT
SAVING SUNNY INC	35-2379448	501(C)3	50,000				PROGRAM SERVICE SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SCOTT COUNTY HUMANE SOCIETY	31-1090052	501(C)3	13,270				PROGRAM SERVICE SUPPORT
SCRAPS HOPE FOUNDATION	26-4118735	501(C)3	22,500				PROGRAM SERVICE SUPPORT
SICSA PET ADOPTION CENTER	23-7367199	501(C)3	6,750				PROGRAM SERVICE SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SOMERSET-PULASKI COUNTY HUMANE SOC	61-1165562	501(C)3	25,000				PROGRAM SERVICE SUPPORT
SOUL DOG RESCUE	45-4137227	501(C)3	1,000	40,820	MARKET PRICE	ANIMAL FOOD	PROGRAM SERVICE SUPPORT
SOUTHERN PINES ANIMAL SHELTER	64-0514796	501(C)3	20,775				PROGRAM SERVICE SUPPORT



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SPAY MART INC	72-1418016	501(C)3	10,000				PROGRAM SERVICE SUPPORT
SPAY N SAVE INC	30-0693930	501(C)3	9,750				PROGRAM SERVICE SUPPORT
SPAY NEUTER PROJECT OF LA	20-8542566	501(C)3	205,000				PROGRAM SERVICE SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SPAY4LA INC	45-2996980	501(C)3	41,250				PROGRAM SERVICE SUPPORT
SPECIAL PALS INC	74-2050052	501(C)3	5,320				PROGRAM SERVICE SUPPORT
ST TAMMANY HUMANE SOCIETY	72-0543369	501(C)3	12,170				PROGRAM SERVICE SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
STRAY CAT ALLIANCE	95-4787231	501(C)3	265,020				PROGRAM SERVICE SUPPORT
SUMNER SPAY NEUTER ALLIANCE	46-4175450	501(C)3	9,900				PROGRAM SERVICE SUPPORT
SYMPHONY ANIMAL FOUNDATION		501(C)3		7,906	MARKET PRICE	ANIMAL FOOD	PROGRAM SERVICE SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
TEAM WORLD INC		501(C)3	5,935				PROGRAM SERVICE SUPPORT
THE ANIMAL FOUNDATION	88-0144253	501(C)3	27,055				PROGRAM SERVICE SUPPORT
THE ANIMAL PROTECTORATES	46-2323624	501(C)3	11,060				PROGRAM SERVICE SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
THE CATS MEOW INC	90-0934692	501(C)3	8,750				PROGRAM SERVICE SUPPORT
THE FETCH FOUNDATION	38-3807057	501(C)3		11,652	MARKET PRICE	ANIMAL FOOD	PROGRAM SERVICE SUPPORT
THE GAP LORRAINE STAFF		501(C)3		8,477	MARKET PRICE	ANIMAL FOOD	PROGRAM SERVICE SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
TINY PAWS KITTEN RESCUE INC	20-2636365	501(C)3	10,213				PROGRAM SERVICE SUPPORT
VALLEY VIEW EQUINE RESCUE	26-3832985	501(C)3	5,325				PROGRAM SERVICE SUPPORT
VERONA STREET ANIMAL SOCIETY	74-3141579	501(C)3	31,941				PROGRAM SERVICE SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
WAGS AND WALKS	45-3749303	501(C)3	30,150				PROGRAM SERVICE SUPPORT
WALKING MAN INC		501(C)3	39,913				PROGRAM SERVICE SUPPORT
WILD BLUE ANIMAL RESCUE & SANCTUARY	27-1184549	501(C)3	12,550				PROGRAM SERVICE SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
WILD CAT FOUNDATION INC	02-0647617	501(C)3	9,985				PROGRAM SERVICE SUPPORT
WILLIAMSON COUNTY REGIONAL ANIMAL SHELTER	74-6000978	501(C)3	10,375				PROGRAM SERVICE SUPPORT
WINGS OF RESCUE INC	45-3343408	501(C)3	10,000				PROGRAM SERVICE SUPPORT



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
YAVAPAI HUMANE SOCIETY		501(C)3		16,855	MARKET PRICE	ANIMAL FOOD	PROGRAM SERVICE SUPPORT
ZIGGY AND FRIENDS CAT RESCUE	46-3128166	501(C)3	13,200				PROGRAM SERVICE SUPPORT
ZIONS BANK		501(C)3	36,043				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](http://www.irs.gov/form990).

OMB No 1545-0047

**2015**

**Open to Public Inspection**

Name of the organization  
BEST FRIENDS ANIMAL SOCIETY

Employer identification number  
23-7147797

**Part I Questions Regarding Compensation**

	Yes	No
<p><b>1a</b> Check the appropriate 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.</p> <p><input checked="" type="checkbox"/> First-class or charter travel      <input type="checkbox"/> Housing allowance or residence for personal use</p> <p><input type="checkbox"/> Travel for companions      <input type="checkbox"/> Payments for business use of personal residence</p> <p><input type="checkbox"/> Tax indemnification and gross-up payments      <input type="checkbox"/> Health or social club dues or initiation fees</p> <p><input type="checkbox"/> Discretionary spending account      <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</p>		
<p><b>b</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.</p>	Yes	
<p><b>2</b> 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?</p>	Yes	
<p><b>3</b> 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.</p> <p><input type="checkbox"/> Compensation committee      <input type="checkbox"/> Written employment contract</p> <p><input type="checkbox"/> Independent compensation consultant      <input checked="" type="checkbox"/> Compensation survey or study</p> <p><input type="checkbox"/> Form 990 of other organizations      <input checked="" type="checkbox"/> Approval by the board or compensation committee</p>		
<p><b>4</b> 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:</p> <p><b>a</b> Receive a severance payment or change-of-control payment?</p>		No
<p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>		No
<p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>		No
<p><b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b></p>		
<p><b>5</b> 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:</p> <p><b>a</b> The organization?</p>		No
<p><b>b</b> Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>		No
<p><b>6</b> 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:</p> <p><b>a</b> The organization?</p>		No
<p><b>b</b> Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>		No
<p><b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>		No
<p><b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued 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.</p>		No
<p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>		

**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				
<b>1</b> GREGORY CASTLE CEO, BOARD MEMBER	(i)	196,202	0	0	7,000	5,362	208,564	0
	(ii)	0	0	0	0	0	0	0
<b>2</b> FRANCIS BATTISTA CHAIR OF BOARD	(i)	141,861	0	0	7,000	5,362	154,223	0
	(ii)	0	0	0	0	0	0	0
<b>3</b> PAUL ALTHERRCFO	(i)	186,959	0	0	7,000	0	193,959	0
	(ii)	0	0	0	0	0	0	0
<b>4</b> JULIANNE CASTLECDMO	(i)	173,826	0	0	7,000	5,362	186,188	0
	(ii)	0	0	0	0	0	0	0
<b>5</b> ANGELA L EMBREECIO	(i)	167,511	0	0	0	5,362	172,873	0
	(ii)	0	0	0	0	0	0	0
<b>6</b> MARC A PERALTA EXECUTIVE DIRECTOR	(i)	132,670	0	0	7,000	11,264	150,934	0
	(ii)	0	0	0	0	0	0	0

**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.

2015 Open to Public Inspection

Schedule L (Form 990 or 990-EZ)

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.

Department of the Treasury Internal Revenue Service

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

Table with 4 main columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/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

Table with 9 main columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Table with 5 main columns: (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
See Additional Data Table					

**Part V Supplemental Information**

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

Return Reference	Explanation

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 23-7147797

**Name:** BEST FRIENDS ANIMAL SOCIETY

### Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(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) JULIANNE CASTLE	SPOUSE BD MEMBER CASTLE	181,678	EMPLOYEE COMPENSATION FOR THE FISCAL YEAR ENDING 9/30/2016		No
(1) JUDAH BATTISTA	SON BD MEMBER BATTISTA	115,960	EMPLOYEE COMPENSATION		No
(2) CARRAGH MALONEY	DAUGHTER BD MEMBER CASTLE	87,737	EMPLOYEE COMPENSATION		No

**Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons**

(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
(4) LYNN BATTISTA	DAUGH-IN-LAW BD MEMBER BATTISTA	33,404	EMPLOYEE COMPENSATION		No
(1) SILVA BATTISTA	SPOUSE BD MEMBER BATTISTA	83,906	EMPLOYEE COMPENSATION		No
(2) JONATHAN SIZEMORE	SPOUSE OFFICER SIZEMORE	43,548	EMPLOYEE COMPENSATION		No



**SCHEDULE M**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

# Noncash Contributions

OMB No 1545-0047

## 2015

Open to Public Inspection

▶ **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](http://www.irs.gov/form990)**

Name of the organization BEST FRIENDS ANIMAL SOCIETY	Employer identification number 23-7147797
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**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	110	79,841	FMV
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .	X	80	976,970	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	185,484	1,197,829	FMV
20 Drugs and medical supplies . . . . .	X	861	10,779	FMV
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( ANIMAL AND CLEANING SUPPLIES ) . . . . .	X	82,791	207,167	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

		Yes	No
<b>30a</b> 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? . . . . .	<b>30a</b>		No
<b>b</b> If "Yes," describe the arrangement in Part II			
<b>31</b> Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	<b>31</b>	Yes	
<b>32a</b> Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .	<b>32a</b>	Yes	
<b>b</b> If "Yes," describe in Part II			
<b>33</b> 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](http://www.irs.gov/form990).

OMB No 1545-0047

**2015**

**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	<p>AT THE HEART OF BEST FRIENDS ANIMAL SOCIETY'S WORK LIES BEST FRIENDS ANIMAL SANCTUARY - THE COUNTRY'S LARGEST NO-KILL SANCTUARY FOR COMPANION ANIMALS, NESTLED IN THE MAJESTIC RED ROCK CANYONS OF SOUTHERN UTAH. FOUNDED IN 1984, THE SANCTUARY WAS CREATED ON ONE SIMPLE BELIEF THAT EVERY PET HAS A LIFE WORTH SAVING. SINCE THEN, THOUSANDS UPON THOUSANDS OF ANIMALS HAVE FOUND REFUGE HERE AND RECEIVED LOVE AND OUTSTANDING CARE AS THEY SEARCH FOR GOOD HOMES. ON ANY GIVEN DAY, SOME 1,600 DOGS, CATS, BUNNIES, BIRDS, HORSES AND OTHER BARNYARD ANIMALS CALL THE SANCTUARY THEIR HOME BETWEEN HOMES, WITH EACH ANIMAL RECEIVING ALL THE AFFECTION 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 THAT 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 2016, 1,311 ANIMALS WERE WELCOMED. 1,108 ANIMALS FOUND LOVING FOREVER HOMES, WITH 35 PERCENT OF THEM HAVING SPECIAL NEEDS. WILD FRIENDS, BEST FRIENDS' UNIQUE STATE AND FEDERALLY LICENSED WILDLIFE REHABILITATION AND EDUCATION CENTER, SUCCESSFULLY REHABILITATED 189 INJURED WILD ANIMALS AND AFTER THEIR FULL RECOVERY, RELEASED THEM BACK TO THEIR 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 TREAURED TEACHERS BY EDUCATING VISITORS AND VOLUNTEERS ABOUT WILDLIFE AND CONSERVATION ISSUES. NEARLY 32,000 PEOPLE VISITED, AND NEARLY 9,800 PEOPLE VOLUNTEERED TO HELP THE ANIMALS. ANIMAL CARE FACILITIES WERE RENOVATED TO MAKE BEST FRIENDS' CARE EVEN BETTER. WE CONTINUED TO UPGRADE AND REPLACE ALL OF THE FENCING IN THE OLD FRIENDS AREA OF DOGTOWN TO KEEP THE DOGS SAFE AND SOUND. PLUS, WE REMODELED ONE OF THE DOGTOWN BUILDINGS TO KEEP THE DOGS COMFORTABLE. AT CAT WORLD, WE ADDED NEW A NEW LAUNDRY ROOM AND KITCHEN TO THE KITTEN AREA TO MAKE IT EASIER FOR VOLUNTEERS AND STAFF MEMBERS TO PROVIDE TLC TO THE KITTENS. THE NEW DOG ADMISSIONS FACILITY OPENED IN OCTOBER 2015. THE BUILDING FEATURES MORE NATURAL LIGHT, EXTRA SPACE, EASY ACCESS TO THE OUTDOORS AND ENSURES THAT ALL DOGS, REGARDLESS OF THEIR SPECIAL NEEDS, EXPERIENCE A STRESS-FREE TRANSITION TO LIVING AT BEST FRIENDS. A TOTAL OF 349 DOGS HAVE BEEN ADMITTED THROUGH THE FACILITY SINCE IT OPENED. BEST FRIENDS ANIMAL CLINIC HAD ANOTHER BUSY YEAR. SPAY/NEUTER PROCEDURES - 3,897 (3,284 PUBLIC) DENTALS - 320 (74 PUBLIC) OTHER MISCELLANEOUS SURGERIES - 432 (199 PUBLIC) AFTER-HOURS EMERGENCIES - 122 (60 PUBLIC)</p>

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART III LINE 4B	<p>WHEN BEST FRIENDS WAS FIRST FOUNDED, AN ESTIMATED 17 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 TWO MILLION 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 PARTNERSHIPS WITH ANIMAL WELFARE ORGANIZATIONS (MORE THAN 1,800 AND COUNTING), BEST 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. IN 2016, BEST FRIENDS PUT A STAKE IN THE GROUND AND ANNOUNCED A BOLD NEW GOAL TO END THE KILLING OF DOGS AND CATS IN SHELTERS AND MAKE THE COUNTRY COMPLETELY NO-KILL BY 2025. IN FISCAL YEAR 2016, BEST FRIENDS DIRECTLY HELPED 187,693 PETS THROUGH OUR SANCTUARY, REGIONAL CENTERS, INITIATIVES AND NATIONAL PROGRAMS PERFORMED 97,296 SPAY/NEUTER SURGERIES AT OUR CLINICS AND THROUGH OUR PROGRAMS FOUND HOMES FOR 84,673 ANIMALS THROUGH OUR ADOPTION CENTERS, EVENTS AND PROMOTIONS PROVIDED SECOND CHANCES TO 4,045 NEWBORN KITTENS AT OUR KITTEN NURSERIES. OTHER FISCAL YEAR 2016 HIGHLIGHTS NETWORK PARTNERS AND OTHER NATIONAL OUTREACH BEST FRIENDS SUPER ADOPTION EVENTS ARE STILL THE LARGEST ADOPTION EVENTS IN THE COUNTRY. TAKING PLACE TWICE A YEAR IN NEW YORK CITY, LOS ANGELES AND SALT LAKE CITY, THEY BRING TOGETHER RESCUE GROUPS, SHELTERS AND THOUSANDS OF ADOPTERS TO FIND HOMES FOR AS MANY PETS AS POSSIBLE. IN 2016, 2,652 PETS FOUND HOMES AT SUPER ADOPTION EVENTS. STRUT YOUR MUTT, A NATIONAL FUNDRAISER THAT HELPS RAISE MONEY FOR HUNDREDS OF ANIMAL WELFARE GROUPS (AND THE ANIMALS), NOW TAKES PLACE IN 14 CITIES ACROSS THE COUNTRY, PLUS THERE IS A VIRTUAL EVENT FOR PEOPLE WHO DON'T LIVE NEAR EVENT CITIES. IN 2016, STRUT YOUR MUTT RAISED A TOTAL OF \$26 MILLION, WITH NEARLY \$19 MILLION GOING DIRECTLY TO 294 PARTICIPATING BEST FRIENDS NETWORK PARTNERS. BEST FRIENDS HOLDS ADOPTION EVENTS ALL YEAR LONG TO HELP MORE PETS FIND HOMES. BUT IN 2015 WITH \$11 MILLION IN FUNDING PROVIDED BY ZAPPOS, BEST FRIENDS' "HAPPY PAWLIDAYZ" PROMOTION HELPED 6,254 DOGS AND CATS FIND NEW HOMES IN JUST ONE WEEKEND. BEST FRIENDS' NO MORE HOMELESS PETS NETWORK IS A GROUP OF ANIMAL WELFARE ORGANIZATIONS COMMITTED TO SAVING THE LIVES OF HOMELESS PETS THROUGH EFFECTIVE ADOPTION AND SPAY/NEUTER PROGRAMS. THE NETWORK HAS MORE THAN 1,800 (AND COUNTING) PARTNERS IN ALL 50 STATES. IN FISCAL YEAR 2016, BEST FRIENDS PRESENTED NETWORK PARTNERS WITH MORE THAN \$38 MILLION IN GRANTS THAT MADE IT POSSIBLE FOR THEM TO SAVE EVEN MORE HOMELESS PETS. NETWORK PARTNERS PARTICIPATING IN ADOPTION PROMOTIONS HELPED FIND HOMES FOR NEARLY 41,500 PETS. BEST FRIENDS PRESENTED THE HUMANE SOCIETY OF TAMPA BAY WITH A \$25,000 GRANT TO HELP FIND HOMES FOR SENIOR CATS (SOME OF THE MOST AT-RISK PETS IN SHELTERS). AS A RESULT, ADOPTIO</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
<p>FORM 990 PART III LINE 4B</p>	<p>N RATES FOR SENIOR CATS ROSE 37 PERCENT, MAKING IT POSSIBLE TO ACCEPT 122 MORE CATS FROM T HE LOCAL COUNTY SHELTER ALSO, IN LOUISVILLE, KENTUCKY , BEST FRIENDS AWARDED A \$50,000 GRA NT TO ALLEY CAT ADVOCATES TO FUND SPAY/NEUTER SURGERIES FOR MORE THAN 1,000 COMMUNITY CATS LARGE BREED DOGS OFTEN HAVE A HARDER TIME FINDING HOMES, SO WITH GENEROUS GRANTS FROM TH E SAN ANTONIO AREA FOUNDATION AND RACHEL'S RESCUE, BEST FRIENDS PARTNERED WITH SAN ANTONIO ANIMAL CARE SERVICES (SAACS) TO LAUNCH THE BIG DOG PROJECT SO FAR THE PROJECT HAS BEEN A HUGE SUCCESS SAACS HIRED A NEW DOG TRAINER WHO HELPED 726 BIG DOGS AND WITH THE PROGRAM'S HELP, 826 DOGS FOUND LOVING NEW HOMES IN FISCAL YEAR 2016 AT THE 2016 BEST FRIENDS NAT IONAL CONFERENCE HELD IN SALT LAKE CITY , UTAH, MORE THAN 1,300 PARTICIPANTS, INCLUDING 447 INDIVIDUALS REPRESENTING 187 NETWORK PARTNER GROUPS, HEARD INNOVA TIVE IDEAS AND FOUND INS PIRATION TO HELP SAVE THEM ALL IN THEIR OWN COMMUNITIES THE CONFERENCE FEAT URED THE ANNOUN CEMENT OF OUR BOLD NEW GOAL TO END THE KILLING IN AMERICA'S SHELTERS AND MAKE THE ENTIRE COUNTRY NO-KILL BY 2025 PLANS WERE SET IN MOTION TO HELP ACHIEVE THAT GOAL BEST FRIENDS CELEBRITY AMBASSADORS ARE CRITICAL TO SPREADING THE WORD ABOUT HOMELESS PETS AND RELEVANT ANIMAL WELFARE ISSUES WE WERE HAPPY TO HAVE ACTOR CHRISTOPHER WALKEN SERVE AS SPOKESPERSO N FOR OUR "I SAVED MY BEST FRIEND" CAMPAIGN WALKEN APPEARED ON NBC'S TODAY PROGRAM TO SHO W HIS SUPPORT FOR BEST FRIENDS THE MANY CELEBRITY AMBASSADORS PARTICIPATING IN BEST FRIEN DS PUBLIC OUTREACH PROGRAMS HAVE HELPED GROW THE ORGANIZATION'S SOCIAL MEDIA AUDIENCE TO MORE THAN 2 2 MILLION PROGRAM CITIES UTAH THE NO-KILL UTAH (NKUT) INITIATIVE, A BEST FRIE NDS LED COALITION, WHICH BRINGS TOGETHER MUNICIPAL SHELTERS, ANIMAL WELFARE ORGANIZATIONS AND DEDICATED INDIVIDUALS TO END THE KILLING OF PETS IN UTAH'S SHELTERS BY 2019, IS GAININ G MORE MOMENTUM THAN EVER FOR THE THIRD YEAR IN A ROW, UTAH IS NO-KILL FOR DOGS AND NEARL Y NO-KILL FOR CATS THE STATE'S OVERALL SAVE RATE FOR CATS AND DOGS IN FISCAL YEAR 2016 WA S 85 PERCENT WITH A 90 PERCENT OR HIGHER SAVE RATE IN FISCAL YEAR 2016, A TOTAL OF 33 UTA H SHELTERS WERE CONSIDERED NO-KILL AT THE BEST FRIENDS PET ADOPTION CENTER IN SALT LAKE C ITY, WHICH FEATURES ADOPTABLE PETS FROM OUR SHELTER PARTNER, A TOTAL OF 1,912 LUCKY DOGS A ND CATS FOUND LOVING HOMES AND AT THE BEST FRIENDS KITTEN NURSERY IN SALT LAKE CITY , THE NUMBER OF KITTENS GIVEN A SECOND CHANCE AT LIFE TOTALED 1,220 THE BEST FRIENDS SPAY/NEUTE R CLINICS IN OREM AND OGDEN, JUST OUTSIDE OF SALT LAKE CITY , SPAYED OR NEUTERED 11,420 PET S, ENSURING THAT COUNTLESS PETS WOULD NOT BE ENTERING SHELTERS IN THE FUTURE LOS ANGELES THE NO-KILL LOS ANGELES (NKLA) INITIATIVE, A BEST FRIENDS LED COALITION, WHICH BRINGS TOGE THER CITY SHELTERS, ANIMAL WELFARE GROUPS AND THOUSANDS OF INDIVIDUALS TO MAKE L A NO-KIL L BY THE END OF 2017, IS SAVING MORE LIVES THAN EVER. IN FISCAL YEAR 2016, THE SAVE RATE F OR DOGS AND CATS IN L A CITY</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
<p>FORM 990 PART III LINE 4B</p>	<p>SHELTERS WAS 81.5 PERCENT - UP FROM 75.8 THE YEAR BEFORE SINCE THE INITIATIVE LAUNCHED IN 2012, THE NUMBER OF DOGS AND CAT KILLED IN SHELTERS HAS DECREASED BY 79.2 PERCENT WE ARE WELL ON OUR WAY TO ACHIEVING OUR NO-KILL GOAL THE NKLA PET ADOPTION CENTER - L A 'S CHIC EST ADOPTION CENTER THAT SHOWCASES PETS FROM OUR NKLA COALITION PARTNERS AND FROM BEST FRIENDS - FOUND HOMES FOR NEARLY 2,700 DOGS AND CATS THE BEST FRIENDS PET ADOPTION AND SPAY/ NEUTER CENTER IN LOS ANGELES PULLED 5,330 PETS FROM L A ANIMAL SERVICE FACILITIES, FOUND HOMES FOR MORE THAN 3,600 OF THEM, AND PERFORMED 6,500 SPAY/NEUTER SURGERIES NEWBORN KITT ENS TRAGICALLY ARE THE PETS MOST AT RISK PETS OF BEING KILLED LOS ANGELES CITY SHELTERS T HAT'S WHY OUR KITTEN NURSERY IN L A IS CRUCIAL FOR MAKING THE CITY NO-KILL IN FISCAL YEA R 2016, THE NURSERY PROVIDED LIFESA VING SECOND CHANCES FOR 2,665 FRAGILE KITTENS NEW YORK FOR YEARS, BEST FRIENDS HAS BEEN WORKING IN NEW YORK CITY TO SAVE THE LIVES OF HOMELESS P ETS THROUGH ADOPTION AND FUNDRAISING EVENTS, AS WELL AS A LIFESA VING FOSTER PROGRAM, BEST FRIENDS DIRECTLY HELPED NEARLY 1,200 DOGS AND CATS IN FISCAL YEAR 2016, AND PULLED FROM T HE CITY'S SHELTERS 514 PETS IN DANGER OF BEING KILLED IN FISCAL YEAR 2016, BEST FRIENDS, WORKING TOGETHER WITH OTHER PASSIONATE ANIMAL WELFARE GROUPS, SHELTERS AND INDIVIDUALS HEL PED NEW YORK CITY REACH NO-KILL FOR DOGS WITH A 90.5 PERCENT SAVE RATE THE OVERALL SAVE RATE FOR DOGS AND CATS WAS 86.3 PERCENT, BRINGING THE CITY VERY CLOSE TO NO-KILL ALSO IN N EW YORK CITY, BEST FRIENDS BEGAN CONSTRUCTION ON THE NEW BEST FRIENDS PET ADOPTION CENTER LOCATED IN SOHO, THE CENTER WAS CONSTRUCTED TO BE ANOTHER LIFESA VING OUTLET FOR THE CITY' S DOGS AND CATS HOMELESS PETS FROM ANIMAL CARE CENTERS OF NYC AND OUR OTHER LOCAL ANIMAL WELFARE PARTNERS ARE FEATURED FOR ADOPTION AT THE CENTER PIT BULL INITIATIVES TRAGICALLY , IN SOME AREAS OF THE COUNTRY , VICTIMS OF ILLEGAL DOGFIGHTING RINGS ARE NOT GIVEN A CHANC E AT ADOPTION, EVEN WHEN THEY HAVE NOT BEEN INDIVIDUALLY EVALUATED BUT WITH HELP FROM THE LEGISLATIVE EFFORTS OF BEST FRIENDS, THAT'S CHANGING IN CALIFORNIA, GOV JERRY BROWN SIG NED A BEST FRIENDS-SPONSORED BILL THAT GIVES DOGS SEIZED IN DOGFIGHTING CASES A CHANCE AT FINDING FOREVER HOMES AND IN WISCONSIN, AB 487/SB 450 WAS SIGNED INTO LAW, GIVING VICTIMS OF DOGFIGHTING CASES THE SECOND CHANCE AT LIFE THEY DESERVE PRIOR TO THAT BILL, WISCONSI N WAS ONE OF 12 STATES STILL ORDERING THAT RESCUED DOGFIGHTING VICTIMS BE AUTOMATICALLY KI LLED</p>

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4B	<p>OUR ADVOCACY EFFORTS ARE CRUCIAL FOR HELPING KEEP DOGS SAFE AT HOME WITH THEIR FAMILIES, BUT SO IS EDUCATION THAT'S WHY BEST FRIENDS WORKS TO EDUCATE THE PUBLIC ABOUT PIT-BULL-TERRIER-LIKE DOGS IN AN EFFORT TO BREAK THE NEGATIVE STIGMA AROUND THEM THE VICTORY DOGS (THE 22 DOGS RESCUED FROM THE PROPERTY OF NFL QUARTERBACK MICHAEL VICK AND BROUGHT TO THE SANCTUARY FOR LOVE AND TRAINING), HAVE EDUCATED THE PUBLIC AND SHOWN THEM THAT EVERY DOG, REGARDLESS OF PAST HISTORY OR BREED, CAN BE A WONDERFUL, LOVING PET AND LAST YEAR, A DOCUMENTARY FILM CALLED THE CHAMPIONS WAS RELEASED IT TELLS THE STORY OF SOME OF THOSE VICTORY DOGS, AS WELL AS THE STORY OF BEST FRIENDS AND OTHER GROUPS WHO RESCUED THEM THE FILM, WITH 145 SCREENINGS IN 41 STATES, PLUS AVAILABILITY FOR STREAMING ON NETFLIX, DID A GREAT DEAL TO RAISE PUBLIC AWARENESS OF BREED DISCRIMINATION BEST FRIENDS' LEGISLATIVE TEAM CELEBRATED 22 WINS FOR PIT-BULL-TERRIER-LIKE DOGS (15 CITY, SIX STATE, AND ONE FEDERAL) A TOTAL OF 20 (AND COUNTING) STATES HAVE ADOPTED PROVISIONS AGAINST BREED DISCRIMINATION LEGISLATION MORE THAN 37,200 EMAILS RELATED TO OUR PIT BULL INITIATIVES WERE SENT IN BY CARING PEOPLE THROUGH OUR LEGISLATIVE ACTION CENTER AND SINCE BEST FRIENDS' PIT BULL INITIATIVE EFFORTS BEGAN IN 2009, WE'VE BEEN ABLE TO POSITIVELY IMPACT MORE THAN 19 MILLION PIT-BULL-TERRIER-LIKE DOGS PUPPY MILL INITIATIVES BEST FRIENDS CONTINUES ITS WORK TO PUT AN END TO PUPPY MILLS BY FOCUSING ON THE SOURCE OF THE PROBLEM RETAIL STORES SELLING MILL-BRED PETS OUR WORK INCLUDES SPEARHEADING ORDINANCES AND ENCOURAGING PET STORES TO OFFER ANIMALS FOR ADOPTION, RATHER THAN SELL MILL-BRED PETS WE ALSO WORK TO EDUCATE THE PUBLIC ABOUT THE DEPLORABLE LIVING CONDITIONS OF MILL-BRED PETS, AND URGE PEOPLE TO ADOPT (INSTEAD OF BUY) THEIR NEW BEST FRIENDS AS A RESULT OF THESE EFFORTS, 102 NEW COMMUNITIES HAVE BANNED THE SALE OF MILL-BRED PETS IN RETAIL STORES, BRINGING THE TOTAL NUMBER OF COMMUNITIES IN THE U.S. AND CANADA BANNING SUCH SALES TO 191 OUR PUPPY MILL INITIATIVE LEGISLATIVE EFFORTS RESULTED IN 86 WINS (82 ORDINANCES, THREE STATE BILLS AND ONE POLICY CHANGE) ALONG WITH A TEAM OF PASSIONATE LOCAL ADVOCATES IN NEW JERSEY, BEST FRIENDS HELPED ENACT 51 RETAIL PET STORE ORDINANCES AND IN SARASOTA COUNTY, FLORIDA, BEST FRIENDS HELPED ENACT A MAJOR ORDINANCE THAT BANS THE SALE OF DOGS AND CATS IN PET STORES, UNLESS THEY COME FROM SHELTERS OR RESCUE GROUPS NEARLY 19,500 EMAILS FROM CONCERNED CONSTITUENTS WERE SENT THROUGH BEST FRIENDS' LEGISLATIVE ACTION CENTER, URGING LEGISLATORS TO REGULATE COMMERCIAL BREEDING AND SHOWING THEM THAT THE CONTINUING PROBLEM OF INHUMANE TREATMENT OF DOGS IN PUPPY MILLS IS SOMETHING THAT PEOPLE DEEPLY CARE ABOUT CAT INITIATIVES BEST FRIENDS RUN LIFESAVING COMMUNITY CAT PROGRAMS IN MULTIPLE CITIES ACROSS THE COUNTRY THE PROGRAMS ARE DESIGNED TO SAVE THE LIVES OF COMMUNITY (STRAY, FREE-ROAMING) CATS THROUGH TRAP-NEUTER-RETURN (TNR) TNR PROGRAMS TRAP, SPAY OR NEUTER A</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART III, LINE 4B	<p>ND VACCINATE COMMUNITY CATS AND THEN RETURN THEM TO THEIR OUTDOOR HOMES OUR TNR PROGRAMS ARE CRUCIAL FOR SAVING LIVES BECAUSE CATS (ESPECIALLY COMMUNITY CATS) ARE AMONG THE MOST AT-RISK PETS IN SHELTERS COMMUNITY CAT PROGRAMS ARE ACTIVE IN LAS VEGAS, NEVADA, LOS ANGELES, CALIFORNIA, ATLANTA, GEORGIA, AND IN THE ENTIRE STATE OF UTAH WE ALSO RUN COMMUNITY CAT PROGRAMS IN COLLABORATION WITH PETSMA RT CHARITIES IN PIMA COUNTY, ARIZONA, PHILADELPHIA, PENNSYLVANIA, BALTIMORE, MARYLAND, AND COLUMBUS, GEORGIA THIS PAST AUGUST, OUR COMMUNITY CATS PROJECT IN BALTIMORE, IN PARTNERSHIP WITH PETSMA RT CHARITIES, WRAPPED UP ITS FINAL YEAR OF PROGRAMMING AND ENTERED A NEW PHASE SUSTAINABILITY BALTIMORE ANIMAL RESCUE AND CARE SHELTER (BARCS) IS NOW SAVING AT LEAST 90 PERCENT OF THE CATS ENTERING THE SHELTER BEST FRIENDS CELEBRATED 21 LEGISLATIVE WINS FOR COMMUNITY CATS (12 CITY, THREE COUNTY, AND SIX STATE) THAT MEANS FEWER CATS WILL ENTER SHELTERS IN THE FUTURE AND COUNTLESS LIVES WILL BE SAVED MORE THAN 42,000 COMMUNITY CATS WERE HELPED BY BEST FRIENDS COMMUNITY CAT PROGRAMS AND CONTINUED PARTNERSHIPS WITH HUMANE, EFFECTIVE TNR PROGRAMS ACROSS THE NATION AND NEARLY 21,500 EMAILS WERE SENT THROUGH OUR LEGISLATIVE ACTION CENTER BY COMPASSIONATE INDIVIDUALS ON BEHALF OF THE LIVES OF COMMUNITY CATS</p>



## 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 11	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, OFFICERS, 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 AND 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**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART XI, LINE 9	AGENCY FUNDS DESIGNATED FOR OTHER ORGANIZATIONS -1,041,599 UNREALIZED CHANGE IN SPLIT INTEREST AGREEMENT 432,523 WELLNESS CENTER NET LOSS -53,707 ELIMINATION OF FITNESS EXPENSES -120,042 MISCELLANEOUS ADJUSTMENT -18,377

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2015**

**Open to Public Inspection**

▶ 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](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

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
<b>(1)</b> BEST FRIENDS PRODUCTIONS LLC 5001 ANGEL CANYON ROAD KANAB, UT 84741 47-2566720	PARTICIPATE IN JOINT VENTURE TO PRODUCE A FILM	UT	10,176	410,176	BEST FRIENDS ANIMAL SOCIETY
<b>(2)</b> 1089 WYCKOFF LLC 5001 ANGEL CANYON ROAD KANAB, UT 84741 81-0717002	HOLD LEASE ON BUILDING IN NEW YORK, NY	UT	-197,762	92,682	BEST FRIENDS ANIMAL SOCIETY
<b>(3)</b> 307 WEST BROADWAY LLC 5001 ANGEL CANYON ROAD KANAB, UT 84741 47-4201980	HOLD LEASE ON BUILDING IN MANHATTAN, NY	UT	-350,239	114,862	BEST FRIENDS ANIMAL SOCIETY
<b>(4)</b> CHUFF LLC 5001 ANGEL CANYON ROAD KANAB, UT 84741 47-4259736	PURCHASE PROPERTY IN KANAB, UT	UT	-102,702	2,428,780	BEST FRIENDS ANIMAL SOCIETY
<b>(5)</b> AMBER HOUSING LLC 5001 ANGEL CANYON ROAD KANAB, UT 84741 81-0898475	PURCHASE PROPERTY IN KANAB, UT	UT	-25,230	1,328,024	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?		(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	

**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	No
BEST FRIENDS WELLNESS <b>(1)</b> CENTER INC  5001 ANGEL CANYON ROAD KANAB, UT 84741 47-3149724	OPERATE FITNESS CENTER	UT	BEST FRIENDS ANIMAL SOCIETY	C	-53,707	59,032	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

**1** During the tax year, did the organization 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 . . . . .
- b** Gift, grant, or capital contribution to related organization(s) . . . . .
- c** Gift, grant, or capital contribution from related organization(s) . . . . .
- d** Loans or loan guarantees to or for related organization(s) . . . . .
- e** Loans or loan guarantees by related organization(s) . . . . .
- f** Dividends from related organization(s) . . . . .
- g** Sale of assets to related organization(s) . . . . .
- h** Purchase of assets from related organization(s) . . . . .
- i** Exchange of assets with related organization(s) . . . . .
- j** Lease of facilities, equipment, or other assets to related organization(s) . . . . .
- k** Lease of facilities, equipment, or other assets from related organization(s) . . . . .
- l** Performance of services or membership or fundraising solicitations for related organization(s) . . . . .
- m** Performance of services or membership or fundraising solicitations by related organization(s) . . . . .
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .
- o** Sharing of paid employees with related organization(s) . . . . .
- p** Reimbursement paid to related organization(s) for expenses . . . . .
- q** Reimbursement paid by related organization(s) for expenses . . . . .
- r** Other transfer of cash or property to related organization(s) . . . . .
- s** Other transfer of cash or property from related organization(s) . . . . .

	Yes	No
<b>1a</b>	Yes	
<b>1b</b>		No
<b>1c</b>		No
<b>1d</b>		No
<b>1e</b>		No
<b>1f</b>		No
<b>1g</b>		No
<b>1h</b>		No
<b>1i</b>		No
<b>1j</b>	Yes	
<b>1k</b>		No
<b>1l</b>		No
<b>1m</b>		No
<b>1n</b>		No
<b>1o</b>	Yes	
<b>1p</b>		No
<b>1q</b>		No
<b>1r</b>		No
<b>1s</b>		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
<b>(1)</b> BEST FRIENDS WELLNESS CENTER INC	A	12,000	ARM'S LENGTH ESTIMATE OF RENT
<b>(2)</b> BEST FRIENDS WELLNESS CENTER INC	J	12,000	ARM'S LENGTH ESTIMATE OF RENT
<b>(3)</b> BEST FRIENDS WELLNESS CENTER INC	O	47,168	PORTION OF SALARY AND PAYROLL TAX



**Part VII** **Supplemental Information**

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

<b>Return Reference</b>	<b>Explanation</b>
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