

Form 990
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public
Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2016
Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 10-01-2016, and ending 09-30-2017

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

C Name of organization
BEST FRIENDS ANIMAL SOCIETY
Doing business as
Number and street (or P.O. box if mail is not delivered to street address) Room/suite
5001 ANGEL CANYON ROAD
City or town, state or province, country, and ZIP or foreign postal code
KANAB, UT 84741

D Employer identification number
23-7147797
E Telephone number
(435) 644-2001
G Gross receipts \$ 122,706,535

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

H(a) Is this a group return for subordinates?
H(b) Are all subordinates included?
H(c) Group exemption number

I Tax-exempt status
501(c)(3)
J Website: WWW.BESTFRIENDS.ORG

K Form of organization
Corporation
L Year of formation 1984
M State of legal domicile UT

Part I Summary

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

Table with 2 columns: Description, Amount. Rows 2-7b including total revenue and net income.

Table with 4 columns: Description, Prior Year, Current Year. Rows 8-19 including revenue, expenses, and net assets.

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.

Signature of officer: STEPHEN HOWELL, CHIEF OPERATING OFFICER
Date: 2018-08-03

Paid Preparer Use Only
Print/Type preparer's name: MARC A METCALF
Preparer's signature: MARC A METCALF
Date:
Firm's name: TANNER LLC
Firm's address: 36 S STATE STREET SUITE 600, SALT LAKE CITY, UT 84111

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 \$ 19,713,504 including grants of \$ 214,198) (Revenue \$ 222,478)
See Additional Data

4b (Code) (Expenses \$ 48,364,996 including grants of \$ 5,380,921) (Revenue \$ 123,255)
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 ▶ 68,078,500

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	Yes	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	Yes	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	Yes	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		No
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		No
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		No
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		No
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	Yes	
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	Yes	
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	Yes	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32 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>		No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	Yes	
34 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>	Yes	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	Yes	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	Yes	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		No
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	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 number, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, charitable contributions, and organizational 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 [X]

Section A. Governing Body and Management

Table with 4 columns: Question, Yes, No, and a sub-table for 1a/1b. Rows include: 1a (9), 1b (5), 2 (Yes), 3 (No), 4 (No), 5 (No), 6 (No), 7a (No), 7b (No), 8a (Yes), 8b (Yes), 9 (No).

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

Table with 4 columns: Question, Yes, No. Rows include: 10a (Yes), 10b (Yes), 11a (Yes), 12a (Yes), 12b (Yes), 12c (Yes), 13 (Yes), 14 (Yes), 15a (Yes), 15b (Yes), 16a (Yes), 16b (Yes).

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed: AL, AK, AR, CA, CT, DC, GA, HI, IL, KS, KY, MD, MA, MI, MN, MS, NH, NJ, NM, NY, OK, OR, PA, RI, SC, TN, VA, WV, WI
18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply: [X] Own website, [] Another's website, [X] Upon request, [] Other
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
20 State the name, address, and telephone number of the person who possesses the organization's books and records: PAUL E ALTHERR CFO 5001 ANGEL CANYON ROAD KANAB, UT 84741 (435) 644-2001

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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 0 00	X		X				196,015	0	12,988
(2) FRANCIS BATTISTA CHAIR OF BOARD	40 00 0 00	X						146,410	0	12,988
(3) LYNN FLANDERS BOARD TREASURER	1 00 0 00	X						0	0	0
(4) ANNE MEJIA DIR OF PRINICIPLE GIFTS/BO	40 00 0 00	X						106,453	0	12,988
(5) CYRUS MEJIA ONBOARDING AND CULTURE/BOA	40 00 0 00	X						65,464	0	12,988
(6) KRAIG BUTRUM BOARD MEMBER	1 00 0 00	X						0	0	0
(7) ABIGAIL L JONES BOARD MEMBER	1 00 0 00	X						0	0	0
(8) TIMY SULLIVAN BOARD MEMBER	1 00 0 00	X						0	0	0
(9) MOLLY JORDAN-KOCH BOARD MEMBER	1 00 0 00	X						0	0	0
(10) MICARL HILL BOARD MEMBER	1 00 0 00	X						0	0	0
(11) PAUL ALTHERR CFO	40 00 0 00			X				187,080	0	7,000
(12) JULIANNE CASTLE CDMO	40 00 0 00			X				178,542	0	12,988
(13) ANGELA L EMBREE CIO	40 00 0 00			X				173,041	0	12,988
(14) SUSAN M CITRO CDO	40 00 0 00			X				213,246	0	5,988
(15) JUDAH BATTISTA CRPO	40 00 0 00			X				118,859	0	6,771
(16) HOLLY SIZEMORE CNPO	40 00 0 00			X				118,831	0	12,988
(17) VALERIE DORIAN SR DIRECTOR DEVELOPMENT	40 00 0 00				X			190,325	0	0

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			
(18) KAREN GALLARDO DIRECTOR OF PLANNED GIVING	40 00 0 00				X			209,084	0	5,988
(19) MARC A PERALTA EXECUTIVE DIRECTOR	40 00 0 00					X		136,509	0	19,601
(20) LISA FIELDING DIRECTOR OF MAJOR GIFTS	40 00 0 00					X		122,699	0	0
(21) NICOLE PETSCHAUER SENIOR VETERINARIAN	40 00 0 00					X		114,730	0	12,601
(22) BRIAN IACAPONI DIRECTOR OF TECHNOLOGY	40 00 0 00					X		115,819	0	9,468
(23) ELIZABETH JENSEN EXECUTIVE DIRECTORY - BFAS NY	40 00 0 00					X		111,342	0	12,988
1b Sub-Total										
1c Total from continuation sheets to Part VII, Section A										
1d Total (add lines 1b and 1c)								2,504,449	0	171,321

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
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <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
NEWPORTONE 33 RAILROAD AVE DUXBURY, MA 02332	CONSULTING / PRINTING	7,901,119
INSIDESQUAD INC 1137 MCDONALD AVE BROOKLYN, NY 11230	CONTRACTOR	1,240,706
WALSWORTH PUBLISHING PO BOX 310287 DES MOINES, IA 50331	PRINTING	1,057,692
SOCIAL CAPITAL INC 980 N MICHIGAN AVE SUITE 1610 CHICAGO, IL 60611	CONSULTING	560,060
DON BACCO CONSTRUCTION PO BOX 473 KANAB, UT 84741	CONTRACTOR	498,864

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 ▶ 49

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a	287,895				
	b Membership dues	1b					
	c Fundraising events	1c	261,650				
	d Related organizations	1d					
	e Government grants (contributions)	1e	306,575				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	105,860,714				
	g Noncash contributions included in lines 1a-1f \$ _____		4,456,126				
	h Total. Add lines 1a-1f			106,716,834			
Program Service Revenue		Business Code					
	2a PROGRAM EVENTS	900099	2,207,867	2,207,867			
	b CLINIC REVENUE	541900	1,030,330	1,030,330			
	c _____						
	d _____						
	e _____						
	f All other program service revenue			3,238,197			
g Total. Add lines 2a-2f							
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,336,864	1,336,864			
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties		24,958	24,958			
	6a Gross rents	(i) Real	(ii) Personal				
		729,661					
		b Less rental expenses	0				
		c Rental income or (loss)	729,661				
	d Net rental income or (loss)			729,661	647,293	82,368	
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		8,451,204	335,682				
		b Less cost or other basis and sales expenses	8,249,180	319,176			
		c Gain or (loss)	202,024	16,506			
	d Net gain or (loss)			218,530	218,530		
	8a Gross income from fundraising events (not including \$ 261,650 of contributions reported on line 1c) See Part IV, line 18	a	44,000				
		b Less direct expenses	b	227,891			
c Net income or (loss) from fundraising events				-183,891		-183,891	
9a Gross income from gaming activities See Part IV, line 19	a						
	b Less direct expenses	b					
	c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	a	1,414,765					
	b Less cost of goods sold	b	657,593				
	c Net income or (loss) from sales of inventory			757,172	725,737	31,435	
Miscellaneous Revenue	Business Code						
11a MAGAZINE ADVERTISING	541800		198,383		198,383		
b CAFETERIA	722210		157,764	157,764			
c ANGELS REST	812900		58,223	58,223			
d All other revenue							
e Total. Add lines 11a-11d			414,370				
12 Total revenue. See Instructions			113,252,695	6,407,566	229,818	-101,523	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	5,372,066	5,372,066		
2 Grants and other assistance to domestic individuals See Part IV, line 22	214,198	214,198		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	8,855	8,855		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,579,875	1,237,169	493,237	849,469
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	34,043,316	26,115,011	3,276,708	4,651,597
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,122,274	826,089	113,419	182,766
9 Other employee benefits	4,780,008	4,220,126	199,389	360,493
10 Payroll taxes	2,804,766	2,132,236	280,214	392,316
11 Fees for services (non-employees)				
a Management				
b Legal	283,482	17,583	152,030	113,869
c Accounting	85,248	48	85,200	
d Lobbying	191,549	191,549		
e Professional fundraising services See Part IV, line 17	646,541			646,541
f Investment management fees	185,432		185,432	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	3,446,192	2,491,758	501,343	453,091
12 Advertising and promotion	2,975,734	2,366,015	22,372	587,347
13 Office expenses	1,461,075	686,171	689,994	84,910
14 Information technology	1,854,568	710,828	861,489	282,251
15 Royalties				
16 Occupancy	2,968,098	2,669,109	285,282	13,707
17 Travel	1,949,320	1,463,565	127,091	358,664
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,879,794	1,841,869	72	37,853
20 Interest	6,986	6,717	269	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,094,943	2,058,857	18,579	17,507
23 Insurance	224,508	20,505	204,003	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a ANIMAL CARE SUPPLIES	8,434,772	8,381,917	52,472	383
b EQUIPMENT RENTAL	5,693,305	2,021,744	1,029	3,670,532
c ANGELS REST/CAFETERIA C	3,613,945	1,257,548	85,013	2,271,384
d MISCELLANEOUS	1,653,213	1,141,881	294,679	216,653
e All other expenses	701,252	625,086	25,388	50,778
25 Total functional expenses. Add lines 1 through 24e	91,275,315	68,078,500	7,954,704	15,242,111
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)	2,763,273	1,542,867	0	1,220,406

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	2,445,327	1	943,155
	2 Savings and temporary cash investments	7,858,527	2	17,706,511
	3 Pledges and grants receivable, net	4,318,086	3	12,713,605
	4 Accounts receivable, net	8,441,804	4	6,192,955
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	892,840	8	971,462
	9 Prepaid expenses and deferred charges	1,288,715	9	1,923,710
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	49,705,070		
	b Less accumulated depreciation	18,794,579		
	11 Investments—publicly traded securities	34,205,602	11	46,345,040
	12 Investments—other securities See Part IV, line 11	8,584,363	12	6,289,279
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	2,781,089	15	3,217,137
16 Total assets. Add lines 1 through 15 (must equal line 34)	100,285,253	16	127,213,345	
Liabilities	17 Accounts payable and accrued expenses	9,094,623	17	12,150,903
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	920,960	23	885,951
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	4,870,487	25	5,711,138
	26 Total liabilities. Add lines 17 through 25	14,886,070	26	18,747,992
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	55,704,538	27	75,412,986
	28 Temporarily restricted net assets	17,419,479	28	18,567,205
	29 Permanently restricted net assets	12,275,166	29	14,485,162
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	85,399,183	33	108,465,353	
34 Total liabilities and net assets/fund balances	100,285,253	34	127,213,345	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	113,252,695
2	Total expenses (must equal Part IX, column (A), line 25)	2	91,275,315
3	Revenue less expenses Subtract line 2 from line 1	3	21,977,380
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	85,399,183
5	Net unrealized gains (losses) on investments	5	2,486,556
6	Donated services and use of facilities	6	204,399
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-1,602,165
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	108,465,353

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <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		
2a	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	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	
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Additional Data

Software ID:

Software Version:

EIN: 23-7147797

Name: BEST FRIENDS ANIMAL SOCIETY

Form 990 (2016)

Form 990, Part III, Line 4a:

ANIMAL CARE ACTIVITIES (SANCTUARY) - SEE SCHEDULE O

Form 990, Part III, Line 4b:

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

SCHEDULE A
(Form 990 or 990EZ)

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.

2016

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 12, check only one box)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ))
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 11 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s) _____

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

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, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	61,835,173	52,613,136	86,619,224	82,251,839	108,442,688	391,762,060
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	61,835,173	52,613,136	86,619,224	82,251,839	108,442,688	391,762,060
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						2,023,486
6 Public support. Subtract line 5 from line 4						389,738,574

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
7 Amounts from line 4	61,835,173	52,613,136	86,619,224	82,251,839	108,442,688	391,762,060
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	778,827	451,437	1,208,596	1,233,663	1,398,860	5,071,383
9 Net income from unrelated business activities, whether or not the business is regularly carried on	66,217	33,591	38,411	230	8,501	146,950
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	315,409	314,205	376,285	386,476	452,907	1,845,282
11 Total support. Add lines 7 through 10						398,825,675
12 Gross receipts from related activities, etc (see instructions)					12	13,781,993

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 2016 (line 6, column (f) divided by line 11, column (f))	14	97.720%
15 Public support percentage for 2015 Schedule A, Part II, line 14	15	97.400%

- 16a 33 1/3% support test—2016.** 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—2015.** 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—2016.** 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—2015.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►		(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15	Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2015 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2015 Schedule A, Part III, line 17	18	
19a	33 1/3% support tests—2016. 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 ► <input type="checkbox"/>		
b	33 1/3% support tests—2015. 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 ► <input type="checkbox"/>		
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
c	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>		
		11a	
		11b	
		11c	

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>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.</i>		
		1	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>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.</i>		
		2	

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>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).</i>		
		1	

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> 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? <i>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.</i>		
		2a	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>		
		2b	
3	Parent of Supported Organizations Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
		3a	
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
		3b	

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

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

Section A - Adjusted Net Income

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

Section B - Minimum Asset Amount

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

Section C - Distributable Amount

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013.			
c Excess from 2014.			
d Excess from 2015.			
e Excess from 2016.			

Part VI Supplemental Information.

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

Facts And Circumstances Test

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

2016

Open to Public Inspection

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

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

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

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B** Check if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)

	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)	5,405	
b Total lobbying expenditures to influence a legislative body (direct lobbying)	184,598	
c Total lobbying expenditures (add lines 1a and 1b)	190,003	
d Other exempt purpose expenditures	91,313,206	
e Total exempt purpose expenditures (add lines 1c and 1d)	91,503,209	
f Lobbying nontaxable amount Enter the amount from the following table in both columns	1,000,000	
g Grassroots nontaxable amount (enter 25% of line 1f)	250,000	
h Subtract line 1g from line 1a If zero or less, enter -0-	0	
i Subtract line 1f from line 1c If zero or less, enter -0-	0	

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

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

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2a Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	159,181	188,134	203,066	190,003	740,384
d Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures	4,007	7,939	199,478	5,405	216,829

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

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

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
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SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2016

Open to Public Inspection

▶ **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.

Department of the Treasury
Internal Revenue Service

Name of the organization
BEST FRIENDS ANIMAL SOCIETY

Employer identification number
23-7147797

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

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

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

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

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

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

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f 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" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	19,383,509	19,477,560	11,145,637	9,121,830	6,853,383
b Contributions	1,815,213	160,355	9,370,546	1,755,147	1,800,869
c Net investment earnings, gains, and losses	1,345,699	920,542	-944,023	307,576	510,624
d Grants or scholarships					
e Other expenditures for facilities and programs		1,010,124			
f Administrative expenses	144,588	164,824	94,600	38,916	43,046
g End of year balance	22,399,833	19,383,509	19,477,560	11,145,637	9,121,830

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 32 150 %
 - b** Permanent endowment ▶ 64 670 %
 - c** Temporarily restricted endowment ▶ 3 180 %
- 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
- | | Yes | No |
|--|-----|----|
| (i) unrelated organizations | Yes | |
| (ii) related organizations | | No |
| 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' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		6,890,915		6,890,915
b Buildings		28,598,772	11,748,518	16,850,254
c Leasehold improvements		3,347,405	244,773	3,102,632
d Equipment		10,041,893	6,801,288	3,240,605
e Other		826,085		826,085
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				30,910,491

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

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

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

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

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	

Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
CHARITABLE GIFT ANNUITIES PAYABLE	2,190,642
CAPITAL LEASE PAYABLE	10,789
OTHER LIABILITIES	3,509,707
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	5,711,138

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 23-7147797

Name: BEST FRIENDS ANIMAL SOCIETY

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	BEST FRIENDS HAS ANALYZED ALL TAX POSITIONS FOR APPLICABLE TAX JURISDICTIONS FOR WHICH THE STATUTE OF LIMITATIONS REMAINED OPEN, INCLUDING U S FEDERAL AND STATE JURISDICTIONS FOR THE YEARS ENDED SEPTEMBER 30, 2017 AND SEPTEMBER 30, 2016 AND DETERMINED THERE WERE NO MATERIAL UNRECOGNIZED TAX BENEFITS OR OBLIGATIONS THE OPEN TAX YEARS SUBJECT TO SELECTION FOR EXAMINATION ARE 2013 THROUGH 2016

Supplemental Information

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

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

OMB No 1545-0047

2016
Open to Public Inspection

Name of the organization
BEST FRIENDS ANIMAL SOCIETY

Employer identification number
23-7147797

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

- 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
- For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States
- 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	0	0	PROGRAM SERVICES	SUPPORT FOR CARE OF CATS	8,855
(2)					
(3)					
(4)					
(5)					
3a Sub-total	0	0			8,855
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	0			8,855

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)		ITALY - EUROPE	SUPPORT FOR CARE OF CATS - DONOR DESIGNATED GRANT	8,855	WIRE TRANSFER	0		BOOK
(2)								
(3)								
(4)								

- 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶ 0
- 3 Enter total number of other organizations or entities ▶ 1

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

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

Part IV Foreign Forms

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713)* Yes No

Part V Supplemental Information

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

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

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

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

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
BEST FRIENDS ANIMAL SOCIETY

Employer identification number
23-7147797

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

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- | | |
|---|--|
| a <input checked="" type="checkbox"/> Mail solicitations | e <input checked="" type="checkbox"/> Solicitation of non-government grants |
| b <input checked="" type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input type="checkbox"/> Phone solicitations | g <input checked="" type="checkbox"/> Special fundraising events |
| d <input checked="" type="checkbox"/> In-person solicitations | |
- 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 SOCIAL CAPITAL 980 N MICHIGAN AVE SUITE 1610 CHICAGO, IL 60611	CONSULTING		No	0	255,000	-255,000
2 NEWPORT CREATIVE COMMUNICATIONS INC 21 RAILROAD AVE DUXBURY, ME 02332	CONSULTING		No	0	193,890	-193,890
3 CHARITY DYNAMICS LLC 4031 GUADALUPE ST AUSTIN, TX 78751	CONSULTING		No	0	75,105	-75,105
4 JUDY RAPP SMITH 6371 W 5TH STREET LOS ANGELESE, CA 90048	CONSULTING		No	0	34,500	-34,500
5 BENTZ WHALEY FLESSNER & ASSOC 7251 OHMS LN MINNEAPOLIS, MN 55437	CONSULTING		No	0	33,250	-33,250
6						
7						
8						
9						
10						
Total					591,745	-591,745

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.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d)
		SAVE THEM ALL GALA (event type)	DISCOVERY WEEKEND (event type)	(total number)	Total events (add col (a) through col (c))
1	Gross receipts	273,150	32,500		305,650
2	Less Contributions	229,150	32,500		261,650
3	Gross income (line 1 minus line 2)	44,000			44,000
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages		50,755		50,755
	8 Entertainment				
	9 Other direct expenses	130,456	46,680		177,136
10	Direct expense summary Add lines 4 through 9 in column (d) ▶				227,891
11	Net income summary Subtract line 10 from line 3, column (d) ▶				-183,891

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.

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
		1	Gross revenue		
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6	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
7	Direct expense summary Add lines 2 through 5 in column (d) ▶				
8	Net gaming income summary Subtract line 7 from line 1, column (d) ▶				

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

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

b If "No," explain _____

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

b If "Yes," explain _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in
- | | | | |
|--------------------------------------|------------|--|---|
| a The organization's facility | 13a | | % |
| b An outside facility | 13b | | % |

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

Name ▶

Address ▶

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

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

Name ▶

Address ▶

- 16** Gaming manager information
- Name ▶
- Gaming manager compensation ▶ \$
- Description of services provided ▶
- Director/officer Employee Independent contractor

- 17** Mandatory distributions
- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

Return Reference	Explanation
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**Schedule I
(Form 990)**

Department of the
Treasury
Internal Revenue Service

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

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

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

**Open to Public
Inspection**

Name of the organization
BEST FRIENDS ANIMAL SOCIETY

Employer identification number
23-7147797

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
--	---------	-------------------------------	--------------------------	-----------------------------------	---	--	------------------------------------

See Additional Data Table

(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ _____ 191

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

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	890		200,309	FMV	ANIMAL FOOD FOR INDIVIDUALS SUPPORTING OUR PROGRAMS FOR CATS, DOGS, AND HORSES
(2) PROVIDE ASSISTANCE FOR FOOD, VETERINARY EXPENSES	30	13,889			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

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

Additional Data

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
A LIFE TO LIVE ANIMAL SHELTER & ADOPTION CENTER	47-1817617	501C3	16,000	0			PROGRAM SERVICE SUPPORT
ACTION PROGRAMS FOR ANIMALS	27-0234541	501C3	20,000	0			PROGRAM SERVICE SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AIKEN COUNTY ANIMAL SHELTER		501C3	25,000	0			PROGRAM SERVICE SUPPORT
ALACHUA COUNTY HUMANE SOCIETY	59-1908492	501C3	7,800	0			PROGRAM SERVICE SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALLEN COUNTY SPCA	35-6042135	501C3	75,950	0			PROGRAM SERVICE SUPPORT
ALLEY CAT ADVOCATES INC	61-1343210	501C3	15,000	0			PROGRAM SERVICE SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ANGEL CITY PIT BULLS	27-2348995	501C3	73,615	0			PROGRAM SERVICE SUPPORT
ANIMAL ADOPTION CENTER	20-0629074	501C3	14,400	0			PROGRAM SERVICE SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ANIMAL ALLIES HUMANE SOCIETY	41-0917362	501C3	5,275	0			PROGRAM SERVICE SUPPORT
ANIMAL ARK RESCUE INC	45-1744558	501C3	12,625	0			PROGRAM SERVICE SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ANIMAL BALANCE	68-0630714	501C3	75,000	0			PROGRAM SERVICE SUPPORT
ANIMAL CARE & CONTROL TEAM-PA	45-3985637	501C3	51,125	0			PROGRAM SERVICE SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ANIMAL CARE CENTERS OF NYC	13-3788986	501C3	5,771	0			PROGRAM SERVICE SUPPORT
ANIMAL DEFENSE LEAGUE OF TX	74-6002033	501C3	7,050	0			PROGRAM SERVICE SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ANIMAL RESCUE FUND OF THE HAMPTONS	23-7400663	501C3	5,175	0			PROGRAM SERVICE SUPPORT
ANIMAL WELLNESS FOUNDATION	45-4361755	501C3	5,638	0			PROGRAM SERVICE SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARETE DIGITAL IMAGING	20-3784426	501C3	8,848	0			PROGRAM SERVICE SUPPORT
ARIZONA HUMANE SOCIETY	86-0135567	GOVERNMENT	64,250	0			PROGRAM SERVICE SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARIZONA PET PROJECT	86-1008549	501C3	12,500	0			PROGRAM SERVICE SUPPORT
AUSTIN PETS ALIVE	74-2893360	501C3	28,924	0			PROGRAM SERVICE SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BARC	30-0021149	501C3	11,400	0			PROGRAM SERVICE SUPPORT
BARCS	86-1130456	501C3	6,100	0			PROGRAM SERVICE SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BEAVER COUNTY ANIMAL CONTROL		GOVERNMENT	0	5,943	MARKET PRICE	ANIMAL FOOD	PROGRAM SERVICE SUPPORT
BLACKHAT HUMANE SOCIETY		GOVERNMENT	0	13,856	MARKET PRICE	ANIMAL FOOD	PROGRAM SERVICE SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BRANDYWINE VALLEY SPCA	23-1381030	501C3	12,000	0			PROGRAM SERVICE SUPPORT
BROOKHAVEN ANIMAL RESCUE LEAGUE	64-0659454	501C3	7,205	0			PROGRAM SERVICE SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CACHE HUMANE SOC-LOGAN	51-0187825	501C3	24,050	0			PROGRAM SERVICE SUPPORT
CAMDEN COUNTY ANIMAL SHELTER	20-0549531	501C3	15,125	0			PROGRAM SERVICE SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CARROLL COUNTY ANIMAL SHELTER	58-6000794	501C3	7,620	0			PROGRAM SERVICE SUPPORT
CAT ADOPTION TEAM	20-0773819	501C3	17,780	0			PROGRAM SERVICE SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATS CATS CATS RESCUE INC	81-1875595	501C3	62,875	0			PROGRAM SERVICE SUPPORT
CHARLESTON ANIMAL SOCIETY	57-6021863	501C3	14,410	0			PROGRAM SERVICE SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHEBOYGAN COUNTY HUMANE SOCIETY	38-2096214	GOVERNMENT	6,000	0			PROGRAM SERVICE SUPPORT
CHEYENNE ANIMAL SHELTER	83-0217643	501C3	14,303	0			PROGRAM SERVICE SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHUCK WAGGIN' PET FOOD PANTRY		501C3	0	86,887	MARKET PRICE	ANIMAL FOOD	PROGRAM SERVICE SUPPORT
CITY OF AUSTIN	74-6000085	GOVERNMENT	14,800	0			PROGRAM SERVICE SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF EL PASO	74-6000749	GOVERNMENT	62,510	0			PROGRAM SERVICE SUPPORT
CITY OF IDAHO FALLS ANIMAL SHELTER	82-6000208	GOVERNMENT	16,000	0			PROGRAM SERVICE SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF SAN ANTONIO	74-6002070	GOVERNMENT	45,547	0			PROGRAM SERVICE SUPPORT
CLEVELAND COUNTY ANIMAL CONTROL	34-6000646	GOVERNMENT	8,300	0			PROGRAM SERVICE SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLONY CATS & DOGS	04-3749543	501C3	8,220	0			PROGRAM SERVICE SUPPORT
COLOR-COUNTRY ANIMAL WELFARE	26-3955089	501C3	6,600	0			PROGRAM SERVICE SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY ANIMAL WELFARE SOC-CAWS	87-0515959	501C3	31,445	0			PROGRAM SERVICE SUPPORT
COMPANION ANIMAL ALLIANCE	27-1204719	501C3	10,000	0			PROGRAM SERVICE SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DALLAS ANIMAL SERVICES	75-6000508	501C3	27,635	0			PROGRAM SERVICE SUPPORT
DALLAS PETS ALIVE	46-2768869	501C3	7,000	0			PROGRAM SERVICE SUPPORT

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DAVIS COUNTY ANIMAL SERVICES	87-6000297	GOVERNMENT	30,165	0			PROGRAM SERVICE SUPPORT
DESIGNER DOG RESCUE	47-2834889	501C3	11,250	0			PROGRAM SERVICE SUPPORT

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DOWNTOWN DOG RESCUE	46-1958507	501C3	6,125	0			PROGRAM SERVICE SUPPORT
DUCK TEAM 6 STREET DOG RESCUE	46-0853833	501C3	9,900	0			PROGRAM SERVICE SUPPORT

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EMPTY BOWL	01-0975325	501C3	0	16,361	MARKET PRICE	ANIMAL FOOD	PROGRAM SERVICE SUPPORT
FIRST COAST NMHP	01-0709158	501C3	22,472	0			PROGRAM SERVICE SUPPORT

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FIXNATION INC	83-0452460	501C3	108,100	0			PROGRAM SERVICE SUPPORT
FORT COLLINS CAT RESCUE & SPAYNEUTER CLINIC	20-4969731	501C3	11,715	0			PROGRAM SERVICE SUPPORT

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FORT WORTH ANIMAL CARE & CONTROL	75-6000528	501C3	10,790	0			PROGRAM SERVICE SUPPORT
FREDONIA CITY ANIMAL CONTROL		GOVERNMENT	0	5,395	MARKET PRICE	ANIMAL FOOD	PROGRAM SERVICE SUPPORT

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FRESNO HUMANE ANIMAL SERVICES	47-4798338	GOVERNMENT	14,590	0			PROGRAM SERVICE SUPPORT
FRIENDS OF ARLINGTON ANIMAL SERVICES	41-2250126	501C3	8,050	0			PROGRAM SERVICE SUPPORT

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FRIENDS OF COUNTY PETS INC	27-2208248	501C3	10,000	0			PROGRAM SERVICE SUPPORT
FRIENDS OF PALM SPRINGS SHELTER	33-0731853	501C3	7,680	0			PROGRAM SERVICE SUPPORT

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FRIENDS OF PIMA ANIMAL CARE & CONTROL	47-4160770	501C3	22,000	0			PROGRAM SERVICE SUPPORT
FUREVER BUDDYS RESCUE	45-2488353	501C3	5,740	0			PROGRAM SERVICE SUPPORT

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FURKIDS INC	01-0766844	501C3	38,150	0			PROGRAM SERVICE SUPPORT
GEORGIA SPCA	26-8927871	501C3	8,850	0			PROGRAM SERVICE SUPPORT

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GHETTO RESCUE FOUNDATION	45-4543297	501C3	5,838	0			PROGRAM SERVICE SUPPORT
GOOD DOG RESQ		501C3	0	7,718	MARKET PRICE	ANIMAL FOOD	PROGRAM SERVICE SUPPORT

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GREAT PLAINS SPCA	05-0552529	501C3	51,273	0			PROGRAM SERVICE SUPPORT
GREENVILLE COUNTY ANIMAL CARE	57-6000356	501C3	22,850	0			PROGRAM SERVICE SUPPORT

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HALO ANIMAL RESCUE	86-0832160	501C3	61,865	0			PROGRAM SERVICE SUPPORT
HAPPY CATS HAVEN	45-1633134	501C3	8,325	0			PROGRAM SERVICE SUPPORT

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HAVEN HUMANE SOCIETY INC	94-1634752	501C3	9,800	0			PROGRAM SERVICE SUPPORT
HEART'S ALIVE VILLAGE	46-3622732	501C3	0	5,798	MARKET PRICE	ANIMAL FOOD	PROGRAM SERVICE SUPPORT

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HEAVEN ON EARTH SOCIETY FOR ANIMALS	77-0538189	501C3	181,275	0			PROGRAM SERVICE SUPPORT
HOMEWARD TRAILS ANIMAL RESCUE INC	32-0086330	501C3	36,815	0			PROGRAM SERVICE SUPPORT

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HOUSTON PETS ALIVE	46-5455638	501C3	20,800	0			PROGRAM SERVICE SUPPORT
HUMANE ANIMAL TREATMENT SOCIETY-MI	38-3485419	GOVERNMENT	5,600	0			PROGRAM SERVICE SUPPORT

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HUMANE RESCUE ALLIANCE	53-0219724	GOVERNMENT	16,285	0			PROGRAM SERVICE SUPPORT
HUMANE SOCIETY FOR GREATER SAVANNAH	58-0619035	GOVERNMENT	27,500	0			PROGRAM SERVICE SUPPORT

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HUMANE SOCIETY OF CHARLOTTE INC	58-1342479	GOVERNMENT	28,345	0			PROGRAM SERVICE SUPPORT
HUMANE SOCIETY OF INDIANAPOLIS	35-0876385	GOVERNMENT	18,460	0			PROGRAM SERVICE SUPPORT

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HUMANE SOCIETY OF MEMPHIS & SHELBY COUNTY	23-7236238	GOVERNMENT	25,000	0			PROGRAM SERVICE SUPPORT
HUMANE SOCIETY OF NORTHERN UTAH	26-2250673	GOVERNMENT	15,520	0			PROGRAM SERVICE SUPPORT

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HUMANE SOCIETY OF PAGOSA SPRINGS	74-2350919	GOVERNMENT	0	18,796	MARKET PRICE	ANIMAL FOOD	PROGRAM SERVICE SUPPORT
HUMANE SOCIETY OF SE MISSOURI	43-1108057	GOVERNMENT	9,100	0			PROGRAM SERVICE SUPPORT

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HUMANE SOCIETY OF UTAH-MURRAY	87-0256350	GOVERNMENT	21,131	0			PROGRAM SERVICE SUPPORT
HUMANE SOCIETY OF VALDOSTA LOWNDES CTY	58-1874746	GOVERNMENT	10,000	0			PROGRAM SERVICE SUPPORT

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IDAHO HUMANE SOCIETY	82-0212536	GOVERNMENT	41,000	0			PROGRAM SERVICE SUPPORT
IRON COUNTY SHERIFF'S OFFICE		GOVERNMENT	0	14,265	MARKET PRICE	ANIMAL FOOD	PROGRAM SERVICE SUPPORT

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JACKSONVILLE HUMANE SOCIETY	59-0624410	GOVERNMENT	26,975	0			PROGRAM SERVICE SUPPORT
JASPER ANIMAL RESCUE MISSION	04-3810173	501C3	5,400	0			PROGRAM SERVICE SUPPORT

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KANAB ANIMAL CONTROL		GOVERNMENT	0	5,039	MARKET PRICE	ANIMAL FOOD	PROGRAM SERVICE SUPPORT
KANSAS CITY PET PROJECT	45-3067615	GOVERNMENT	5,800	0			PROGRAM SERVICE SUPPORT

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KARMA RESCUE INC	04-3782227	501C3	9,768	0			PROGRAM SERVICE SUPPORT
KENTUCKY HUMANE SOCIETY	61-0463938	GOVERNMENT	60,945	0			PROGRAM SERVICE SUPPORT

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KITSAP HUMANE SOCIETY	91-0728353	GOVERNMENT	31,845	0			PROGRAM SERVICE SUPPORT
KITT CRUSADERS INC	27-4007806	501C3	14,875	0			PROGRAM SERVICE SUPPORT

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KITTEN RESCUE	95-4670174	501C3	280,000	0			PROGRAM SERVICE SUPPORT
KITTY BUNGALOW CHARM SCHOOL	27-1297223	501C3	77,500	0			PROGRAM SERVICE SUPPORT

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KNOX-WHITLEY HUMANE ASSOC INC	31-1648199	501C3	13,845	0			PROGRAM SERVICE SUPPORT
LA DEPT OF ANIMAL SERVICES	95-6000735	GOVERNMENT	30,042	0			PROGRAM SERVICE SUPPORT

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LABS & FRIENDSORG	45-3139097	501C3	21,520	0			PROGRAM SERVICE SUPPORT
LAFAYETTE ANIMAL AID	23-7414331	501C3	39,453	0			PROGRAM SERVICE SUPPORT

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LAKE CITY HUMANE SOCIETY	59-1542699	GOVERNMENT	7,040	0			PROGRAM SERVICE SUPPORT
LATINO ALLIANCE FOR ANIMAL CARE FDN	45-4722654	501C3	6,000	0			PROGRAM SERVICE SUPPORT

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LEXINGTON HUMANE SOCIETY	61-0444762	GOVERNMENT	28,891	0			PROGRAM SERVICE SUPPORT
LIBERTY HUMANE SOCIETY INC	22-3585263	GOVERNMENT	7,745	0			PROGRAM SERVICE SUPPORT

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LIFELINE ANIMAL PROJECT INC	01-0599278	501C3	167,410	0			PROGRAM SERVICE SUPPORT
LOST OUR HOME PET FOUNDATION	37-1589959	501C3	11,500	2,877	MARKET PRICE	ANIMAL FOOD	PROGRAM SERVICE SUPPORT

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LOUIES LEGACY ANIMAL RESCUE	27-0805279	501C3	29,050	0			PROGRAM SERVICE SUPPORT
LOUISVILLE METRO ANIMAL SERVICES	32-0049006	501C3	6,535	0			PROGRAM SERVICE SUPPORT

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LYNCHBURG HUMANE SOCIETY	54-0570901	GOVERNMENT	34,076	0			PROGRAM SERVICE SUPPORT
MARLEY'S MUTTS DOG RESCUE	30-0636031	501C3	21,000	0			PROGRAM SERVICE SUPPORT

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MARY S ROBERTS PET ADOPTION CENTER	95-1458062	501C3	9,550	0			PROGRAM SERVICE SUPPORT
MEOW NOW INC	46-4830300	501C3	10,000	0			PROGRAM SERVICE SUPPORT

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METRO EAST HUMANE SOCIETY	37-1196065	GOVERNMENT	10,095	0			PROGRAM SERVICE SUPPORT
MIAMI-DADE COUNTY ANIMAL SERVICES	59-6000573	501C3	50,800	0			PROGRAM SERVICE SUPPORT

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MIDVALLEY ANIMAL CLINIC	87-0637500	501C3	10,000	0			PROGRAM SERVICE SUPPORT
NATIONAL SPAY ALLIANCE FOUNDATION	46-5460727	501C3	10,000	0			PROGRAM SERVICE SUPPORT

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NAVAJO NATION ANIMAL CONTROL PROGRAM	86-0092335	501C3	10,090	0			PROGRAM SERVICE SUPPORT
NOAH'S ARK	27-2765562	501C3	0	5,508	MARKET PRICE	ANIMAL FOOD	PROGRAM SERVICE SUPPORT

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NUZZLES & CO	87-0482464	501C3	9,975	0			PROGRAM SERVICE SUPPORT
ONE MORE CHANCE RESCUE	20-3588471	501C3	0	8,709	MARKET PRICE	ANIMAL FOOD	PROGRAM SERVICE SUPPORT

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ONTARIO FERAL CAT PROJECT	27-2595437	501C3	8,370	0			PROGRAM SERVICE SUPPORT
OREGON FRIENDS OF SHELTER ANIMALS	20-0003876	501C3	10,500	0			PROGRAM SERVICE SUPPORT

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OREGON HUMANE SOCIETY	93-0386880	GOVERNMENT	40,000	0			PROGRAM SERVICE SUPPORT
PAGE ANIMAL ADOPTION AGENCY	26-1708518	501C3	0	28,610	MARKET PRICE	ANIMAL FOOD	PROGRAM SERVICE SUPPORT

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PAL ANIMAL SANCTUARY	95-4516403	501C3	10,000	0			PROGRAM SERVICE SUPPORT
PALM BEACH COUNTY ANIMAL CARE & CONTROL	59-6000785	501C3	256,239	0			PROGRAM SERVICE SUPPORT

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PARIS ANIMAL WELFARE SOCIETY INC	61-1224933	501C3	12,480	0			PROGRAM SERVICE SUPPORT
PAWS ATLANTA INC	58-6074088	501C3	12,600	0			PROGRAM SERVICE SUPPORT

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PAWS FOR LIFE UT	45-5358361	501C3	8,150	0			PROGRAM SERVICE SUPPORT
PEGGY ADAMS ANIMAL RESCUE LEAGUE	59-0637811	501C3	14,800	0			PROGRAM SERVICE SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PEOPLE FOR ANIMALS INC	22-2331492	501C3	7,205	0			PROGRAM SERVICE SUPPORT
PET ALLIANCE OF GREATER ORLANDO	59-0637883	501C3	24,775	0			PROGRAM SERVICE SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PET ALLIES	86-0829565	501C3	0	39,528	MARKET PRICE	ANIMAL FOOD	PROGRAM SERVICE SUPPORT
PET COMMUNITY CENTER	45-1524886	501C3	20,000	0			PROGRAM SERVICE SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PETER ZIPPI MEMORIAL FUND INC	47-4691814	501C3	13,600	0			PROGRAM SERVICE SUPPORT
PHILA ANIMAL WELFARE SOC -PAWS	26-3862631	501C3	7,700	0			PROGRAM SERVICE SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PIMA ANIMAL CARE CENTER	86-6000543	501C3	11,200	0			PROGRAM SERVICE SUPPORT
PIT SISTERS INC	32-0355003	501C3	10,000	0			PROGRAM SERVICE SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PITT COUNTY ANIMAL SHELTER	56-6000332	501C3	30,600	0			PROGRAM SERVICE SUPPORT
PLANNED PETHOOD OF GEORGIA	90-0516757	501C3	20,081	0			PROGRAM SERVICE SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PLAQUEMINES ANIMAL WELFARE SOCIETY	46-0519776	501C3	10,000	0			PROGRAM SERVICE SUPPORT
POSH PETS RESCUE	20-3536270	501C3	5,700	0			PROGRAM SERVICE SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PURRFECT PAWPRINTS	90-0353655	501C3	6,750	0			PROGRAM SERVICE SUPPORT
RICHMOND ANIMAL LEAGUE INC	51-0240493	501C3	21,700	0			PROGRAM SERVICE SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ROICE-HURST HUMANE SOCIETY	84-6048416	GOVERNMENT	10,000	0			PROGRAM SERVICE SUPPORT
RVETS	45-3123611	501C3	7,550	0			PROGRAM SERVICE SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAFE HAVEN FOR CATS	56-1916620	501C3	6,480	0			PROGRAM SERVICE SUPPORT
SAN ANTONIO HUMANE SOCIETY	74-6024105	GOVERNMENT	5,965	0			PROGRAM SERVICE SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAN ANTONIO PETS ALIVE LLC	45-4141531	501C3	6,450	0			PROGRAM SERVICE SUPPORT
SEATTLE AREA FELINE RESCUE	91-2041961	501C3	6,425	0			PROGRAM SERVICE SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SECOND CHANCE CENTER FOR ANIMALS	26-2395228	501C3	15,000	0			PROGRAM SERVICE SUPPORT
SICSA PET ADOPTION CENTER	23-7367199	501C3	22,465	0			PROGRAM SERVICE SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SNAKE RIVER ANIMAL SHELTER INC	20-5175430	501C3	10,000	0			PROGRAM SERVICE SUPPORT
SOUL DOG	45-4137227	501C3	0	109,207	MARKET PRICE	ANIMAL FOOD	PROGRAM SERVICE SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTHERN PINES ANIMAL SHELTER	64-0514796	501C3	28,900	0			PROGRAM SERVICE SUPPORT
SPAY & NEUTER KANSAS CITY	82-0563117	GOVERNMENT	6,100	0			PROGRAM SERVICE SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPAY NEUTER ASSISTANCE FOR PETS INC	74-3083045	501C3	6,000	0			PROGRAM SERVICE SUPPORT
SPAY NEUTER NETWORK	20-0276988	501C3	26,500	0			PROGRAM SERVICE SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPAY NEUTER PROJECT OF LA	20-8542566	501C3	382,475	0			PROGRAM SERVICE SUPPORT
SPAY4LA INC	45-2996980	501C3	49,500	0			PROGRAM SERVICE SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPCA OF FRANKLIN COUNTY	65-1174780	501C3	5,205	0			PROGRAM SERVICE SUPPORT
STILLWATER CAT HAVEN	27-4848192	501C3	8,750	0			PROGRAM SERVICE SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STONE COUNTY SPCA	27-1359759	501C3	9,900	0			PROGRAM SERVICE SUPPORT
STRAY CAT ALLIANCE	95-4787231	501C3	208,785	0			PROGRAM SERVICE SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STREET CAT HUB	47-1258466	501C3	41,500	0			PROGRAM SERVICE SUPPORT
SUMNER SPAY NEUTER ALLIANCE	46-4175450	501C3	20,000	0			PROGRAM SERVICE SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TEXAS LITTER CONTROL	46-0920592	501C3	50,000	0			PROGRAM SERVICE SUPPORT
THE ANIMAL FOUNDATION	88-0144253	501C3	27,365	0			PROGRAM SERVICE SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE FETCH FOUNDATION	38-3807057	501C3	0	14,694	MARKET PRICE	ANIMAL FOOD	PROGRAM SERVICE SUPPORT
THIS OLD HORSE INC	45-4234611	501C3	30,000	0			PROGRAM SERVICE SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THOMASVILLE THOMAS CTY HUMANE SOCIETY	58-1299962	GOVERNMENT	20,000	0			PROGRAM SERVICE SUPPORT
TUBA CITY HUMANE	86-0715785	GOVERNMENT	0	29,999	MARKET PRICE	ANIMAL FOOD	PROGRAM SERVICE SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED COALITION FOR ANIMALS	30-0024366	501C3	10,000	0			PROGRAM SERVICE SUPPORT
UTAH ANIMAL ADOPTION CENTER	94-2950501	501C3	6,128	0			PROGRAM SERVICE SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UTAH VALLEY ANIMAL RESCUE	47-1264869	501C3	8,000	0			PROGRAM SERVICE SUPPORT
VALLEY VIEW EQUINE RESCUE	26-3832985	501C3	14,275	0			PROGRAM SERVICE SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WAGS AND WALKS	45-3749303	501C3	52,475	0			PROGRAM SERVICE SUPPORT
WESTERN ARIZONA HUMANE		GOVERNMENT	0	14,736	MARKET PRICE	ANIMAL FOOD	PROGRAM SERVICE SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WILLIAMSON COUNTY REGIONAL ANIMAL SHELTER	74-6000978	GOVERNMENT	9,450	0			PROGRAM SERVICE SUPPORT
ZIGGY AND FRIENDS CAT RESCUE	46-3128166	501C3	8,450	0			PROGRAM SERVICE SUPPORT

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

OMB No 1545-0047

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.

2015
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▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization BEST FRIENDS ANIMAL SOCIETY	Employer identification number 23-7147797
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Part I Questions Regarding Compensation

	Yes	No								
<p>1a 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> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>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>	1b	Yes								
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	2	Yes								
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee									
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:</p>										
<p>a Receive a severance payment or change-of-control payment?</p>	4a	No								
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	4b	No								
<p>c 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>	4c	No								
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p>										
<p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p>										
<p>a The organization?</p>	5a	No								
<p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5b	No								
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p>										
<p>a The organization?</p>	6a	No								
<p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6b	No								
<p>7 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>	7	No								
<p>8 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>	8	No								
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred on prior Form 990
		Base (i) compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 GREGORY CASTLE CEO, BOARD MEMBER	(i)	196,015 -----	0 -----	0 -----	7,000 -----	5,988 -----	209,003 -----	0 -----
	(ii)	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----
2 FRANCIS BATTISTA CHAIR OF BOARD	(i)	146,410 -----	0 -----	0 -----	7,000 -----	5,988 -----	159,398 -----	0 -----
	(ii)	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----
3 PAUL ALTHERRCFO	(i)	187,080 -----	0 -----	0 -----	7,000 -----	0 -----	194,080 -----	0 -----
	(ii)	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----
4 JULIANNE CASTLECDMO	(i)	178,542 -----	0 -----	0 -----	7,000 -----	5,988 -----	191,530 -----	0 -----
	(ii)	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----
5 ANGELA L EMBREECIO	(i)	173,041 -----	0 -----	0 -----	7,000 -----	5,988 -----	186,029 -----	0 -----
	(ii)	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----
6 SUSAN M CITROCCO	(i)	213,246 -----	0 -----	0 -----	0 -----	5,988 -----	219,234 -----	0 -----
	(ii)	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----
7 VALERIE DORIAN SR DIRECTOR DEVELOPMENT	(i)	190,325 -----	0 -----	0 -----	0 -----	0 -----	190,325 -----	0 -----
	(ii)	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----
8 KAREN GALLARDO DIRECTOR OF PLANNED GIVING	(i)	209,084 -----	0 -----	0 -----	0 -----	5,988 -----	215,072 -----	0 -----
	(ii)	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----
9 MARC A PERALTA EXECUTIVE DIRECTOR	(i)	136,509 -----	0 -----	0 -----	7,000 -----	12,601 -----	156,110 -----	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.

Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

▶ **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.**

2016

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 Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

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

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

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

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

Total ▶ \$ _____

Part III Grants or Assistance Benefiting Interested Persons.

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

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
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
JULIANNE CASTLE	SPOUSE BD MEMBER CASTLE	185,689	EMPLOYEE COMPENSATION		No
JUDAH BATTISTA	SON BD MEMBER BATTISTA	132,290	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
CARRAGH MALONEY	DAUGHTER BD MEMBER CASTLE	95,169	EMPLOYEE COMPENSATION		No
LYNN BATTISTA	DAUGH-IN-LAW BD MEMBER BATTISTA	31,166	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
SILVA BATTISTA	SPOUSE BD MEMBER BATTISTA	83,906	EMPLOYEE COMPENSATION		No
JONATHAN SIZEMORE	SPOUSE OFFICER SIZEMORE	44,412	EMPLOYEE COMPENSATION		No

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2016

▶ **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**

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 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	249	124,291	FMV
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	93	1,735,075	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	183,714	2,208,349	FMV
20 Drugs and medical supplies	X	2,976	66,403	FMV
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (ANIMAL AND CLEANING SUPPLIES)	X	56,563	391,525	FMV
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 0

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? **30a** No

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? **31** Yes

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? **32a** Yes

b If "Yes," describe in Part II

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

	Yes	No
30a		No
31	Yes	
32a	Yes	

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)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

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

2016

▶ Attach to Form 990 or 990-EZ.

Open to Public Inspection

▶ Information about Schedule O (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

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 2017 * 1,433 ANIMALS WERE WELCOMED * 1,145 ANIMALS FOUND LOVING FOREVER HOMES, WITH 37 PERCENT OF THEM HAVING SPECIAL NEEDS * WILD FRIENDS, BEST FRIENDS' UNIQUE STATE AND FEDERALLY LICENSED WILDLIFE REHABILITATION AND EDUCATION CENTER, SUCCESSFULLY REHABILITATED 185 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 TREASURED TEACHERS BY EDUCATING VISITORS AND VOLUNTEERS ABOUT WILDLIFE AND CONSERVATION ISSUES * MORE THAN 31,000 PEOPLE VISITED, AND MORE THAN 12,000 PEOPLE VOLUNTEERED TO HELP THE ANIMALS * ANIMAL CARE FACILITIES WERE RENOVATED TO MAKE BEST FRIENDS' CARE EVEN BETTER * IN JUNE 2017, THE NEW PARROT GARDEN HEADQUARTERS OFFICIALLY OPENED. THE NEW BUILDING FEATURES A CENTRAL AVIARY WITH LIVING PLANTS AND A WATER FEATURE. AND IT WAS DESIGNED TO INCREASE FUNCTIONAL SPACE AND BETTER ACCOMMODATE BIRDS, STAFF AND VOLUNTEERS YEAR-ROUND. IN FISCAL YEAR 2017, 78 NEW BIRDS WERE WELCOMED TO PARROT GARDEN, AND 49 BIRDS FOUND HOMES * IN THE SUMMER OF 2017, WE BEGAN PHASE 0 OF OUR ESTIMATED \$3.7 MILLION HORSE HAVEN RENOVATION PROJECT, WHICH AIMS TO MAKE HORSE HAVEN AN EVEN GREATER REFUGE FOR ABANDONED AND ABUSED HORSES. WE BEGAN INSTALLING WATER LINE AND FENCING IN THE CANYON SO THAT HORSES CAN VACATE THE CURRENT SITE * BEST FRIENDS ANIMAL CLINIC HAD ANOTHER BUSY YEAR * SPAY/NEUTER PROCEDURES - 4,235 (3,560 PUBLIC) * DENTALS - 180 (18 PUBLIC) * OTHER MISCELLANEOUS SURGERIES - 343 (156 PUBLIC) * AFTER-HOURS EMERGENCIES - 72 (42 PUBLIC)</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990 PART III LINE 4B</p>	<p>WHEN BEST FRIENDS WAS FIRST FOUNDED, AN ESTIMATED 17 MILLION DOGS AND CATS WERE BEING KILL ED IN AMERICA'S SHELTERS EVERY YEAR, SIMPLY BECAUSE THEY DIDN'T HAVE SAFE PLACES TO CALL H OME TOGETHER WITH OUR MEMBERS, PARTNERS AND CARING PEOPLE AROUND THE COUNTRY, WE HAVE RED UCED THAT NUMBER TO ABOUT 1 5 MILLION PER YEAR THAT'S TREMENDOUS PROGRESS, BUT WE WON'T S TOP UNTIL WE SAVE THEM ALL THROUGH LIFESAVING PROGRAMS, SPECIAL EVENTS, TARGETED INITIATI VES, LEGISLATIVE EFFORTS AND A NETWORK OF VALUABLE PARTNERSHIPS WITH ANIMAL WELFARE ORGANI ZATIONS (MORE THAN 2,100 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 BY 2025, TOGETHER, W E WILL MAKE THE ENTIRE COUNTRY NO-KILL TO ACHIEVE THAT GOAL, IN FISCAL YEAR 2017, WE TOOK MANY CRITICAL STRATEGIC STEPS * THROUGH SHELTER ANIMALS COUNT, BEST FRIENDS BEGAN WORKIN G EXTENSIVELY WITH ANIMAL WELFARE GROUPS ACROSS THE COUNTRY TO COLLECT ACCURATE DATA - WHI CH WILL PAINT A BETTER PICTURE FOR HOW, TOGETHER, WE'LL MAKE THE COUNTRY NO-KILL OUR FIND INGS IN FISCAL YEAR 2017 SHOWED THAT THE NUMBER OF DOGS AND CATS BEING KILLED IN AMERICA'S SHELTERS EACH DAY DROPPED FROM MORE THAN 9,000 TO NEARLY 5,500 * BEST FRIENDS SET UP A N ATIONAL STEERING COMMITTEE, WHICH IS MADE UP OF ANIMAL WELFARE LEADERS FROM LOCAL AND NATI ONAL LEVELS THE COMMITTEE CONVENED IN FEBRUARY 2017 AND WAS TASKED WITH CREATING THE ROAD MAP TO ACHIEVE NO-KILL NATIONWIDE BY 2025 * BEST FRIENDS SPRING ANIMAL WELFARE SUMMITS B EGAN, PRESENTED BY MADDIE'S FUND HELD IN EIGHT MAJOR CITIES AROUND THE COUNTRY, THESE ON E-DAY SUMMITS BRING LOCAL ANIMAL WELFARE LEADERS TOGETHER TO DISCUSS WAYS TO BUILD COALITI ONS AND INCREASE REGIONAL COLLABORATION TO ACHIEVE OUR 2025 GOAL * AT THE 2017 BEST FRIEN DS NATIONAL CONFERENCE, HELD IN ATLANTIC CITY, NEW JERSEY, INTERACTIVE WORKSHOPS THAT FOCU SED ON COLLECTIVE PROBLEM SOLVING WITHIN THE COUNTRY'S EIGHT REGIONS WERE FEATURED THESE WORKSHOPS PROMOTED COLLABORATION AND IDEA-SHARING FOR MAKING THE COUNTRY NO-KILL BY 2025 * BEST FRIENDS BEGAN A MUNICIPAL SHELTER OUTREACH AND MENTORING PROGRAM, DESIGNED FOR SHEL TERS THAT ARE CRITICAL TO ACHIEVING NO-KILL BY 2025 IN THIS PILOT PROGRAM, SHELTER LEADER S GET HANDS-ON TRAINING AND SUPPORT IN MULTIPLE AREAS IN FISCAL YEAR 2017, BEST FRIENDS * DIRECTLY HELPED 191,770 PETS THROUGH OUR SANCTUARY, REGIONAL CENTERS, INITIATIVES AND NA TIONAL PROGRAMS * PERFORMED 98,275 SPAY/NEUTER SURGERIES AT OUR CLINICS AND THROUGH OUR P ROGRAMS * FOUND HOMES FOR 80,488 ANIMALS THROUGH OUR ADOPTION CENTERS, EVENTS AND PROMOTI ONS * PROVIDED SECOND CHANCES TO 4,796 NEWBORN KITTENS AND THEIR MOTHERS AT OUR KITTEN NU RSERIES OTHER FISCAL YEAR 2017 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 TOG ETHER RESCUE GROUPS, SHELTERS</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART III LINE 4B	<p>AND THOUSANDS OF ADOPTERS TO FIND HOMES FOR AS MANY PETS AS POSSIBLE IN 2017, 3,135 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), TAKES PLACE IN 14 CITIES ACROSS THE COUNTRY, PLUS THERE IS AN ONLINE EVENT FOR PEOPLE WHO DON'T LIVE NEAR EVENT CITIES IN 2017, STRUT YOUR MUTT RAISED MORE THAN \$2.6 MILLION, WITH NEARLY \$2 MILLION GOING DIRECTLY TO 300 PARTICIPATING BEST FRIENDS NETWORK PARTNERS * BEST FRIENDS NETWORK IS MADE UP OF A GROUP OF ANIMAL WELFARE ORGANIZATIONS COMMITTED TO SAVING THE LIVES OF HOMELESS PETS THROUGH EFFECTIVE ADOPTION AND SPAY/NEUTER PROGRAMS IN FISCAL YEAR 2017, THE NETWORK HAD MORE THAN 2,000 (AND COUNTING) PARTNERS IN ALL 50 STATES BEST FRIENDS PRESENTED NETWORK PARTNERS WITH MORE THAN \$4.7 MILLION IN GRANTS THAT MADE IT POSSIBLE FOR THEM TO SAVE THE LIVES OF EVEN MORE HOMELESS PETS AND NETWORK PARTNERS PARTICIPATING IN BEST FRIENDS' ADOPTION PROMOTIONS HELPED FIND HOMES FOR 57,842 PETS * BEST FRIENDS LAUNCHED THE BEST FRIENDS DIGITAL COMMUNITY, WHERE NETWORK PARTNERS FROM ACROSS THE COUNTRY CAN CONNECT, DISCUSS PROBLEMS AND LIFESAVING IDEAS, AND SHARE BEST PRACTICES * DURING BEST FRIENDS' GIVE LOVE ADOPTION PROMOTION IN FEBRUARY 2017, SPONSORED BY BOBS FOR DOGS FROM SKECHERS, 8,400 BEST FRIENDS AND PARTICIPATING NETWORK PARTNER PETS FOUND LOVING HOMES * BEST FRIENDS PRESENTED THE ARIZONA HUMANE SOCIETY IN PHOENIX, ARIZONA WITH TWO GRANTS TOTALING \$23,000 TO CREATE AND EXPAND THEIR "BOTTLE BABY ICU" FOR NEWBORN KITTENS AS A RESULT, THEY WERE ABLE TO CARE FOR 1,235 (AND COUNTING) KITTENS * THE RACHAEL RAY SAVE THEM ALL GRANTS, MADE POSSIBLE THROUGH THE RACHAEL RAY FOUNDATION, FUNDED NEW LIFESAVING PROGRAMS FOR 49 BEST FRIENDS NETWORK PARTNER ACROSS 23 STATES IN FISCAL YEAR 2017 ONE GROUP, GREENVILLE COUNTY ANIMAL CARE IN GREENVILLE, SOUTH CAROLINA, RECEIVED A \$20,000 RACHAEL RAY SAVE THEM ALL GRANT TO PROVIDE FREE SPAY/NEUTER FOR LARGE-BREED DOGS IN THE FIRST FOUR MONTHS OF THE GRANT, THE GROUP SPAYED OR NEUTERED 140 LARGE DOGS AND PUPPIES AND THE PET ALLIANCE OF GREATER ORLANDO IN ORLANDO, FLORIDA, RECEIVED A \$10,000 RACHAEL RAY SAVE THEM ALL GRANT TO CREATE A NEW APARTMENT REGISTRY PROGRAM AND ENCOURAGE MORE PET-FRIENDLY HOUSING * DURING BEST FRIENDS' SUMMER TO SAVE THEM ALL - A PROMOTION THAT FEATURED VARIOUS ADOPTION SPECIALS AND TOOK PLACE IN JUNE, JULY AND AUGUST 2017 - AN AMAZING 25,762 PETS FROM BEST FRIENDS AND OUR NETWORK PARTNERS FOUND HOMES * AT THE 2017 BEST FRIENDS NATIONAL CONFERENCE HELD IN ATLANTIC CITY, NEW JERSEY, 1,363 PARTICIPANTS HEARD INNOVATIVE IDEAS AND FOUND INSPIRATION TO HELP SAVE THEM ALL IN THEIR OWN COMMUNITIES * ON AUGUST 27, BEST FRIENDS AND SEVERAL RESCUE PARTNERS WERE ON THE GROUND IN HOUSTON TO HELP ANIMALS AFFECTED BY HURRICANE HARVEY IN RESPONSE TO THE AFTERMATH OF THE STORM, BEST FRIENDS HELPED MORE THAN 2,800 ANIMALS BETWEEN AUGUST 25 AND THE END OF 2</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART III LINE 4B	<p>017 AND AT THE PET REUNION PAVILION IN THE NRG ARENA IN HOUSTON, BEST FRIENDS CARED FOR 8 14 ANIMALS AFFECTED BY THE STORM * WHEN HURRICANE IRMA HIT THE FLORIDA COAST TWO WEEKS AF TER HURRICANE HARVEY, BEST FRIENDS PARTNERED WITH FIRST COAST NO MORE HOMELESS PETS TO HEL P MOVE ANIMALS TO SAFETY HUNDREDS OF PETS IN AFFECTED AREAS WERE MOVED TO BEST FRIENDS PE T ADOPTION CENTERS AND NETWORK PARTNER GROUPS THROUGHOUT THE COUNTRY PROGRAM CITIES UTAH * NO-KILL UTAH'S (NKUT) INITIATIVE, A BEST FRIENDS LED COALITION, WHICH BRINGS TOGETHER M UNICIPAL SHELTERS, ANIMAL WELFARE ORGANIZATIONS AND DEDICATED INDIVIDUALS, IS RIGHT ON TRA CK TO ACHIEVE ITS GOAL OF MAKING THE ENTIRE STATE NO-KILL BY 2019 FOR THE FOURTH YEAR IN A ROW, UTAH IS NO-KILL FOR DOGS AND NEARLY NO-KILL FOR CATS THE STATE'S OVERALL SAVE RATE FOR CATS AND DOGS IN FISCAL YEAR 2017 WAS 86 5 PERCENT, UP FROM 75 9 PERCENT IN 2014 - TH E FIRST YEAR THE INITIATIVE LAUNCHED * WITH A 90 PERCENT OR HIGHER SAVE RATE IN FISCAL YE AR 2017, A TOTAL OF 35 UTAH SHELTERS WERE CONSIDERED NO-KILL * AT THE BEST FRIENDS PET AD OPTION CENTER IN SALT LAKE CITY, WHICH FEATURES ADOPTABLE PETS FROM OUR SHELTER PARTNER, A TOTAL OF 1,772 LUCKY DOGS AND CATS FOUND LOVING HOMES AND AT THE BEST FRIENDS KITTEN NUR SERY IN SALT LAKE CITY, THE NUMBER OF KITTENS GIVEN A SECOND CHANCE AT LIFE TOTALED 1,189 * THE BEST FRIENDS SPAY/NEUTER CLINICS IN OREM AND OGDEN, JUST OUTSIDE OF SALT LAKE CITY, SPAYED OR NEUTERED 13,954 PETS, KEEPING COUNTLESS PETS FROM ENTERING SHELTERS IN THE FUTU RE LOS ANGELES * THE NO-KILL LOS ANGELES (NKLA) INITIATIVE, A BEST FRIENDS LED COALITION THAT BRINGS TOGETHER CITY SHELTERS, ANIMAL WELFARE GROUPS AND THOUSANDS OF INDIVIDUALS TO MAKE L A NO-KILL, IS SAVING MORE LIVES THAN EVER IN FISCAL YEAR 2017, L A CELEBRATED TH E NO-KILL BENCHMARK FOR DOGS WITH A 91 4 PERCENT SAVE RATE, AND THE SAVE RATE FOR CATS IS NOT FAR BEHIND THE TOTAL SAVE RATE FOR DOGS AND CATS IN L A WAS 86 2 PERCENT WE WON'T S TOP UNTIL L A IS COMPLETELY NO-KILL * THE NKLA PET ADOPTION CENTER - L A 'S CHICEST ADOP TION CENTER THAT SHOWCASES PETS FROM OUR NKLA COALITION PARTNERS AND FROM BEST FRIENDS - F OUND HOMES FOR NEARLY 3,000 DOGS AND CATS * THE BEST FRIENDS PET ADOPTION AND SPAY/NEUTER CENTER IN LOS ANGELES PULLED NEARLY 6,000 PETS FROM L A ANIMAL SERVICE FACILITIES, FOUND HOMES FOR MORE THAN 3,700 OF THEM, AND PERFORMED 6,530 SPAY/NEUTER SURGERIES * NEWBORN K ITTENS TRAGICALLY ARE THE PETS MOST AT RISK OF BEING KILLED IN LOS ANGELES CITY SHELTERS THAT'S WHY OUR KITTEN NURSERY IN L A IS CRUCIAL FOR MAKING THE CITY NO-KILL IN FISCAL YE AR 2017, THE NURSERY PROVIDED LIFESAVING SECOND CHANCES FOR 3,039 FRAGILE KITTENS</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990, PART III, LINE 4B</p>	<p>NEW YORK AND ATLANTA * THE BEST FRIENDS PET ADOPTION CENTER IN NEW YORK CITY OFFICIALLY OPENED IN APRIL 2017, AND IT SERVES AS ANOTHER LIFESAVING OUTLET FOR HOMELESS PETS IN THE CITY AND SURROUNDING TRISTATE AREA HOMELESS PETS FROM ANIMAL CARE CENTERS OF NYC AND OUR OTHER LOCAL ANIMAL WELFARE PARTNERS ARE FEATURED FOR ADOPTION FROM THE TIME THE CENTER OPENED THROUGH SEPTEMBER 30, 2017, 539 LUCKY DOGS AND CATS FOUND HOMES * NEW YORK CITY OFFICIALLY CELEBRATED NO-KILL STATUS IN FISCAL YEAR 2017 WORKING TOGETHER WITH BEST FRIENDS AND OTHER PASSIONATE ANIMAL WELFARE GROUPS, SHELTERS AND INDIVIDUALS, THE CITY MAINTAINED NO-KILL FOR DOGS WITH A 90.9 PERCENT SAVE RATE, AND ACHIEVED NO-KILL FOR CATS WITH A 90.6 PER CENT SAVE RATE THE OVERALL SAVE RATE FOR DOGS AND CATS WAS 90.7 PERCENT * THE BEST FRIENDS PET ADOPTION CENTER IN ATLANTA, GEORGIA ALSO OFFICIALLY OPENED, AND IT'S A LIFESAVING OUTLET FOR DOGS AND CATS IN THE CITY IN FISCAL YEAR 2017, 808 PETS FROM THE CENTER WERE ADOPTED BY LOVING FAMILIES LIFESAVING TARGETED INITIATIVES PIT BULL INITIATIVES * BEST FRIENDS ADVOCACY EFFORTS FOR PIT BULL TERRIERS ARE CRUCIAL FOR HELPING KEEP DOGS SAFE AT HOME WITH THEIR FAMILIES AND THAT'S WHY NEW THE NEW DELAWARE LEGISLATION WAS SUCH A BIG WIN IN FISCAL YEAR 2017 WITH THE HELP OF BEST FRIENDS AND ADVOCATES AROUND THE STATE, DELAWARE BECAME THE 21ST STATE TO PASS LEGISLATION PROHIBITING BREED-DISCRIMINATORY LAWS * BEST FRIENDS' LEGISLATIVE TEAM CELEBRATED A TOTAL OF 25 WINS FOR PIT-BULL-TERRIER-LIKE DOGS (14 CITY, ONE COUNTY AND TEN STATE) * THANKS TO TEAMWORK AND COLLABORATION WITH THE HUMANE SOCIETY OF THE UNITED STATES (HSUS) AND THE AMERICAN SOCIETY FOR PREVENTION OF CRUELTY TO ANIMALS (ASPCA), THE CITY OF DUBLIN, OHIO REPEALED ITS LONGSTANDING BREED-DISCRIMINATION LEGISLATION IN FAVOR OF A BREED-NEUTRAL LAW THAT FOCUSES ON THE BEHAVIOR OF INDIVIDUAL DOGS AND OWNERS * MORE THAN 30,197 EMAILS RELATED TO OUR PIT BULL INITIATIVES WERE SENT BY CARING PEOPLE THROUGH OUR LEGISLATIVE ACTION CENTER AND SINCE BEST FRIENDS' PIT BULL INITIATIVE EFFORTS BEGAN IN 2009, WE'VE BEEN ABLE TO HELP ABOUT 1.93 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 FOR MILL-BRED PETS, AND URGE PEOPLE TO ADOPT (INSTEAD OF BUY) THEIR NEW BEST FRIENDS AS A RESULT OF THESE EFFORTS, 58 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 252 * IN FISCAL YEAR 2017, OUR PUPPY MILL INITIATIVE LEGISLATIVE EFFORTS RESULTED IN 45 WINS (40 ORDINANCES, FOUR STATE BILLS AND ONE POLICY CHANGE) * IN COLLABORATION WITH OTHER</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4B	<p>ANIMAL WELFARE ORGANIZATIONS AND FELLOW ADVOCATES, BEST FRIENDS HELPED MAKE HISTORY IN CALIFORNIA THROUGH ASSEMBLY BILL 485, CALIFORNIA BECAME THE FIRST STATE IN THE COUNTRY TO BAN THE RETAIL SALE OF MILL-BRED DOGS, CATS AND RABBITS FROM PET STORES * 18,368 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 RUNS LIFESAVING COMMUNITY CAT PROGRAMS IN MULTIPLE CITIES ACROSS THE COUNTRY THE PROGRAMS ARE DESIGNED TO SAVE THE LIVES OF COMMUNITY (STRAY, FREE-R OAMING) CATS THROUGH TRAP-NEUTER-RETURN (TNR) TNR PROGRAMS TRAP, SPAY OR NEUTER AND 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, ATLANTA, GEORGIA, AND THE STATE OF UTAH PLUS, BEST FRIENDS OPERATES A COMMUNITY CAT PROGRAM IN COLLABORATION WITH MADDIE'S FUND IN RIVERSIDE, CALIFORNIA, AND PROGRAMS IN COLLABORATION WITH PETS MART CHARITIES IN PIMA COUNTY, ARIZONA, PHILADELPHIA, PENNSYLVANIA, AND COLUMBUS, GEORGIA * BEST FRIENDS COMMUNITY CAT PROGRAM IN ATLANTA IS SAVING MORE LIVES THAN EVER FROM JANUARY TO JUNE 2017, THE SAVE RATE FOR CATS AT THE COBB COUNTY SHELTER (LOCATED JUST OUTSIDE OF ATLANTA) WAS 94 PERCENT, WHICH IS WELL OVER THE 90 PERCENT NO-KILL THRESHOLD * THROUGH A \$62,000 COMMUNITY CAT MENTORSHIP FROM BEST FRIENDS, NETWORK PARTNERS ALLEN COUNTY SPCA, FORT WAYNE ANIMAL CARE AND HOPE FOR ANIMALS IN INDIANA, WERE ABLE TO WORK WITH THE COUNTY TO CHANGE AN ORDINANCE PREVENTING SHELTER-NEUTER-RETURN FOR CATS AND IMPLEMENT A NEW LARGE-SCALE COMMUNITY CAT PROGRAM WITHIN THE FIRST FOUR MONTHS OF THE PROGRAM, 574 COMMUNITY CATS WERE SPAYED OR NEUTERED * BEST FRIENDS CELEBRATED 26 LEGISLATIVE WINS FOR COMMUNITY CATS (11 CITY, FIVE COUNTY, AND NINE STATE) THAT MEANS FEWER CATS WILL ENTER SHELTERS IN THE FUTURE AND COUNTLESS LIVES WILL BE SAVED * THE NUMBER OF COMMUNITY CATS SPAYED OR NEUTERED THROUGH BEST FRIENDS PROGRAMS TOTALED 59,016 IN FISCAL YEAR 2017</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 11B	THE 990 IS PREPARED INTERNALLY AND REVIEWED BY TANNER LLC, THE CHIEF FINANCIAL OFFICER, THE CHAIRMAN OF THE BOARD, AND THE CHAIRMAN OF THE FINANCE COMMITTEE THE RETURN IS THEN DISTRIBUTED TO THE WHOLE BOARD FOR FINAL REVIEW BEFORE BEING FILED

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

Return Reference	Explanation
FORM 990, PART XI, LINE 9	AGENCY FUNDS DESIGNATED FOR OTHER ORGANIZATIONS -1,437,265 UNREALIZED CHANGE IN SPLIT INTEREST AGREEMENT 130,135 ELIMINATION OF SUBSIDIARY INCOME -295,035

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2016

**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.

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
(1) BEST FRIENDS PRODUCTIONS LLC 5001 ANGEL CANYON ROAD KANAB, UT 84741 47-2566720	PARTICIPATE IN JOINT VENTURE TO PRODUCE A FILM	UT	-312,879	97,297	BEST FRIENDS ANIMAL SOCIETY
(2) 1089 WYCKOFF LLC 5001 ANGEL CANYON ROAD KANAB, UT 84741 81-0717002	HOLD LEASE ON BUILDING IN NEW YORK, NY	UT	-243,158	16,828	BEST FRIENDS ANIMAL SOCIETY
(3) 307 WEST BROADWAY LLC 5001 ANGEL CANYON ROAD KANAB, UT 84741 47-4201980	HOLD LEASE ON BUILDING IN MANHATTAN, NY	UT	-357,392	136,636	BEST FRIENDS ANIMAL SOCIETY
(4) CHUFF LLC 5001 ANGEL CANYON ROAD KANAB, UT 84741 47-4259736	PURCHASE PROPERTY IN KANAB, UT	UT	-132,611	2,527,059	BEST FRIENDS ANIMAL SOCIETY
(5) AMBER HOUSING LLC 5001 ANGEL CANYON ROAD KANAB, UT 84741 81-0898475	PURCHASE PROPERTY IN KANAB, UT	UT	-53,648	1,299,108	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
(1) BEST FRIENDS WELLNESS CENTER INC 5001 ANGEL CANYON ROAD KANAB, UT 84741 47-3149724	OPERATE FITNESS CENTER	UT	BEST FRIENDS ANIMAL SOCIETY	C	-44,742	82,247	100 000 %	Yes	

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

	Yes	No
1 During the tax year, did the 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	Yes	
b Gift, grant, or capital contribution to related organization(s)		No
c Gift, grant, or capital contribution from related organization(s)		No
d Loans or loan guarantees to or for related organization(s)		No
e Loans or loan guarantees by related organization(s)		No
f Dividends from related organization(s)		No
g Sale of assets to related organization(s)		No
h Purchase of assets from related organization(s)		No
i Exchange of assets with related organization(s)		No
j Lease of facilities, equipment, or other assets to related organization(s)	Yes	
k Lease of facilities, equipment, or other assets from related organization(s)		No
l Performance of services or membership or fundraising solicitations for related organization(s)		No
m Performance of services or membership or fundraising solicitations by related organization(s)		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		No
o Sharing of paid employees with related organization(s)	Yes	
p Reimbursement paid to related organization(s) for expenses		No
q Reimbursement paid by related organization(s) for expenses		No
r Other transfer of cash or property to related organization(s)		No
s Other transfer of cash or property from related organization(s)		No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) BEST FRIENDS WELLNESS CENTER INC	A	12,000	ARM'S LENGTH ESTIMATE OF RENT
(2) BEST FRIENDS WELLNESS CENTER INC	J	12,000	ARM'S LENGTH ESTIMATE OF RENT
(3) BEST FRIENDS WELLNESS CENTER INC	O	44,569	PORTION OF SALARY AND PAYROLL TAX

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) 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		Yes	No	

Part VII **Supplemental Information**

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