

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2018, or fiscal year beginning OCT 1, 2018, and ending SEP 30, 2019

2018

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **Go to www.irs.gov/Form8879EO for the latest information.**

Name of exempt organization

Employer identification number

BEST FRIENDS ANIMAL SOCIETY

23-7147797

Name and title of officer

STEPHEN HOWELL
CHIEF OPERATING OFFICER

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here	▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b <u>102,896,740.</u>
2a Form 990-EZ check here	▶ <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here	▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here	▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here	▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b _____

Part II Declaration and Signature Authorization of Officer

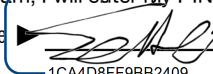
Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize TANNER LLC to enter my PIN 47797
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature  Date May 12, 2020
1CA4D8FF9BB2409...


Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

87123787123

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature  Date 5/11/2020

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2018)

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2018

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning OCT 1, 2018 **and ending** SEP 30, 2019


B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	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
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		G Gross receipts \$ 123,192,665.
J Website: WWW.BESTFRIENDS.ORG		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1984 M State of legal domicile: UT
F Name and address of principal officer: JULIANNE CASTLE SAME AS C ABOVE		
H(c) Group exemption number ▶		

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO BRING ABOUT A TIME WHEN THERE ARE NO MORE HOMELESS PETS. 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 11 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 7 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 1076 6 Total number of volunteers (estimate if necessary) 6 10693 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 165,883. b Net unrelated business taxable income from Form 990-T, line 38 7b 33,190.																									
Revenue	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Prior Year</th> <th style="text-align: center;">Current Year</th> </tr> </thead> <tbody> <tr> <td>8 Contributions and grants (Part VIII, line 1h)</td> <td style="text-align: right;">87,247,994.</td> <td style="text-align: right;">93,718,064.</td> </tr> <tr> <td>9 Program service revenue (Part VIII, line 2g)</td> <td style="text-align: right;">2,961,925.</td> <td style="text-align: right;">2,961,342.</td> </tr> <tr> <td>10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td> <td style="text-align: right;">1,103,113.</td> <td style="text-align: right;">4,417,311.</td> </tr> <tr> <td>11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td> <td style="text-align: right;">1,850,433.</td> <td style="text-align: right;">1,800,023.</td> </tr> <tr> <td>12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td> <td style="text-align: right;">93,163,465.</td> <td style="text-align: right;">102,896,740.</td> </tr> </tbody> </table>		Prior Year	Current Year	8 Contributions and grants (Part VIII, line 1h)	87,247,994.	93,718,064.	9 Program service revenue (Part VIII, line 2g)	2,961,925.	2,961,342.	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,103,113.	4,417,311.	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,850,433.	1,800,023.	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	93,163,465.	102,896,740.							
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Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer _____ Date _____ STEPHEN HOWELL, CHIEF OPERATING OFFICER Type or print name and title	
Paid Preparer Use Only	Print/Type preparer's name MARC A. METCALF	Preparer's signature 
	Date 5/11/2020	Check if self-employed <input type="checkbox"/> PTIN P00170461
	Firm's name ▶ TANNER LLC Firm's address ▶ 36 S STATE STREET, SUITE 600 SALT LAKE CITY, UT 84111	Firm's EIN ▶ 20-2253063 Phone no. 801-532-7444

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

Part III Statement of Program Service Accomplishments

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

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 [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

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 \$ 21,789,484. including grants of \$ 17,301.) (Revenue \$ 0.) ANIMAL CARE ACTIVITIES (SANCTUARY) - SEE SCHEDULE O

4b (Code:) (Expenses \$ 43,616,531. including grants of \$ 4,033,778.) (Revenue \$ 361,208.) INITIATIVES, PROGRAM CITIES, EMERGENCY RESPONSE, NETWORK PARTNERS AND OTHER NATIONAL OUTREACH - SEE SCHEDULE O

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 65,406,015.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefits, and Schedule O completion.

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 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 16 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 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 5 columns: Question, 1a, 1b, Yes, No. Rows include questions about voting members, family relationships, management delegation, significant changes, asset diversion, members, and documentation.

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

Table with 5 columns: Question, Yes, No. Rows include questions about local chapters, written policies, conflict of interest, whistleblower, document retention, compensation, joint ventures, and investment.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection.
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

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, and 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 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) ABIGAIL JONES BOARD VICE-CHAIR	1.00	X					0.	0.	0.	
(2) LYNN FLANDERS BOARD TREASURER	1.00	X					0.	0.	0.	
(3) MICARL HILL BOARD MEMBER	1.00	X					0.	0.	0.	
(4) MOLLY JORDAN KOCH BOARD MEMBER	1.00	X					0.	0.	0.	
(5) OKE MUELLER BOARD MEMBER	1.00	X					0.	0.	0.	
(6) LONA WILLIAMS BOARD MEMBER	1.00	X					0.	0.	0.	
(7) DENISE CLARK BOARD MEMBER	1.00	X					0.	0.	0.	
(8) ALFRED BATTISTA CO-FOUNDER BOARD CHAIR	40.00	X					150,518.	0.	16,011.	
(9) BERNADETTE MEJIA BOARD SECRETARY	40.00	X					116,441.	0.	16,511.	
(10) CYRUS MEJIA BOARD MEMBER	40.00	X					85,062.	0.	16,511.	
(11) GREGORY CASTLE CEO EMERITUS/BOARD MEMBER	40.00	X		X			238,330.	0.	18,661.	
(12) JULIANNE CASTLE CEO	40.00			X			210,226.	0.	18,661.	
(13) STEPHEN HOWELL COO/CFO	40.00			X			254,644.	0.	21,138.	
(14) VALERIE DORIAN CHIEF DEVELOPMENT OFFICER	40.00			X			207,414.	0.	7,000.	
(15) SUSAN CITRO CHIEF EXPERIENCE OFFICER	40.00			X			190,367.	0.	17,011.	
(16) ANGELA EMBREE CIO	40.00			X			180,392.	0.	26,027.	
(17) GRETA PALMER CHIEF BRAND & COMM OFFICER	40.00			X			159,238.	0.	16,011.	

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 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) JUDAH BATTISTA CHIEF OF STAFF	40.00			X				147,342.	0.	26,027.
(19) HOLLY SIZEMORE CHIEF MISSION OFFICER	40.00			X				157,292.	0.	16,011.
(20) KAREN GALLARDO SR. DIRECTOR, MAJOR AND PLANNED GIVI	40.00				X			205,143.	0.	16,897.
(21) MARC PERALTA SR DIR OF NATIONAL NO-KILL ADVANCEME	40.00					X		152,102.	0.	25,941.
(22) JOSE OCANO SENIOR DIRECTOR OF CULTURE AND TALEN	40.00					X		147,774.	0.	18,594.
(23) BRENT TOELLNER SR DIR OF NATIONAL PROGRAMS	40.00					X		116,299.	0.	14,537.
(24) TERESA BODEM-LINEBAUGH DIR OF OPERTAIONS AND STRATEGIC PROJ	40.00					X		129,312.	0.	18,661.
(25) ELISSA JONES SR. DIRECTOR, COMMUNICATIONS AND CRE	40.00					X		118,324.	0.	35,186.
1b Sub-total								2,966,220.	0.	345,396.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								2,966,220.	0.	345,396.

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 50

	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>		X
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>	X	
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>		X

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
LARRY ROSE CONSTRUCTION LLC PO BOX 152 , ORDERVILLE, UT 84758	CONTRACTOR	765,745.
WOW ATELIER LLC 17 EAST 400 SOUTH, SALT LAKE CITY, UT 84111	CONTRACTOR	329,172.
FABIAN VANCOTT, 215 S STATE ST #1200, SALT LAKE CITY, UT 84111	CONSULTANT	327,666.
CDW DIRECT LLC PO BOX 75723, CHICAGO, IL 60675	CONSULTANT	231,882.
ONE LOVE ANIMAL HOSPITAL 8209 3RD AVE, BROOKLYN , NY 11209	PROFESSIONAL SERVICES	220,013.
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	12	

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	1 a Federated campaigns	1a 150,145.			
	b Membership dues	1b			
	c Fundraising events	1c 213,680.			
	d Related organizations	1d			
	e Government grants (contributions)	1e 192,950.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f 93,161,289.			
	g Noncash contributions included in lines 1a-1f: \$	2,642,637.			
	h Total. Add lines 1a-1f	▶ 93,718,064.			
Program Service Revenue	2 a PROGRAM EVENTS	Business Code 900099	2,025,312.	2,025,312.	
	b CLINIC REVENUE	541900	936,030.	936,030.	
	c				
	d				
	e				
	f All other program service revenue				
	g Total. Add lines 2a-2f	▶ 2,961,342.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	▶ 1,729,288.	1,729,288.		
	4 Income from investment of tax-exempt bond proceeds	▶ 504,218.	504,218.		
	5 Royalties	▶ 26,847.	26,847.		
	6 a Gross rents	(i) Real 708,013.			
		b Less: rental expenses	0.		
		c Rental income or (loss)	708,013.		
	d Net rental income or (loss)	▶ 708,013.	635,283.		72,730.
	7 a Gross amount from sales of assets other than inventory	(i) Securities 21,539,852.	(ii) Other 163,569.		
		b Less: cost or other basis and sales expenses	19,348,803.	170,813.	
		c Gain or (loss)	2,191,049.	-7,244.	
		d Net gain or (loss)	▶ 2,183,805.	2,183,805.	
	8 a Gross income from fundraising events (not including \$ 213,680. of contributions reported on line 1c). See Part IV, line 18	a 223,030.			
		b Less: direct expenses	132,937.		
		c Net income or (loss) from fundraising events	▶ 90,093.		
	9 a Gross income from gaming activities. See Part IV, line 19	a			
b Less: direct expenses		b			
c Net income or (loss) from gaming activities		▶			
10 a Gross sales of inventory, less returns and allowances	a 1,239,592.				
	b Less: cost of goods sold	b 643,372.			
	c Net income or (loss) from sales of inventory	▶ 596,220.	563,030.	33,190.	
Miscellaneous Revenue		Business Code			
11 a CAFETERIA	722210	178,807.	178,807.		
	b MAGAZINE ADVERTISING	541800	132,693.	132,693.	
		c ANGELS REST	812900	67,350.	67,350.
	d All other revenue				
e Total. Add lines 11a-11d	▶ 378,850.				
12 Total revenue. See instructions	▶ 102,896,740.	8,849,970.	165,883.	162,823.	

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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(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	4,025,828.	4,025,828.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	17,301.	17,301.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	7,950.	7,950.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	3,311,617.	1,506,029.	1,236,182.	569,406.
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	41,650,624.	28,829,785.	6,136,808.	6,684,031.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,349,854.	920,371.	196,132.	233,351.
9 Other employee benefits	5,263,849.	4,278,173.	367,961.	617,715.
10 Payroll taxes	3,325,200.	2,257,386.	539,221.	528,593.
11 Fees for services (non-employees):				
a Management				
b Legal	186,987.	25,452.	44,149.	117,386.
c Accounting	226,974.	1,500.	225,474.	
d Lobbying	148,045.	148,045.		
e Professional fundraising services. See Part IV, line 17	497,124.			497,124.
f Investment management fees	216,701.		216,701.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	3,626,127.	1,443,244.	1,486,044.	696,839.
12 Advertising and promotion	1,851,762.	316,211.	47,083.	1,488,468.
13 Office expenses	1,397,852.	680,223.	555,451.	162,178.
14 Information technology	2,304,973.	394,985.	1,729,896.	180,092.
15 Royalties				
16 Occupancy	2,885,784.	2,568,817.	306,453.	10,514.
17 Travel	3,114,320.	2,049,696.	356,128.	708,496.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,702,070.	1,526,174.	7,847.	168,049.
20 Interest	347,280.	315,222.	30,953.	1,105.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,501,802.	2,271,674.	220,815.	9,313.
23 Insurance	781,840.	11,061.	770,645.	134.
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 FOOD MEDICAL SUP	7,635,314.	7,561,821.	61,140.	12,353.
b EQUIPMENT RENTAL	5,764,384.	1,659,572.	4,154.	4,100,658.
c ANGELS REST/CAFETERIA C	3,864,587.	1,234,895.	10,263.	2,619,429.
d MISCELLANEOUS	1,928,636.	1,354,600.	432,223.	141,813.
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	99,934,785.	65,406,015.	14,981,723.	19,547,047.
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)	2,095,592.	1,132,350.	0.	963,242.

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	100.	1	-273,995.
	2 Savings and temporary cash investments	35,644,997.	2	27,077,892.
	3 Pledges and grants receivable, net	9,186,442.	3	9,874,551.
	4 Accounts receivable, net	6,830,300.	4	5,899,733.
	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 instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	902,352.	8	1,036,170.
	9 Prepaid expenses and deferred charges	1,885,480.	9	2,631,620.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 70,873,733.		
	b Less: accumulated depreciation	10b 22,489,065.	38,062,285.	10c 48,384,668.
	11 Investments - publicly traded securities	46,926,435.	11	51,291,877.
	12 Investments - other securities. See Part IV, line 11	5,317,345.	12	2,595,603.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	2,778,542.	15	5,802,108.
16 Total assets. Add lines 1 through 15 (must equal line 34)	147,534,278.	16	154,320,227.	
Liabilities	17 Accounts payable and accrued expenses	14,585,669.	17	18,739,312.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities	24,760,846.	20	23,397,900.
	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	837,629.	23	9,306,904.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	5,701,152.	25	3,732,321.
	26 Total liabilities. Add lines 17 through 25	45,885,296.	26	55,176,437.
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	72,047,356.	27	64,442,843.
	28 Temporarily restricted net assets	13,297,766.	28	18,397,087.
	29 Permanently restricted net assets	16,303,860.	29	16,303,860.
	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	101,648,982.	33	99,143,790.	
34 Total liabilities and net assets/fund balances	147,534,278.	34	154,320,227.	

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	102,896,740.
2	Total expenses (must equal Part IX, column (A), line 25)	2	99,934,785.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,961,955.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	101,648,982.
5	Net unrealized gains (losses) on investments	5	-2,018,868.
6	Donated services and use of facilities	6	-781,210.
7	Investment expenses	7	-517,575.
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-2,149,494.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	99,143,790.

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		X
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	X	
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.	X	
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? _____		X
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 _____		

Form **990** (2018)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization BEST FRIENDS ANIMAL SOCIETY	Employer identification number 23-7147797
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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 **section 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, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	86,619,224.	82,251,839.	108,442,688.	88,864,738.	95,305,864.	461,484,353.
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	86,619,224.	82,251,839.	108,442,688.	88,864,738.	95,305,864.	461,484,353.
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)						2,556,613.
6 Public support. Subtract line 5 from line 4.						458,927,740.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	86,619,224.	82,251,839.	108,442,688.	88,864,738.	95,305,864.	461,484,353.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...	1,208,596.	1,233,663.	1,398,860.	2,051,512.	2,895,636.	8,788,267.
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...	38,411.	230.	8,501.	8,394.	-22,847.	32,689.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	376,285.	386,476.	452,907.	402,212.	246,157.	1,864,037.
11 Total support. Add lines 7 through 10						472,169,346.
12 Gross receipts from related activities, etc. (see instructions)					12	12,255,959.
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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	97.20 %
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	97.70 %
16a 33 1/3% support test - 2018. 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	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2017. 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	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2018. 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	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2017. 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	<input type="checkbox"/>	
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	<input type="checkbox"/>	

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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
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)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b 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?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
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? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
1		
2		
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.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
2a			
2b			
3a			
3b			

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
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 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

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.)

SCHEDULE A, PART II, SECTION B, LINE 10, COLUMN (E)

OTHER INCOME FOR THE CURRENT YEAR IS COMPRISED OF:

\$178,807 OF CAFETERIA INCOME

\$ 67,350 OF ANGELS REST INCOME

\$246,157 - TOTAL OTHER INCOME

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.**
 ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

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 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 campaign activity expenditures ▶ \$ _____
- 3 Volunteer hours for political campaign activities _____

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-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2018

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)	4,659.													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	143,134.													
c	Total lobbying expenditures (add lines 1a and 1b)	147,793.													
d	Other exempt purpose expenditures	99,786,992.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	99,934,785.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
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.													
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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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) 2015	(b) 2016	(c) 2017	(d) 2018	(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	203,066.	190,003.	129,813.	147,793.	670,675.
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	199,478.	5,405.	6,396.	4,659.	215,938.

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 campaign activity 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.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**

▶ **Attach to Form 990.**

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2018

Open to Public Inspection

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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 a 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 Tax 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 7/25/06, 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

▶ \$ _____

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2018

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

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

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

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

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

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

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

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

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

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

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on 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	24,599,801.	22,399,833.	19,383,509.	19,477,560.	11,145,637.
b Contributions	1,683,381.	1,777,172.	1,815,213.	160,355.	9,370,546.
c Net investment earnings, gains, and losses	287,031.	670,090.	1,345,699.	920,542.	-944,023.
d Grants or scholarships					
e Other expenditures for facilities and programs	7,400,956.			1,010,124.	
f Administrative expenses	376,388.	247,294.	144,588.	164,824.	94,600.
g End of year balance	18,792,869.	24,599,801.	22,399,833.	19,383,509.	19,477,560.

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

- a Board designated or quasi-endowment .00 %
- b Permanent endowment 66.81 %
- c Temporarily restricted endowment 33.19 %

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

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

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)	X	
3a(ii)		X
3b		

b If "Yes" on line 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		11,773,592.		11,773,592.
b Buildings		29,615,214.	13,341,526.	16,273,688.
c Leasehold improvements		3,464,045.	1,242,101.	2,221,944.
d Equipment		8,679,350.	5,802,695.	2,876,655.
e Other		17,341,532.	2,102,743.	15,238,789.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				48,384,668.

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. (Col. (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. (Col. (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	
(2) CHARITABLE GIFT ANNUITIES PAYABLE	3,047,414.
(3) OTHER LIABILITIES	684,907.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	3,732,321.

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.

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, 2019 AND SEPTEMBER 30, 2018 AND DETERMINED THERE WERE NO

MATERIAL UNRECOGNIZED TAX BENEFITS OR OBLIGATIONS. THE OPEN TAX YEARS

SUBJECT TO SELECTION FOR EXAMINATION ARE 2015 THROUGH 2018.

PART V, LINE 4

THE ORGANIZATION INTENDS TO USE THE INCOME GENERATED FROM THE PERMANENT

ENDOWMENT FOR VARIOUS PROGRAMS.

Part XIII Supplemental Information *(continued)*

Multiple horizontal lines for supplemental information input.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization BEST FRIENDS ANIMAL SOCIETY	Employer identification number 23-7147797
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Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes **No**
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, 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 the region	(f) Total expenditures for and investments in the region
ITALY - EUROPE	0	0	PROGRAM SERVICES	SUPPORT FOR CARE OF CATS	7,950.
3 a Subtotal	0	0			7,950.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			7,950.

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on 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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		ITALY - EUROPE	SUPPORT FOR CARE OF CATS - DONOR DESIGNATED GRANT	7,950.	WIRE TRANSFER	0.		BOOK

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 ▶ 1

3 Enter total number of other organizations or entities ▶ 0

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on 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 noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

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; don't file with Form 990)* Yes No

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

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

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

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

Part V Supplemental Information

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

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)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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

2018

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a Mail solicitations
 - b Internet and email solicitations
 - c Phone solicitations
 - d In-person solicitations
 - e Solicitation of non-government grants
 - f Solicitation of government grants
 - g Special fundraising events
- 2 a 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 10 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			
SOCIAL CAPITAL - 980 N MICHIGAN AVE SUITE 1610, NEWPORT CREATIVE COMMUNICATIONS INC - 21	CONSULTING		X	0.	192,000.	-192,000.
CVENT INC - PO BOX 822699, PHILADELPHIA, PA 19182	CONSULTING		X	0.	180,000.	-180,000.
FORWARDPMX LLC - ONE WORLD TRADE CENTER 63RD FLOOR, NEW	CONSULTING		X	0.	83,135.	-83,135.
GOODUNITED - 796 MEETING ST, CHARELSTON, SC 29403	CONSULTING		X	0.	25,434.	-25,434.
LAURA GOODMAN - 39 HIGHLAND ST, SWAMPSCOTT, MA 01907	CONSULTING		X	0.	4,200.	-4,200.
Total					500,784.	-500,784.

- 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 NONE	(d) Total events (add col. (a) through col. (c))
		SAVE THEM ALL GALA (event type)	(event type)	(total number)	
Revenue	1 Gross receipts	436,710.			436,710.
	2 Less: Contributions	213,680.			213,680.
	3 Gross income (line 1 minus line 2)	223,030.			223,030.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	68,840.			68,840.
	8 Entertainment				
	9 Other direct expenses	64,097.			64,097.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				132,937.
11 Net income summary. Subtract line 10 from line 3, column (d)				90,093.	

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))
Revenue	1 Gross revenue				
	2 Cash prizes				
Direct Expenses	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
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 to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: SOCIAL CAPITAL

(I) ADDRESS OF FUNDRAISER:

980 N MICHIGAN AVE SUITE 1610, CHICAGO, IL 60611

(I) NAME OF FUNDRAISER: NEWPORT CREATIVE COMMUNICATIONS INC

(I) ADDRESS OF FUNDRAISER: 21 RAILROAD AVE, DUXBURY, ME 02332

Part IV Supplemental Information (continued)

(I) NAME OF FUNDRAISER: CVENT INC

(I) ADDRESS OF FUNDRAISER: PO BOX 822699, PHILADELPHIA, PA 19182

(I) NAME OF FUNDRAISER: FORWARDPMX LLC

(I) ADDRESS OF FUNDRAISER:

ONE WORLD TRADE CENTER 63RD FLOOR, NEW YORK, NY 10007

(I) NAME OF FUNDRAISER: GOODUNITED

(I) ADDRESS OF FUNDRAISER: 796 MEETING ST , CHARELSTON, SC 29403

(I) NAME OF FUNDRAISER: LAURA GOODMAN

(I) ADDRESS OF FUNDRAISER: 39 HIGHLAND ST, SWAMPSCOTT, MA 01907

**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.**
▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2018

**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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
SPAY NEUTER PROJECT OF LA	20-8542566	IRS 501(C)(3)	325,000.	0.			PROGRAM SERVICE SUPPORT
STRAY CAT ALLIANCE	95-4787231	IRS 501(C)(3)	295,000.	0.			PROGRAM SERVICE SUPPORT
KITTEN RESCUE	95-4670174	IRS 501(C)(3)	266,250.	0.			PROGRAM SERVICE SUPPORT
HEAVEN ON EARTH SOCIETY FOR ANIMALS	77-0538189	GOV	202,500.	0.			PROGRAM SERVICE SUPPORT
PALM VALLEY ANIMAL CENTER	74-1819910	IRS 501(C)(3)	185,368.	0.			PROGRAM SERVICE SUPPORT
CATS CATS CATS RESCUE INC	81-1875595	IRS 501(C)(3)	121,875.	0.			PROGRAM SERVICE SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 119.

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2018)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FJC-A FOUNDATION OF PHILANTHROPIC FUNDS	13-3848582	IRS 501(C)(3)	111,000.	0.			PROGRAM SERVICE SUPPORT
THE ANIMAL FOUNDATION	88-0144253	IRS 501(C)(3)	100,348.	0.			PROGRAM SERVICE SUPPORT
MAYOR'S ALLIANCE FOR NYC ANIMALS	73-1653635	IRS 501(C)(3)	90,000.	0.			PROGRAM SERVICE SUPPORT
CITY OF IDAHO FALLS ANIMAL SHELTER	82-6000208	GOV	23,209.	0.			PROGRAM SERVICE SUPPORT
ALLIANCE FOR CONTRACEPTION IN CATS & DOGS	41-2185841	IRS 501(C)(3)	80,000.	0.			PROGRAM SERVICE SUPPORT
LIFELINE ANIMAL PROJECT INC	01-0599278	IRS 501(C)(3)	60,000.	0.			PROGRAM SERVICE SUPPORT
TLC PETSNIIP INC	61-1647971	IRS 501(C)(3)	55,000.	0.			PROGRAM SERVICE SUPPORT
ANGEL CITY PIT BULLS	27-2348995	IRS 501(C)(3)	52,000.	0.			PROGRAM SERVICE SUPPORT
SOLANO COUNTY ANIMAL CARE DIV	94-6000538	GOV	51,275.	0.			PROGRAM SERVICE SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AUSTIN PETS ALIVE	74-2893360	IRS 501(C)(3)	50,000.	0.			PROGRAM SERVICE SUPPORT
CITY OF HESPERIA ANIMAL SHELTER	33-0298660	GOV	50,000.	0.			PROGRAM SERVICE SUPPORT
GWINNETT CTY BOARD OF COMMISSIONERS		IRS 501(C)(3)	50,000.	0.			PROGRAM SERVICE SUPPORT
PETCO FOUNDATION	33-0845930	IRS 501(C)(3)	50,000.	0.			PROGRAM SERVICE SUPPORT
SPAY NEUTER NETWORK	20-0276988	IRS 501(C)(3)	50,000.	0.			PROGRAM SERVICE SUPPORT
KITTY BUNGALOW CHARM SCHOOL	27-1297223	IRS 501(C)(3)	48,900.	0.			PROGRAM SERVICE SUPPORT
PLANNED PETHOOD OF GEORGIA	90-0516757	IRS 501(C)(3)	48,112.	0.			PROGRAM SERVICE SUPPORT
MCKANEY ANIMAL CENTER	01-0824858	IRS 501(C)(3)	47,150.	0.			PROGRAM SERVICE SUPPORT
ALLEY CAT ADVOCATES INC	61-1343210	IRS 501(C)(3)	47,000.	0.			PROGRAM SERVICE SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
LAFAYETTE ANIMAL AID	23-7414331	IRS 501(C)(3)	41,578.	0.			PROGRAM SERVICE SUPPORT
HUMANE SOCIETY OF GREATER DAYTON	31-0537073	GOV	39,237.	0.			PROGRAM SERVICE SUPPORT
BROTHER WOLF ANIMAL RESCUE	20-8787719	IRS 501(C)(3)	38,000.	0.			PROGRAM SERVICE SUPPORT
JESSAMINE COUNTY FISCAL COURT	61-6000904	GOV	35,000.	0.			PROGRAM SERVICE SUPPORT
YOUNG-WILLIAMS ANIMAL CTR OF EAST TN	45-5326778	IRS 501(C)(3)	35,000.	0.			PROGRAM SERVICE SUPPORT
HUMANE SOCIETY OF YUMA	86-6053617	GOV	34,000.	0.			PROGRAM SERVICE SUPPORT
COUNTY OF TULARE	94-6000545	GOV	33,500.	0.			PROGRAM SERVICE SUPPORT
UTAH VALLEY ANIMAL RESCUE	47-1264869	IRS 501(C)(3)	33,500.	0.			PROGRAM SERVICE SUPPORT
ANIMAL BALANCE	68-0630714	IRS 501(C)(3)	32,500.	0.			PROGRAM SERVICE SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HUMANE SOCIETY OF PIEDMONT INC	56-6030054	GOV	32,000.	0.			PROGRAM SERVICE SUPPORT
A LIFE TO LIVE ANIMAL SHELTER & ADOPTION CENTER	47-1817617	IRS 501(C)(3)	30,275.	0.			PROGRAM SERVICE SUPPORT
BULLOCH COUNTY BOARD OF COMMISSIONERS	58-6000789	GOV	30,000.	0.			PROGRAM SERVICE SUPPORT
FRIENDS OF MACC	35-2629136	IRS 501(C)(3)	30,000.	0.			PROGRAM SERVICE SUPPORT
PEOPLE FOR ANIMALS INC	22-2331492	IRS 501(C)(3)	28,820.	0.			PROGRAM SERVICE SUPPORT
HUMANE SOCIETY OF NORTHERN UTAH	26-2250673	GOV	27,227.	0.			PROGRAM SERVICE SUPPORT
ANIMAL SERVICES CENTER OF MESILLA VALLEY	26-4297265	IRS 501(C)(3)	26,000.	0.			PROGRAM SERVICE SUPPORT
WEST VALLEY HUMANE SOCIETY	20-8179233	GOV	26,000.	0.			PROGRAM SERVICE SUPPORT
PJ'S PET GUARDIANS	26-0096240	IRS 501(C)(3)	25,563.	0.			PROGRAM SERVICE SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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 PROTECTIVE ASSOC OF MISSOURI	43-0699783	IRS 501(C)(3)	25,000.	0.			PROGRAM SERVICE SUPPORT
CARE STL	83-1080279	IRS 501(C)(3)	25,000.	0.			PROGRAM SERVICE SUPPORT
LOLLYPOP FARM	16-0743047	IRS 501(C)(3)	25,000.	0.			PROGRAM SERVICE SUPPORT
RUFF HOUSE RESCUE	27-0964354	IRS 501(C)(3)	25,000.	0.			PROGRAM SERVICE SUPPORT
ANIMAL CARE CENTERS OF NYC	13-3788986	IRS 501(C)(3)	23,792.	0.			PROGRAM SERVICE SUPPORT
OBE'S ANGEL RESCUE		IRS 501(C)(3)	0.	23,652.	ANIMAL FOOD	FAIR MARKET VALUE	PROGRAM SERVICE SUPPORT
KITTY CITY NM	20-2715739	IRS 501(C)(3)	23,000.	0.			PROGRAM SERVICE SUPPORT
COUNTY OF CUMBERLAND	56-6000291	GOV	21,500.	0.			PROGRAM SERVICE SUPPORT
ARLINGTON ANIMAL SERVICES	75-6000450	IRS 501(C)(3)	21,425.	0.			PROGRAM SERVICE SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
WILD CAT FOUNDATION INC	02-0647617	IRS 501(C)(3)	21,000.	0.			PROGRAM SERVICE SUPPORT
SACRAMENTO CTY BRADSHAW ANIMAL SHELTER		IRS 501(C)(3)	20,700.	0.			PROGRAM SERVICE SUPPORT
CITY OF BURLINGTON		GOV	20,000.	0.			PROGRAM SERVICE SUPPORT
SOUL DOG		IRS 501(C)(3)	0.	18,882.	ANIMAL FOOD	FAIR MARKET VALUE	PROGRAM SERVICE SUPPORT
LYCOMING COUNTY SPCA	24-0857714	GOV	18,800.	0.			PROGRAM SERVICE SUPPORT
THE PAW MISSION	82-2187275	IRS 501(C)(3)	18,585.	0.			PROGRAM SERVICE SUPPORT
BOWLING GREEN WARREN CTY HUMANE SOCIETY	61-0653278	GOV	18,500.	0.			PROGRAM SERVICE SUPPORT
SOUTHERN PINES ANIMAL SHELTER	64-0514796	IRS 501(C)(3)	18,500.	0.			PROGRAM SERVICE SUPPORT
PAW WORKS	46-4484336	IRS 501(C)(3)	18,445.	0.			PROGRAM SERVICE SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
ENID SPCA	73-1546461	IRS 501(C)(3)	17,132.	0.			PROGRAM SERVICE SUPPORT
VALLEY VIEW EQUINE RESCUE	26-3832985	IRS 501(C)(3)	16,900.	0.			PROGRAM SERVICE SUPPORT
KANSAS HUMANE SOCIETY OF WICHITA	48-0554339	GOV	16,500.	0.			PROGRAM SERVICE SUPPORT
FORT WAYNE ANIMAL CARE & CONTROL	35-6001029	GOV	16,000.	0.			PROGRAM SERVICE SUPPORT
FORSYTH COUNTY HUMANE SOCIETY & SPCA	58-1375502	GOV	16,000.	0.			PROGRAM SERVICE SUPPORT
CCP		IRS 501(C)(3)	0.	15,259.	ANIMAL FOOD	FAIR MARKET VALUE	PROGRAM SERVICE SUPPORT
KANE SCHOOLS FOUNDATION FOR STUDENTS	75-7134344	IRS 501(C)(3)	15,000.	0.			PROGRAM SERVICE SUPPORT
PAAS VINITA	45-5414625	IRS 501(C)(3)	15,000.	0.			PROGRAM SERVICE SUPPORT
PAW PLACEMENT OF NORTHERN ARIZONA	45-2912962	IRS 501(C)(3)	15,000.	0.			PROGRAM SERVICE SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIV OF ILLINOIS URBANA-CHAMPAIGN	37-6006007	IRS 501(C)(3)	15,000.	0.			PROGRAM SERVICE SUPPORT
FRONT STREET ANIMAL SHELTER	94-6000410	IRS 501(C)(3)	14,940.	0.			PROGRAM SERVICE SUPPORT
FLEET OF ANGELS	46-3895690	IRS 501(C)(3)	14,000.	0.			PROGRAM SERVICE SUPPORT
MEQUITE ANIMAL SHELTER		IRS 501(C)(3)	0.	13,990.	ANIMAL FOOD	FAIR MARKET VALUE	PROGRAM SERVICE SUPPORT
B.A.M. BECAUSE ANIMALS MATTER	87-0772587	IRS 501(C)(3)	0.	13,405.	ANIMAL FOOD	FAIR MARKET VALUE	PROGRAM SERVICE SUPPORT
HUMANE SOCIETY OF PAGOSA SPRINGS	74-2350919	GOV	0.	13,149.	ANIMAL FOOD	FAIR MARKET VALUE	PROGRAM SERVICE SUPPORT
UNDERDOG ANIMAL RESCUE	82-3156476	IRS 501(C)(3)	0.	12,790.	ANIMAL FOOD	FAIR MARKET VALUE	PROGRAM SERVICE SUPPORT
PAWS ST GEORGE	48-1288881	IRS 501(C)(3)	12,500.	0.			PROGRAM SERVICE SUPPORT
LAFAYETTE CITY PARISH GOVERNMENT	72-1335255	GOV	12,000.	0.			PROGRAM SERVICE SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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 AND NEUTER TODAY	46-5479828	IRS 501(C)(3)	12,000.	0.			PROGRAM SERVICE SUPPORT
SPAY ARKANSAS	06-1833843	IRS 501(C)(3)	11,463.	0.			PROGRAM SERVICE SUPPORT
HESPERIA ANIMAL SERVICES	33-0298660	IRS 501(C)(3)	11,160.	0.			PROGRAM SERVICE SUPPORT
LEECH LAKE LEGACY	46-0840535	IRS 501(C)(3)	11,000.	0.			PROGRAM SERVICE SUPPORT
HUMANE SOCIETY OF THE OZARKS	71-0401481	GOV	10,900.	0.			PROGRAM SERVICE SUPPORT
ACTION PROGRAMS FOR ANIMALS	27-0234541	IRS 501(C)(3)	10,000.	0.			PROGRAM SERVICE SUPPORT
FUREVER HOME INC	81-1518931	IRS 501(C)(3)	10,000.	0.			PROGRAM SERVICE SUPPORT
HUMANE SOCIETY OF THE TREASURE COAST	59-0774235	GOV	10,000.	0.			PROGRAM SERVICE SUPPORT
JULIET'S HOUSE ANIMAL RESCUE INC	47-3620398	IRS 501(C)(3)	10,000.	0.			PROGRAM SERVICE SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
LOST PAWS RESCUE OF TEXAS	34-1995205	IRS 501(C)(3)	10,000.	0.			PROGRAM SERVICE SUPPORT
LYNCHBURG HUMANE SOCIETY	54-0570901	GOV	10,000.	0.			PROGRAM SERVICE SUPPORT
PAULDING COUNTY BOARD OF COMMISSIONERS	58-6001498	GOV	10,000.	0.			PROGRAM SERVICE SUPPORT
PINAL COUNTY ANIMAL CARE & CONTROL	86-6000556	GOV	10,000.	0.			PROGRAM SERVICE SUPPORT
SNAKE RIVER ANIMAL SHELTER INC	20-5175430	IRS 501(C)(3)	10,000.	0.			PROGRAM SERVICE SUPPORT
TOWNSHIP OF PARSIPPANY	22-6002190	IRS 501(C)(3)	10,000.	0.			PROGRAM SERVICE SUPPORT
ZEUS' RESCUES LOW PROFIT LLC	46-1940931	IRS 501(C)(3)	9,850.	0.			PROGRAM SERVICE SUPPORT
MEW CAT RESCUE	81-1195967	IRS 501(C)(3)	9,375.	0.			PROGRAM SERVICE SUPPORT
SACRAMENTO SPCA		IRS 501(C)(3)	9,360.	0.			PROGRAM SERVICES SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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		IRS 501(C)(3)	0.	9,008.	ANIMAL FOOD	FAIR MARKET VALUE	PROGRAM SERVICE SUPPORT
HAPPY HOMES ANIMAL RESCUE INC	45-4087542	IRS 501(C)(3)	7,625.	0.			PROGRAM SERVICE SUPPORT
KITSAP HUMANE SOCIETY	91-0728353	GOV	7,500.	0.			PROGRAM SERVICE SUPPORT
ANIMAL LEAGUE OF WASHINGTON COUNTY	27-3516716	GOV	7,350.	0.			PROGRAM SERVICE SUPPORT
ANIMAL CARE & CONTROL TEAM-PA	45-3985637	GOV	7,200.	0.			PROGRAM SERVICE SUPPORT
ANIMAL FRIENDS OF BARBOUR COUNTY	11-3649801	GOV	7,200.	0.			PROGRAM SERVICE SUPPORT
COUNTY OF GUILFORD ANIMAL SERVICES	56-6000305	GOV	7,000.	0.			PROGRAM SERVICE SUPPORT
SAVE A KITTY FERAL CAT PROGRAM	20-1356147	IRS 501(C)(3)	7,000.	0.			PROGRAM SERVICE SUPPORT
BRANDYWINE VALLEY SPCA	23-1381030	IRS 501(C)(3)	6,720.	0.			PROGRAM SERVICE SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRIENDS OF PRAIRIE GROVE POUND INC	46-5518421	IRS 501(C)(3)	6,500.	0.			PROGRAM SERVICE SUPPORT
PAWS AND CLAWS PET SHELTER	71-0644363	IRS 501(C)(3)	6,500.	0.			PROGRAM SERVICE SUPPORT
PET PROJECT RESCUE INC	27-0158014	IRS 501(C)(3)	6,500.	0.			PROGRAM SERVICE SUPPORT
PAWS		IRS 501(C)(3)	0.	6,464.	ANIMAL FOOD	FAIR MARKET VALUE	PROGRAM SERVICE SUPPORT
SCHROER MFG CO	44-0510045	IRS 501(C)(3)	6,092.	0.			PROGRAM SERVICE SUPPORT
BIG PAWS OF THE OZARKS	46-4740246	IRS 501(C)(3)	6,000.	0.			PROGRAM SERVICE SUPPORT
PA SPCA		IRS 501(C)(3)	6,000.	0.			PROGRAM SERVICE SUPPORT
SECOND CITY CANINE RESCUE	45-3336498	IRS 501(C)(3)	6,000.	0.			PROGRAM SERVICE SUPPORT
MICHIGAN PET FUND ALLIANCE	20-0399162	IRS 501(C)(3)	5,960.	0.			PROGRAM SERVICE SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
NEIGHBORHOOD CATS	13-4133456	IRS 501(C)(3)	5,915.	0.			PROGRAM SERVICE SUPPORT
ONE MORE CHANCE		IRS 501(C)(3)	0.	5,913.	ANIMAL FOOD	FAIR MARKET VALUE	PROGRAM SERVICE SUPPORT
FRIENDS OF UPLAND ANIMAL SHELTER	46-2546783	IRS 501(C)(3)	5,740.	0.			PROGRAM SERVICE SUPPORT
FEDERATED HUMANE SOCIETIES OF PA	26-0170285	GOV	5,500.	0.			PROGRAM SERVICE SUPPORT
SAFE HUMANE CHICAGO	36-4366285	GOV	5,500.	0.			PROGRAM SERVICE SUPPORT

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 noncash assistance
PROVIDE FOOD FOR ANIMALS	19	0.	4,256.	FMV	ANIMAL FOOD FOR INDIVIDUALS SUPPORTING OUR PROGRAMS FOR CATS, DOGS, AND HORSES
PROVIDE ASSISTANCE FOR FOOD, VETERINARY EXPENSES	28	0.	13,045.	FMV	VETERINARY SERVICES

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

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.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public
Inspection

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

- 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.
- | | |
|--|--|
| <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 (such as maid, chauffeur, chef) |
- b** If any of the boxes on 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
- 2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?
- 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.
- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |
- 4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:
- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.
- Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**
- 5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:
- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.
- 6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:
- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.
- 7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III
- 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
- 9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2018

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 aren't listed on Form 990, Part VII.

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ALFRED BATTISTA CO-FOUNDER BOARD CHAIR	(i)	150,518.	0.	0.	7,000.	9,011.	166,529.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) GREGORY CASTLE CEO EMERITUS/BOARD MEMBER	(i)	238,330.	0.	0.	7,000.	11,661.	256,991.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JULIANNE CASTLE CEO	(i)	210,226.	0.	0.	7,000.	11,661.	228,887.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) STEPHEN HOWELL COO/CFO	(i)	254,644.	0.	0.	0.	21,138.	275,782.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) VALERIE DORIAN CHIEF DEVELOPMENT OFFICER	(i)	207,414.	0.	0.	7,000.	0.	214,414.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) SUSAN CITRO CHIEF EXPERIENCE OFFICER	(i)	190,367.	0.	0.	7,000.	10,011.	207,378.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) ANGELA EMBREE CIO	(i)	180,392.	0.	0.	7,000.	19,027.	206,419.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) GRETA PALMER CHIEF BRAND & COMM OFFICER	(i)	159,238.	0.	0.	7,000.	9,011.	175,249.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) JUDAH BATTISTA CHIEF OF STAFF	(i)	147,342.	0.	0.	7,000.	19,027.	173,369.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) HOLLY SIZEMORE CHIEF MISSION OFFICER	(i)	157,292.	0.	0.	7,000.	9,011.	173,303.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) KAREN GALLARDO SR. DIRECTOR, MAJOR AND PLANNED GIVI	(i)	205,143.	0.	0.	7,000.	9,897.	222,040.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) MARC PERALTA SR DIR OF NATIONAL NO-KILL ADVANCEME	(i)	152,102.	0.	0.	7,000.	18,941.	178,043.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) JOSE OCANO SENIOR DIRECTOR OF CULTURE AND TALEN	(i)	147,774.	0.	0.	0.	18,594.	166,368.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) ELISSA JONES SR. DIRECTOR, COMMUNICATIONS AND CRE	(i)	118,324.	0.	0.	7,000.	28,186.	153,510.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							

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.

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 K
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**

▶ **Attach to Form 990.** ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2018
Open to Public Inspection

Name of the organization BEST FRIENDS ANIMAL SOCIETY	Employer identification number 23-7147797
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Part I Bond Issues		SEE PART VI FOR COLUMNS (A) AND (F) CONTINUATIONS									
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A KANE COUNTY UTAH	87-6000300	NONE	05/29/18	25,000,000.	CONSTRUCTION OF BUILDINGS		X	X			X
B											
C											
D											

Part II Proceeds		A		B		C		D	
1	Amount of bonds retired								
2	Amount of bonds legally defeased								
3	Total proceeds of issue	25,000,000.							
4	Gross proceeds in reserve funds	22,897,970.							
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds	325,000.							
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	3,485,583.							
11	Other spent proceeds								
12	Other unspent proceeds	21,514,417.							
13	Year of substantial completion								
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?		X						
15	Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X						
16	Has the final allocation of proceeds been made?		X						
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?		X						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule K (Form 990) 2018

Part III Private Business Use								
	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?								
2 Are there any lease arrangements that may result in private business use of bond-financed property?								
3a Are there any management or service contracts that may result in private business use of bond-financed property?								
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?								
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		%		%		%		%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		%		%		%		%
6 Total of lines 4 and 5		%		%		%		%
7 Does the bond issue meet the private security or payment test?								
8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?								
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?								

Part IV Arbitrage								
	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?	X							
b Exception to rebate?		X						
c No rebate due?	X							
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X						

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X						
7 Has the organization established written procedures to monitor the requirements of section 148?		X						

Part V Procedures To Undertake Corrective Action

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

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions

SCHEDULE K, PART I, BOND ISSUES:

(A) ISSUER NAME: KANE COUNTY UTAH

(F) DESCRIPTION OF PURPOSE: CONSTRUCTION OF BUILDINGS

FORM 990 SCHEDULE K PART IV LINE 2C

A REBATE COMPUTATION WAS PERFORMED FOR THE PERIOD MAY 29, 2018 TO MARCH 1, 2019 AND WAS ISSUED ON OCTOBER 17, 2019.

SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2018

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

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

Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

BEST FRIENDS ANIMAL SOCIETY

Employer identification number

23-7147797

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

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

Table with 4 main columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No)

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$

Part II Loans to and/or From Interested Persons.

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

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

Total \$

Part III Grants or Assistance Benefiting Interested Persons.

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

Table with 5 main columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance

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

Schedule L (Form 990 or 990-EZ) 2018

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
JUDAH BATTISTA	SON: BD MEMBER BATT	160,263.	EMPLOYEE CO		X
CARRAGH MALONEY	DAUGHTER: BD MEMBER	94,697.	EMPLOYEE CO		X
LYNN BATTISTA	DAUGH-IN-LAW: BD ME	12,024.	EMPLOYEE CO		X
JONATHAN SIZEMORE	SPOUSE: OFFICER SIZ	45,949.	EMPLOYEE CO		X
BART BATTISTA	SON: BD MEMBER BATT	118,941.	EMPLOYEE CO		X

Part V Supplemental Information.

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

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: JUDAH BATTISTA

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SON: BD MEMBER BATTISTA

(D) DESCRIPTION OF TRANSACTION: EMPLOYEE COMPENSATION

(A) NAME OF PERSON: CARRAGH MALONEY

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

DAUGHTER: BD MEMBER CASTLE

(D) DESCRIPTION OF TRANSACTION: EMPLOYEE COMPENSATION

(A) NAME OF PERSON: LYNN BATTISTA

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

DAUGH-IN-LAW: BD MEMBER BATTISTA

(D) DESCRIPTION OF TRANSACTION: EMPLOYEE COMPENSATION

(A) NAME OF PERSON: JONATHAN SIZEMORE

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SPOUSE: OFFICER SIZEMORE

(D) DESCRIPTION OF TRANSACTION: EMPLOYEE COMPENSATION

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

(A) NAME OF PERSON: BART BATTISTA

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SON: BD MEMBER BATTISTA

(D) DESCRIPTION OF TRANSACTION: EMPLOYEE COMPENSATION

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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	69	264,979	FMV
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	119	1,098,325	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	624,484	1,063,659	FMV
20 Drugs and medical supplies	X	650	13,273	FMV
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (ANIMAL AND CL)	X	44,553	467,380	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** 1

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2018

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.

SCHEDULE M, LINE 32B:

BEST FRIENDS ANIMAL SOCIETY UTILIZES THE SERVICES OF AN AUTOMOBILE

BROKER TO SELL DONATED VEHICLES.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization BEST FRIENDS ANIMAL SOCIETY	Employer identification number 23-7147797
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FORM 990 PART III LINE 4A

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 WHILE WAITING FOR PERMANENT HOMES OF THEIR OWN.

ON ANY GIVEN DAY, SOME 1,600 DOGS, CATS, BUNNIES, BIRDS, HORSES AND

OTHER ANIMALS CALL THE SANCTUARY THEIR HOME, WITH EACH ANIMAL RECEIVING

ALL OF THE AFFECTION AND CARE THEY NEED TO HEAL, BOTH PHYSICALLY AND

EMOTIONALLY.

BEST FRIENDS IS COMMITTED TO FINDING LOVING HOMES FOR AS MANY ANIMALS

AT THE SANCTUARY AS POSSIBLE. FOR THOSE FEW WHO ARE UNABLE TO MOVE ON

TO HOMES OF THEIR OWN, BEST FRIENDS SERVES AS THEIR SAFE HAVEN AND HOME

FOR THE REST OF THEIR LIVES.

AT THE SANCTUARY IN FISCAL YEAR 2019

1,754 NEW ANIMALS WERE WELCOMED

1,365 PET ADOPTIONS WERE COMPLETED, WITH 27% OF THOSE BEING SPECIAL

NEEDS ADOPTIONS

37,300 PEOPLE VISITED, 10,750 PEOPLE VOLUNTEERED TO HELP THE ANIMALS,

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

Schedule O (Form 990 or 990-EZ) (2018)

832211 10-10-18

Name of the organization BEST FRIENDS ANIMAL SOCIETY	Employer identification number 23-7147797
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AND 2,614 SANCTUARY TOURS WERE CONDUCTED

WILD FRIENDS, A STATE AND FEDERALLY LICENSED WILDLIFE REHABILITATION

CENTER, SUCCESSFULLY REHABILITATED 227 INJURED WILD ANIMALS AND

RETURNED THEM TO THEIR NATURAL HABITATS. FOR THOSE ANIMALS TOO INJURED

OR TOO DOMESTICATED TO RETURN TO THE WILD, BEST FRIENDS PROVIDES A

LIFETIME OF CARE AND CELEBRATES THEM AS ANIMAL AMBASSADORS THROUGH OUR

WILDLIFE EDUCATION PROGRAM.

PARROT GARDEN FOUND LOVING NEW HOMES FOR A RECORD-BREAKING 90 BIRDS.

CAT WORLD HAD A RECORD-BREAKING 953 CATS RESCUED AND 511 CAT ADOPTIONS.

NEW HORSE HAVEN RENOVATIONS ARE NEAR COMPLETION AND ESTIMATED TO WRAP

UP IN MARCH 2020. IN 2019, CONSTRUCTION WAS COMPLETED ON THE

4,000-SQUARE-FOOT, STATE-OF-THE-ART LARGE ANIMAL CLINIC; NEW Paddock,

SHADE STALLS, AND FOOD STORAGE SPACES FOR INCREASED EFFICIENCY AND

COMFORT; AND A 20,000-SQUARE-FOOT COVERED ARENA EQUIPPED WITH LIGHTS

FOR EXERCISE AND ENRICHMENT DURING THE HARSH WINTER MONTHS AND

INDUSTRIAL FANS AND SPRINKLERS TO KEEP THE DUST DOWN DURING HOT SUMMER

MONTHS.

PUPPY PRESCHOOL RECEIVED SOME MUCH-NEEDED BUILDING RENOVATIONS TO

ENSURE A CLEAN, HEALTHY ENVIRONMENT FOR PUPPIES GETTING READY FOR NEW

HOMES.

CONSTRUCTION WAS COMPLETED ON THE NEW WILD FRIENDS HEADQUARTERS AND 20

NEW AVIARIES WERE BUILT TO PROVIDE COMFORTABLE, ENRICHING SPACES FOR

Name of the organization BEST FRIENDS ANIMAL SOCIETY	Employer identification number 23-7147797
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THE BIRD RESIDENTS.

BEST FRIENDS ANIMAL CLINIC HAD ANOTHER BUSY YEAR

SPAY/NEUTER SURGERIES - 4,639 (1,439 PUBLIC)

DENTALS - 196 (0 PUBLIC)

OTHER MISCELLANEOUS SURGERIES/PROCEDURES - 432 (31 PUBLIC)

AFTER-HOURS EMERGENCIES - 65 (20 PUBLIC)

IN-HOSPITAL PATIENTS - 647 (38 PUBLIC)

HYDRO AND LASER THERAPY TREATMENTS - 2,161

VACCINATIONS - 9,178

FORM 990 PART III LINE 4B

WHEN BEST FRIENDS WAS FIRST FOUNDED, AN ESTIMATED 17 MILLION DOGS AND
CATS WERE BEING KILLED IN AMERICA'S SHELTERS EVERY YEAR, SIMPLY BECAUSE
THEY DIDN'T HAVE SAFE PLACES TO CALL HOME. TOGETHER, WITH OUR MEMBERS,
PARTNERS AND COMPASSIONATE PEOPLE AROUND THE COUNTRY, WE HAVE HELPED
REDUCE THAT NUMBER TO AROUND 733,000. THAT'S TREMENDOUS PROGRESS, BUT
THAT STILL MEANS AROUND 2,000 DOGS AND CATS ARE BEING KILLED EVERY DAY.

THROUGH LIFESAVING PROGRAMS, SPECIAL EVENTS, TARGETED INITIATIVES,
LEGISLATIVE EFFORTS AND A NETWORK OF COLLABORATIVE PARTNERSHIPS WITH
THOUSANDS OF ANIMAL WELFARE ORGANIZATIONS ACROSS ALL 50 STATES, BEST
FRIENDS IS WORKING TO END THE KILLING OF DOGS AND CATS IN SHELTERS FOR
GOOD.

Name of the organization BEST FRIENDS ANIMAL SOCIETY	Employer identification number 23-7147797
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TOGETHER, WE ARE WORKING TO ACHIEVE NO-KILL NATIONWIDE BY 2025.

OVER THE LAST YEAR, WE ENGAGED IN A RANGE OF PROGRAMMING DESIGNED TO

UNITE THE NO-KILL MOVEMENT, MOBILIZE THE PUBLIC, AND GROW NO-KILL

EXPERTISE IN AREAS OF THE COUNTRY THAT NEED IT MOST AND PREPARE THE

NEXT GENERATION OF NO-KILL LEADERS.

IN FISCAL YEAR 2019, WE:

WELCOMED THE INAUGURAL COHORT OF THE EXECUTIVE LEADERSHIP CERTIFICATION

PROGRAM TO PROVIDE PROFESSIONAL DEVELOPMENT FOR ANIMAL WELFARE LEADERS

WHO WILL PLAY PIVOTAL ROLES IN ADVANCING THE NO-KILL MOVEMENT.

PROVIDED \$4.3 MILLION IN TOTAL FUNDING TO THE SUPPORT THE LIFESAVING

WORK OF OUR MORE THAN 2,800 BEST FRIENDS NETWORK PARTNERS AROUND THE

COUNTRY.

PROVIDED \$92,922 IN EMERGENCY RESPONSE FUNDING TO HELP GROUPS IMPACTED

BY FLOODING, TORNADOES, TROPICAL STORMS, AND HURRICANES.

AWARDED \$980,000 IN PIVOTAL RACHAEL RAY SAVE THEM ALL GRANTS TO 45

NETWORK PARTNERS ACROSS 22 STATES TO HELP SAVE THOUSANDS OF ANIMALS

NATIONWIDE.

EXPANDED OUR EMBEDDED STAFF PRESENCE AT PALM VALLEY ANIMAL SOCIETY AND

EMBEDDED TWO NEW STAFF MEMBERS AT THE HUMANE SOCIETY OF HARLINGEN

THROUGH THE NEW MADDIE'S SHELTER EMBED PROJECT IN THE RIO GRANDE VALLEY

IN TEXAS, WHERE MORE PETS ARE BEING KILLED IN SHELTERS THAN ANYWHERE

ELSE IN THE COUNTRY.

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HOSTED SIX ONE-WEEK TRAINING ACADEMIES FOR KEY STAFF MEMBERS WITH ALBUQUERQUE ANIMAL WELFARE DEPARTMENT, NASHVILLE METRO ANIMAL CARE & CONTROL, FORT WAYNE ANIMAL CARE & CONTROL, KERN COUNTY ANIMAL SERVICES, CUMBERLAND COUNTY ANIMAL CONTROL, AND SOLANO COUNTY ANIMAL CARE TO SHARE EXPERT PRACTICES TO HELP GUIDE THEIR PATHS TO NO-KILL.

PROVIDED 52 MENTORSHIP EXPERIENCES WITH EXPERT BEST FRIENDS STAFF FOR 40 DIFFERENT PARTNER ORGANIZATIONS AROUND THE COUNTRY.

CONDUCTED 20 OPERATIONS ASSESSMENTS TO SUPPORT SHELTER STAFF AROUND THE COUNTRY AND 10 FIELD SERVICES ASSESSMENTS TO SUPPORT ANIMAL CONTROL AGENCIES AND OFFICERS, AND PROVIDED 1,170 ANIMAL CONTROL OFFICERS WITH PROFESSIONAL HUMANE TRAINING.

LAUNCHED THE COMMUNITY LIFESAVING DASHBOARD, A FIRST-OF-ITS-KIND DATA VISUALIZATION TOOL FEATURING NO-KILL STATUS AND ANIMAL DATA AT THE NATIONAL, STATE, COMMUNITY AND SHELTER LEVELS. USING A NATIONAL DATA SET THAT INCLUDES DATA FROM NEARLY 5,000 SHELTERS ACROSS THE COUNTRY, THE DASHBOARD CONNECTS COMMUNITY MEMBERS WITH CRITICAL INFORMATION ABOUT THEIR LOCAL SHELTERS.

LAUNCHED THE BEST FRIENDS' NEW GRASSROOTS ADVOCACY PROGRAM DESIGNED TO EQUIP LOCAL ADVOCATES, LEADERS AND COMMUNITY MEMBERS WITH THE TOOLS THEY NEED TO ADVANCE THE NO-KILL MISSION WHEREVER THEY LIVE.

IN FISCAL YEAR 2019, BEST FRIENDS DIRECTLY TOUCHED THE LIVES OF THOUSANDS OF PETS IN NEED ACROSS THE COUNTRY BY:

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PERFORMING 74,345 SPAY/NEUTER SURGERIES THROUGH OUR CLINICS AND PROGRAMS, INCLUDING 47,623 COMMUNITY CATS.

FINDING HOMES FOR 26,929 ANIMALS THROUGH OUR ADOPTION CENTERS, EVENTS AND PROMOTIONS

CARING FOR 5,214 NEWBORN KITTENS AND NURSING MOTHERS AT OUR KITTEN NURSERIES

PLACING 7,735 DOGS AND CATS IN FOSTER HOMES TO HELP PREPARE THEM FOR ADOPTION, INCLUDING 149 NEWBORN KITTENS IN JUST ONE DAY THROUGH A "CLEAR THE NURSERY" EVENT AT THE BEST FRIENDS LIFESAVING CENTER IN LOS ANGELES.

TRANSPORTED MORE THAN 20,000 DOGS AND CATS FROM OVERCROWDED SHELTERS IN THE SOUTH TO BEST FRIENDS LOCATIONS AND PARTNER ORGANIZATIONS WHERE THEY COULD FIND LOVING NEW HOMES, INCLUDING 880 CATS AND DOGS FROM PALM VALLEY ANIMAL SOCIETY IN EDINBURG, TEXAS.

OTHER FISCAL YEAR 2019 HIGHLIGHTS:

BEST FRIENDS' ADVOCACY TEAM HELPED ACHIEVE 73 LEGISLATIVE WINS ON BEHALF OF CATS, DOGS AND OTHER ANIMALS ACROSS 18 STATES AND 45 CITIES OR COUNTIES.

MORE THAN 833,000 SUBSCRIBERS TO THE BEST FRIENDS LEGISLATIVE ACTION CENTER SENT 51,331 EMAILS TO LAWMAKERS TO HELP PROMOTE PET-FRIENDLY LEGISLATION AND SAFE, HUMANE COMMUNITIES.

Name of the organization BEST FRIENDS ANIMAL SOCIETY	Employer identification number 23-7147797
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BEST FRIENDS SPEARHEADED THE PASSAGE OF CRITICAL RETAIL PET SALES BANS IN SALT LAKE CITY, UTAH AND GIG HARBOR, WASHINGTON, AND WERE INVOLVED IN SIMILAR EFFORTS IN 23 OTHER LOCATIONS. WE ALSO HELPED DEFEAT FIVE STATEWIDE BILLS SPONSORED BY THE PET INDUSTRY THAT WOULD HAVE NULLIFIED LOCAL PUPPY MILL SALES BANS AND HELPED DEFEAT THE DANGEROUS KING AMENDMENT TO THE U.S. FARM BILL THAT COULD HAVE REVERSED YEARS OF NATIONWIDE PROGRESS TO PROTECT DOGS AND STOP PUPPY MILLS.

BEST FRIENDS SPEARHEADED AND SUPPORTED A MAJOR BILL THROUGH THE ILLINOIS DEPARTMENT OF AGRICULTURE AND SIGNED BY THE GOVERNOR THAT ERASED HARMFUL REQUIREMENTS RELATED TO FOSTERING AND COMMUNITY CAT PROGRAMS, ENSURING THAT THOUSANDS OF MORE LIVES WILL BE SAVED.

BEST FRIENDS SUPER ADOPTION EVENTS TAKE PLACE EVERY YEAR IN NEW YORK CITY, LOS ANGELES, SALT LAKE CITY, AND HOUSTON, BRINGING TOGETHER RESCUE GROUPS, SHELTERS AND THOUSANDS OF ADOPTERS TO FIND HOMES FOR AS MANY PETS AS POSSIBLE. IN 2019, 2,024 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 12 CITIES ACROSS THE COUNTRY, PLUS THERE IS AN ONLINE EVENT FOR PEOPLE WHO DON'T LIVE NEAR EVENT CITIES. IN 2019, STRUT YOUR MUTT RAISED MORE THAN \$2.7 MILLION, WITH NEARLY \$2.2 MILLION GOING DIRECTLY TO 304 PARTICIPATING BEST FRIENDS NETWORK PARTNERS. NEARLY 11,000 PEOPLE AND MORE THAN 7,800 DOGS PARTICIPATED IN STRUT YOUR MUTT EVENTS THIS YEAR.

Name of the organization BEST FRIENDS ANIMAL SOCIETY	Employer identification number 23-7147797
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THE 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 2019, 381 NEW PARTNERS JOINED THE NETWORK BRINGING THE TOTAL NUMBER OF PARTNERS TO MORE THAN 2,800 ACROSS ALL 50 STATES.

AT THE 2019 BEST FRIENDS NATIONAL CONFERENCE HELD IN DALLAS, TEXAS, 1,829 ATTENDEES FROM 49 STATES AND FIVE COUNTRIES CAME TOGETHER TO LEARN FROM 142 EXPERT SPEAKERS, SHARE KNOWLEDGE, CONNECT THROUGH COMMON LIFESAVING GOALS, AND EMPOWER ONE ANOTHER TO TAKE INNOVATIVE IDEAS BACK TO THEIR OWN COMMUNITIES TO SAVE MORE PETS.

BEST FRIENDS RUNS LIFESAVING COMMUNITY CAT PROGRAMS IN MULTIPLE CITIES ACROSS THE COUNTRY DESIGNED TO SAVE THE LIVES OF UNOWNED, FREE-ROAMING CATS THROUGH TRAP-NEUTER-RETURN (TNR) AND DRAMATICALLY REDUCE THE NUMBER OF CATS ENTERING LOCAL SHELTERS. TNR PROGRAMS TRAP, SPAY OR NEUTER, AND VACCINATE COMMUNITY CATS AND THEN RETURN THEM TO THEIR OUTDOOR HOMES WHERE THEY ARE SAFE AND THRIVING. OUR TNR PROGRAMS ARE CRUCIAL FOR SAVING LIVES BECAUSE CATS (ESPECIALLY COMMUNITY CATS) ARE AMONG THE MOST AT-RISK PETS IN SHELTERS. IN FISCAL YEAR 2019, LARGE-SCALE COMMUNITY CAT PROGRAMS WERE ACTIVE IN 7 LOCATIONS ACROSS FIVE STATES, WITH FOUR OF THOSE IN TEXAS AND CALIFORNIA, THE TWO STATES WHERE MORE PETS ARE BEING KILLED THAN ANYWHERE ELSE IN THE COUNTRY. IN ADDITION, BEST FRIENDS HAD 13 SMALLER SCALE COMMUNITY CAT MENTORSHIP PROGRAMS ACTIVE DURING 2019.

FORM 990, PART VI, SECTION A, LINE 2:

Name of the organization BEST FRIENDS ANIMAL SOCIETY	Employer identification number 23-7147797
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ANNE MEJIA, SECRETARY AND CYRUS MEJIA, BOARD MEMBER, ARE HUSBAND AND WIFE.

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.

FORM 990, PART VI, SECTION B, LINE 12C:

UPON BEING APPOINTED, ALL BOARD MEMBERS, OFFICERS, AND STAFF ARE REQUIRED TO SIGN AN AGREEMENT THAT ACKNOWLEDGES ACCEPTANCE OF BEST FRIENDS' CONFLICT OF INTEREST POLICY. THIS POLICY APPLIES TO ALL BOARD MEMBERS, DIRECTORS, COMMITTEE MEMBERS AND STAFF OF BEST FRIENDS ANIMAL SOCIETY. THIS POLICY REQUIRES THAT ALL AFFILIATIONS WITH ENTITIES IN WHICH A FINANCIAL INTEREST IS HELD BE DISCLOSED TO THE BOARD. THE SENIOR FINANCIAL MANAGEMENT OF BEST FRIENDS, INCLUDING THE COO AND THE DIRECTOR OF FINANCE, 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.

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.

Name of the organization BEST FRIENDS ANIMAL SOCIETY	Employer identification number 23-7147797
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THE CHIEF EXECUTIVE OFFICER DETERMINES THE COMPENSATION OF THE CORPORATE OFFICERS, AFTER CONSIDERING DATA FROM DIFFERENT SOURCES, INCLUDING COMPENSATION AMOUNTS OF COMPARABLE POSITIONS AT COMPARABLE ORGANIZATIONS. THE CEO REVIEWS THOSE SALARIES WITH THE BOARD.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

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

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.

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

AGENCY FUNDS DESIGNATED FOR OTHER ORGANIZATIONS	-1,430,260.
UNREALIZED CHANGE IN SPLIT INTEREST AGREEMENT	-68,616.
TAX EXEMPT BOND INTEREST INCOME	-503,218.
ELIMINATION OF SUBSIDIARY INCOME	-147,400.
TOTAL TO FORM 990, PART XI, LINE 9	-2,149,494.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
▶ **Attach to Form 990.**

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Name of the organization <p style="text-align: center;">BEST FRIENDS ANIMAL SOCIETY</p>	Employer identification number <p style="text-align: center;">23-7147797</p>
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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
BEST FRIENDS PRODUCTIONS, LLC - 47-2566720 5001 ANGEL CANYON ROAD KANAB, UT 84741	PARTICIPATE IN JOINT VENTURE TO PRODUCE A FILM	UTAH	-108.	86,310.	BEST FRIENDS ANIMAL SOCIETY
1089 WYCKOFF LLC - 81-0717002 5001 ANGEL CANYON ROAD KANAB, UT 84741	HELD LEASE DISSOLVED AT END OF YEAR	UTAH	0.	0.	BEST FRIENDS ANIMAL SOCIETY
307 WEST BROADWAY, LLC - 47-4201980 5001 ANGEL CANYON ROAD KANAB, UT 84741	HOLD LEASE ON BUILDING IN MANHATTAN, NY	UTAH	-348,725.	102,442.	BEST FRIENDS ANIMAL SOCIETY
CHUFF, LLC - 47-4259736 5001 ANGEL CANYON ROAD KANAB, UT 84741	PURCHASE PROPERTY IN KANAB, UT	UTAH	-22,229.	0.	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

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

Schedule R (Form 990) 2018

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
BEST FRIENDS WELLNESS CENTER, INC. - 47-3149724, 5001 ANGEL CANYON ROAD, KANAB, UT 84741	OPERATE FITNESS CENTER	UT	BEST FRIENDS ANIMAL SOCIETY	C CORP	-46,056.	101,752.	100.00%	X	

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	X	
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)	X	
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

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	53,949.	SALARY AND PAYROLL TAX
(4)			
(5)			
(6)			

