

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2019, or fiscal year beginning OCT 1, 2019, and ending SEP 30, 2020

2019

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>106,903,525.</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 2019 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

ERO firm name

to enter my PIN 47797

Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2019 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 2019 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 ▶ 6/30/21


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 2019 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 ▶ 06/14/21

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** (2019)

923051 10-03-19

Form **990**
(Rev. January 2020)
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019
Open to Public Inspection

A For the **2019** calendar year, or tax year beginning **OCT 1, 2019** and ending **SEP 30, 2020**

B Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	C Name of organization BEST FRIENDS ANIMAL SOCIETY Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 5001 ANGEL CANYON ROAD City or town, state or province, country, and ZIP or foreign postal code KANAB, UT 84741	D Employer identification number 23-7147797
	E Telephone number 435-644-2001	G Gross receipts \$ 146,184,490.
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527	F Name and address of principal officer: JULIANNE CASTLE SAME AS C ABOVE	H(a) Is this a group return for subordinates? Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? Yes No If "No," attach a list. (see instructions)
J Website: ▶ WWW.BESTFRIENDS.ORG	K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other ▶	H(c) Group exemption number ▶
	L Year of formation: 1984	M State of legal domicile: UT

Part I Summary

	1 Briefly describe the organization's mission or most significant activities: TO BRING ABOUT A TIME WHEN THERE ARE NO MORE HOMELESS PETS.				
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.				
Activities & Governance	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 2019 (Part V, line 2a)	5		1106	
	6 Total number of volunteers (estimate if necessary)	6		4018	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a		-624,112.	
	b Net unrelated business taxable income from Form 990-T, line 39	7b		-783,641.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year		Current Year	
	9 Program service revenue (Part VIII, line 2g)	93,718,064.		102,699,588.	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,961,342.		1,916,101.	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,417,311.		2,859,703.	
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,800,023.		-571,867.	
		102,896,740.		106,903,525.	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	4,051,079.		5,238,412.	
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.		0.	
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	54,901,144.		57,361,019.	
	16a Professional fundraising fees (Part IX, column (A), line 11e)	497,124.		840,783.	
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 20,179,589.				
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	40,485,438.		37,225,321.	
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	99,934,785.		100,665,535.	
19 Revenue less expenses. Subtract line 18 from line 12	2,961,955.		6,237,990.		
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year		End of Year	
	21 Total liabilities (Part X, line 26)	154,320,227.		152,713,432.	
	22 Net assets or fund balances. Subtract line 21 from line 20	55,176,437.		60,599,089.	
		99,143,790.		92,114,343.	

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 STEPHEN HOWELL, CHIEF OPERATING OFFICER Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name MARC A. METCALF	Preparer's signature <i>Marc Metcalf</i>
	Firm's name ▶ TANNER LLC	Date 06/14/21
	Firm's address ▶ 36 S STATE STREET, SUITE 600 SALT LAKE CITY, UT 84111	Check if self-employed <input type="checkbox"/> PTIN P00170461
		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 If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 26,614,579. including grants of \$ 76,187.) (Revenue \$ 689,681.) ANIMAL CARE ACTIVITIES (SANCTUARY) - SEE SCHEDULE O

4b (Code:) (Expenses \$ 43,830,245. including grants of \$ 5,162,225.) (Revenue \$ 1,226,420.) 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 on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 70,444,824.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, bond issues, and transactions.

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 response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, 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 on 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 3 columns: Question, Yes, No. Rows include 1a (11), 1b (7), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

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 on 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. See instructions for the order in which to list the persons above.

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 BOARD CHAIR INTERNAL CONSULTANT	40.00	X					151,960.	0.	16,576.	
(9) BERNADETTE MEJIA BOARD SECRETARY DIRECTOR - PRINCIPAL	40.00	X					119,229.	0.	15,659.	
(10) GREGORY CASTLE BOARD MEMBER / CEO EMERITU	40.00	X					220,228.	0.	17,859.	
(11) CYRUS MEJIA BOARD MEMBER	40.00	X					84,267.	0.	15,659.	
(12) STEPHEN HOWELL CHIEF OPERATING OFFICER	40.00			X			358,266.	0.	25,520.	
(13) SUSAN CITRO CHIEF EXPERIENCE OFFICER	40.00			X			237,153.	0.	15,909.	
(14) JULIANNE CASTLE CEO	40.00			X			221,652.	0.	17,859.	
(15) VALERIE DORIAN CHIEF DEVELOPMENT OFFICER	40.00			X			217,424.	0.	32,669.	
(16) ANGELA EMBREE CHIEF INFORMATION OFFICER	40.00			X			187,696.	0.	24,224.	
(17) GRETA PALMER CHIEF BRAND & COMMUNICATIONS OFFICER	40.00			X			173,431.	0.	15,159.	

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				157,837.	0.	24,224.
(19) HOLLY SIZEMORE CHIEF MISSIONS OFFICER	40.00			X				159,022.	0.	15,159.
(20) MARC PERALTA SR. DIRECTOR - NATIONAL NO KILL ADVA	40.00					X		142,924.	0.	24,139.
(21) KAREN GALLARDO SR. DIRECTOR - MAJOR & PLANNED GIVIN	40.00					X		202,502.	0.	16,745.
(22) ERIKA ARNOLD DIRECTOR - PROCESS EXCELLENCE	40.00					X		180,484.	0.	529.
(23) JOSE OCANO SR. DIRECTOR - TALENT & CULTURE	40.00					X		161,503.	0.	16,682.
(24) CHARLES BRADBURY GENERAL MANAGER OF HOSPITALITY	40.00					X		142,917.	0.	17,224.
1b Subtotal								3,118,495.	0.	311,795.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								3,118,495.	0.	311,795.

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 63

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	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>	4	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>	5	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
HILTON ANATOLE 2201 STEMMONS FREEWAY, DALLAS, TX 75207	RENT	426,404.
SMITH-SCOTT PROPERTIES LTD 1933 WALLENBERG DR, FORT COLLINS, CO 80526	RENT	212,159.
MICHAEL & CHRISTINE HOWARTH 4880 S ATLANTA RD SE, ATLANTA, GA 30339	RENT	135,238.
ONE LOVE ANIMAL HOSPITAL-BAY RIDGE 8209 3RD AVE, BROOKLYN, NY 11209	VETERINARY SERVICES	115,402.

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 4

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a	90,135.				
	b Membership dues	1b					
	c Fundraising events	1c	258,750.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	193,275.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	102,157,428.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 3,618,096.				
	h Total. Add lines 1a-1f			102,699,588.			
Program Service Revenue	2 a PROGRAM EVENTS	Business Code					
		900099	1,226,420.	1,226,420.			
	b CLINIC REVENUE	541900	689,681.	689,681.			
	c						
	d						
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f			1,916,101.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,443,498.	1,443,498.			
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties		29,905.	29,905.			
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
			491,195.				
	b Less: rental expenses ...	6b	1,449,936.				
	c Rental income or (loss)	6c	-958,741.				
	d Net rental income or (loss)			-958,741.	-278,436.	-742,655.	62,350.
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
			36,706,399.	1,423,830.			
			b Less: cost or other basis and sales expenses	7b	35,649,793.	1,064,231.	
	c Gain or (loss)	7c	1,056,606.	359,599.			
d Net gain or (loss)			1,416,205.	1,416,205.			
8 a Gross income from fundraising events (not including \$ 258,750. of contributions reported on line 1c). See Part IV, line 18	8a		288,750.				
		b Less: direct expenses	8b	144,372.			
		c Net income or (loss) from fundraising events			144,378.		144,378.
9 a Gross income from gaming activities. See Part IV, line 19	9a						
		b Less: direct expenses	9b				
		c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	10a		925,877.				
		b Less: cost of goods sold	10b	972,633.			
		c Net income or (loss) from sales of inventory			-46,756.	-57,395.	10,639.
Miscellaneous Revenue	11 a MAGAZINE ADVERTISING	Business Code					
		541800	123,430.	15,526.	107,904.		
	b CAFETERIA	722210	83,654.	83,654.			
	c ANGELS REST	812900	52,263.	52,263.			
	d All other revenue						
e Total. Add lines 11a-11d			259,347.				
12 Total revenue. See instructions			106,903,525.	4,621,321.	-624,112.	206,728.	

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 X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	5,181,431.	5,181,431.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	49,396.	49,396.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	7,585.	7,585.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	3,135,264.	782,897.	1,883,027.	469,340.
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	43,284,728.	33,314,427.	2,752,907.	7,217,394.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,416,456.	590,942.	575,119.	250,395.
9 Other employee benefits	6,058,776.	5,013,075.	55,819.	989,882.
10 Payroll taxes	3,465,795.	2,356,797.	606,621.	502,377.
11 Fees for services (nonemployees):				
a Management				
b Legal	419,124.	148,485.	211,503.	59,136.
c Accounting	125,370.		125,370.	
d Lobbying	146,947.	146,947.		
e Professional fundraising services. See Part IV, line 17	840,783.			840,783.
f Investment management fees	203,280.		203,280.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	2,880,087.	1,787,440.	359,203.	733,444.
12 Advertising and promotion	1,900,807.	411,035.	16,108.	1,473,664.
13 Office expenses	1,139,330.	394,845.	615,764.	128,721.
14 Information technology	2,678,938.	1,920,475.	478,238.	280,225.
15 Royalties				
16 Occupancy	2,858,505.	2,707,520.	20,993.	129,992.
17 Travel	1,070,243.	706,415.	131,847.	231,981.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	668,526.	604,850.	52,140.	11,536.
20 Interest	619,112.	21,137.	548,155.	49,820.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,751,544.	2,365,299.	383,547.	2,698.
23 Insurance	1,386,193.	1,064,178.	197,915.	124,100.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on 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	7,968,336.	7,553,830.	275,568.	138,938.
b PRINTING	5,233,099.	1,245,841.	3,714.	3,983,544.
c POSTAGE AND SHIPPING	3,479,797.	998,605.	13,156.	2,468,036.
d MISCELLANEOUS	1,696,083.	1,071,372.	531,128.	93,583.
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	100,665,535.	70,444,824.	10,041,122.	20,179,589.
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"/> X if following SOP 98-2 (ASC 958-720)	1,577,894.	897,741.	0.	680,153.

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	-273,995.	1	827,300.
	2 Savings and temporary cash investments	27,077,892.	2	18,666,808.
	3 Pledges and grants receivable, net	9,874,551.	3	11,157,259.
	4 Accounts receivable, net	5,899,733.	4	6,080,760.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	1,036,170.	8	1,011,330.
	9 Prepaid expenses and deferred charges	2,631,620.	9	2,485,422.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 81,482,175.		
	b Less: accumulated depreciation	10b 24,607,327.		
	11 Investments - publicly traded securities	48,384,668.	10c	56,874,848.
	12 Investments - other securities. See Part IV, line 11	51,291,877.	11	50,051,940.
	13 Investments - program-related. See Part IV, line 11	2,595,603.	12	2,184,489.
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11	5,802,108.	14	
16 Total assets. Add lines 1 through 15 (must equal line 33)	154,320,227.	15	3,373,276.	
		16	152,713,432.	
Liabilities	17 Accounts payable and accrued expenses	18,739,312.	17	14,735,587.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities	23,397,900.	20	0.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	9,306,904.	23	41,893,724.
	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	3,732,321.	25	3,969,778.
	26 Total liabilities. Add lines 17 through 25	55,176,437.	26	60,599,089.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	64,442,843.	27	51,578,680.
	28 Net assets with donor restrictions	34,700,947.	28	40,535,663.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	99,143,790.	32	92,114,343.
33 Total liabilities and net assets/fund balances	154,320,227.	33	152,713,432.	

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	106,903,525.
2	Total expenses (must equal Part IX, column (A), line 25)	2	100,665,535.
3	Revenue less expenses. Subtract line 2 from line 1	3	6,237,990.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	99,143,790.
5	Net unrealized gains (losses) on investments	5	-763,057.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-12,504,380.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	92,114,343.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? _____
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? _____
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____
- 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 on Schedule O and describe any steps taken to undergo such audits _____

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form **990** (2019)

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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	82,251,839.	108,442,688.	88,864,738.	95,305,864.	103,580,343.	478,445,472.
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	82,251,839.	108,442,688.	88,864,738.	95,305,864.	103,580,343.	478,445,472.
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)						4,240,839.
6 Public support. Subtract line 5 from line 4.						474,204,633.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	82,251,839.	108,442,688.	88,864,738.	95,305,864.	103,580,343.	478,445,472.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,233,663.	1,398,860.	2,051,512.	2,895,636.	168,709.	7,748,380.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	230.	8,501.	8,394.	0.	0.	17,125.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	386,476.	452,907.	402,212.	246,157.	259,345.	1,747,097.
11 Total support. Add lines 7 through 10						487,958,074.
12 Gross receipts from related activities, etc. (see instructions)					12	11,237,519.
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 2019 (line 6, column (f) divided by line 11, column (f))	14	97.18 %
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	97.20 %
16a 33 1/3% support test - 2019. 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 - 2018. 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 - 2019. 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 - 2018. 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2019. 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 - 2018. 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? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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).		

Schedule A (Form 990 or 990-EZ) 2019

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 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

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 V SECTION B LINE 2

CAFETERIA & VENDING INCOME \$ 83,652

ADVERTISING \$123,430

ANGELS REST \$ 52,263

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Name of the organization

BEST FRIENDS ANIMAL SOCIETY

Employer identification number

23-7147797

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ <u>7,240,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>4,400,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

Name of organization BEST FRIENDS ANIMAL SOCIETY	Employer identification number 23-7147797
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2019

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 <p style="text-align: center;">BEST FRIENDS ANIMAL SOCIETY</p>	Employer identification number <p style="text-align: center;">23-7147797</p>
--	---

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) 2019**

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 (grassroots lobbying)	4,382.													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	142,565.													
c	Total lobbying expenditures (add lines 1a and 1b)	146,947.													
d	Other exempt purpose expenditures	100,518,588.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	100,665,535.													
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) 2016	(b) 2017	(c) 2018	(d) 2019	(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	190,003.	129,813.	147,793.	146,947.	614,556.
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	5,405.	6,396.	4,659.	4,382.	20,842.

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

	(a)		(b)
	Yes	No	Amount
<i>For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.</i>			
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

2019

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, and acquired after 7/25/06), and questions about monitoring, staff hours, expenses, and reporting requirements.

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures, and a table for revenue and assets included in Form 990.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2019

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 make 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 program
 - 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	18,792,869.	24,599,801.	22,399,833.	19,383,509.	19,477,560.
b Contributions	545,544.	1,683,381.	1,777,172.	1,815,213.	160,355.
c Net investment earnings, gains, and losses	605,072.	287,031.	670,090.	1,345,699.	920,542.
d Grants or scholarships					
e Other expenditures for facilities and programs		7,400,956.			1,010,124.
f Administrative expenses	832,066.	376,388.	247,294.	144,588.	164,824.
g End of year balance	19,111,419.	18,792,869.	24,599,801.	22,399,833.	19,383,509.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 56.00 %
 - b Permanent endowment .00 %
 - c Term endowment 44.00 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----|
| (i) Unrelated organizations | X | |
| (ii) Related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		20,170,415.		20,170,415.
b Buildings		36,447,017.	14,227,891.	22,219,126.
c Leasehold improvements		3,478,539.	1,673,334.	1,805,205.
d Equipment		9,989,365.	6,106,221.	3,883,144.
e Other		11,396,839.	2,599,881.	8,796,958.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				56,874,848.

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	3,028,693.
(3) OTHER LIABILITIES	941,085.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	3,969,778.

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 FASB 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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a shaded area for calculations.

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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a shaded area for calculations.

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, 2020 AND SEPTEMBER 30, 2019 AND DETERMINED THERE WERE NO

MATERIAL UNRECOGNIZED TAX BENEFITS OR OBLIGATIONS. THE OPEN TAX YEARS

SUBJECT TO SELECTION FOR EXAMINATION ARE 2016 THROUGH 2019.

PART V, LINE 4

THE ORGANIZATION INTENDS TO USE THE INCOME GENERATED FROM THE PERMANENT

ENDOWMENT FOR VARIOUS PROGRAMS.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" 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

2019

Open to Public Inspection

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

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" 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			PROGRAM SERVICES	SUPPORT FOR CARE OF CATS	7,585.
3 a Subtotal	0	0			7,585.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			7,585.

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	7,585.	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 ▶ _____

3 Enter total number of other organizations or entities ▶ _____

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

Schedule F (Form 990) 2019

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.

2019

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.	522,500.	-522,500.
CHARITY DYNAMICS LLC - 4031 GUADALUPE ST, AUSTIN, TX	CONSULTING		X	0.	165,000.	-165,000.
FORWARDPMX LLC - ONE WORLD TRADE CENTER 63RD FLOOR, NEW	CONSULTING		X	0.	12,250.	-12,250.
GOODUNITED - 796 MEETING ST, CHARELSTON, SC 29403	CONSULTING		X	0.	58,331.	-58,331.
Total					792,833.	-792,833.

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

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		SAVE THEM ALL GALA (event type)	DISCOVERY WEEKEND (event type)	NONE (total number)	
Revenue	1 Gross receipts	517,500.	20,000.		537,500.
	2 Less: Contributions	258,750.	20,000.		278,750.
	3 Gross income (line 1 minus line 2)	258,750.			258,750.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	27,998.	28,399.		56,397.
	8 Entertainment				
	9 Other direct expenses	33,932.	24,042.		57,974.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				114,371.
11 Net income summary. Subtract line 10 from line 3, column (d)				144,379.	

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<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: CHARITY DYNAMICS LLC

(I) ADDRESS OF FUNDRAISER: 4031 GUADALUPE ST, AUSTIN, TX 78751

(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

**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

2019

**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)	263,000.	0.			PROGRAM SERVICE SUPPORT
PALM VALLEY ANIMAL CENTER	74-1819910	IRS 501(C)(3)	249,828.	0.			PROGRAM SERVICE SUPPORT
KITTEN RESCUE	95-4670174	IRS 501(C)(3)	212,625.	0.			PROGRAM SERVICE SUPPORT
STRAY CAT ALLIANCE	95-4787231	IRS 501(C)(3)	209,390.	0.			PROGRAM SERVICE SUPPORT
ABILENE ANIMAL CARE ADOPTION CENTER	75-6000440	IRS 501(C)(3)	136,738.	0.			PROGRAM SERVICE SUPPORT
ANIMAL BALANCE	68-0630714	IRS 501(C)(3)	128,750.	0.			PROGRAM SERVICE SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 161.
- 3** Enter total number of other organizations listed in the line 1 table ▶ 10.

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

Schedule I (Form 990) (2019)

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
PALM VALLEY ANIMAL SOCIETY	74-1819910	IRS 501(C)(3)	122,738.	0.			PROGRAM SERVICE SUPPORT
HUMANE SOCIETY OF THE US	53-0225390		120,000.	0.			PROGRAM SERVICE SUPPORT
FJC-A FOUNDATION OF PHILANTHROPIC FUNDS	13-3848582	IRS 501(C)(3)	100,000.	0.			PROGRAM SERVICE SUPPORT
FRESNO HUMANE ANIMAL SERVICES	47-4798338		98,500.	0.			PROGRAM SERVICE SUPPORT
HEAVEN ON EARTH SOCIETY FOR ANIMALS	77-0538189	IRS 501(C)(3)	97,575.	0.			PROGRAM SERVICE SUPPORT
GOOD MEWS ANIMAL FOUNDATION	58-1790828	IRS 501(C)(3)	94,696.	0.			PROGRAM SERVICE SUPPORT
HUMANE SOCIETY OF HARLINGEN	74-2516749		83,500.	0.			PROGRAM SERVICE SUPPORT
FARMINGTON REGIONAL ANIMAL SHELTER	85-6000129	IRS 501(C)(3)	60,000.	0.			PROGRAM SERVICE SUPPORT
AZTEC ANIMAL SHELTER	85-6000105	IRS 501(C)(3)	59,000.	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
POCATELLO ANIMAL SHELTER	82-6000244	IRS 501(C)(3)	53,500.	0.			PROGRAM SERVICE SUPPORT
MCKINLEY COUNTY HUMANE SOCIETY	85-0398197		53,000.	0.			PROGRAM SERVICE SUPPORT
ANIMAL CARE CENTERS OF NYC	13-3788986	IRS 501(C)(3)	52,500.	0.			PROGRAM SERVICE SUPPORT
COCOCINO HUMANE ASSOCIATION	86-0176883		50,000.	0.			PROGRAM SERVICE SUPPORT
THE HUMANE SOCIETY FOR SEATTLE/KING COUNTY	91-0282060		50,000.	0.			PROGRAM SERVICE SUPPORT
CITY OF DALLAS ANIMAL SERVICES	75-6000508		49,058.	0.			PROGRAM SERVICE SUPPORT
ANGEL CITY PIT BULLS	27-2348995	IRS 501(C)(3)	47,500.	0.			PROGRAM SERVICE SUPPORT
COUNTY OF GUILFORD ANIMAL SERVICES	56-6000305		45,000.	0.			PROGRAM SERVICE SUPPORT
FRIENDS OF STRAYS	59-2156540	IRS 501(C)(3)	45,000.	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
HOMEWARD BOUND PET ADOPTON CENTER	20-0549531	IRS 501(C)(3)	40,500.	0.			PROGRAM SERVICE SUPPORT
MINNEAPOLIS ANIMAL CARE & CONTROL	41-6005375	IRS 501(C)(3)	40,000.	0.			PROGRAM SERVICE SUPPORT
SPAY NEUTER NETWORK	20-0276988	IRS 501(C)(3)	40,000.	0.			PROGRAM SERVICE SUPPORT
COUNTY OF TULARE ANIMAL SERVICES	94-6000545		40,000.	0.			PROGRAM SERVICE SUPPORT
LINCOLN COUNTY ANIMAL SERVICES	56-6000315		40,000.	0.			PROGRAM SERVICE SUPPORT
BIG SKY RANCH/CATNIP FOUNDATION	47-4528787	IRS 501(C)(3)	37,000.	0.			PROGRAM SERVICE SUPPORT
UTAH VALLEY ANIMAL RESCUE	47-1264869	IRS 501(C)(3)	36,602.	0.			PROGRAM SERVICE SUPPORT
SPCA OF TEXAS	75-1216660	IRS 501(C)(3)	35,000.	0.			PROGRAM SERVICE SUPPORT
MOUNTAIN HUMANE	82-0351171		30,125.	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
NUZZLES & CO	87-0482464	IRS 501(C)(3)	30,050.	0.			PROGRAM SERVICE SUPPORT
DUBUQUE REGIONAL HUMANE SOCIETY	42-6039535		30,000.	0.			PROGRAM SERVICE SUPPORT
FRESNO HOPE ANIMAL FOUNDATION	77-0508414	IRS 501(C)(3)	30,000.	0.			PROGRAM SERVICE SUPPORT
SAVING GRACE ANIMALS FOR ADOPTION INC	92-0186555	IRS 501(C)(3)	30,000.	0.			PROGRAM SERVICE SUPPORT
HUMANE SOCIETY OF NORTHERN UTAH	26-2250673		28,887.	0.			PROGRAM SERVICE SUPPORT
KITTY BUNGALOW CHARM SCHOOL	27-1297223	IRS 501(C)(3)	28,250.	0.			PROGRAM SERVICE SUPPORT
HEARTLAND ANIMAL SHELTER	16-1617345	IRS 501(C)(3)	25,000.	0.			PROGRAM SERVICE SUPPORT
ANIMAL COMPASSION TEAM OF CA	27-0647770	IRS 501(C)(3)	25,000.	0.			PROGRAM SERVICE SUPPORT
FERAL CAT COALITION	33-0590141	IRS 501(C)(3)	25,000.	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
HUMANE SOCIETY OF CHARLOTTE INC	58-1342479		25,000.	0.			PROGRAM SERVICE SUPPORT
FLEET OF ANGELS	46-3895690	IRS 501(C)(3)	25,000.	0.			PROGRAM SERVICE SUPPORT
THE HUMANE SOCIETY OF NORTH MYRTLE BEACH	57-1116175		23,920.	0.			PROGRAM SERVICE SUPPORT
RAMONA HUMANE SOCIETY	23-7374470		23,500.	0.			PROGRAM SERVICE SUPPORT
RIVERSIDE COUNTY DEPT OF ANIMAL SERVICES	95-6000930		23,016.	0.			PROGRAM SERVICE SUPPORT
FORSYTH COUNTY HUMANE SOCIETY & SPCA	58-1375502		23,000.	0.			PROGRAM SERVICE SUPPORT
ONE TAIL AT A TIME	26-2125306	IRS 501(C)(3)	22,025.	0.			PROGRAM SERVICE SUPPORT
DALLAS PETS ALIVE	46-2768869	IRS 501(C)(3)	21,250.	0.			PROGRAM SERVICE SUPPORT
HUMANE SOCIETY OF SE MISSOURI	43-1108057		21,000.	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
ANIMAL PROTECTIVE LEAGUE OF	23-7095476	IRS 501(C)(3)	21,000.	0.			PROGRAM SERVICE SUPPORT
ROCKING V CAFE	87-0632474		20,000.	0.			COMMUNITY RELIEF AND GOODWILL
SEGO RESTAURANT LLC	81-1094657		20,000.	0.			COMMUNITY RELIEF AND GOODWILL
WILD THYME CAFE	81-3682785		20,000.	0.			COMMUNITY RELIEF AND GOODWILL
PEOPLE FOR ANIMALS INC	22-2331492	IRS 501(C)(3)	20,000.	0.			PROGRAM SERVICE SUPPORT
ANIMAL FRIENDS OF THE VALLEYS INC	33-0276892	IRS 501(C)(3)	20,000.	0.			PROGRAM SERVICE SUPPORT
CAROLINA CAT RESCUE	84-3603890	IRS 501(C)(3)	20,000.	0.			PROGRAM SERVICE SUPPORT
CITY OF TURLOCK ANIMAL SERVICES	94-6000445		20,000.	0.			PROGRAM SERVICE SUPPORT
ST CHARLES PET ADOPTION CENTER	43-6003122	IRS 501(C)(3)	20,000.	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
UNDERDOG ANIMAL RESCUE	82-3156476	IRS 501(C)(3)	0.	19,832.	FAIR MARKET VALUE	ANIMAL FOOD	PROGRAM SERVICE SUPPORT
THE LITTLE LION FOUNDATION	81-3553796	IRS 501(C)(3)	18,150.	0.			PROGRAM SERVICE SUPPORT
KINGS COUNTY ANIMAL SERVICES	94-6000814		18,016.	0.			PROGRAM SERVICE SUPPORT
SOUL DOG RESCUE	45-4137227	IRS 501(C)(3)	18,000.	0.			PROGRAM SERVICE SUPPORT
SPAY & NEUTER ACTION PROGRAM (SNAP)	31-1631899	IRS 501(C)(3)	17,568.	0.			PROGRAM SERVICE SUPPORT
PINAL COUNTY ANIMAL CARE & CONTROL	86-6000556		17,500.	0.			PROGRAM SERVICE SUPPORT
KAUAI HUMANE SOCIETY	99-0089250		16,350.	0.			PROGRAM SERVICE SUPPORT
KANE SCHOOLS FOUNDATION FOR STUDENTS	75-7134344	IRS 501(C)(3)	16,000.	0.			PROGRAM SERVICE SUPPORT
CHATHAM COUNTY BOARD OF COMMISSIONERS	58-6001113		15,750.	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
HUSKY HOLDINGS LLC	46-5452156		15,000.	0.			COMMUNITY RELIEF AND GOODWILL
PONDEROSA RESORT LC	87-0571875		15,000.	0.			COMMUNITY RELIEF AND GOODWILL
BROTHER WOLF ANIMAL RESCUE	20-8787719	IRS 501(C)(3)	15,000.	0.			PROGRAM SERVICE SUPPORT
CLEVELAND COUNTY ANIMAL CONTROL			15,000.	0.			PROGRAM SERVICE SUPPORT
COUNTY OF WINNEBAGO	36-8006681		15,000.	0.			PROGRAM SERVICE SUPPORT
HUMANE SOCIETY OF YUMA	86-6053617		15,000.	0.			PROGRAM SERVICE SUPPORT
SAINT FRANCIS ANIMAL CENTER	57-0785170	IRS 501(C)(3)	15,000.	0.			PROGRAM SERVICE SUPPORT
TRI-STATE SPAY & NEUTER	81-2169401	IRS 501(C)(3)	15,000.	0.			PROGRAM SERVICE SUPPORT
VALLEY VIEW EQUINE RESCUE	26-3832985	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
CITY OF FORT WAYNE	35-6001029		15,000.	0.			PROGRAM SERVICE SUPPORT
CITY OF CHICO ANIMAL SHELTER	94-6000308		15,000.	0.			PROGRAM SERVICE SUPPORT
FIELDHAVEN FELINE CENTER	30-0240425	IRS 501(C)(3)	15,000.	0.			PROGRAM SERVICE SUPPORT
ANIMAL SERVICES CENTER OF MESILLA VALLEY	26-4297265	IRS 501(C)(3)	14,000.	0.			PROGRAM SERVICE SUPPORT
CITY OF ST GEORGE ANIMAL SHELTER			13,474.	0.			PROGRAM SERVICE SUPPORT
ANIMAL FRIENDS HUMANE SOCIETY	31-0588218		13,430.	0.			PROGRAM SERVICE SUPPORT
MILWAUKEE AREA DOMESTIC ANIMAL CARE & CONTROL	39-1947192	IRS 501(C)(3)	13,000.	0.			PROGRAM SERVICE SUPPORT
ANIMAL CARE SANCTUARY	22-1837635	IRS 501(C)(3)	12,500.	0.			PROGRAM SERVICE SUPPORT
SICSA PET ADOPTION CENTER	23-7367199	IRS 501(C)(3)	12,500.	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 GREATER DAYTON	31-0537073		12,500.	0.			PROGRAM SERVICE SUPPORT
EFFINGHAM COUNTY BOARD OF COMMISSIONERS			12,500.	0.			PROGRAM SERVICE SUPPORT
SOUTH SUBURBAN HUMANE SOCIETY	23-7165004		12,090.	0.			PROGRAM SERVICE SUPPORT
BARCS	86-1130456	IRS 501(C)(3)	12,000.	0.			PROGRAM SERVICE SUPPORT
IDAHO HUMANE SOCIETY	82-0212536		12,000.	0.			PROGRAM SERVICE SUPPORT
CITY OF BAYTOWN ANIMAL SERVICES	74-6000246		12,000.	0.			PROGRAM SERVICE SUPPORT
LAFAYETTE ANIMAL AID	23-7414331	IRS 501(C)(3)	11,250.	0.			PROGRAM SERVICE SUPPORT
CAT ADOPTION TEAM	20-0773819	IRS 501(C)(3)	11,175.	0.			PROGRAM SERVICE SUPPORT
FURKIDS INC	01-0766844	IRS 501(C)(3)	11,080.	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
BRANDYWINE VALLEY SPCA	23-1381030	IRS 501(C)(3)	11,000.	0.			PROGRAM SERVICE SUPPORT
FRIENDS OF NORFOLK ANIMAL CARE CTR	35-2262336	IRS 501(C)(3)	11,000.	0.			PROGRAM SERVICE SUPPORT
RESCUE ME TUCSON	83-1488062	IRS 501(C)(3)	11,000.	0.			PROGRAM SERVICE SUPPORT
CENTRAL OKLAHOMA HUMANE SOCIETY	20-8446621		10,800.	0.			PROGRAM SERVICE SUPPORT
PAWS AND CLAWS PET SHELTER	71-0644363	IRS 501(C)(3)	10,500.	0.			PROGRAM SERVICE SUPPORT
SOUTHERN UTAH NEWS INC	83-0451440		10,000.	0.			COMMUNITY RELIEF AND GOODWILL
WILLOW CANYON OUTDOOR COMPANY	80-0018529		10,000.	0.			COMMUNITY RELIEF AND GOODWILL
ACTION PROGRAMS FOR ANIMALS	27-0234541	IRS 501(C)(3)	10,000.	0.			PROGRAM SERVICE SUPPORT
ANIMAL CARE & CONTROL TEAM-PA	45-3985637	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
ARIZONA HUMANE SOCIETY	86-0135567		10,000.	0.			PROGRAM SERVICE SUPPORT
FRIENDS FOR LIFE ANIMAL SHELTER	26-0020294	IRS 501(C)(3)	10,000.	0.			PROGRAM SERVICE SUPPORT
HOUSTON PETS ALIVE!	46-5455638	IRS 501(C)(3)	10,000.	0.			PROGRAM SERVICE SUPPORT
HUMANE SOCIETY OF SOUTHEAST TEXAS	74-6060624		10,000.	0.			PROGRAM SERVICE SUPPORT
HUMANE SOCIETY OF VALDOSTA/LOWNDES CTY	58-1874746		10,000.	0.			PROGRAM SERVICE SUPPORT
JACKSONVILLE HUMANE SOCIETY	59-0624410		10,000.	0.			PROGRAM SERVICE SUPPORT
LIFELINE ANIMAL PROJECT INC	01-0599278	IRS 501(C)(3)	10,000.	0.			PROGRAM SERVICE SUPPORT
LOUISVILLE METRO ANIMAL SERVICES	32-0049006	IRS 501(C)(3)	10,000.	0.			PROGRAM SERVICE SUPPORT
MARICOPA COUNTY ANIMAL CARE & CONTROL	86-6000472		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
PAWS FOR LIFE RESCUE & ADOPTION	26-2505458	IRS 501(C)(3)	10,000.	0.			PROGRAM SERVICE SUPPORT
PET COMMUNITY CENTER	45-1524886	IRS 501(C)(3)	10,000.	0.			PROGRAM SERVICE SUPPORT
PRAIRIE PAWS ANIMAL SHELTER	48-0529856	IRS 501(C)(3)	10,000.	0.			PROGRAM SERVICE SUPPORT
ZEUS' RESCUES LOW PROFIT LLC	46-1940931	IRS 501(C)(3)	10,000.	0.			PROGRAM SERVICE SUPPORT
ANIMAL PROTECTIVE ASSOC OF MISSOURI	43-0699783	IRS 501(C)(3)	10,000.	0.			PROGRAM SERVICE SUPPORT
CITY OF BURLINGTON	56-6001189		10,000.	0.			PROGRAM SERVICE SUPPORT
ANIMAL RESOURCES OF TIDEWATER	54-1949980	IRS 501(C)(3)	10,000.	0.			PROGRAM SERVICE SUPPORT
CONCHO VALLEY PAWS	75-6030459	IRS 501(C)(3)	10,000.	0.			PROGRAM SERVICE SUPPORT
ERIE COUNTY SPCA	16-0425315		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
GIGI'S SHELTER FOR DOGS	81-4422755	IRS 501(C)(3)	10,000.	0.			PROGRAM SERVICE SUPPORT
HUMANE ANIMAL RESCUE	38-3485419		10,000.	0.			PROGRAM SERVICE SUPPORT
HUMANE SOCIETY OF WEST MICHIGAN	38-1360926		10,000.	0.			PROGRAM SERVICE SUPPORT
HUMANE SOCIETY OF WILKES	59-1983115		10,000.	0.			PROGRAM SERVICE SUPPORT
PHILA ANIMAL WELFARE SOC -PAWS	26-3862631	IRS 501(C)(3)	10,000.	0.			PROGRAM SERVICE SUPPORT
RESCUED PETS MOVEMENT INC	46-3708327	IRS 501(C)(3)	10,000.	0.			PROGRAM SERVICE SUPPORT
SANTA CLARA COUNTY AEM ANIMAL CARE & CONTROL	94-6000533		10,000.	0.			PROGRAM SERVICE SUPPORT
SONOMA COUNTY ANIMAL SERVICES	94-6000539		10,000.	0.			PROGRAM SERVICE SUPPORT
TRACY POLICE DEPT-C/O ANIMAL SERVICES	94-6000442	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
LIBERTY HUMANE SOCIETY INC	22-3585263		9,500.	0.			PROGRAM SERVICE SUPPORT
KANSAS HUMANE SOCIETY OF WICHITA	48-0554339		9,000.	0.			PROGRAM SERVICE SUPPORT
KANAB NATURAL MARKET LLC	83-2783840		8,500.	0.			COMMUNITY RELIEF AND GOODWILL
HALL COUNTY ANIMAL SHELTER	58-6000836		8,200.	0.			PROGRAM SERVICE SUPPORT
ASSOCIATED HUMANE SOCIETIES	22-1487122		8,000.	0.			PROGRAM SERVICE SUPPORT
FUSION HOUSE	68-0641515		8,000.	0.			COMMUNITY RELIEF AND GOODWILL
ANIMAL ALLIES HUMANE SOCIETY	41-0917362		8,000.	0.			PROGRAM SERVICE SUPPORT
DAY OF THE DOGS	81-3592289	IRS 501(C)(3)	8,000.	0.			PROGRAM SERVICE SUPPORT
MAUI HUMANE SOCIETY	99-6000953		8,000.	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
WEST VALLEY HUMANE SOCIETY	20-8179233		8,000.	0.			PROGRAM SERVICE SUPPORT
ATLANTA HUMANE SOCIETY	58-0685900		8,000.	0.			PROGRAM SERVICE SUPPORT
HUMANE SOCIETY OF COWLITZ COUNTY	91-6174768		8,000.	0.			PROGRAM SERVICE SUPPORT
HALIFAX HUMANE SOCIETY	59-0530990		7,500.	0.			PROGRAM SERVICE SUPPORT
OHIO ALLEYCAT RESOURCE & CLINIC	31-1728182	IRS 501(C)(3)	7,500.	0.			PROGRAM SERVICE SUPPORT
THE HAVEN	63-1253853	IRS 501(C)(3)	7,500.	0.			PROGRAM SERVICE SUPPORT
HUMANE SOCIETY OF ELKHART COUNTY	35-0996134		7,500.	0.			PROGRAM SERVICE SUPPORT
LEE COUNTY BOARD OF COMMISSIONERS	59-6000702		7,500.	0.			PROGRAM SERVICE SUPPORT
PEGGY ADAMS ANIMAL RESCUE LEAGUE	59-0637811	IRS 501(C)(3)	7,500.	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
PRIVATE SCHOOL PUPS	82-1429953	IRS 501(C)(3)	7,500.	0.			PROGRAM SERVICE SUPPORT
DREAMLAND SAFARI TOURS	84-4542053		7,000.	0.			COMMUNITY RELIEF AND GOODWILL
ALBANY HUMANE SOCIETY			7,000.	0.			PROGRAM SERVICE SUPPORT
ALLEY CAT ADVOCATES INC	61-1343210	IRS 501(C)(3)	7,000.	0.			PROGRAM SERVICE SUPPORT
KENTUCKY HUMANE SOCIETY	61-0463938		7,000.	0.			PROGRAM SERVICE SUPPORT
PEARL RIVER COUNTY SPCA INC	64-0798887		7,000.	0.			PROGRAM SERVICE SUPPORT
ANIMAL RESCUE OF NEW ORLEANS	51-0569173	IRS 501(C)(3)	7,000.	0.			PROGRAM SERVICE SUPPORT
ANIMAL RESCUE LEAGUE OF IOWA	42-0680427	IRS 501(C)(3)	7,000.	0.			PROGRAM SERVICE SUPPORT
CITY OF GRAND PRAIRIE ANIMAL SERVICES	75-6000543		7,000.	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
DALLAS DOGRRR	47-4386830	IRS 501(C)(3)	7,000.	0.			PROGRAM SERVICE SUPPORT
DOG RESCUE R US	84-1980246	IRS 501(C)(3)	7,000.	0.			PROGRAM SERVICE SUPPORT
ARLINGTON ANIMAL SERVICES	75-6000450	IRS 501(C)(3)	6,500.	0.			PROGRAM SERVICE SUPPORT
ANICIRA VETERINARY CENTER	20-8358468	IRS 501(C)(3)	6,500.	0.			PROGRAM SERVICE SUPPORT
SPCA OF SW MICHIGAN	38-3614688	IRS 501(C)(3)	6,500.	0.			PROGRAM SERVICE SUPPORT
STARLIT STOTLAR			6,000.	0.			COMMUNITY RELIEF AND GOODWILL
MCPAWS REGIONAL ANIMAL SHELTER	82-0503942	IRS 501(C)(3)	6,000.	0.			PROGRAM SERVICE SUPPORT
HUMANE SOCIETY OF CATAWBA COUNTY	58-1535943		6,000.	0.			PROGRAM SERVICE SUPPORT
RESCUE DOGS RESCUE SOLDIERS	46-5415775	IRS 501(C)(3)	6,000.	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
PURR CATFE	81-5392997	IRS 501(C)(3)	5,750.	0.			PROGRAM SERVICE SUPPORT
PAWS FOR LIFE-UT	45-5358361	IRS 501(C)(3)	5,500.	0.			PROGRAM SERVICE SUPPORT
ARKANSAS WEIMARANER RESCUE	94-3489966	IRS 501(C)(3)	5,400.	0.			PROGRAM SERVICE SUPPORT
FRIENDS OF VERONA ANIMAL SHELTER	74-3141579	IRS 501(C)(3)	5,025.	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	15	0.	10,347.	FMV	ANIMAL FOOD FOR INDIVIDUALS SUPPORTING OUR PROGRAMS FOR CATS, DOGS, AND HORSES
PROVIDE ASSISTANCE FOR FOOD, VETERINARY EXPENSES	87	39,049.	0.	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

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 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

2019

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

	Yes	No
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"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <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	1b	
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?	2	
3 Indicate which, if any, of the following the 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"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <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?	4a	X
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	X
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?	5a	X
b Any related organization?	5b	X
If "Yes" on line 5a or 5b, describe in Part III.		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?	6a	X
b Any related organization?	6b	X
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	7	X
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	8	X
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Schedule J (Form 990) 2019

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 BOARD CHAIR INTERNAL CONSULTANT	(i)	151,960.	0.	0.	7,000.	9,576.	168,536.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) GREGORY CASTLE BOARD MEMBER / CEO EMERITU	(i)	220,228.	0.	0.	7,000.	10,859.	238,087.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) STEPHEN HOWELL CHIEF OPERATING OFFICER	(i)	358,266.	0.	0.	0.	25,520.	383,786.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) SUSAN CITRO CHIEF EXPERIENCE OFFICER	(i)	237,153.	0.	0.	7,000.	8,909.	253,062.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) JULIANNE CASTLE CEO	(i)	221,652.	0.	0.	7,000.	10,859.	239,511.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) VALERIE DORIAN CHIEF DEVELOPMENT OFFICER	(i)	217,424.	0.	0.	7,000.	25,669.	250,093.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) ANGELA EMBREE CHIEF INFORMATION OFFICER	(i)	187,696.	0.	0.	7,000.	17,224.	211,920.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) GRETA PALMER CHIEF BRAND & COMMUNICATIONS OFFICER	(i)	173,431.	0.	0.	7,000.	8,159.	188,590.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) JUDAH BATTISTA CHIEF OF STAFF	(i)	157,837.	0.	0.	7,000.	17,224.	182,061.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) HOLLY SIZEMORE CHIEF MISSIONS OFFICER	(i)	159,022.	0.	0.	7,000.	8,159.	174,181.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) MARC PERALTA SR. DIRECTOR - NATIONAL NO KILL ADVA	(i)	142,924.	0.	0.	7,000.	17,139.	167,063.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) KAREN GALLARDO SR. DIRECTOR - MAJOR & PLANNED GIVIN	(i)	202,502.	0.	0.	7,000.	9,745.	219,247.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) ERIKA ARNOLD DIRECTOR - PROCESS EXCELLENCE	(i)	180,484.	0.	0.	0.	529.	181,013.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) JOSE OCANO SR. DIRECTOR - TALENT & CULTURE	(i)	161,503.	0.	0.	0.	16,682.	178,185.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) CHARLES BRADBURY GENERAL MANAGER OF HOSPITALITY	(i)	142,917.	0.	0.	0.	17,224.	160,141.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(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 L
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

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.

2019
Open To Public Inspection

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

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

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

2 Enter the amount of tax incurred by 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.

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

Total ▶ \$ _____

Part III Grants or Assistance Benefiting Interested Persons.

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

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
CARRAGH MALONEY	DAUGHTER: BD MEMBER	88,806.	EMPLOYEE CO		X
LYNN BATTISTA	DAUGH-IN-LAW: BD ME	25,496.	EMPLOYEE CO		X
JONATHAN SIZEMORE	SPOUSE: OFFICER SIZ	44,533.	EMPLOYEE CO		X
BART BATTISTA	SON: BD MEMBER BATT	121,776.	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: 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

(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

2019

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	114	203,694.	FMV
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	117	527,098.	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	2,361	2,599,934.	FMV
20 Drugs and medical supplies	X	353	2,155.	FMV
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (ANIMAL AND CL)	X	40,029	476,341.	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**

- 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.

	Yes	No
30a		X
31	X	
32a	X	

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

Schedule M (Form 990) 2019

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

2019

Open to Public
Inspection

Name of the organization

BEST FRIENDS ANIMAL SOCIETY

Employer identification number

23-7147797

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.

HUNDREDS OF DOGS, CATS, BUNNIES, BIRDS, HORSES AND OTHER ANIMALS CALL

THE SANCTUARY A HOME-BETWEEN-HOMES, 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 2020:

2,114 NEW ANIMALS WERE WELCOMED

1,531 PETS WERE ADOPTED (27% OF THOSE WERE ANIMALS WITH SPECIAL NEEDS)

16,451 PEOPLE VISITED THE SANCTUARY AND 4,018 PEOPLE VOLUNTEERED TO

HELP THE ANIMALS*

Name of the organization BEST FRIENDS ANIMAL SOCIETY	Employer identification number 23-7147797
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WILD FRIENDS, A STATE AND FEDERALLY LICENSED WILDLIFE REHABILITATION CENTER, SUCCESSFULLY REHABILITATED 112 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 107 BIRDS. CAT WORLD RESCUED 1,016 CATS AND 514 CATS WERE ADOPTED. DOGTOWN RESCUED 891 DOGS AND 814 WERE ADOPTED.

FIFTEEN MAJOR PROJECTS WERE COMPLETED BY THE CANYON DIVISION, INCLUDING HORSE HAVEN, THE COCKATOO BUILDING AND TWO CAT BUILDING REMODELS, AS WELL AND AROUND 2,700 WORK ORDERS, WHICH KEPT THE SANCTUARY RUNNING SMOOTHLY.

AFTER BEING DELAYED DUE TO AN UNANTICIPATED AND MANDATED WASTEWATER SYSTEM UPGRADE, THE SHIPLEY LODGES IS CLOSER TO COMPLETION. THE SPACE WILL HOUSE LARGE DOGS, MANY OF WHOM NEED BEHAVIOR MODIFICATION TRAINING BEFORE THEY CAN BE ADOPTED.

*THE SANCTUARY WAS CLOSED TO VISITORS AND VOLUNTEERS OUTSIDE KANAB FROM MARCH 16 TO JUNE 25, 2020, DUE TO COVID.

BEST FRIENDS ANIMAL CLINIC HAD ANOTHER BUSY YEAR:

ANIMALS RECEIVING ACUPUNCTURE: 175

ANIMALS RECEIVING LASER THERAPY: 546

ANIMALS RECEIVING HYDROTHERAPY: 388

Name of the organization BEST FRIENDS ANIMAL SOCIETY	Employer identification number 23-7147797
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ANIMALS RECEIVING CHIROPRACTIC TREATMENT: 55

ANIMALS RECEIVING DENTALS: 320

VACCINATIONS: 8,498

SPAY/NEUTER SURGERIES: 2,854

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 MADE
TREMENDOUS PROGRESS BUT THERE IS STILL MUCH WORK TO BE DONE.

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. TOGETHER, WE ARE WORKING TO ACHIEVE NO-KILL NATIONWIDE BY 2025.

THE EXTRAORDINARY EVENTS OF THIS PAST YEAR CAUSED US TO RE-EXAMINE OUR
PROCESSES AND PROCEDURES AND AS A RESULT, WE FOCUSED OUR EFFORTS ON
CREATING CRITICAL COMMUNITY-SUPPORTED LIFESAVING PROGRAMS.

IN FISCAL 2020, WE:

GRADUATED 23 AMAZING ANIMAL SHELTER LEADERS FROM 12 STATES THROUGH BEST
FRIENDS EXECUTIVE LEADERSHIP CERTIFICATION (ELC) PROGRAM'S SECOND
COHORT.

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PROVIDED \$7,895,826 IN TOTAL FUNDING TO THE SUPPORT THE LIFESAVING WORK OF OUR MORE THAN 3,300 BEST FRIENDS NETWORK PARTNERS AROUND THE COUNTRY.

AWARDED RACHAEL RAY SAVE THEM ALL GRANTS TO 44 NETWORK PARTNERS ACROSS 22 STATES AND AWARDED RACHAEL RAY NO-KILL EXCELLENCE GRANTS TO SIX PARTNERS ACROSS SIX STATES TO HELP SAVE THOUSANDS OF ANIMALS NATIONWIDE. RACHAEL RAY COVID GRANTS WERE AWARDED TO 202 PARTNERS ACROSS 43 STATES.

EMBEDDED 12 BEST FRIENDS STAFF MEMBERS AT PARTNER SHELTERS. THANKS TO MADDIE'S SHELTER EMBED PROGRAM IN THE RIO GRANDE VALLEY WE CONTINUED TO EMBED STAFF AT PALM VALLEY ANIMAL SOCIETY IN EDINBERG, TEXAS AND THE HUMANE SOCIETY OF HARLINGEN IN HARLINGEN, TEXAS.

WE ALSO ADDED A NEW SHELTER TO THE EMBED PROGRAM: SANTA ROSA COUNTY ANIMAL SERVICES IN SANTA ROSA, FLORIDA. A TOTAL OF 18,308 PETS WERE SAVED THROUGH ALL BEST FRIENDS' SHELTER EMBED PROGRAMS.

PROVIDED 53 MENTORSHIP EXPERIENCES WITH EXPERT BEST FRIENDS STAFF FOR 32 DIFFERENT PARTNER ORGANIZATIONS SAVING 23,554 PETS' LIVES.

CONDUCTED 10 OPERATIONS AND FIELD ASSESSMENTS AT 10 AGENCIES/SHELTERS ACROSS 7 STATES TO SUPPORT SHELTER STAFF AROUND THE COUNTRY AND PROVIDED 573 ANIMAL CONTROL OFFICERS WITH TRAINING.

IN FISCAL YEAR 2020, BEST FRIENDS DIRECTLY TOUCHED THE LIVES OF

Name of the organization BEST FRIENDS ANIMAL SOCIETY	Employer identification number 23-7147797
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THOUSANDS OF PETS IN NEED ACROSS THE COUNTRY BY:

PERFORMING 47,543 SPAY/NEUTER SURGERIES THROUGH OUR CLINICS AND PROGRAMS, INCLUDING 24,510 COMMUNITY CATS (REMARKABLE, CONSIDERING THAT SPAY/NEUTER SURGERIES WERE STALLED DUE TO THE PANDEMIC).

FINDING HOMES FOR 10,911 ANIMALS THROUGH OUR ADOPTION CENTERS, EVENTS AND PROMOTIONS, AN ADDITIONAL 10,606 ANIMALS FOUND THEIR FOREVER HOMES THROUGH OUR NETWORK PARTNERS

CARING FOR 3,886 NEWBORN KITTENS AND 1,306 CATS AT OUR KITTEN CARE CENTERS.

PLACING 14,491 DOGS AND CATS IN 4,758 FOSTER HOMES, TO HELP PREPARE THEM FOR ADOPTION. THIS REPRESENTS A 43% INCREASE OVER FY2019 (SALT LAKE CITY HAD THE BIGGEST INCREASE, FROM FY19 TO FY 20 A 135% INCREASE.

TRANSPORTING NEARLY 12,000 PETS FROM BEST FRIENDS LIFESAVING CENTERS AND PARTNER LOCATIONS TO AREAS WHERE THEY WERE MORE LIKELY TO FIND HOMES AND 11,076 DOGS AND CATS WERE TRANSFERRED TO BEST FRIENDS FROM CITY/COUNTY SHELTERS.

OTHER FISCAL YEAR 2020 HIGHLIGHTS:

BEST FRIENDS' ADVOCACY TEAM HELPED ACHIEVE 47 LEGISLATIVE WINS ON BEHALF OF CATS, DOGS AND OTHER ANIMALS ACROSS 23 STATES AND 39 CITIES

Name of the organization BEST FRIENDS ANIMAL SOCIETY	Employer identification number 23-7147797
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OR COUNTIES. MORE THAN 16,113 ACTION TEAM MEMBERS PROMPTED LAWMAKERS TO
HELP PROMOTE PET-FRIENDLY LEGISLATION AND SAFE, HUMANE COMMUNITIES.

WITH HELP FROM BEST FRIENDS ADVOCACY TEAM, GOVERNOR GAVIN NEWSOM SIGNED
ASSEMBLY BILL 2152, KNOWN AS BELLA'S ACT, PUTTING AN END TO THE RETAIL
SALE OF DOGS, CATS AND RABBITS IN CALIFORNIA.

AFTER THE SUCCESS OF A THREE-YEAR BEST FRIENDS COMMUNITY CAT PROGRAM IN
HARRIS COUNTY, TEXAS, TRAP-NEUTER-RETURN (TNR), PREVIOUSLY NOT ALLOWED
BY LOCAL LAW, HAS BECOME THE COUNTY'S PREFERRED MODEL FOR MANAGING
CATS.

OUR PUPPY MILL INITIATIVES TEAM HELPED ENACT 13 LOCAL ORDINANCES TO BAN
RETAIL SALES OF DOGS AND CATS FROM COMMERCIAL BREEDING MILLS.

IN IOWA, HOUSE BILL 737 WAS ADOPTED, WHICH EXEMPTS CATS WHO HAVE BEEN
PART OF A TRAP-NEUTER-RETURN (TNR) PROGRAM FROM ABANDONMENT PROVISIONS,
ALLOWING COMMUNITY MEMBERS TO ENGAGE IN TNR AND RETURN-TO-FIELD
PROGRAMS.

1,710 PETS FOUND LOVING HOMES THROUGH BEST FRIENDS' VIRTUAL FIND LOVE
ONLINE SUPER ADOPTION.

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 2020, 381
NEW NETWORK PARTNERS PUSHED OUR TOTAL TO MORE THAN 3,300 PARTNERS
ACROSS ALL 50 STATES.

Name of the organization BEST FRIENDS ANIMAL SOCIETY	Employer identification number 23-7147797
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THE 2020 BEST FRIENDS NATIONAL CONFERENCE WAS CANCELED DUE TO COVID CONCERNS SO THE LEARNING ADVANCEMENT TEAM PIVOTED AND OFFERED AN ONLINE SYMPOSIUM INSTEAD. A TOTAL OF 383 PARTICIPANTS REGISTERED FOR THE EVENT TITLED, "BEST FRIENDS PROFESSIONAL DEVELOPMENT SYMPOSIUM: REACHING NEW HEIGHTS IN CONTEMPORARY ANIMAL SERVICES," AND 138 PARTNER ORGANIZATIONS WERE REPRESENTED.

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 2020, 23,816 CATS WERE SAVED THROUGH COMMUNITY CAT MENTORSHIPS AND FULL-SCALE PROGRAMS TWENTY-TWO SHELTERS ACROSS 9 STATES HAD LARGE-SCALE COMMUNITY CAT PROGRAMS OR COMMUNITY CAT MENTORSHIPS

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

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

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.

Name of the organization BEST FRIENDS ANIMAL SOCIETY	Employer identification number 23-7147797
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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 IX LINE 26

BEST FRIENDS ACHIEVES SOME OF ITS PROGRAMMATIC AND FUNDRAISING GOALS IN
DIRECT MAIL CAMPAIGNS THAT INCLUDE REQUESTS FOR CONTRIBUTIONS. THE
COSTS OF CONDUCTING THOSE CAMPAIGNS INCLUDED CERTAIN JOINT COSTS THAT
ARE NOT DIRECTLY ATTRIBUTABLE TO THE PROGRAM, MANAGEMENT AND GENERAL,
OR THE FUNDRAISING COMPONENT OF THE ACTIVITIES. THOSE JOINT COSTS WERE
ALLOCATED BETWEEN PROGRAM AND FUNDRAISING.

BEST FRIENDS ANIMAL SOCIETY, INC. IS COMMITTED TO EFFICIENCY AND
TRANSPARENCY. WE COMMUNICATE WITH OUR DONORS AND PROSPECTIVE DONORS BY
EMAIL, POSTAL MAIL, PHONE AND OTHER MEANS, BOTH TO REQUEST
CONTRIBUTIONS TO OUR CAUSE AND TO EDUCATE THE PUBLIC ABOUT BEST FRIENDS
ANIMAL SOCIETY, INC. PROGRAMS, VOLUNTEER OPPORTUNITIES AND EVENTS
ACROSS THE UNITED STATES. THESE EFFORTS HELP ADVANCE OUR MISSION TO
END THE KILLING OF SHELTER ANIMALS BY 2025. AS A RESULT, IN ACCORDANCE
WITH THE FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) GUIDELINES AND

Name of the organization BEST FRIENDS ANIMAL SOCIETY	Employer identification number 23-7147797
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INTERNAL REVENUE SERVICE (IRS) GUIDANCE, BEST FRIENDS ANIMAL SOCIETY, INC. ALLOCATES A PORTION OF OUR FUNDRAISING COSTS TO PROGRAM SERVICES. AS A NONPROFIT ORGANIZATION THAT IS EXEMPT FROM FEDERAL TAXATION, WE ENSURE OUR DONORS' MONEY IS SPENT AS EFFICIENTLY AND EFFECTIVELY AS POSSIBLE.

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

AGENCY FUNDS DESIGNATED FOR OTHER ORGANIZATIONS	1,083,017.
UNREALIZED CHANGE IN SPLIT INTEREST AGREEMENT	-126,989.
UNUSUAL EXPENSES	-13,475,000.
SUBSIDIARY INCOME	14,592.
TOTAL TO FORM 990, PART XI, LINE 9	-12,504,380.

**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

2019

**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	-25.	86,310.	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	-341,660.	104,632.	BEST FRIENDS ANIMAL SOCIETY
AMBER HOUSING, LLC - 81-0898475 5001 ANGEL CANYON ROAD KANAB, UT 84741	PURCHASED PROPERTY	UTAH	0.	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) 2019

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	74,866.	93,233.	100%	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	52,629.	SALARY AND PAYROLL TAX
(4)			
(5)			
(6)			

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

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

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

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Horizontal lines for supplemental information.

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. BEST FRIENDS ANIMAL SOCIETY	Taxpayer identification number (TIN) 23-7147797
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 5001 ANGEL CANYON ROAD	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. KANAB, UT 84741	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STEPHEN HOWELL, CHIEF OPERATING OFFICER

- The books are in the care of ▶ 5001 ANGEL CANYON ROAD - KANAB, UT 84741
Telephone No. ▶ 435-644-2001 Fax No. ▶ 435-644-8949
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until AUGUST 16, 2021, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year _____ or
▶ tax year beginning OCT 1, 2019, and ending SEP 30, 2020.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

2019

For calendar year 2019 or other tax year beginning OCT 1, 2019, and ending SEP 30, 2020

▶ Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Department of the Treasury
Internal Revenue Service

Open to Public Inspection for
501(c)(3) Organizations Only

<p>A <input type="checkbox"/> Check box if address changed</p> <p>B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)</p>	<p>Print or Type</p>	<p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) BEST FRIENDS ANIMAL SOCIETY</p> <p>Number, street, and room or suite no. If a P.O. box, see instructions. 5001 ANGEL CANYON ROAD</p> <p>City or town, state or province, country, and ZIP or foreign postal code KANAB, UT 84741</p>	<p>D Employer identification number (Employees' trust, see instructions.) 23-7147797</p> <p>E Unrelated business activity code (See instructions.) 453220</p>
--	-----------------------------	--	---

C Book value of all assets at end of year 152,713,432.

F Group exemption number (See instructions.) ▶

G Check organization type ▶ 501(c) corporation 501(c) trust 401(a) trust Other trust

H Enter the number of the organization's unrelated trades or businesses. ▶ 1 Describe the only (or first) unrelated trade or business here ▶ GIFT SHOP SALES. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ Yes No
 If "Yes," enter the name and identifying number of the parent corporation. ▶

J The books are in care of ▶ STEPHEN HOWELL, CHIEF OPERATING OF Telephone number ▶ 435-644-2001

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales <u>24,051.</u>			
b Less returns and allowances			
c Balance ▶	1c 24,051.		
2 Cost of goods sold (Schedule A, line 7)	2 13,412.		
3 Gross profit. Subtract line 2 from line 1c	3 10,639.		10,639.
4a Capital gain net income (attach Schedule D)			
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)			
c Capital loss deduction for trusts			
5 Income (loss) from a partnership or an S corporation (attach statement)			
6 Rent income (Schedule C)			
7 Unrelated debt-financed income (Schedule E)	7 127,012.	869,586.	-742,574.
8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F)			
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)			
10 Exploited exempt activity income (Schedule I)			
11 Advertising income (Schedule J)	11 123,430.	15,526.	107,904.
12 Other income (See instructions; attach schedule)			
13 Total. Combine lines 3 through 12	13 261,081.	885,112.	-624,031.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)
 (Deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K)			
15 Salaries and wages			10,055.
16 Repairs and maintenance			
17 Bad debts			
18 Interest (attach schedule) (see instructions)			
19 Taxes and licenses			
20 Depreciation (attach Form 4562)	20 549,452.		
21 Less depreciation claimed on Schedule A and elsewhere on return	21a 549,452.		21b 0.
22 Depletion			
23 Contributions to deferred compensation plans			
24 Employee benefit programs			
25 Excess exempt expenses (Schedule I)			
26 Excess readership costs (Schedule J)			107,904.
27 Other deductions (attach schedule) <u>SEE STATEMENT 1</u>			41,651.
28 Total deductions. Add lines 14 through 27			28 159,610.
29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13			29 -783,641.
30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) <u>SEE STATEMENT 2</u>			30 0.
31 Unrelated business taxable income. Subtract line 30 from line 29			31 -783,641.

Part III Total Unrelated Business Taxable Income

32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32	-783,641.
33	Amounts paid for disallowed fringes	33	
34	Charitable contributions (see instructions for limitation rules)	34	0.
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of lines 32 and 33	35	-783,641.
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	36	
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37	-783,641.
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	1,000.
39	Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37, enter the smaller of zero or line 37	39	-783,641.

Part IV Tax Computation

40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)	40	0.
41	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from: Tax rate schedule or Schedule D (Form 1041)	41	
42	Proxy tax. See instructions	42	
43	Alternative minimum tax (trusts only)	43	
44	Tax on Noncompliant Facility Income. See instructions	44	
45	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45	0.

Part V Tax and Payments

46a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	46a	
b	Other credits (see instructions)	46b	
c	General business credit. Attach Form 3800	46c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	46d	
e	Total credits. Add lines 46a through 46d	46e	
47	Subtract line 46e from line 45	47	0.
48	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	48	
49	Total tax. Add lines 47 and 48 (see instructions)	49	0.
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50	0.
51a	Payments: A 2018 overpayment credited to 2019	51a	8,173.
b	2019 estimated tax payments	51b	
c	Tax deposited with Form 8868	51c	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	51d	
e	Backup withholding (see instructions)	51e	0.
f	Credit for small employer health insurance premiums (attach Form 8941)	51f	
g	Other credits, adjustments, and payments: Form 2439 _____ Form 4136 _____ Other _____ Total	51g	
52	Total payments. Add lines 51a through 51g	52	8,173.
53	Estimated tax penalty (see instructions). Check if Form 2220 is attached	53	
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54	
55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55	8,173.
56	Enter the amount of line 55 you want: Credited to 2020 estimated tax 8,173. Refunded	56	0.

Part VI Statements Regarding Certain Activities and Other Information (see instructions)

57	At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here SEE STATEMENT 3	Yes	No
		X	
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
59	Enter the amount of tax-exempt interest received or accrued during the tax year \$		

Sign Here

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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer:  Date: 6/30/21 Title: CHIEF OPERATING OFFICER

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

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
	MARC A. METCALF		06/14/21		P00170461
	Firm's name TANNER LLC	36 S STATE STREET, SUITE 600		Firm's EIN	20-2253063
	Firm's address SALT LAKE CITY, UT 84111			Phone no.	801-532-7444

Schedule A - Cost of Goods Sold. Enter method of inventory valuation LOWER OF COST OR MARKET							
1	Inventory at beginning of year	1	229,062.	6	Inventory at end of year	6	241,458.
2	Purchases	2	25,808.	7	Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	13,412.
3	Cost of labor	3		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
4a	Additional section 263A costs (attach schedule)	4a					
4b	Other costs (attach schedule)	4b					
5	Total. Add lines 1 through 4b	5	254,870.				X

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)
(see instructions)

2. Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	
(1)		
(2)		
(3)		
(4)		
Total	0.	Total 0.
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)
0.		0.

1. Description of debt-financed property		2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule) STATEMENT 6	(b) Other deductions (attach schedule) STATEMENT 7
(1)	HOTEL	216,670.	549,452.	933,977.
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)	5,995,457.	10,227,131.	58.62%	127,012.
(2)			%	
(3)			%	
(4)			%	
STATEMENT 4		STATEMENT 5		
Totals		Enter here and on page 1, Part I, line 7, column (A).		Enter here and on page 1, Part I, line 7, column (B).
		127,012.		869,586.
Total dividends-received deductions included in column 8				0.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).
Totals			0.	0.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).
Totals		0.		0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
		Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).			Enter here and on page 1, Part II, line 25.
Totals		0.	0.			0.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))		0.	0.			0.

Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) BEST FRIENDS MAGAZINE	123,430.	15,526.	107,904.		1,394,437.	107,904.
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
Totals, Part II (lines 1-5)	123,430.	15,526.				107,904.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0.

Form 990-T (2019)

FORM 990-T

OTHER DEDUCTIONS

STATEMENT 1

DESCRIPTION	AMOUNT
PROFESSIONAL FEES	2,784.
ADVERTISING	304.
OFFICE EXPENSE	4,451.
INFORMATION TECHNOLOGY	3,403.
OCCUPANCY	23,092.
INTEREST	6.
INSURANCE	604.
MISCELLANEOUS	7,007.
TOTAL TO FORM 990-T, PAGE 1, LINE 27	41,651.

FORM 990-T

NET OPERATING LOSS DEDUCTION

STATEMENT 2

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
09/30/19	22,847.	0.	22,847.	22,847.
NOL CARRYOVER AVAILABLE THIS YEAR			22,847.	22,847.

FORM 990-T

NAME OF FOREIGN COUNTRY IN WHICH ORGANIZATION HAS FINANCIAL INTEREST

STATEMENT 3

NAME OF COUNTRY

CAYMAN ISLANDS
BRITISH VIRGIN ISLANDS

FORM 990-T SCHEDULE E - UNRELATED DEBT-FINANCED INCOME STATEMENT 4
AVERAGE ACQUISITION DEBT

DESCRIPTION OF DEBT-FINANCED PROPERTY	ACTIVITY NUMBER	AMOUNT OF OUTSTANDING DEBT
HOTEL	1	
BEGINNING FIRST MONTH		6,435,703.
BEGINNING SECOND MONTH		6,409,845.
BEGINNING THIRD MONTH		6,384,686.
BEGINNING FOURTH MONTH		6,358,638.
BEGINNING FIFTH MONTH		6,333,636.
BEGINNING SIXTH MONTH		6,308,272.
BEGINNING SEVENTH MONTH		6,281,238.
BEGINNING EIGHTH MONTH		6,255,671.
BEGINNING NINTH MONTH		6,229,226.
BEGINNING TENTH MONTH		6,203,457.
BEGINNING ELEVENTH MONTH		6,176,817.
BEGINNING TWELFTH MONTH		2,568,290.
TOTAL OF ALL MONTHS		71,945,479.
NUMBER OF MONTHS IN YEAR		12
AVERAGE AQUISITION DEBT		5,995,457.

TOTALS TO FORM 990-T, SCHEDULE E, COLUMN 4

FORM 990-T SCHEDULE E - UNRELATED DEBT-FINANCED INCOME STATEMENT 5
AVERAGE ADJUSTED BASIS

DESCRIPTION OF DEBT-FINANCED PROPERTY	ACTIVITY NUMBER	AMOUNT
HOTEL	1	
AVERAGE ADJUSTED BASIS OF PROPERTY FIRST DAY OF YEAR		10,506,499.
AVERAGE ADJUSTED BASIS OF PROPERTY LAST DAY OF YEAR		9,947,762.
AVERAGE ADJUSTED BASIS OF PROPERTY FOR THE YEAR		10,227,131.

TOTAL TO FORM 990-T, SCHEDULE E, COLUMN 5

FORM 990-T

SCHEDULE E - DEPRECIATION DEDUCTION

STATEMENT 6

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
DEPRECIATION		549,452.	
- SUBTOTAL -	1		549,452.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 3(A)			549,452.

FORM 990-T

SCHEDULE E - OTHER DEDUCTIONS

STATEMENT 7

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
SALARIES		290,720.	
PENSION PLAN		3,867.	
OTHER EMPLOYEE BENEFITS		56,127.	
PAYROLL TAXES		21,117.	
PROFESSIONAL FEES OTHER		40,565.	
ADVERTISING		9,078.	
OFFICE EXPENSE		44,314.	
INFORMATION TECHNOLOGY		32,202.	
OCCUPANCY		64,462.	
INTEREST		270,997.	
INSURANCE		18,004.	
SUPPLIES & EQUIPMENT		11,680.	
POSTAGE AND SHIPPING		871.	
MANAGEMENT FEES		69,973.	
- SUBTOTAL -	1		933,977.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 3(B)			933,977.

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. BEST FRIENDS ANIMAL SOCIETY	Taxpayer identification number (TIN) 23-7147797
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 5001 ANGEL CANYON ROAD	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. KANAB, UT 84741	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 7

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STEPHEN HOWELL, CHIEF OPERATING OFFICER

- The books are in the care of ▶ 5001 ANGEL CANYON ROAD - KANAB, UT 84741
Telephone No. ▶ 435-644-2001 Fax No. ▶ 435-644-8949
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until AUGUST 16, 2021, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning OCT 1, 2019, and ending SEP 30, 2020.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	23,503.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.