

Form 8879-TE

IRS E-file Signature Authorization
for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2023, or fiscal year beginning OCT 1, 2023, and ending SEP 30, 2024

2023

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information.

Name of filer

BEST FRIENDS ANIMAL SOCIETY

EIN or SSN

23-7147797

Name and title of officer or person subject to tax STEPHEN HOWELL

CHIEF OPERATING OFFICER

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, 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 148,272,851.
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 V, line 5)	4b
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b
6a Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that ☒ I am an officer of the above entity or ☐ I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the

2023 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 electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the 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 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 electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

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

as my signature on the tax year 2023 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 or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 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.

Signature of officer or person subject to tax

Date 08/14/2025

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 2023 electronically filed return 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 MARC A. METCALF

Date 08/06/25

ERO Must Retain This Form - See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8879-TE (2023)

LHA 302521 01-05-24

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ERO's signature MARC A. METCALF

Date 08/06/25

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Form 8879-TE (2023)

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

Department of the Treasury
Internal Revenue Service

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.

2023

Open to Public Inspection

A For the **2023** calendar year, or tax year beginning **OCT 1, 2023** and ending **SEP 30, 2024**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization BEST FRIENDS ANIMAL SOCIETY Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 5001 ANGEL CANYON ROAD City or town, state or province, country, and ZIP or foreign postal code KANAB, UT 84741 F Name and address of principal officer: JULIANNE CASTLE SAME AS C ABOVE	D Employer identification number 23-7147797 E Telephone number 435-644-2001 G Gross receipts \$ 178,487,208. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: WWW.BESTFRIENDS.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		
L Year of formation: 1984		M State of legal domicile: UT

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: TO BRING ABOUT A TIME WHEN THERE ARE NO MORE HOMELESS PETS.		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	12
	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 2023 (Part V, line 2a)	5	1119
	6	Total number of volunteers (estimate if necessary)	6	21105
		7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a
b		Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
Revenue	8	Contributions and grants (Part VIII, line 1h)	168,997,308.	143,099,538.
	9	Program service revenue (Part VIII, line 2g)	884,576.	1,257,155.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,909,922.	4,232,138.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-299,823.	-315,980.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	173,491,983.	148,272,851.
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	13,647,737.
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)	78,848,434.	89,656,131.
16a		Professional fundraising fees (Part IX, column (A), line 11e)	905,599.	1,347,316.
b		Total fundraising expenses (Part IX, column (D), line 25)	29,793,389.	
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	54,737,828.	65,266,648.
18		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	148,139,598.	173,381,071.
19		Revenue less expenses. Subtract line 18 from line 12	25,352,385.	-25,108,220.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	216,306,392.	200,572,201.
	21	Total liabilities (Part X, line 26)	64,300,826.	59,632,529.
	22	Net assets or fund balances. Subtract line 21 from line 20	152,005,566.	140,939,672.

Part II Signature Block

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

Sign Here	Signature of officer	Date		
	STEPHEN HOWELL, CHIEF OPERATING OFFICER Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/> PTIN
	MARC A. METCALF	MARC A. METCALF	08/06/25	P00170461
	Firm's name TANNER LLC	Firm's EIN 20-2253063		
	Firm's address 36 S STATE STREET, SUITE 600 SALT LAKE CITY, UT 84111	Phone no. 801-532-7444		

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission:

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

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

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 37,684,086. including grants of \$ 300,789.) (Revenue \$ 720,030.)
ANIMAL CARE ACTIVITIES (SANCTUARY) - SEE SCHEDULE O

4b (Code:) (Expenses \$ 92,536,376. including grants of \$ 16,772,082.) (Revenue \$ 850,982.)
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 130,220,462.

Form **990** (2023)

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>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	2 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>	3	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>	4 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 Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	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>	6	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>	7	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>	8	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>	9	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>	10 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>	11a 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>	11b	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>	11c	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>	11d	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>	11e 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>	11f 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>	12a	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>	12b X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	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>	14b	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>	15	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>	16	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. See instructions</i>	17 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>	18 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>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 X	

Part IV Checklist of Required Schedules (continued)

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

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a 231	
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c X	

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

	Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	1119
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	X
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b If "Yes," enter the name of the foreign country <u>BRITISH VIRGIN IS, CAYMAN ISLANDS</u> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d	3
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	X
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	X
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9 Sponsoring organizations maintaining donor advised funds.		
a Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12	10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders	11a	
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c Enter the amount of reserves on hand	13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15	X
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17	

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 ☒

Section A. Governing Body and Management

	1a	1b	2	3	4	5	6	7a	7b	8a	8b	9	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	12													
b Enter the number of voting members included on line 1a, above, who are independent		7												
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			2							X				
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?				3										X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?				4										X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?				5										X
6 Did the organization have members or stockholders?				6										X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?				7a										X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?				7b										X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:														
a The governing body?				8a						X				
b Each committee with authority to act on behalf of the governing body?				8b						X				
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O				9										X

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

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

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. Indicate how you made these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

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
 STEPHEN HOWELL, CHIEF OPERATING OFFICER - 435-644-2001
 5001 ANGEL CANYON ROAD, KANAB, UT 84741

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) JULIANNE CASTLE CHIEF EXECUTIVE OFFICER	40.00	X		X				526,755.	0.	7,453.
(2) STEPHEN HOWELL CFO AND COO	40.00			X				432,322.	0.	37,715.
(3) SUSAN CITRO CHIEF EXPERIENCE OFFICER	40.00			X				281,634.	0.	25,725.
(4) VALERIE DORIAN CHIEF DEVELOPMENT OFFICER	40.00			X				268,195.	0.	33,028.
(5) KAREN GALLARDO SR. DIRECTOR, MAJOR & PLANNED GIVING	40.00					X		265,320.	0.	16,844.
(6) JOSEPH ANGELO CHIEF PEOPLE AND CULTURE OFFICER	40.00			X				262,833.	0.	12,352.
(7) JUDAH BATTISTA CHIEF SANCTUARY OFFICER	40.00			X				221,647.	0.	27,352.
(8) MARC PERALTA CHIEF PROGRAM OFFICER	40.00			X				219,193.	0.	27,477.
(9) HOLLY SIZEMORE CHIEF MISSIONS OFFICER	40.00			X				226,183.	0.	16,844.
(10) AMY STARNES CHIEF INNOVATION OFFICER	40.00			X				215,495.	0.	25,812.
(11) REBECCA HUSS GENERAL COUNSEL	40.00					X		223,417.	0.	16,797.
(12) GRETA PALMER CHIEF BRAND & COMMUNICATIONS	40.00			X				218,617.	0.	16,797.
(13) ERIKA WESTBAY ARNOLD DIRECTOR, PROCESS EXCELLENCE	40.00					X		189,763.	0.	35,777.
(14) ELISE TRAUB CHIEF EXTERNAL AFFAIRS OFFICER & CHI	40.00			X				213,572.	0.	7,000.
(15) ALFRED BATTISTA BOARD CHAIR / INTERNAL CONSULTANT	40.00	X						191,978.	0.	16,673.
(16) ERIN KATRIE DIRECTOR, NATIONAL VETERINARY PROGRA	40.00					X		177,361.	0.	25,725.
(17) SUSAN COSBY SENIOR ADVISOR, STRATEGY & INTEGRATI	40.00					X		184,475.	0.	15,088.

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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) GREGORY CASTLE CO-FOUNDER / INTERNAL CONSULTANT	40.00	X						170,107.	0.	26,918.
(19) BERNADETTE MEJIA BOARD SECRETARY / DIRECTOR OF PRINCI	40.00	X						175,342.	0.	16,797.
(20) CYRUS MEJIA CO-FOUNDER / INTERNAL CONSULTANT	40.00	X						93,378.	0.	16,797.
(21) ABIGAIL JONES BOARD VICE-CHAIR	1.00	X						0.	0.	0.
(22) LYNN FLANDERS BOARD TREASURER	1.00	X						0.	0.	0.
(23) MICARL HILL BOARD MEMBER	1.00	X						0.	0.	0.
(24) OKE MUELLER BOARD MEMBER	1.00	X						0.	0.	0.
(25) LONA WILLIAMS BOARD MEMBER	1.00	X						0.	0.	0.
(26) DENISE CLARK BOARD MEMBER	1.00	X						0.	0.	0.
1b Subtotal								4,757,587.	0.	424,971.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								4,757,587.	0.	424,971.

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

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- 3** Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If "Yes," complete Schedule J for such individual*
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*

	Yes	No
3		X
4	X	
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
PMX AGENCY LLC, ONE WORLD TRADE CENTER, 63RD FLOOR, NEW YORK, NY 10007	ADVERTISING AND PROMOTION	1,875,608.
GRIFFIN COMMUNICATIONS LLC 176 VENICE COVE, AUSTIN, TX 78737	ADVOCACY CONSULTING	996,947.
CASANOVA PUBLICIDAD LLC 3337 SUSAN ST #200, COSTA MESA, CA 92626	ADVERTISING AND PROMOTION	530,254.
ENDLESS EVENTS LLC, 11201 N TATUM BLVD, SUITE 300 #82963, PHOENIX, AZ 85028	NATIONAL CONFERENCE EVENT PLANNING	382,557.
SMITH-SCOTT PROPERTIES LTD 1933 WALLENBERG DR, FORT COLLINS, CO 80526	RENTAL PROPERTY	278,690.
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization	12	

SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2023)

2023.06010 BEST FRIENDS ANIMAL SOCIE 000542_1

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a	197,035.					
	b Membership dues	1b						
	c Fundraising events	1c	299,577.					
	d Related organizations	1d						
	e Government grants (contributions)	1e	132,839.					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	142,470,087.					
	g Noncash contributions included in lines 1a-1f	1g	\$ 6,109,469.					
	h Total. Add lines 1a-1f							143,099,538.
Program Service Revenue	2 a PROGRAM EVENTS	Business Code	901101	683,542.	683,542.			
	b CLINIC REVENUE		541900	573,613.	573,613.			
	c							
	d							
	e							
	f All other program service revenue							
	g Total. Add lines 2a-2f			1,257,155.				
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			398,040.	398,040.		
4 Income from investment of tax-exempt bond proceeds								
5 Royalties				26,910.	26,910.			
6 a Gross rents		6a	(i) Real 2,052,487.					
b Less: rental expenses ...		6b	3,047,645.					
c Rental income or (loss)		6c	-995,158.					
d Net rental income or (loss)				-995,158.	-522,031.	-498,006.	24,879.	
7 a Gross amount from sales of assets other than inventory		7a	(i) Securities 25,946,298.					
b Less: cost or other basis and sales expenses		7b	25,169,561.					656,498.
c Gain or (loss)		7c	776,737.					3,057,361.
d Net gain or (loss)				3,834,098.	3,834,098.			
8 a Gross income from fundraising events (not including \$ 299,577. of contributions reported on line 1c). See Part IV, line 18		8a	80,495.					
b Less: direct expenses		8b	62,107.					
c Net income or (loss) from fundraising events				18,388.		18,388.		
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	1,603,321.						
b Less: cost of goods sold	10b	1,278,546.						
c Net income or (loss) from sales of inventory			324,775.	300,329.	24,446.			
Miscellaneous Revenue	11 a CAFETERIA	Business Code	722514	162,813.	162,813.			
	b ANGELS REST		812900	87,492.	87,492.			
	c MAGAZINE ADVERTISING		541800	58,800.	42,691.	16,109.		
	d All other revenue							
	e Total. Add lines 11a-11d			309,105.				
	12 Total revenue. See instructions			148,272,851.	5,587,497.	-439,063.	24,879.	

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	17,068,612.	17,068,612.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	42,364.	42,364.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	4,620,947.	1,358,885.	2,141,938.	1,120,124.
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	66,967,851.	52,489,634.	4,519,103.	9,959,114.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,569,402.	2,157,195.	110,299.	301,908.
9 Other employee benefits	10,415,800.	8,660,871.	535,175.	1,219,754.
10 Payroll taxes	5,082,131.	3,898,371.	408,222.	775,538.
11 Fees for services (nonemployees):				
a Management				
b Legal	228,325.	4,765.	223,560.	
c Accounting				
d Lobbying	1,777,349.	1,777,349.		
e Professional fundraising services. See Part IV, line 17	1,347,316.			1,347,316.
f Investment management fees	870,431.		870,431.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	4,089,772.	3,393,786.	639,125.	56,861.
12 Advertising and promotion	8,476,584.	4,459,978.	34,311.	3,982,295.
13 Office expenses	933,592.	288,115.	614,227.	31,250.
14 Information technology	5,813,635.	4,452,458.	710,491.	650,686.
15 Royalties				
16 Occupancy	4,229,246.	4,002,031.	141,270.	85,945.
17 Travel	5,432,967.	4,603,608.	230,123.	599,236.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,110,937.	1,673,834.	10,058.	427,045.
20 Interest	980,737.	60,459.	916,929.	3,349.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,600,555.	2,119,033.	481,522.	
23 Insurance	2,423,727.	2,143,564.	234,107.	46,056.
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	11,263,072.	11,247,291.	14,968.	813.
b PRINTING	7,073,427.	1,699,716.	6,873.	5,366,838.
c POSTAGE AND SHIPPING	5,223,170.	1,357,394.	54,163.	3,811,613.
d MISCELLANEOUS	1,739,122.	1,261,149.	470,325.	7,648.
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	173,381,071.	130,220,462.	13,367,220.	29,793,389.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)	2,921,160.	1,265,312.	0.	1,655,848.

Part X Balance SheetCheck 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	3,156,862.	1	2,893,487.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	22,598,337.	3	5,572,362.
	4 Accounts receivable, net	504,606.	4	362,257.
	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	1,026,385.	8	1,534,452.
	9 Prepaid expenses and deferred charges	4,095,420.	9	4,547,052.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 127,019,367.		
	b Less: accumulated depreciation	10b 31,632,247.		
	11 Investments - publicly traded securities	89,893,681.	10c	95,387,120.
	12 Investments - other securities. See Part IV, line 11	88,782,308.	11	77,861,401.
	13 Investments - program-related. See Part IV, line 11	2,645,529.	12	8,767,200.
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11	3,603,264.	14	
16 Total assets. Add lines 1 through 15 (must equal line 33)	216,306,392.	15	3,646,870.	
17 Accounts payable and accrued expenses	20,777,522.	16	200,572,201.	
18 Grants payable		17	20,199,248.	
19 Deferred revenue		18		
20 Tax-exempt bond liabilities		19		
21 Escrow or custodial account liability. Complete Part IV of Schedule D		20		
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		21		
23 Secured mortgages and notes payable to unrelated third parties	37,385,776.	22		
24 Unsecured notes and loans payable to unrelated third parties		23	33,556,512.	
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	6,137,528.	24		
26 Total liabilities. Add lines 17 through 25	64,300,826.	25	5,876,769.	
27 Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.		26	59,632,529.	
28 Net assets without donor restrictions	116,039,779.	27	104,779,002.	
29 Net assets with donor restrictions	35,965,787.	28	36,160,670.	
30 Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.		29		
31 Capital stock or trust principal, or current funds		30		
32 Paid-in or capital surplus, or land, building, or equipment fund		31		
33 Retained earnings, endowment, accumulated income, or other funds	152,005,566.	32	140,939,672.	
34 Total net assets or fund balances	216,306,392.	33	200,572,201.	

Form **990** (2023)

Part XI Reconciliation of Net AssetsCheck 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	148,272,851.
2	Total expenses (must equal Part IX, column (A), line 25)	2	173,381,071.
3	Revenue less expenses. Subtract line 2 from line 1	3	-25,108,220.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	152,005,566.
5	Net unrealized gains (losses) on investments	5	14,154,079.
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	-111,753.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	140,939,672.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

Form **990** (2023)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization

BEST FRIENDS ANIMAL SOCIETY

Employer identification number

23-7147797

Part I	Reason for Public Charity Status. (All organizations must complete this part.) See instructions.
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The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

f Enter the number of supported organizations

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

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

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	103,580,343.	120,675,384.	136,989,679.	168,997,308.	143,099,538.	673,342,252.
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	103,580,343.	120,675,384.	136,989,679.	168,997,308.	143,099,538.	673,342,252.
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)						4,358,049.
6 Public support. Subtract line 5 from line 4.						668,984,203.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	103,580,343.	120,675,384.	136,989,679.	168,997,308.	143,099,538.	673,342,252.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	168,709.	1,933,664.	3,020,436.	297,402.	-245,432.	5,174,779.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	259,345.	271,840.	321,719.	288,438.	309,105.	1,450,447.
11 Total support. Add lines 7 through 10						679,967,478.
12 Gross receipts from related activities, etc. (see instructions)					12	5,700,512.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	98.38	%
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	98.32	%
16a 33 1/3% support test - 2023. 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 - 2022. 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 - 2023. 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 - 2022. 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"/>

Schedule A (Form 990) 2023

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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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 on 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 5 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 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2023. 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 - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</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 on 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 on 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 line 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 on lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described on line 11a above?		
11b		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		
11c		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
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 (<i>explain in detail in Part VI</i>):		
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 0.015 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 0.035.	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 0.85 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) 2023

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	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2023 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2023			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019			
b Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			

Schedule A (Form 990) 2023

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

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

CAFETERIA

2019 AMOUNT: \$ 83,652.

2020 AMOUNT: \$ 89,163.

2021 AMOUNT: \$ 101,402.

2022 AMOUNT: \$ 147,805.

2023 AMOUNT: \$ 162,813.

ADVERTISING

2019 AMOUNT: \$ 123,430.

2020 AMOUNT: \$ 93,897.

2021 AMOUNT: \$ 116,958.

2022 AMOUNT: \$ 45,726.

2023 AMOUNT: \$ 58,800.

ANGEL'S REST

2019 AMOUNT: \$ 52,263.

2020 AMOUNT: \$ 88,780.

2021 AMOUNT: \$ 103,359.

2022 AMOUNT: \$ 94,907.

2023 AMOUNT: \$ 87,492.

SCHEDULE A PART II SECTION B LINE 10

CAFETERIA & VENDING INCOME \$162,813

ADVERTISING \$58,800

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.)

ANGELS REST \$87,492

Schedule B
(Form 990)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

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 foundationCheck 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), 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 (entering "N/A" in column (b) instead of the contributor name and address), 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), 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).

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

Schedule B (Form 990) (2023)

Name of organization	Employer identification number
BEST FRIENDS ANIMAL SOCIETY	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		\$ 17,884,337.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 3,029,058.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527
Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then:

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then:

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

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

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures \$
- 3 Volunteer hours for political campaign activities

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
- 4a Was a correction made? ☐ Yes ☐ No
- b If "Yes," describe in Part IV.

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b \$
- 4 Did the filing organization file Form 1120-POL for this year? ☐ Yes ☐ No
- 5 Enter the names, addresses, and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

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

Schedule C (Form 990) 2023

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)		181,330.	
b Total lobbying expenditures to influence a legislative body (direct lobbying)		1,517,019.	
c Total lobbying expenditures (add lines 1a and 1b)		1,698,349.	
d Other exempt purpose expenditures		171,744,829.	
e Total exempt purpose expenditures (add lines 1c and 1d)		173,443,178.	
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		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-		698,349.	
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 checked="" 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) 2020	(b) 2021	(c) 2022	(d) 2023	(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	335,764.	355,245.	660,265.	1,698,349.	3,049,623.
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	3,697.	4,484.	20,865.	181,330.	210,376.

Schedule C (Form 990) 2023

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

2023

Open to Public
Inspection

Name of the organization

BEST FRIENDS ANIMAL SOCIETY

Employer identification number

23-7147797

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

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

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

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

(ii) Assets included in Form 990, Part X

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

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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

Schedule D (Form 990) 2023

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

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

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

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	21,621,208.	20,283,174.	22,813,729.	19,111,419.	18,792,869.
b Contributions	31,408.	81,141.	580,617.	1,241,709.	545,544.
c Net investment earnings, gains, and losses	3,170,610.	1,689,207.	-2,705,781.	2,780,234.	605,072.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	475,283.	432,314.	405,391.	319,633.	832,066.
g End of year balance	24,347,943.	21,621,208.	20,283,174.	22,813,729.	19,111,419.

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

a Board designated or quasi-endowment .0000 %

b Permanent endowment 42.0000 %

c Term endowment 58.0000 %

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

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

(i) Unrelated organizations? ☐ Yes ☒ No

(ii) Related organizations? ☐ Yes ☒ No

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

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

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		19,182,897.		19,182,897.
b Buildings		71,789,592.	18,267,010.	53,522,582.
c Leasehold improvements		3,511,426.	3,596,057.	-84,631.
d Equipment		12,654,582.	7,966,108.	4,688,474.
e Other		19,880,870.	1,803,072.	18,077,798.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				95,387,120.

Schedule D (Form 990) 2023

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, line 12, col. (B))		

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, line 13, col. (B))		

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, line 15, col. (B))	

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	4,409,423.
(3) OTHER LIABILITIES	1,467,346.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	5,876,769.

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 ... ☒

Schedule D (Form 990) 2023

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

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

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

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

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

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

Part XIII Supplemental Information

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

PART X, LINE 2:

BEST FRIENDS HAS ANALYZED ALL TAX POSITIONS FOR APPLICABLE TAX

JURISDICTIONS FOR WHICH THE STATUTE OF LIMITATIONS REMAINED OPEN,

INCLUDING U.S. FEDERAL AND STATE JURISDICTIONS FOR THE YEARS ENDED

SEPTEMBER 30, 2024 AND SEPTEMBER 30, 2023 AND DETERMINED THERE WERE NO

MATERIAL UNRECOGNIZED TAX BENEFITS OR OBLIGATIONS. THE OPEN TAX YEARS

SUBJECT TO SELECTION FOR EXAMINATION ARE 2020 THROUGH 2023.

PART V, LINE 4

THE ORGANIZATION INTENDS TO USE THE INCOME GENERATED FROM THE PERMANENT

ENDOWMENT FOR VARIOUS PROGRAMS.

[illegible]

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization

BEST FRIENDS ANIMAL SOCIETY

Employer identification number

23-7147797

Part I

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

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

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

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			
NEWPORT CREATIVE COMMUNICATIONS INC - 21	CONSULTING		X	0.	185,250.	-185,250.
PMX AGENCY LLC - ONE WORLD TRADE CENTER 63RD FLOOR, NEW	CONSULTING		X	0.	68,400.	-68,400.
GOODUNITED - 804 MEETING ST #101, CHARELSTON, SC 29403	CONSULTING		X	0.	16,425.	-16,425.
Total					270,075.	-270,075.

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

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

Schedule G (Form 990) 2023

SEE PART IV FOR CONTINUATIONS

LHA 332081 09-13-23

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 NONE	(d) Total events (add col. (a) through col. (c))
		NEW YORK CITY GALA			
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	380,072.			380,072.
	2 Less: Contributions	299,577.			299,577.
	3 Gross income (line 1 minus line 2)	80,495.			80,495.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	25,186.			25,186.
	7 Food and beverages	36,921.			36,921.
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d)				62,107.
11 Net income summary. Subtract line 10 from line 3, column (d)				18,388.	

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: NEWPORT CREATIVE COMMUNICATIONS INC

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

(I) NAME OF FUNDRAISER: PMX AGENCY LLC

(I) ADDRESS OF FUNDRAISER:

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

Part IV Supplemental Information *(continued)*

(I) NAME OF FUNDRAISER: GOODUNITED

(I) ADDRESS OF FUNDRAISER: 804 MEETING ST #101, CHARLESTON, 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

2023

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
31HAPPY CATS HAVEN INC	45-1633134	501(C)(3)	6,000.	0.			PROGRAM SERVICE SUPPORT
ACTION PROGRAMS FOR ANIMALS	27-0234541	501(C)(3)	21,000.	0.			PROGRAM SERVICE SUPPORT
ADAMS COUNTY SPCA	23-2044352	501(C)(3)	16,250.	0.			PROGRAM SERVICE SUPPORT
AGGIELAND HUMANE SOCIETY	74-2150288	501(C)(3)	8,500.	0.			PROGRAM SERVICE SUPPORT
ALL KIND ANIMAL INITIATIVE	86-3226661	501(C)(3)	11,000.	0.			PROGRAM SERVICE SUPPORT
ALTERNATIVE HUMANE SOCIETY OF WHATCOM COUNTY	91-1551706	501(C)(3)	28,000.	0.			PROGRAM SERVICE SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 307.

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

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

Schedule I (Form 990) 2023

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALTUS ANIMAL CONTROL	73-6005064	GOVERNMENT	8,200.	0.			PROGRAM SERVICE SUPPORT
AMBASSADORS FOR GODS CREATURES	81-1031491	501(C)(3)	25,000.	0.			PROGRAM SERVICE SUPPORT
ANGEL CITY PIT BULLS	27-2348995	501(C)(3)	201,542.	0.			PROGRAM SERVICE SUPPORT
ANIMAL ALLIES RESCUE FOUNDATION INC	45-5074781	501(C)(3)	9,796.	0.			PROGRAM SERVICE SUPPORT
ANIMAL ASSISTANCE LEAGUE OF SLIDELL	72-0972176	501(C)(3)	17,405.	0.			PROGRAM SERVICE SUPPORT
ANIMAL CARE CENTERS OF NYC	13-3788986	501(C)(3)	78,410.	0.			PROGRAM SERVICE SUPPORT
ANIMAL GRANTMAKERS	26-0688246	501(C)(3)	10,500.	0.			PROGRAM SERVICE SUPPORT
ANIMAL HUMANE ASSOCIATION OF NEW MEXICO	85-0207652	501(C)(3)	84,200.	0.			PROGRAM SERVICE SUPPORT
ANIMAL PROTECTION LEAGUE INC	35-2204674	501(C)(3)	20,000.	0.			PROGRAM SERVICE SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash 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 SPRINGFIELD &	23-7095476	501(C)(3)	68,600.	0.			PROGRAM SERVICE SUPPORT
ANIMAL RESCUE LEAGUE OF BERKS COUNTY	23-1417505	501(C)(3)	7,095.	0.			PROGRAM SERVICE SUPPORT
ANIMAL RESCUE LEAGUE OF IOWA	42-0680427	501(C)(3)	240,000.	0.			PROGRAM SERVICE SUPPORT
ANIMAL SERVICES FOUNDATION INC	86-1864352	501(C)(3)	34,000.	0.			PROGRAM SERVICE SUPPORT
ANIMAL WELFARE ASSOCIATION INC	22-1752792	501(C)(3)	41,000.	0.			PROGRAM SERVICE SUPPORT
ANSON COUNTY ANIMAL SHELTER	56-6000273	GOVERNMENT	6,000.	0.			PROGRAM SERVICE SUPPORT
ARDMORE ANIMAL CARE INC	73-1272540	501(C)(3)	11,500.	0.			PROGRAM SERVICE SUPPORT
ASHTABULA COUNTY ANIMAL PROTECTIVE LEAGUE	34-6004922	501(C)(3)	10,000.	0.			PROGRAM SERVICE SUPPORT
ASSOCIATION OF SHELTER VETERINARIANS	73-1627937	501(C)(3)	25,000.	0.			PROGRAM SERVICE SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ATASCOSA COUNTY	74-6001468	GOVERNMENT	10,000.	0.			PROGRAM SERVICE SUPPORT
AUSTIN PETS ALIVE	74-2893360	501(C)(3)	2,350,000.	0.			PROGRAM SERVICE SUPPORT
BALTIMORE ANIMAL RESCUE & CARE CENTER	86-1130456	501(C)(3)	71,112.	0.			PROGRAM SERVICE SUPPORT
BARNWELL COUNTY GOVERNMENT	57-6000307	GOVERNMENT	22,750.	0.			PROGRAM SERVICE SUPPORT
BARRK ANIMAL RESCUE & REHAB FOR K9S KRISTINA HOWLEY	82-1663911	501(C)(3)	47,475.	0.			PROGRAM SERVICE SUPPORT
BEAUMONT PETS ALIVE	82-4798808	501(C)(3)	33,390.	0.			PROGRAM SERVICE SUPPORT
BEAUTIFUL TOGETHER	47-4273597	501(C)(3)	31,000.	0.			PROGRAM SERVICE SUPPORT
BELLEVILLE AREA HUMANE SOCIETY	37-0814881	501(C)(3)	201,705.	0.			PROGRAM SERVICE SUPPORT
BENTON ANIMAL CONTROL	71-6000806	GOVERNMENT	8,050.	0.			PROGRAM SERVICE SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BERNALILLO COUNTY ANIMAL CARE SERVICES	85-6000202	GOVERNMENT	10,000.	0.			PROGRAM SERVICE SUPPORT
BEST FRIEND RODENT RESCUE	27-4713942	501(C)(3)	5,277.	0.			PROGRAM SERVICE SUPPORT
BETTER WORLD RESCUE	87-4001454	501(C)(3)	10,000.	0.			PROGRAM SERVICE SUPPORT
BETTERTOGETHER FOREVER	20-1329182	501(C)(3)	203,750.	0.			PROGRAM SERVICE SUPPORT
BEYOND THE FIGHT INITIATIVE LLC	93-3098871	501(C)(3)	9,000.	0.			PROGRAM SERVICE SUPPORT
BIG PAWS OF THE OZARKS	46-4740246	501(C)(3)	43,805.	0.			PROGRAM SERVICE SUPPORT
BLUEFEATHER HORSE SANCTUARY AND MISFIT MUSTANGS	88-3588104	501(C)(3)	6,500.	0.			PROGRAM SERVICE SUPPORT
BOARDING FOR RESCUES AND ANIMAL WELFARE	46-5252283	501(C)(3)	9,075.	0.			PROGRAM SERVICE SUPPORT
BONAPARTES RETREAT	27-1180966	501(C)(3)	10,000.	0.			PROGRAM SERVICE SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOSSIER CITY ANIMAL SERVICES	72-6000179	501(C)(3)	32,565.	0.			PROGRAM SERVICE SUPPORT
BRANDYWINE VALLEY SPCA	23-1381030	501(C)(3)	114,400.	0.			PROGRAM SERVICE SUPPORT
BRO AND TRACY ANIMAL WELFARE	85-0467886	501(C)(3)	15,000.	0.			PROGRAM SERVICE SUPPORT
BURKE COUNTY ANIMAL SERVICES	56-6000280	GOVERNMENT	6,705.	0.			PROGRAM SERVICE SUPPORT
BURLINGTON ANIMAL SERVICES	56-6001189	GOVERNMENT	25,000.	0.			PROGRAM SERVICE SUPPORT
CALIFORNIA LABRADORS RETRIEVERS AND MORE RESCUE	45-1589323	501(C)(3)	50,000.	0.			PROGRAM SERVICE SUPPORT
CAMDEN COUNTY BOARD OF COMMISSIONERS	58-6000792	GOVERNMENT	30,000.	0.			PROGRAM SERVICE SUPPORT
CAPITAL HUMANE SOCIETY	47-0376622	501(C)(3)	14,705.	0.			PROGRAM SERVICE SUPPORT
CASTLE VALLEY ANIMAL RESCUE	87-2045033	501(C)(3)	20,000.	0.			PROGRAM SERVICE SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAT ACTION TEAM	83-1970767	501(C)(3)	8,000.	0.			PROGRAM SERVICE SUPPORT
CAT TOWN	27-3838132	501(C)(3)	30,000.	0.			PROGRAM SERVICE SUPPORT
CATNIP FOUNDATION	47-4528787	501(C)(3)	17,580.	0.			PROGRAM SERVICE SUPPORT
CENTRAL AROOSTOOK HUMANE SOCIETY	23-7333853	501(C)(3)	10,000.	0.			PROGRAM SERVICE SUPPORT
CHARITY HQ	87-1402056	501(C)(3)	15,000.	0.			PROGRAM SERVICE SUPPORT
CHARLESTON ANIMAL SOCIETY	57-6021863	501(C)(3)	268,990.	0.			PROGRAM SERVICE SUPPORT
CHEROKEE COUNTY ANIMAL SHELTER	63-6001442	GOVERNMENT	11,000.	0.			PROGRAM SERVICE SUPPORT
CHRISTIAN COUNTY ANIMAL SHELTER	61-6000824	GOVERNMENT	12,205.	0.			PROGRAM SERVICE SUPPORT
CINCINNATI ANIMAL CARE	85-2177478	501(C)(3)	11,000.	0.			PROGRAM SERVICE SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF AZTEC	86-1864352	GOVERNMENT	36,000.	0.			PROGRAM SERVICE SUPPORT
CITY OF BAYTOWN ANIMAL SERVICES	74-6000246	GOVERNMENT	14,000.	0.			PROGRAM SERVICE SUPPORT
CITY OF BROWNSVILLE TEXAS	74-6000422	GOVERNMENT	16,640.	0.			PROGRAM SERVICE SUPPORT
CITY OF CABOT-CABOT ANIMAL SUPPORT SERVICES	71-0334905	GOVERNMENT	41,700.	0.			PROGRAM SERVICE SUPPORT
CITY OF CASTROVILLE ANIMAL CONTROL	74-6000497	GOVERNMENT	28,700.	0.			PROGRAM SERVICE SUPPORT
CITY OF CENTERTON ARKANSAS	71-0460462	GOVERNMENT	5,610.	0.			PROGRAM SERVICE SUPPORT
CITY OF CHEROKEE VILLAGE	71-0802386	GOVERNMENT	5,125.	0.			PROGRAM SERVICE SUPPORT
CITY OF CLOVIS	85-6000117	GOVERNMENT	22,400.	0.			PROGRAM SERVICE SUPPORT
CITY OF DARDANELLE ANIMAL CONTROL	71-0429942	GOVERNMENT	5,150.	0.			PROGRAM SERVICE SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF GILLETTE ANIMAL SHELTER	83-6000062	GOVERNMENT	12,000.	0.			PROGRAM SERVICE SUPPORT
CITY OF HENDERSON ANIMAL CARE AND CONTROL	88-6000720	GOVERNMENT	12,495.	0.			PROGRAM SERVICE SUPPORT
CITY OF HOLBROOK	86-6000251	GOVERNMENT	6,000.	0.			PROGRAM SERVICE SUPPORT
CITY OF JUNCTION	74-6001471	GOVERNMENT	7,500.	0.			PROGRAM SERVICE SUPPORT
CITY OF LOS ANGELES	95-6000735	GOVERNMENT	152,000.	0.			PROGRAM SERVICE SUPPORT
CITY OF MADILL ANIMAL SHELTER	73-6005301	GOVERNMENT	11,000.	0.			PROGRAM SERVICE SUPPORT
CITY OF MIAMI KETCHER-KEHELEY ANIMAL SHELTER	73-6005323	GOVERNMENT	9,200.	0.			PROGRAM SERVICE SUPPORT
CITY OF NEEDLES	95-6000750	GOVERNMENT	8,000.	0.			PROGRAM SERVICE SUPPORT
CITY OF PERRIS ANIMAL CONTROL	95-6000761	GOVERNMENT	10,000.	0.			PROGRAM SERVICE SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF SAN BERNARDINO	95-6000772	GOVERNMENT	28,000.	0.			PROGRAM SERVICE SUPPORT
CITY OF SUGAR LAND	74-6027491	GOVERNMENT	8,000.	0.			PROGRAM SERVICE SUPPORT
CITY OF TRACY	94-6000442	GOVERNMENT	9,750.	0.			PROGRAM SERVICE SUPPORT
CITY OF VISALIA ANIMAL CARE CENTER	94-6000449	GOVERNMENT	6,705.	0.			PROGRAM SERVICE SUPPORT
CITY OF WEST MEMPHIS ANIMAL SHELTER	71-6012481	GOVERNMENT	6,000.	0.			PROGRAM SERVICE SUPPORT
CLEAR CREEK CAT RESCUE	27-2265973	501(C)(3)	10,000.	0.			PROGRAM SERVICE SUPPORT
COCONINO HUMANE ASSOCIATION	86-0176883	501(C)(3)	7,200.	0.			PROGRAM SERVICE SUPPORT
COLES COUNTY ANIMAL SHELTER	37-6000640	GOVERNMENT	20,000.	0.			PROGRAM SERVICE SUPPORT
COLLETON COUNTY ANIMAL SERVICES	57-6000339	GOVERNMENT	6,205.	0.			PROGRAM SERVICE SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLORADO STATE UNIVERSITY FOUNDATION	23-7098397	501(C)(3)	89,250.	0.			PROGRAM SERVICE SUPPORT
COLUSA COUNTY ANIMAL SHELTER	94-6000508	GOVERNMENT	27,600.	0.			PROGRAM SERVICE SUPPORT
COMMUNITY ANIMAL MEDICINE PROJECT INC	20-8542566	501(C)(3)	10,000.	0.			PROGRAM SERVICE SUPPORT
COMMUNITY CAT SUPPORT NETWORK	92-0510347	501(C)(3)	5,805.	0.			PROGRAM SERVICE SUPPORT
COMMUNITY CATS GLOBAL	85-3194486	501(C)(3)	20,350.	0.			PROGRAM SERVICE SUPPORT
COMPANION ANIMAL ALLIANCE	27-1204719	501(C)(3)	13,655.	0.			PROGRAM SERVICE SUPPORT
COMPANION ANIMAL COALITION	92-3015915	501(C)(3)	10,000.	0.			PROGRAM SERVICE SUPPORT
COUNTY OF CUMBERLAND	56-6000291	GOVERNMENT	31,705.	0.			PROGRAM SERVICE SUPPORT
COUNTY OF TEHAMA ANIMAL SERVICES	94-6000543	GOVERNMENT	11,500.	0.			PROGRAM SERVICE SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CRAVEN PAMLICO ANIMAL SERVICES	56-2002666	GOVERNMENT	8,910.	0.			PROGRAM SERVICE SUPPORT
CUDDLES CAT CAFE	85-1081746	501(C)(3)	10,610.	0.			PROGRAM SERVICE SUPPORT
DOG RESCUE R US	84-1980246	501(C)(3)	15,200.	0.			PROGRAM SERVICE SUPPORT
DOGS ADOPTION NETWORK	92-3722009	501(C)(3)	5,950.	0.			PROGRAM SERVICE SUPPORT
DOGS PLAYING FOR LIFE	46-5559418	501(C)(3)	95,150.	0.			PROGRAM SERVICE SUPPORT
DOGSTER'S SPAY & NEUTER PROGRAM	68-0587332	501(C)(3)	15,000.	0.			PROGRAM SERVICE SUPPORT
DOWNTOWN DOG RESCUE	46-1958507	501(C)(3)	6,250.	0.			PROGRAM SERVICE SUPPORT
EDMOND ANIMAL SHELTER	73-6005189	501(C)(3)	19,000.	0.			PROGRAM SERVICE SUPPORT
ENID SPCA	73-1546461	501(C)(3)	72,900.	0.			PROGRAM SERVICE SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FARMINGTON REGIONAL ANIMAL SHELTER	85-6000129	501(C)(3)	16,365.	0.			PROGRAM SERVICE SUPPORT
PIX WEST TEXAS	84-4108520	501(C)(3)	5,350.	0.			PROGRAM SERVICE SUPPORT
PIXIN' FERALS TNR & RESCUE	88-0822168	501(C)(3)	10,000.	0.			PROGRAM SERVICE SUPPORT
FIXNATION INC	83-0452460	501(C)(3)	12,500.	0.			PROGRAM SERVICE SUPPORT
FLEET OF ANGELS	46-3895690	501(C)(3)	10,000.	0.			PROGRAM SERVICE SUPPORT
FOLLOW YOUR HEART ANIMAL RESCUE	46-1991182	501(C)(3)	10,000.	0.			PROGRAM SERVICE SUPPORT
FOR PETS SAKE RESCUE	84-4175505	501(C)(3)	40,000.	0.			PROGRAM SERVICE SUPPORT
FOREST COUNTY HUMANE SOCIETY	39-1812068	501(C)(3)	11,000.	0.			PROGRAM SERVICE SUPPORT
FORT BEND COUNTY ANIMAL SERVICES	74-6001969	GOVERNMENT	8,000.	0.			PROGRAM SERVICE SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRANKLIN COUNTY HUMANE SOCIETY	52-1256009	501(C)(3)	22,426.	0.			PROGRAM SERVICE SUPPORT
FRIENDS FOR ANIMALS OF METRO DETROIT	38-3171570	501(C)(3)	7,000.	0.			PROGRAM SERVICE SUPPORT
FRIENDS OF BERRIEN COUNTY ANIMAL CONTROL	84-4777503	501(C)(3)	20,000.	0.			PROGRAM SERVICE SUPPORT
FRIENDS OF DALLAS ANIMAL SERVICES	83-4099633	501(C)(3)	36,000.	0.			PROGRAM SERVICE SUPPORT
FRIENDS OF MARSHALL ANIMALS	81-3050540	501(C)(3)	20,800.	0.			PROGRAM SERVICE SUPPORT
FRIENDS OF ROSWELL ANIMALS	82-1190073	501(C)(3)	14,429.	0.			PROGRAM SERVICE SUPPORT
GATEWAY PET GUARDIANS	26-0096240	501(C)(3)	66,000.	0.			PROGRAM SERVICE SUPPORT
GOOD SHEPHERD HUMANE SOCIETY	71-0458910	501(C)(3)	33,950.	0.			PROGRAM SERVICE SUPPORT
GREENBRIER HUMANE SOCIETY	55-0596790	501(C)(3)	17,000.	0.			PROGRAM SERVICE SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREENSBURG DECATUR COUNTY ANIMAL SHELTER	35-6000138	501(C)(3)	27,000.	0.			PROGRAM SERVICE SUPPORT
GULF COAST HUMANE SOCIETY	59-0806978	501(C)(3)	39,700.	0.			PROGRAM SERVICE SUPPORT
HARRISON COUNTY ANIMAL CONTROL - WV	55-6000328	GOVERNMENT	24,999.	0.			PROGRAM SERVICE SUPPORT
HAWAIIAN HUMANE SOCIETY	99-0073490	501(C)(3)	57,200.	0.			PROGRAM SERVICE SUPPORT
HAYWARD ANIMAL SHELTER	94-6000346	GOVERNMENT	6,283.	0.			PROGRAM SERVICE SUPPORT
HEART LA	82-5280771	501(C)(3)	25,000.	0.			PROGRAM SERVICE SUPPORT
HEARTLAND ANIMAL SHELTER	16-1617345	501(C)(3)	12,300.	0.			PROGRAM SERVICE SUPPORT
HEARTS & BONES ANIMAL RESCUE	82-0605962	501(C)(3)	15,600.	0.			PROGRAM SERVICE SUPPORT
HEBER VALLEY ANIMAL SERVICES	87-6000232	GOVERNMENT	7,000.	0.			PROGRAM SERVICE SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HIGH COUNTRY HUMANE	45-2912962	501(C)(3)	25,000.	0.			PROGRAM SERVICE SUPPORT
HILL COUNTRY HUMANE SOCIETY	74-2377542	501(C)(3)	13,500.	0.			PROGRAM SERVICE SUPPORT
HOMEWARD TRAILS ANIMAL RESCUE INC	32-0086330	501(C)(3)	30,720.	0.			PROGRAM SERVICE SUPPORT
HORRY COUNTY ANIMAL CARE CENTER	57-6000365	GOVERNMENT	80,000.	0.			PROGRAM SERVICE SUPPORT
HOUSTON PETS ALIVE!	46-5455638	501(C)(3)	79,500.	0.			PROGRAM SERVICE SUPPORT
HUMANE SOCIETY FOR GREATER SAVANNAH	58-0619035	501(C)(3)	316,600.	0.			PROGRAM SERVICE SUPPORT
HUMANE SOCIETY OF ELKHART COUNTY	35-0996134	501(C)(3)	15,500.	0.			PROGRAM SERVICE SUPPORT
HUMANE SOCIETY OF GREATER DAYTON	31-0537073	501(C)(3)	42,200.	0.			PROGRAM SERVICE SUPPORT
HUMANE SOCIETY OF HALL COUNTY - NORTHEAST GEORGIA	58-0678817	501(C)(3)	544,900.	0.			PROGRAM SERVICE SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HUMANE SOCIETY OF HARRISON COUNTY INC WV	55-0451132	501(C)(3)	5,965.	0.			PROGRAM SERVICE SUPPORT
HUMANE SOCIETY OF MIDLAND COUNTY	38-6114132	501(C)(3)	53,705.	0.			PROGRAM SERVICE SUPPORT
HUMANE SOCIETY OF NORTH TEXAS	75-1245911	501(C)(3)	6,750.	0.			PROGRAM SERVICE SUPPORT
HUMANE SOCIETY OF PARKERSBURG WVA	55-0404377	501(C)(3)	19,400.	0.			PROGRAM SERVICE SUPPORT
HUMANE SOCIETY OF SOUTHEAST MISSOURI	43-1108057	501(C)(3)	35,614.	0.			PROGRAM SERVICE SUPPORT
HUMANE SOCIETY OF SOUTHERN ARIZONA	86-0112798	501(C)(3)	100,000.	0.			PROGRAM SERVICE SUPPORT
HUMANE SOCIETY OF THE OZARKS	71-0401481	501(C)(3)	34,955.	0.			PROGRAM SERVICE SUPPORT
HUMANE SOCIETY OF TOM GREEN COUNTY	75-6030459	501(C)(3)	50,000.	0.			PROGRAM SERVICE SUPPORT
HUMANE SOCIETY OF VALDOSTA/LOWNDES CTY	58-1874746	501(C)(3)	9,205.	0.			PROGRAM SERVICE SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HUMANE SOCIETY OF WALTON COUNTY	35-2793347	501(C)(3)	33,300.	0.			PROGRAM SERVICE SUPPORT
HUMANE SOCIETY OF YUMA	86-6053617	501(C)(3)	18,280.	0.			PROGRAM SERVICE SUPPORT
HUMPHREYS COUNTY HUMANE SOCIETY	62-1651766	501(C)(3)	6,000.	0.			PROGRAM SERVICE SUPPORT
I STAND WITH MY PACK	81-4291281	501(C)(3)	20,625.	0.			PROGRAM SERVICE SUPPORT
IDAHO HUMANE SOCIETY	82-0212536	501(C)(3)	12,500.	0.			PROGRAM SERVICE SUPPORT
IREDELL COUNTY ANIMAL SERVICES	56-6000309	GOVERNMENT	17,780.	0.			PROGRAM SERVICE SUPPORT
IT TAKES A VILLAGE ANIMAL RESCUE	86-2154869	501(C)(3)	16,000.	0.			PROGRAM SERVICE SUPPORT
JACKSONVILLE ANIMAL SHELTER	71-6042693	GOVERNMENT	5,125.	0.			PROGRAM SERVICE SUPPORT
JACKSONVILLE HUMANE SOCIETY	59-0624410	501(C)(3)	1,394,250.	0.			PROGRAM SERVICE SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JEFFERSONVILLE ANIMAL SHELTER	35-6001067	GOVERNMENT	9,020.	0.			PROGRAM SERVICE SUPPORT
JOINT ANIMAL SERVICES	91-0819427	501(C)(3)	42,210.	0.			PROGRAM SERVICE SUPPORT
JOPLIN HUMANE SOCIETY INC	44-0664226	501(C)(3)	21,910.	0.			PROGRAM SERVICE SUPPORT
KANAWHA-CHARLESTON HUMANE ASSOCIATION	55-0435381	501(C)(3)	67,000.	0.			PROGRAM SERVICE SUPPORT
KANE EDUCATION FOUNDATION	75-3134344	501(C)(3)	15,000.	0.			PROGRAM SERVICE SUPPORT
KAUAI HUMANE SOCIETY	99-0089250	501(C)(3)	10,000.	0.			PROGRAM SERVICE SUPPORT
KELLER'S KATS RESCUE INC	47-2079232	501(C)(3)	21,807.	0.			PROGRAM SERVICE SUPPORT
KITTEN RESCUE	95-4670174	501(C)(3)	90,000.	0.			PROGRAM SERVICE SUPPORT
KITTY BUNGALOW CHARM SCHOOL	27-1297223	501(C)(3)	61,720.	0.			PROGRAM SERVICE SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KOKOMO HUMANE SOCIETY INC	35-0989705	501(C)(3)	24,500.	0.			PROGRAM SERVICE SUPPORT
KURTH MEMORIAL ANIMAL SERVICES & ADOPTION	75-6000591	501(C)(3)	8,400.	0.			PROGRAM SERVICE SUPPORT
LAFAYETTE ANIMAL AID	23-7414331	501(C)(3)	54,000.	0.			PROGRAM SERVICE SUPPORT
LAFAYETTE ANIMAL SHELTER & CARE CENTER	72-1335255	GOVERNMENT	28,000.	0.			PROGRAM SERVICE SUPPORT
LAKE OCONEE HUMANE SOCIETY INC	46-0485454	501(C)(3)	10,000.	0.			PROGRAM SERVICE SUPPORT
LAMPASAS ANIMAL SHELTER	74-6001562	GOVERNMENT	16,700.	0.			PROGRAM SERVICE SUPPORT
LAST CHANCE ANIMAL RESCUE	52-2328626	501(C)(3)	32,640.	0.			PROGRAM SERVICE SUPPORT
LIBERAL ANIMAL SHELTER	48-6009365	501(C)(3)	30,000.	0.			PROGRAM SERVICE SUPPORT
LIBERTY COUNTY ANIMAL SERVICES	58-6002461	501(C)(3)	6,000.	0.			PROGRAM SERVICE SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LIFELINE OF GALVESTON COUNTY	85-2907875	501(C)(3)	10,800.	0.			PROGRAM SERVICE SUPPORT
LITTLE TRAVERSE BAY HUMANE SOCIETY	38-1384441	501(C)(3)	50,000.	0.			PROGRAM SERVICE SUPPORT
LOVINGTON ANIMAL SHELTER	85-6000604	GOVERNMENT	17,000.	0.			PROGRAM SERVICE SUPPORT
LYNCHBURG HUMANE SOCIETY	54-0570901	501(C)(3)	50,000.	0.			PROGRAM SERVICE SUPPORT
MASON COUNTY ANIMAL SHELTER	55-6000352	GOVERNMENT	18,000.	0.			PROGRAM SERVICE SUPPORT
MASSACHUSETTS SPCA	04-2103597	501(C)(3)	399,300.	0.			PROGRAM SERVICE SUPPORT
MCKAMEY ANIMAL CENTER	01-0824858	501(C)(3)	6,800.	0.			PROGRAM SERVICE SUPPORT
MICHIGAN ANTI CRUELTY SOCIETY	38-1420301	501(C)(3)	34,500.	0.			PROGRAM SERVICE SUPPORT
MIDLANDS HUMANE SOCIETY	20-5105144	501(C)(3)	14,455.	0.			PROGRAM SERVICE SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MILWAUKEE AREA DOMESTIC ANIMAL CARE & CONTROL	39-1947192	GOVERNMENT	33,200.	0.			PROGRAM SERVICE SUPPORT
MINNEAPOLIS ANIMAL CARE & CONTROL	41-6005375	GOVERNMENT	27,000.	0.			PROGRAM SERVICE SUPPORT
MOHAVE COUNTY	86-6000539	GOVERNMENT	18,080.	0.			PROGRAM SERVICE SUPPORT
MONTGOMERY COUNTY ANIMAL SHELTER	74-6000558	GOVERNMENT	14,500.	0.			PROGRAM SERVICE SUPPORT
MOUNTAIN HUMANE	82-0351171	501(C)(3)	65,400.	0.			PROGRAM SERVICE SUPPORT
MUDDY PAWS RESCUE	47-5496436	501(C)(3)	20,000.	0.			PROGRAM SERVICE SUPPORT
MY PITT BULL IS FAMILY	47-2264053	501(C)(3)	30,000.	0.			PROGRAM SERVICE SUPPORT
NEBRASKA HUMANE SOCIETY	47-0378997	501(C)(3)	38,910.	0.			PROGRAM SERVICE SUPPORT
NEEDY PAWS ANIMAL SHELTER	58-2046892	501(C)(3)	10,075.	0.			PROGRAM SERVICE SUPPORT

Schedule I (Form 990)

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

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NEXUS EQUINE RESCUE	81-1990122	501(C)(3)	6,500.	0.			PROGRAM SERVICE SUPPORT
NINE LIVES FOUNDATION	20-2150714	501(C)(3)	42,000.	0.			PROGRAM SERVICE SUPPORT
NORMAN ANIMAL WELFARE	73-6005350	501(C)(3)	6,500.	0.			PROGRAM SERVICE SUPPORT
NORTH LITTLE ROCK ANIMAL SHELTER	71-6009176	GOVERNMENT	21,320.	0.			PROGRAM SERVICE SUPPORT
NORTHEAST MISSOURI HUMANE SOCIETY	43-6063703	501(C)(3)	27,505.	0.			PROGRAM SERVICE SUPPORT
NORTHERN OKLAHOMA HUMANE SOCIETY	73-1245251	501(C)(3)	29,700.	0.			PROGRAM SERVICE SUPPORT
NUZZLES & CO	87-0482464	501(C)(3)	5,586.	0.			PROGRAM SERVICE SUPPORT
OHIO ALLEYCAT RESOURCE & SPAY/NEUTER CLINIC	31-1728182	501(C)(3)	55,455.	0.			PROGRAM SERVICE SUPPORT
OKLAHOMA ALLIANCE FOR ANIMALS	84-1640954	501(C)(3)	16,900.	0.			PROGRAM SERVICE SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OKLAHOMA CITY ANIMAL WELFARE	73-6005359	GOVERNMENT	6,700.	0.			PROGRAM SERVICE SUPPORT
OLD DOMINION HUMANE SOCIETY	80-0883525	501(C)(3)	17,242.	0.			PROGRAM SERVICE SUPPORT
ONE TAIL AT A TIME	26-2125306	501(C)(3)	131,355.	0.			PROGRAM SERVICE SUPPORT
ONslow COUNTY ANIMAL SERVICES	56-6000326	GOVERNMENT	38,780.	0.			PROGRAM SERVICE SUPPORT
OPERATION KINDNESS	75-1553350	501(C)(3)	865,525.	0.			PROGRAM SERVICE SUPPORT
OZARK FREEDOM DRIVERS	88-2392930	501(C)(3)	19,899.	0.			PROGRAM SERVICE SUPPORT
PACC911	20-5153613	501(C)(3)	5,600.	0.			PROGRAM SERVICE SUPPORT
PACIFIC ANIMAL WELFARE ORGANIZATION DBA PAWS OF CORONADO	06-1680429	501(C)(3)	7,225.	0.			PROGRAM SERVICE SUPPORT
PALM VALLEY ANIMAL CENTER	74-1819910	501(C)(3)	53,172.	0.			PROGRAM SERVICE SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PASADENA ANIMAL SHELTER	74-6001846	GOVERNMENT	5,900.	0.			PROGRAM SERVICE SUPPORT
PASADENA HUMANE SOCIETY & SPCA	95-1643344	501(C)(3)	7,000.	0.			PROGRAM SERVICE SUPPORT
PATRONS OF THE OKLAHOMA CITY ANIMAL SHELTER INC	47-5391317	501(C)(3)	8,200.	0.			PROGRAM SERVICE SUPPORT
PAWS AND CLAWS PET SHELTER	71-0644363	501(C)(3)	5,455.	0.			PROGRAM SERVICE SUPPORT
PAWS AND CLAWS RESCUE INC	85-1004813	501(C)(3)	6,000.	0.			PROGRAM SERVICE SUPPORT
PAWS FOR LIFE K9 RESCUE	83-0757621	501(C)(3)	262,350.	0.			PROGRAM SERVICE SUPPORT
PAWS HUMANE INC	58-2513501	501(C)(3)	7,205.	0.			PROGRAM SERVICE SUPPORT
PAWSITIVE PATHWAYS	93-2351501	501(C)(3)	15,000.	0.			PROGRAM SERVICE SUPPORT
PAWTCAKE REFUGE INC	81-3142530	501(C)(3)	20,000.	0.			PROGRAM SERVICE SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PEACE LOVE AND PAWS RESCUE	85-1255027	501(C)(3)	14,000.	0.			PROGRAM SERVICE SUPPORT
PEARL'S ALOHA RESCUE TEAM AND ALOHA ANIMAL CONNECTION	92-1402844	501(C)(3)	5,235.	0.			PROGRAM SERVICE SUPPORT
PENDER COUNTY ANIMAL SHELTER	56-2023827	GOVERNMENT	90,605.	0.			PROGRAM SERVICE SUPPORT
PEOPLE FOR PETS MAGIC VALLEY HUMANE SOCIETY	94-3080299	501(C)(3)	9,186.	0.			PROGRAM SERVICE SUPPORT
PET-A-BULLS INC.	27-4013718	501(C)(3)	26,000.	0.			PROGRAM SERVICE SUPPORT
PINAL COUNTY ANIMAL CARE & CONTROL	86-6000556	GOVERNMENT	45,000.	0.			PROGRAM SERVICE SUPPORT
PIT RIDGE RESCUE	84-4387316	501(C)(3)	11,238.	0.			PROGRAM SERVICE SUPPORT
PLANNED PETHOOD OF GEORGIA	90-0516757	501(C)(3)	37,000.	0.			PROGRAM SERVICE SUPPORT
POLK COUNTY BULLY PROJECT	84-2316936	501(C)(3)	6,000.	0.			PROGRAM SERVICE SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
POPE COUNTY HUMANE SOCIETY	41-1575524	501(C)(3)	6,000.	0.			PROGRAM SERVICE SUPPORT
PORTLAND ANIMAL CARE SERVICES	74-6003691	501(C)(3)	6,000.	0.			PROGRAM SERVICE SUPPORT
PORTSMOUTH HUMANE SOCIETY	54-0560059	501(C)(3)	10,000.	0.			PROGRAM SERVICE SUPPORT
PROVIDENCE ANIMAL CENTER	23-1440112	501(C)(3)	141,687.	0.			PROGRAM SERVICE SUPPORT
RED DESERT HUMANE SOCIETY	83-0307099	501(C)(3)	6,000.	0.			PROGRAM SERVICE SUPPORT
RENEGADE PAWS RESCUE	83-3915500	501(C)(3)	24,705.	0.			PROGRAM SERVICE SUPPORT
RESCUE TEXAS RESOURCES	87-4416573	501(C)(3)	15,000.	0.			PROGRAM SERVICE SUPPORT
RESCUED PETS MOVEMENT INC	46-3708327	501(C)(3)	5,500.	0.			PROGRAM SERVICE SUPPORT
REZDANG RESCUE	46-1412023	501(C)(3)	51,705.	0.			PROGRAM SERVICE SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RICHMOND ANIMAL LEAGUE INC	51-0240493	501(C)(3)	26,399.	0.			PROGRAM SERVICE SUPPORT
RICHMOND SPCA	54-0506328	501(C)(3)	46,223.	0.			PROGRAM SERVICE SUPPORT
RIO GRANDE VALLEY HUMANE SOCIETY	74-2516749	501(C)(3)	21,000.	0.			PROGRAM SERVICE SUPPORT
ROCKINGHAM COUNTY ANIMAL SHELTER	56-6001527	GOVERNMENT	6,000.	0.			PROGRAM SERVICE SUPPORT
ROCKY MOUNTAIN PUPPY RESCUE	27-2214963	501(C)(3)	40,000.	0.			PROGRAM SERVICE SUPPORT
RORY TO THE RESCUE	92-2118615	501(C)(3)	107,400.	0.			PROGRAM SERVICE SUPPORT
ROUND VALLEY ANIMAL RESCUE	61-1614400	501(C)(3)	8,500.	0.			PROGRAM SERVICE SUPPORT
RUFF HAVEN CRISIS SHELTERING	85-0838808	501(C)(3)	6,000.	0.			PROGRAM SERVICE SUPPORT
RUTLAND COUNTY HUMANE SOCIETY	03-6006930	501(C)(3)	6,500.	0.			PROGRAM SERVICE SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAFE HARBOR ANIMAL COALITION	84-2145454	501(C)(3)	50,000.	0.			PROGRAM SERVICE SUPPORT
SALT LAKE COUNTY ANIMAL SERVICES	87-6000316	GOVERNMENT	15,000.	0.			PROGRAM SERVICE SUPPORT
SAN DIEGO HUMANE SOCIETY	95-1661688	501(C)(3)	399,531.	0.			PROGRAM SERVICE SUPPORT
SAND SPRINGS ANIMAL WELFARE	73-6005411	501(C)(3)	6,500.	0.			PROGRAM SERVICE SUPPORT
SANTA CRUZ COUNTY - AZ	86-6000559	GOVERNMENT	5,205.	0.			PROGRAM SERVICE SUPPORT
SEATTLE AREA FELINE RESCUE	91-2041961	501(C)(3)	23,200.	0.			PROGRAM SERVICE SUPPORT
SECOND CHANCE ANIMAL SHELTER	04-3490671	501(C)(3)	30,000.	0.			PROGRAM SERVICE SUPPORT
SECOND CHANCE SHERIDAN CAT RESCUE	27-1336749	501(C)(3)	9,875.	0.			PROGRAM SERVICE SUPPORT
SFC VIRGINIA INC	84-2340045	501(C)(3)	32,082.	0.			PROGRAM SERVICE SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SICSA PET ADOPTION CENTER	23-7367199	501(C)(3)	25,400.	0.			PROGRAM SERVICE SUPPORT
SISKIYOU HUMANE SOCIETY INC	94-2411106	501(C)(3)	6,000.	0.			PROGRAM SERVICE SUPPORT
SMYTH ANIMAL RESCUE	83-3751869	501(C)(3)	14,232.	0.			PROGRAM SERVICE SUPPORT
SNIP AND TIP INC	85-4132897	501(C)(3)	36,000.	0.			PROGRAM SERVICE SUPPORT
SOUL DOG RESCUE	45-4137227	501(C)(3)	70,000.	0.			PROGRAM SERVICE SUPPORT
SOUTHERN COUNTIES RESCUE INC.	45-4597576	501(C)(3)	10,000.	0.			PROGRAM SERVICE SUPPORT
SOUTHERN PINES ANIMAL SHELTER	64-0514796	GOVERNMENT	53,205.	0.			PROGRAM SERVICE SUPPORT
SOUTHERN UTAH UNIVERSITY	87-6000481	501(C)(3)	17,958.	0.			PROGRAM SERVICE SUPPORT
SPAY NEUTER IMPERATIVE PROJECT CALIFORNIA (AKA SNIP BUS)	46-1587546	501(C)(3)	25,000.	0.			PROGRAM SERVICE SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPAY NEUTER INITIATIVE	84-4734799	501(C)(3)	8,000.	0.			PROGRAM SERVICE SUPPORT
SPCA OF BRAZORIA COUNTY	23-7404451	501(C)(3)	71,200.	0.			PROGRAM SERVICE SUPPORT
SPCA OF FREDERICKSBURG VA INC.	54-0648185	501(C)(3)	16,240.	0.			PROGRAM SERVICE SUPPORT
ST MARY PARISH ANIMAL SHELTER & CONTROL	72-6001283	GOVERNMENT	12,095.	0.			PROGRAM SERVICE SUPPORT
ST SOPHIA 'S FORGOTTEN FELINES	36-4696076	501(C)(3)	25,625.	0.			PROGRAM SERVICE SUPPORT
ST TAMMANY PARISH DEPT OF ANIMAL SERVICES	72-6001034	GOVERNMENT	18,000.	0.			PROGRAM SERVICE SUPPORT
STANISLAUS ANIMAL SERVICES AGENCY	94-6000540	501(C)(3)	28,000.	0.			PROGRAM SERVICE SUPPORT
STRAY CAT ALLIANCE	95-4787231	501(C)(3)	195,000.	0.			PROGRAM SERVICE SUPPORT
TANGIPAHOA PARISH ANIMAL CONTROL	72-6001371	GOVERNMENT	21,500.	0.			PROGRAM SERVICE SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TAYSIA BLUE RESCUE	27-2775999	501(C)(3)	6,400.	0.			PROGRAM SERVICE SUPPORT
TEN LIVES CLUB	16-1611221	501(C)(3)	61,500.	0.			PROGRAM SERVICE SUPPORT
THE ANIMAL FOUNDATION	88-0144253	501(C)(3)	28,040.	0.			PROGRAM SERVICE SUPPORT
THE BULLHEAD CITY ANIMAL SHELTER	86-0494205	GOVERNMENT	35,705.	0.			PROGRAM SERVICE SUPPORT
THE DORSET EQUINE RESCUE INC.	46-3192988	501(C)(3)	8,372.	0.			PROGRAM SERVICE SUPPORT
THE GREATER HUNTSVILLE HUMANE SOCIETY	23-7093527	501(C)(3)	20,000.	0.			PROGRAM SERVICE SUPPORT
THE HUMANE SOCIETY OF NORTH MYRTLE BEACH	57-1116175	501(C)(3)	58,200.	0.			PROGRAM SERVICE SUPPORT
THE INNER PUP	47-1728816	501(C)(3)	15,000.	0.			PROGRAM SERVICE SUPPORT
THE LITTLE LION FOUNDATION	81-3553796	501(C)(3)	33,750.	0.			PROGRAM SERVICE SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE LITTLE RED DOG INC	45-3682976	501(C)(3)	35,600.	0.			PROGRAM SERVICE SUPPORT
THE NELSON COUNTY ANIMAL SHELTER	61-6000701	501(C)(3)	12,705.	0.			PROGRAM SERVICE SUPPORT
THE PAW MISSION	82-2187275	501(C)(3)	125,000.	0.			PROGRAM SERVICE SUPPORT
THE PUPPY MAMMA	81-5370247	501(C)(3)	20,000.	0.			PROGRAM SERVICE SUPPORT
THOMASVILLE THOMAS CTY HUMANE SOCIETY	58-1299962	501(C)(3)	486,300.	0.			PROGRAM SERVICE SUPPORT
UNDERDOG ANIMAL RESCUE & REHAB	82-3156476	501(C)(3)	18,000.	0.			PROGRAM SERVICE SUPPORT
UNDERDOG RESCUE RANCH	93-4489077	501(C)(3)	6,600.	0.			PROGRAM SERVICE SUPPORT
UTAH ASSOCIATION OF COUNTIES	87-6000577	501(C)(3)	15,000.	0.			PROGRAM SERVICE SUPPORT
UTAH LEAGUE OF CITIES & TOWNS	87-6000393	501(C)(3)	7,500.	0.			PROGRAM SERVICE SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UTAH'S FIRST LADY FOUNDATION	86-2475015	501(C)(3)	7,000.	0.			PROGRAM SERVICE SUPPORT
VALLEY VIEW EQUINE RESCUE	26-3832985	501(C)(3)	14,815.	0.			PROGRAM SERVICE SUPPORT
VERNON PARISH ANIMAL SHELTER	72-6001439	501(C)(3)	15,300.	0.			PROGRAM SERVICE SUPPORT
VICTORIA COUNTY ANIMAL SERVICE	74-6002445	501(C)(3)	10,500.	0.			PROGRAM SERVICE SUPPORT
VVC OF TEXAS LLC	81-4469290	501(C)(3)	6,000.	0.			PROGRAM SERVICE SUPPORT
WASHINGTON COUNTY SPCA	73-6107239	501(C)(3)	22,000.	0.			PROGRAM SERVICE SUPPORT
WEBER COUNTY ANIMAL SERVICES	87-6000308	GOVERNMENT	18,360.	0.			PROGRAM SERVICE SUPPORT
WEST VALLEY HUMANE SOCIETY	20-8179233	501(C)(3)	492,000.	0.			PROGRAM SERVICE SUPPORT
WILLIAMSON COUNTY REGIONAL ANIMAL SHELTER	74-6000978	501(C)(3)	10,500.	0.			PROGRAM SERVICE SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WILSON COUNTY SHERIFFS OFFICE ANIMAL ENFORCEMENT	56-6000357	501(C)(3)	10,000.	0.			PROGRAM SERVICE SUPPORT
WOLF POINT POUND PUPPIES ANIMAL RESCUE	47-1706723	501(C)(3)	23,000.	0.			PROGRAM SERVICE SUPPORT
YAKIMA HUMANE SOCIETY	91-0580938	501(C)(3)	8,750.	0.			PROGRAM SERVICE SUPPORT
YORK COUNTY SPCA	23-1399588	501(C)(3)	15,000.	0.			PROGRAM SERVICE SUPPORT

Schedule I (Form 990)

Part IIIGrants 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
CASH GRANT	24	42,364.	0.		

Part IVSupplemental 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

2023

Open to Public
Inspection

Name of the organization

BEST FRIENDS ANIMAL SOCIETY

Employer identification number

23-7147797

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input checked="" type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b X

2 X

4a X

4b X

4c X

5a X

5b X

6a X

6b X

7 X

8 X

9

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

Schedule J (Form 990) 2023

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 and/or 1099-NEC 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) JULIANNE CASTLE CHIEF EXECUTIVE OFFICER	(i) 525,755.	1,000.	0.	7,000.	453.	534,208.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
(2) STEPHEN HOWELL CFO AND COO	(i) 424,322.	8,000.	0.	7,000.	30,715.	470,037.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
(3) SUSAN CITRO CHIEF EXPERIENCE OFFICER	(i) 274,134.	7,500.	0.	7,000.	18,725.	307,359.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
(4) VALERIE DORIAN CHIEF DEVELOPMENT OFFICER	(i) 241,195.	27,000.	0.	7,000.	26,028.	301,223.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
(5) KAREN GALLARDO SR. DIRECTOR, MAJOR & PLANNED GIVING	(i) 237,103.	28,217.	0.	7,000.	9,844.	282,164.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
(6) JOSEPH ANGELO CHIEF PEOPLE AND CULTURE OFFICER	(i) 256,833.	6,000.	0.	6,923.	5,429.	275,185.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
(7) JUDAH BATTISTA CHIEF SANCTUARY OFFICER	(i) 216,647.	5,000.	0.	7,000.	20,352.	248,999.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
(8) MARC PERALTA CHIEF PROGRAM OFFICER	(i) 211,193.	8,000.	0.	7,000.	20,477.	246,670.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
(9) HOLLY SZEMORE CHIEF MISSIONS OFFICER	(i) 218,683.	7,500.	0.	7,000.	9,844.	243,027.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
(10) AMY STARNES CHIEF INNOVATION OFFICER	(i) 206,495.	9,000.	0.	7,000.	18,812.	241,307.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
(11) REBECCA HUSS GENERAL COUNSEL	(i) 215,917.	7,500.	0.	7,000.	9,797.	240,214.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
(12) GRETA PALMER CHIEF BRAND & COMMUNICATIONS	(i) 215,241.	3,376.	0.	7,000.	9,797.	235,414.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
(13) ERIKA WESTBAY ARNOLD DIRECTOR, PROCESS EXCELLENCE	(i) 188,763.	1,000.	0.	7,000.	28,777.	225,540.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
(14) ELISE TRAUB CHIEF EXTERNAL AFFAIRS OFFICER & CHIEF	(i) 206,572.	7,000.	0.	7,000.	0.	220,572.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
(15) ALFRED BATTISTA BOARD CHAIR / INTERNAL CONSULTANT	(i) 190,978.	1,000.	0.	7,000.	9,673.	208,651.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
(16) ERIN KATRIE DIRECTOR, NATIONAL VETERINARY PROGRAM	(i) 176,361.	1,000.	0.	7,000.	18,725.	203,086.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.

Schedule J (Form 990) 2023

Part IIISupplemental 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 1A:

THE ORGANIZATION'S BYLAWS REQUIRE THE CEO TO LIVE ON THE SANCTUARY PROPERTY. DURING A PORTION OF THE YEAR, JULIE CASTLE WAS PROVIDED WITH FREE HOUSING ON THE SANCTUARY PROPERTY IN A HOME DESIGNATED BY THE BOARD TO SERVE AS THE CEO RESIDENCE.

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)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

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.

OMB No. 1545-0047

2023

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
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

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

Schedule L (Form 990) 2023

Part IV Business Transactions Involving Interested Persons

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) CARRAGH MALONEY	DAUGHTER: BD MEMBER	122,500.	EMPLOYEE CO		X
(2) JONATHAN SIZEMORE	SPOUSE: OFFICER SIZ	62,386.	EMPLOYEE CO		X
(3) BART BATTISTA	SON: BD MEMBER BATT	157,084.	EMPLOYEE CO		X
(4) MARK EBBS	SON: FOUNDER EBBS	65,745.	EMPLOYEE CO		X
(5) JUDAH BATTISTA	SON: BD MEMBER BATT	248,999.	EMPLOYEE CO		X
(6)					
(7)					
(8)					
(9)					
(10)					

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: 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

(A) NAME OF PERSON: MARK EBBS

(D) DESCRIPTION OF TRANSACTION: EMPLOYEE COMPENSATION

(A) NAME OF PERSON: JUDAH BATTISTA

Part V Supplemental Information

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

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SON: BD MEMBER BATTISTA

(D) DESCRIPTION OF TRANSACTION: EMPLOYEE COMPENSATION

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

BEST FRIENDS ANIMAL SOCIETY

Employer identification number

23-7147797

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles	X	63	234,163.	FMV
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	211	2,077,875.	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	X	2	1,795,000.	FMV
18 Collectibles				
19 Food inventory	X	1,517	1,526,308.	FMV
20 Drugs and medical supplies	X	4,160	392,181.	FMV
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (VETERINARY EQUI)	X	2	59,042.	FMV
26 Other (EVENT FEES)	X	26	18,951.	FMV
27 Other (GIFT CARDS)	X	29	4,675.	FMV
28 Other (JANITORIAL AND)	X	48	1,274.	FMV

29 Number of Forms 8283 received by the organization during the tax year for contributions
for which the organization completed Form 8283, Part V, 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 3 years from the date of the initial contribution, and which isn't required to be used for
exempt purposes for the entire holding period?

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?

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

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	

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

Schedule M (Form 990) 2023

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)

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 Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

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

DIRECT ANIMAL LIFESAVING:

FROM OUR HEADQUARTERS IN KANAB, UTAH, WE RUN THE NATION'S LARGEST

NO-KILL ANIMAL SANCTUARY, CARING FOR UP TO 1,600 ANIMALS ON ANY GIVEN

DAY. IN FISCAL YEAR 2024, LIFESAVING ACHIEVEMENTS AT BEST FRIENDS

ANIMAL SANCTUARY INCLUDED:

2,682 NEW ANIMALS WELCOMED

1,566 PET ADOPTIONS

725 ANIMALS FOSTERED

2,934 ANIMALS TRANSPORTED (INCLUDING FROM PARTNER ORGANIZATIONS)

3,287 SPAY/NEUTER SURGERIES

40,295 VISITORS AND 4,283 TOURS COMPLETED

WE ALSO LAUNCHED A MOBILE CLINIC SERVING THE NAVAJO NATION, PROVIDING

SPAY/NEUTER SURGERIES, VACCINATIONS, AND MICROCHIPPING. FROM JANUARY

THROUGH SEPTEMBER 2024, THE CLINIC TREATED 2,317 ANIMALS, HELPING MEET

THE URGENT NEED FOR VETERINARY CARE ON THE LARGEST RESERVATION IN THE

U.S.

BEYOND THE SANCTUARY, BEST FRIENDS OPERATES LIFESAVING CENTERS AND

PROGRAMS IN SALT LAKE CITY, LOS ANGELES, HOUSTON, NORTHWEST ARKANSAS,

NEW YORK CITY, AND ALONG THE EAST COAST. IN FISCAL YEAR 2024, WE

SUPPORTED ANIMALS IN THESE COMMUNITIES THROUGH ADOPTIONS, FOSTERING,

PET TRANSPORTS, SPAY/NEUTER SERVICES, AND COMMUNITY CAT PROGRAMS.

HIGHLIGHTS INCLUDED:

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

Schedule O (Form 990) 2023

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

15,406 NEW ANIMALS WELCOMED

16,282 PET ADOPTIONS

7,195 ANIMALS FOSTERED

9,058 ANIMALS TRANSPORTED (INCLUDING ANIMALS FROM PARTNER

ORGANIZATIONS)

16,324 SPAY/NEUTER SURGERIES

1,958 COMMUNITY CATS HELPED

WE ALSO RESPONDED TO NATURAL DISASTERS, INCLUDING HURRICANES HELENE AND

MILTON, BY DELIVERING SUPPLIES, COVERING VETERINARY COSTS, AND MOVING

1,073 ANIMALS TO SAFETY.

FORM 990 PART III LINE 4B

LEADING THE NO-KILL MOVEMENT:

IN FISCAL YEAR 2024, BEST FRIENDS COLLABORATED WITH OVER 5,000

SHELTERS, RESCUE GROUPS, AND OTHER ANIMAL WELFARE ORGANIZATIONS ACROSS

ALL 50 STATES THROUGH THE BEST FRIENDS NETWORK, WHICH GREW BY A RECORD

572 GROUPS. NETWORK PARTNERS RECEIVED MENTORSHIP, TRAINING, GRANTS, AND

OTHER LIFESAVING RESOURCES. IN TOTAL, WE PROVIDED OVER \$17 MILLION IN

FUNDING ACROSS 964 ORGANIZATIONS.

BEST FRIENDS CONTINUED TO MAINTAIN THE NATION'S MOST COMPREHENSIVE

ANIMAL SHELTERING DATASET, PROVIDING KEY INSIGHTS AND ANALYTICS FROM

MORE THAN 10,000 SHELTERS AND RESCUE GROUPS ACROSS THE U.S. TOOLS LIKE

OUR PET LIFESAVING DASHBOARD AND SHELTER PET DATA ALLIANCE MADE THIS

DATA ACCESSIBLE AND TRANSPARENT, HELPING SHELTERS TRACK TRENDS, MAKE

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

INFORMED DECISIONS, AND IMPROVE OUTCOMES.

THROUGH OUR NATIONAL SHELTER SUPPORT PROGRAMS, BEST FRIENDS WORKED WITH
SHELTERS NATIONWIDE TO STRENGTHEN ANIMAL CARE, LIFESAVING PROGRAMS,
OPERATIONS, SHELTER MEDICINE, AND COMMUNITY ENGAGEMENT.

IN 2024, OUR TEAM HELD 91 TRAINING SESSIONS, REACHING 1,608 SHELTER
STAFF MEMBERS AND VOLUNTEERS. WE ALSO PROVIDED ASSESSMENTS, MENTORSHIP,
GRANTS, AND ON-THE-GROUND SUPPORT BY EMBEDDING OUR STAFF DIRECTLY IN
SHELTERS.

WE ALSO CONTINUED OUR ACADEMIC PARTNERSHIP WITH SOUTHERN UTAH
UNIVERSITY TO EXPAND EDUCATION AND CAREER PATHWAYS IN ANIMAL SERVICES.
IN FISCAL YEAR 2024, 251 INDIVIDUALS COMPLETED OUR CERTIFICATION OR
DEGREE PROGRAMS CURRENTLY THE ONLY OFFERINGS OF THEIR KIND IN THE U.S.

THE 2024 BEST FRIENDS NATIONAL CONFERENCE, HELD IN ORLANDO, BROUGHT
TOGETHER 1,483 ANIMAL WELFARE PROFESSIONALS AND ADVOCATES FROM 47
STATES ACROSS THE U.S. AND FOUR OTHER COUNTRIES TO SHARE KNOWLEDGE AND
EXPLORE THE LATEST IN LIFESAVING STRATEGIES.

BEST FRIENDS LAUNCHED BRING LOVE HOME, A NATIONAL CAMPAIGN ENCOURAGING
PET ADOPTION OVER PURCHASING. THE CAMPAIGN'S PSA PREMIERED IN TIMES
SQUARE AND REACHED 143 MILLION PEOPLE, RAISING AWARENESS AND SUPPORT
FOR DOGS AND CATS IN SHELTERS.

ON THE LEGISLATIVE FRONT, OUR TEAM HELPED SECURE 40 ADVOCACY WINS
ACROSS 17 STATES, ADDRESSING ISSUES LIKE BREED-SPECIFIC LAWS, PUPPY
MILLS, AND COMMUNITY CAT POLICIES. THESE EFFORTS WERE BACKED BY MORE

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

THAN 125,000 GRASSROOTS ADVOCATES WHO SENT MESSAGES TO LAWMAKERS,

GATHERED OVER 9,400 PETITION SIGNATURES, AND TOOK MORE THAN 2,800

ACTIONS DURING NATIONAL ACTION WEEK FOR ANIMALS.

ADDITIONALLY, 12,544 VOLUNTEERS CONTRIBUTED 523,215 HOURS ACROSS ALL

BEST FRIENDS PROGRAMS IN FISCAL YEAR 2024, HELPING TO DRIVE OUR MISSION

FORWARD.

TOGETHER WITH OUR PARTNERS, ADVOCATES, VOLUNTEERS, AND SUPPORTERS, BEST

FRIENDS SAVED THOUSANDS OF LIVES AND MADE MEANINGFUL PROGRESS TOWARD

NO-KILL NATIONWIDE. WE BELIEVE THAT BY WORKING TOGETHER, WE CAN SAVE

THEM ALL.

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

ANNE MEJIA, SECRETARY AND CYRUS MEJIA, BOARD MEMBER, ARE HUSBAND AND WIFE.

GREGORY CASTLE, CO-FOUNDER/INTERNAL CONSULTANT AND JULIE CASTLE, CEO 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/OPERATING OFFICER AND THE CHAIR OF THE AUDIT COMMITTEE. THE

RETURN IS THEN MADE AVAILABLE TO THE WHOLE BOARD FOR 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

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

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.

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

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

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

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.

23-7147797

TOTAL TO FORM 990, PART XI, LINE 9	-111,753.
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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.

2023

Open to Public
Inspection

Name of the organization

BEST FRIENDS ANIMAL SOCIETY

Employer identification number

23-7147797

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
BEST FRIENDS PRODUCTIONS, LLC - 47-2566720					
5001 ANGEL CANYON ROAD					
KANAB, UT 84741	PARTICIPATE IN JOINT VENTURE TO PRODUCE A FILM	UTAH	-50.	87,310.	BEST FRIENDS ANIMAL SOCIETY
307 WEST BROADWAY, LLC - 47-4201980					
5001 ANGEL CANYON ROAD	HOLD LEASE ON BUILDING IN MANHATTAN, NY	UTAH	-895,476.	1,140,836.	BEST FRIENDS ANIMAL SOCIETY
KANAB, UT 84741					

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) 2023

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		<input checked="" type="checkbox"/>
b Gift, grant, or capital contribution to related organization(s)		<input checked="" type="checkbox"/>
c Gift, grant, or capital contribution from related organization(s)		<input checked="" type="checkbox"/>
d Loans or loan guarantees to or for related organization(s)		<input checked="" type="checkbox"/>
e Loans or loan guarantees by related organization(s)		<input checked="" type="checkbox"/>
f Dividends from related organization(s)		<input checked="" type="checkbox"/>
g Sale of assets to related organization(s)		<input checked="" type="checkbox"/>
h Purchase of assets from related organization(s)		<input checked="" type="checkbox"/>
i Exchange of assets with related organization(s)		<input checked="" type="checkbox"/>
j Lease of facilities, equipment, or other assets to related organization(s)	<input checked="" type="checkbox"/>	
k Lease of facilities, equipment, or other assets from related organization(s)		<input checked="" type="checkbox"/>
l Performance of services or membership or fundraising solicitations for related organization(s)		<input checked="" type="checkbox"/>
m Performance of services or membership or fundraising solicitations by related organization(s)		<input checked="" type="checkbox"/>
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		<input checked="" type="checkbox"/>
o Sharing of paid employees with related organization(s)	<input checked="" type="checkbox"/>	
p Reimbursement paid to related organization(s) for expenses		<input checked="" type="checkbox"/>
q Reimbursement paid by related organization(s) for expenses		<input checked="" type="checkbox"/>
r Other transfer of cash or property to related organization(s)		<input checked="" type="checkbox"/>
s Other transfer of cash or property from related organization(s)		<input checked="" type="checkbox"/>

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.	J	56,220.	ARM'S LENGTH ESTIMATE OF MGMT FEE
(2) BEST FRIENDS WELLNESS CENTER, INC.	O	73,246.	SALARY AND PAYROLL TAX
(3)			
(4)			
(5)			
(6)			

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

FEDERAL POST-2017 NET OPERATING LOSS - GIFT SHOP SALES	2,669,059.
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Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

OMB No. 1545-0047

2023

For calendar year 2023 or other tax year beginning OCT 1, 2023, and ending SEP 30, 2024

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).

Open to Public Inspection for
501(c)(3) Organizations OnlyDepartment of the Treasury
Internal Revenue Service

A <input type="checkbox"/> Check box if address changed.	Print or Type	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) BEST FRIENDS ANIMAL SOCIETY	D Employer identification number 23-7147797
B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A		Number, street, and room or suite no. If a P.O. box, see instructions. 5001 ANGEL CANYON ROAD	E Group exemption number (see instructions)
		City or town, state or province, country, and ZIP or foreign postal code KANAB, UT 84741	F <input type="checkbox"/> Check box if an amended return.
		C Book value of all assets at end of year 200,572,201.	
G Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust <input type="checkbox"/> State college/university <input type="checkbox"/> 6417(d)(1)(A) Applicable entity			
H Check if filing only to claim <input type="checkbox"/> Credit from Form 8941 <input type="checkbox"/> Refund shown on Form 2439 <input type="checkbox"/> Elective payment amount from Form 3800			
I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation <input type="checkbox"/>			
J Enter the number of attached Schedules A (Form 990-T) 1			
K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the name and identifying number of the parent corporation			
L The books are in care of STEPHEN HOWELL, CHIEF OPERATING OF Telephone number 435-644-2001			

Part I Total Unrelated Business Taxable Income

1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) ...	1	0.
2 Reserved	2	
3 Add lines 1 and 2	3	
4 Charitable contributions (see instructions for limitation rules)	4	0.
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	
6 Deduction for net operating loss. See instructions	6	
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	
8 Specific deduction (generally \$1,000, but see instructions for exceptions)	8	1,000.
9 Trusts. Section 199A deduction. See instructions	9	
10 Total deductions. Add lines 8 and 9	10	1,000.
11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	0.

Part II Tax Computation

1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	0.
2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11, from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	2	
3 Proxy tax. See instructions	3	
4 Other tax amounts. See instructions	4	
5 Alternative minimum tax	5	
6 Tax on noncompliant facility income. See instructions	6	
7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7	0.

Part III Tax and Payments

1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a			
b Other credits (see instructions)	1b			
c General business credit. Attach Form 3800 (see instructions)	1c			
d Credit for prior-year minimum tax (attach Form 8801 or 8827)	1d			
e Total credits. Add lines 1a through 1d	1e			
2 Subtract line 1e from Part II, line 7	2			0.
3a Amount due from Form 4255	3a			
b Amount due from Form 8611	3b			
c Amount due from Form 8697	3c			
d Amount due from Form 8866	3d			
e Other amounts due (see instructions)	3e			
f Total amounts due. Add lines 3a through 3e	3f			0.
4 Total tax. Add lines 2 and 3f (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	4			0.
5 Current net 965 tax liability paid from Form 965-A, Part II, column (k)	5			0.

Part III Tax and Payments (continued)

6 a	Payments: Preceding year's overpayment credited to the current year	6a	51,266.	
b	Current year's estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	6b		
c	Tax deposited with Form 8868	6c		
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d		
e	Backup withholding (see instructions)	6e		
f	Credit for small employer health insurance premiums (attach Form 8941)	6f		
g	Elective payment election amount from Form 3800	6g		
h	Payment from Form 2439	6h		
i	Credit from Form 4136	6i		
j	Other (see instructions)	6j		
7	Total payments. Add lines 6a through 6j	7	51,266.	
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	8		
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9		
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10	51,266.	
11	Enter the amount of line 10 you want: Credited to 2024 estimated tax 51,266. Refunded	11	0.	

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

1	At any time during the 2023 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 <u>SEE STATEMENT 1</u>	Yes	No
		X	
2	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
3	Enter the amount of tax-exempt interest received or accrued during the tax year \$		
4	Enter available pre-2018 NOL carryovers here \$ Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		
	Business Activity Code	Available post-2017 NOL carryover	
	459420	\$ 2,138,639.	
		\$	
		\$	
		\$	
6 a	Reserved for future use		
b	Reserved for future use		

Part V Supplemental Information

Provide any additional information. See instructions.

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	CHIEF OPERATING OFFICER	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
	MARC A. METCALF	MARC A. METCALF	08/06/25	P00170461
	Firm's name TANNER LLC	Firm's EIN 20-2253063		
	36 S STATE STREET, SUITE 600			
	Firm's address SALT LAKE CITY, UT 84111		Phone no. 801-532-7444	

Form **990-T** (2023)

FORM 990-T	NAME OF FOREIGN COUNTRY IN WHICH ORGANIZATION HAS FINANCIAL INTEREST	STATEMENT 1
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NAME OF COUNTRY

CAYMAN ISLANDS
BRITISH VIRGIN ISLANDS

**SCHEDULE A
(Form 990-T)**Department of the Treasury
Internal Revenue Service**Unrelated Business Taxable Income
From an Unrelated Trade or Business**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).

OMB No. 1545-0047

2023Open to Public Inspection for
501(c)(3) Organizations Only

A Name of the organization <div style="text-align: center;">BEST FRIENDS ANIMAL SOCIETY</div>	B Employer identification number <div style="text-align: center;">23-7147797</div>
C Unrelated business activity code (see instructions) 459420	D Sequence: 1 of 1

E Describe the unrelated trade or business GIFT SHOP SALES

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales 104,235.			
b Less returns and allowances c Balance	1c		
2 Cost of goods sold (Part III, line 8)	2		
3 Gross profit. Subtract line 2 from line 1c	3		24,446.
4 a Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions	4a		
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from a partnership or an S corporation (attach statement)	5		
6 Rent income (Part IV)	6		
7 Unrelated debt-financed income (Part V)	7	320,041.	833,810.
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8		
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9		
10 Exploited exempt activity income (Part VIII)	10		
11 Advertising income (Part IX)	11	16,109.	4,078.
12 Other income (see instructions; attach statement)	12		
13 Total. Combine lines 3 through 12	13	360,596.	837,888.

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

1 Compensation of officers, directors, and trustees (Part X)	1	
2 Salaries and wages	2	14,830.
3 Repairs and maintenance	3	
4 Bad debts	4	
5 Interest (attach statement). See instructions	5	
6 Taxes and licenses	6	
7 Depreciation (attach Form 4562). See instructions	7	507,262.
8 Less depreciation claimed in Part III and elsewhere on return	8a	507,262.
9 Depletion	9	
10 Contributions to deferred compensation plans	10	
11 Employee benefit programs	11	5,746.
12 Excess exempt expenses (Part VIII)	12	
13 Excess readership costs (Part IX)	13	12,031.
14 Other deductions (attach statement) SEE STATEMENT 2	14	20,521.
15 Total deductions. Add lines 1 through 14	15	53,128.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16	-530,420.
17 Deduction for net operating loss. See instructions	17	0.
18 Unrelated business taxable income. Subtract line 17 from line 16	18	-530,420.

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2023

Part III Cost of Goods Sold

Enter method of inventory valuation

LOWER OF COST OR MARKET

1	Inventory at beginning of year	1	12,377.
2	Purchases	2	81,535.
3	Cost of labor	3	0.
4	Additional section 263A costs (attach statement)	4	0.
5	Other costs (attach statement)	5	0.
6	Total. Add lines 1 through 5	6	93,912.
7	Inventory at end of year	7	14,123.
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2	8	79,789.
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

Part IV Rent Income (From Real Property and Personal Property Leased With Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A ☐ _____

B ☐ _____

C ☐ _____

D ☐ _____

	A	B	C	D
2 Rent received or accrued				
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)				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3 Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A)				0.
Deductions directly connected with the income				
4 in lines 2a and 2b (attach statement)				
5 Total deductions. Add line 4, columns A through D. Enter here and on Part I, line 6, column (B)				0.

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A ☐ HOTEL

B ☐ _____

C ☐ _____

D ☐ _____

	A	B	C	D
2 Gross income from or allocable to debt-financed property	1,191,736.			
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement) STMT 6	507,262.			
b Other deductions (attach statement) STMT 7	2,597,599.			
c Total deductions (add lines 3a and 3b, columns A through D)	3,104,861.			
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement) STMT 4	2,230,340.			
5 Average adjusted basis of or allocable to debt-financed property (attach statement) STMT 5	8,305,089.			
6 Divide line 4 by line 5	26.855 %	%	%	%
7 Gross income reportable. Multiply line 2 by line 6	320,041.			
8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)				320,041.
9 Allocable deductions. Multiply line 3c by line 6	833,810.			
10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)				833,810.
11 Total dividends-received deductions included in line 10				0.

Part VI Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization		2. Employer identification number	Exempt Controlled Organizations			6. Deductions directly connected with income in column 5
			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	
(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 Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on Part I, line 8, column (B).	
Totals				0.	0.	

Part VII 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 statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
	Add amounts in column 2. Enter here and on Part I, line 9, column (A).			Add amounts in column 5. Enter here and on Part I, line 9, column (B).
Totals	0.			0.

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity:		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4	
5	Gross income from activity that is not unrelated business income	5	
6	Expenses attributable to income entered on line 5	6	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7	

Schedule A (Form 990-T) 2023

FORM 990-T (A)

OTHER DEDUCTIONS

STATEMENT 2

DESCRIPTION

AMOUNT

PROFESSIONAL FEES	946.
ADVERTISING	845.
OFFICE EXPENSE	3,699.
INFORMATION TECHNOLOGY	3,057.
OCCUPANCY	462.
INSURANCE	3,370.
MISCELLANEOUS	701.
TAXES AND LICENSES	7,244.
CONFERENCE	10.
TRAVEL	187.

TOTAL TO SCHEDULE A, PART II, LINE 14

20,521.

990-T SCH A

POST-2017 NET OPERATING LOSS DEDUCTION

STATEMENT 3

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
09/30/19	22,847.	0.	22,847.	22,847.
09/30/20	783,641.	0.	783,641.	783,641.
09/30/21	313,293.	0.	313,293.	313,293.
09/30/22	505,085.	0.	505,085.	505,085.
09/30/23	513,773.	0.	513,773.	513,773.
NOL CARRYOVER AVAILABLE THIS YEAR			2,138,639.	2,138,639.

FORM 990-T (A) PART V - 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		2,276,580.
BEGINNING SECOND MONTH		2,268,544.
BEGINNING THIRD MONTH		2,260,193.
BEGINNING FOURTH MONTH		2,252,094.
BEGINNING FIFTH MONTH		2,243,963.
BEGINNING SIXTH MONTH		2,235,239.
BEGINNING SEVENTH MONTH		2,227,042.
BEGINNING EIGHTH MONTH		2,218,535.
BEGINNING NINTH MONTH		2,210,273.
BEGINNING TENTH MONTH		2,201,702.
BEGINNING ELEVENTH MONTH		2,193,377.
BEGINNING TWELFTH MONTH		2,176,535.
TOTAL OF ALL MONTHS		26,764,077.
NUMBER OF MONTHS IN YEAR		12
AVERAGE ACQUISITION DEBT		2,230,340.

TOTALS TO FORM 990-T, SCHEDULE A, PART V, LINE 4

FORM 990-T (A) PART V - UNRELATED DEBT-FINANCED INCOME STATEMENT 5
AVERAGE ADJUSTED BASIS

DESCRIPTION OF DEBT-FINANCED PROPERTY	ACTIVITY NUMBER	AMOUNT
HOTEL	1	
AVERAGE ADJUSTED BASIS OF PROPERTY HELD ON FIRST DAY OF YEAR		8,528,035.
AVERAGE ADJUSTED BASIS OF PROPERTY HELD ON LAST DAY OF YEAR		8,082,142.
AVERAGE ADJUSTED BASIS OF PROPERTY FOR THE YEAR		8,305,089.

TOTAL TO FORM 990-T, SCHEDULE A, PART V, LINE 5

FORM 990-T (A)

PART V - DEPRECIATION DEDUCTION

STATEMENT 6

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
DEPRECIATION		507,262.	
- SUBTOTAL -	1		507,262.
TOTAL OF FORM 990-T, SCHEDULE A, PART V, LINE 3(A)			507,262.

FORM 990-T (A)

PART V - OTHER DEDUCTIONS

STATEMENT 7

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	PERCENT ALLOCABLE	ALLOCABLE TOTAL
SALARIES		968,874.		
PENSION PLAN		72,949.		
OTHER EMPLOYEE BENEFITS		283,621.		
PAYROLL TAXES		69,827.		
PROFESSIONAL FEES OTHER		45,013.		
ADVERTISING		18,402.		
OFFICE EXPENSE		99,493.		
INFORMATION TECHNOLOGY		175,906.		
OCCUPANCY		209,258.		
INTEREST		110,877.		
INSURANCE		422,680.		
CONFERENCE MEETINGS		2,815.		
OTHER EXPENSE		74,097.		
TRAVEL		43,787.		
- SUBTOTAL -	1	2,597,599.	1.00	2,597,599.
TOTAL OF FORM 990-T, SCHEDULE A, PART V, LINE 3(B)				2,597,599.

2023 DEPRECIATION AND AMORTIZATION REPORT

HOTEL

A DEBT

[illegible]

328111 04-01-23

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Name(s) shown on return	Business or activity to which this form relates	Identifying number
Best Friends Animal Society	HOTEL	23-7147797

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,160,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	2,890,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2022 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2024. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	507,262.

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2023	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B - Assets Placed in Service During 2023 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2023 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year	/		30 yrs.	MM	S/L	
d 40-year	/		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	507,262.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? ☐ **Yes** ☐ **No** **24b** If "Yes," is the evidence written? ☐ **Yes** ☐ **No**

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
--	-------------------------------------	--	-------------------------------	--	---------------------------	------------------------------	----------------------------------	---------------------------------------

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use

25

26 Property used more than 50% in a qualified business use:

	:	:	%					
	:	:	%					
	:	:	%					

27 Property used 50% or less in a qualified business use:

	:	:	%			S/L -		
	:	:	%			S/L -		
	:	:	%			S/L -		

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1

28

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1

29**Section B - Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1	(b) Vehicle 2	(c) Vehicle 3	(d) Vehicle 4	(e) Vehicle 5	(f) Vehicle 6
30 Total business/investment miles driven during the year (don't include commuting miles)						
31 Total commuting miles driven during the year						
32 Total other personal (noncommuting) miles driven						
33 Total miles driven during the year. Add lines 30 through 32						
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?						
36 Is another vehicle available for personal use?						

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **aren't** more than 5% owners or related persons.

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
-----------------------------	------------------------------------	------------------------------	------------------------	---	--------------------------------------

42 Amortization of costs that begins during your 2023 tax year:

	:	:			
	:	:			

43 Amortization of costs that began before your 2023 tax year

43

44 **Total.** Add amounts in column (f). See the instructions for where to report

44