Form **8879-TE**

Department of the Treasury
Internal Revenue Service

IRS E-file Signature Authorization for a Tax Exempt Entity

For calendar year 2024, or fiscal year beginning 10/01, 2024, and ending 09/30, 20 25

Do not send to the IRS. Keep for your records.
Go to *www.irs.gov/Form8879TE* for the latest information.

OMB No. 1545-0047

2024

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 . . . ☑	**b**	**Total revenue**, if any (Form 990, Part VIII, column (A), line 12) . .	**1b**	173,780,697
2a	**Form 990-EZ** check here . . ☐	**b**	**Total revenue**, if any (Form 990-EZ, line 9)	**2b**	
3a	**Form 1120-POL** check here . . ☐	**b**	**Total tax** (Form 1120-POL, line 22)	**3b**	
4a	**Form 990-PF** check here . . ☐	**b**	**Tax based on investment income** (Form 990-PF, Part V, line 5) .	**4b**	
5a	**Form 8868** check here . . . ☐	**b**	**Balance due** (Form 8868, line 3c)	**5b**	
6a	**Form 990-T** check here . . ☐	**b**	**Total tax** (Form 990-T, Part III, line 4)	**6b**	
7a	**Form 4720** check here . . . ☐	**b**	**Total tax** (Form 4720, Part III, line 1)	**7b**	
8a	**Form 5227** check here . . . ☐	**b**	**FMV of assets at end of tax year** (Form 5227, Item D)	**8b**	
9a	**Form 5330** check here . . . ☐	**b**	**Tax due** (Form 5330, Part II, line 19)	**9b**	
10a	**Form 8038-CP** check here . . ☐	**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 2024 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 LLP to enter my PIN 4 7 7 9 7 as my signature

ERO firm name

Enter five numbers, but do not enter all zeros

on the tax year 2024 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 2024 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 07/20/2026

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. 8 7 1 2 3 7 5 3 0 6 3

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2024 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 METCALF Date 06/30/2026

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

PUBLIC DISCLOSURE COPY

Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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.

Department of the Treasury
Internal Revenue Service

OMB No. 1545-0047

2024

Open to Public Inspection

A For the 2024 calendar year, or tax year beginning 10/01 , 2024, and ending 09/30 , 20 25

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

C Name of organization BEST FRIENDS ANIMAL SOCIETY

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) 5001 ANGEL CANYON ROAD

Room/suite

City or town, state or province, country, and ZIP or foreign postal code KANAB, UT 84741

D Employer identification number 23-7147797

E Telephone number (435) 644-2001

G Gross receipts $ 196,157,810

F Name and address of principal officer: JULIANNE CASTLE
SAME AS C ABOVE

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions.

H(c) Group exemption number

I Tax-exempt status: ☑ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: WWW.BESTFRIENDS.ORG

K Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 1984

M State of legal domicile: UT

Part I Summary

1	Briefly describe the organization's mission or most significant activities: (SEE ON SCHEDULE O)		
2	Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	11
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	7
5	Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	1,119
6	Total number of volunteers (estimate if necessary)	6	14,000
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	(426,193)
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	143,099,538	165,992,564
9	Program service revenue (Part VIII, line 2g)	1,257,155	954,448
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,232,138	7,154,904
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	(315,980)	(321,219)
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	148,272,851	173,780,697
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	17,110,976	15,540,871
14	Benefits paid to or for members (Part IX, column (A), line 4)		
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	89,656,131	96,189,812
16a	Professional fundraising fees (Part IX, column (A), line 11e)	1,347,316	1,640,236
b	Total fundraising expenses (Part IX, column (D), line 25) 30,313,645		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	65,266,648	62,305,025
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	173,381,071	175,675,944
19	Revenue less expenses. Subtract line 18 from line 12	(25,108,220)	(1,895,247)

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	200,572,201	194,689,106
21	Total liabilities (Part X, line 26)	59,632,529	57,259,869
22	Net assets or fund balances. Subtract line 21 from line 20	140,939,672	137,429,237

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	PTIN
MARC METCALF	MARC METCALF	06/30/2026		P00170461

Firm's name TANNER LLP — Firm's EIN 20-2253063

Firm's address 36 S STATE STREET SUITE 600, SALT LAKE CITY, UT 84111-1400 — Phone no. (801) 532-7444

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III . . . . . ☑

1 Briefly describe the organization's mission:

BEST FRIENDS ANIMAL SOCIETY IS A LEADING ANIMAL WELFARE ORGANIZATION DEDICATED TO SAVING THE LIVES OF DOGS AND CATS IN AMERICA'S SHELTERS AND MAKING THE ENTIRE COUNTRY NO-KILL. FOUNDED IN 1984, BEST FRIENDS OPERATES LIFESAVING FACILITIES AND PROGRAMS NATIONWIDE IN PARTNERSHIP WITH THOUSANDS OF SHELTERS AND RESCUE GROUPS.

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 $ 94,586,205 including grants of $ 15,338,260) (Revenue $ 826,660)

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

4b (Code:) (Expenses $ 39,229,969 including grants of $ 185,110) (Revenue $ 893,325)

ANIMAL CARE ACTIVITIES (SANCTUARY) - 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 133,816,174

Part IV Checklist of Required Schedules

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

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? *If "Yes," complete Schedule I, Parts I and III*	22	✔	
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? *If "Yes," complete Schedule J*	23	✔	
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? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		✔
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? *If "Yes," complete Schedule L, Part I*	25a		✔
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? *If "Yes," complete Schedule L, Part I*	25b		✔
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? *If "Yes," complete Schedule L, Part II*	26		✔
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? *If "Yes," complete Schedule L, Part III*	27		✔
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? *If "Yes," complete Schedule L, Part IV*	28a	✔	
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b	✔	
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c	✔	
29	Did the organization receive more than $25,000 in noncash contributions? *If "Yes," complete Schedule M*	29	✔	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		✔
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		✔
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		✔
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? *If "Yes," complete Schedule R, Part I*	33	✔	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	✔	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	✔	
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)? *If "Yes," complete Schedule R, Part V, line 2*	35b	✔	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		✔
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? *If "Yes," complete Schedule R, Part VI*	37		✔
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? **Note:** All Form 990 filers are required to complete Schedule O	38	✔	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	257		
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		✔	

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	1,119		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		✔	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a		✔	
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		✔	
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		✔	
b	If "Yes," enter the name of the foreign country VI, CJ 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			✔
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			✔
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			✔
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		✔	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		✔	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		✔	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	4		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			✔
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			✔
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		✔	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		✔	
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			✔
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			✔
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			✔
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

				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.	1a	11		
b	Enter the number of voting members included on line 1a, above, who are independent .	1b	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		✔	
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			✔
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			✔
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5			✔
6	Did the organization have members or stockholders?	6			✔
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			✔
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			✔
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		✔	
b	Each committee with authority to act on behalf of the governing body?	8b		✔	
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			✔

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		✔
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	✔	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	✔	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	✔	
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	✔	
13	Did the organization have a written whistleblower policy?	13	✔	
14	Did the organization have a written document retention and destruction policy?	14	✔	
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	✔	
b	Other officers or key employees of the organization	15b	✔	
	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		✔
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 AK, AL, AR, CA, (CONTINUED ON 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, 5001 ANGEL CANYON ROAD,, KANAB, UT 84741, (435) 644-2001

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

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

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

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

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

• List all of the organization's **current** key employees, if any. See 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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 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	40.0									
BOARD MEMBER/CHIEF EXECUTIVE OFFICER		✔		✔				536,370	0	17,516
(2) STEPHEN HOWELL	40.0									
CHIEF OPERATING AND FINANCIAL OFFICER				✔				458,692	0	43,244
(3) SUSAN CITRO	40.0									
CHIEF EXPERIENCE OFFICER				✔				295,941	0	28,118
(4) VALERIE DORIAN	40.0									
CHIEF DEVELOPMENT OFFICER				✔				283,734	0	39,344
(5) JOSEPH ANGELO	40.0									
CHIEF PEOPLE AND CULTURE OFFICER				✔				299,830	0	16,041
(6) KAREN GALLARDO	40.0									
SR DIRECTOR, MAJOR & PLANNED GIVING						✔		284,089	0	19,988
(7) REBECCA HUSS	40.0									
GENERAL COUNSEL						✔		248,254	0	18,308
(8) JUDAH BATTISTA	40.0									
CHIEF SANCTUARY OFFICER				✔				233,787	0	30,752
(9) MARC PERALTA	40.0									
CHIEF PROGRAM OFFICER				✔				225,550	0	30,752
(10) HOLLY SIZEMORE	40.0									
CHIEF MISSION OFFICER				✔				236,256	0	18,308
(11) ERIKA WESTBAY ARNOLD	40.0									
DIRECTOR, PROCESS EXCELLENCE						✔		203,090	0	48,210
(12) GRETA PALMER	40.0									
CHIEF MARKETING AND COMMUNICATIONS OFFICER				✔				232,346	0	18,308
(13) AMY STARNES	40.0									
PRINCIPAL, GROWTH INITIATIVES						✔		220,248	0	28,118
(14) ELISE TRAUB	40.0									
CHIEF EXTERNAL AFFAIRS OFFICER & CHIEF OF STAFF				✔				223,922	0	16,118

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 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			
(15) ALFRED BATTISTA	40.0									
BOARD CHAIR/CO-FOUNDER/INTERNAL CONSULTANT		✔						203,868	0	23,845
(16) SUSAN COSBY	40.0									
SR ADVISOR, STRATEGY & INTEGRATION						✔		194,866	0	16,118
(17) BERNADETTE MEJIA	40.0									
BOARD MEMBER/CO-FOUNDER/DIRECTOR OF PRINCIPAL GIFTS		✔						186,041	0	23,845
(18) GREGORY CASTLE	40.0									
BOARD MEMBER/CO-FOUNDER/INTERNAL CONSULTANT		✔						177,765	0	21,265
(19) CYRUS MEJIA	40.0									
BOARD MEMBER/CO-FOUNDER/INTERNAL CONSULTANT		✔						97,665	0	23,845
(20) ABIGAIL JONES	1.0									
BOARD VICE-CHAIR		✔						0	0	0
(21) DENISE CLARK	1.0									
BOARD MEMBER		✔						0	0	0
(22) LONA WILLIAMS	1.0									
BOARD MEMBER		✔						0	0	0
(23) LYNN FLANDERS	1.0									
BOARD TREASURER		✔						0	0	0
(24) MICARL HILL	1.0									
BOARD SECRETARY		✔						0	0	0
(25) (SEE PART VII CONTINUATION SHEET)										
1b Subtotal								4,842,314	0	482,043
c Total from continuation sheets to Part VII, Section A								0	0	0
d Total (add lines 1b and 1c)								4,842,314	0	482,043

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 169

		Yes	No
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* **3**		✔
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* **4**	✔	
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* **5**		✔

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	1,687,050
GRIFFIN COMMUNICATIONS LLC, 176 VENICE COVE, AUSTIN, TX 78737	ADVOCACY CONSULTING	703,319
CASANOVA PUBLICIDAD LLC, PO BOX 511463, LOS ANGELES, CA 90051	ADVERTISING AND PROMOTION	594,639
ENDLESS EVENTS, 11201 N TATUM BLVD, STE 300 #82963, PHOENIX, AZ 85028	EVENT PLANNING	589,138
H&C DEVELOPMENT LLC, 248 S 100 E #3, KANAB, UT 84741	CONSTRUCTION	440,049

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 40

Part VIII Statement of Revenue

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

					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Contributions, Gifts, Grants, and Other Similar Amounts	1a	Federated campaigns	1a	158,204				
	b	Membership dues	1b					
	c	Fundraising events	1c	4,825				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	77,030				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	165,752,505				
	g	Noncash contributions included in lines 1a–1f	1g	$ 8,905,610				
	h	**Total.** Add lines 1a–1f			165,992,564			
Program Service Revenue			Business Code					
	2a	PROGRAM EVENTS	901101		347,238	347,238		
	b	CLINIC REVENUE	541900		607,210	607,210		
	c							
	d							
	e							
	f	All other program service revenue			0	0	0	0
	g	**Total.** Add lines 2a–2f			954,448			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			293,937	293,937		
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties			25,145	25,145		
				(i) Real	(ii) Personal				
	6a	Gross rents	6a	2,128,300					
	b	Less: rental expenses	6b	2,853,080					
	c	Rental income or (loss)	6c	(724,780)	0				
	d	Net rental income or (loss)				(724,780)	(268,568)	(456,212)	
				(i) Securities	(ii) Other				
	7a	Gross amount from sales of assets other than inventory	7a	21,291,934	3,698,775				
	b	Less: cost or other basis and sales expenses	7b	16,178,525	1,951,217				
	c	Gain or (loss)	7c	5,113,409	1,747,558				
	d	Net gain or (loss)				6,860,967	6,860,967		
	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
	b	Less: direct expenses	8b						
	c	Net income or (loss) from fundraising events							
	9a	Gross income from gaming activities. See Part IV, line 19	9a						
	b	Less: direct expenses	9b						
	c	Net income or (loss) from gaming activities							
	10a	Gross sales of inventory, less returns and allowances	10a	1,497,983					
	b	Less: cost of goods sold	10b	1,394,291					
	c	Net income or (loss) from sales of inventory				103,691	73,672	30,019	
Miscellaneous Revenue			Business Code					
	11a	CAFETERIA	722514		174,570	174,570		
	b	ANGELS REST	812900		100,155	100,155		
	c							
	d	All other revenue			0	0	0	0
	e	**Total.** Add lines 11a–11d			274,725			
	12	**Total revenue.** See instructions			173,780,697	8,214,326	(426,193)	0

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	15,513,070	15,513,070		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	27,801	27,801		
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	4,765,391	1,640,573	2,117,657	1,007,161
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	71,799,733	57,931,299	2,911,976	10,956,458
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	3,011,737	2,590,667	60,400	360,670
9 Other employee benefits	11,228,844	9,497,756	417,837	1,313,251
10 Payroll taxes	5,384,107	4,139,418	451,065	793,624
11 Fees for services (nonemployees):				
a Management				
b Legal	263,951	20,041	142,762	101,148
c Accounting				
d Lobbying	782,739	782,739		
e Professional fundraising services. See Part IV, line 17	1,640,236			1,640,236
f Investment management fees	313,300		313,300	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	2,428,039	1,533,654	578,261	316,124
12 Advertising and promotion	6,315,309	2,721,351	2,507	3,591,451
13 Office expenses	1,332,542	497,078	801,791	33,673
14 Information technology	6,406,561	4,629,502	1,040,605	736,454
15 Royalties				
16 Occupancy	4,385,403	4,088,949	219,190	77,264
17 Travel	4,438,621	3,731,726	208,041	498,854
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,575,134	2,384,251	25,838	165,045
20 Interest	1,120,782	2,372	1,118,409	1
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	3,753,586	3,364,768	382,437	6,381
23 Insurance	2,455,444	2,157,650	256,558	41,236
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 11g expenses on Schedule O.)				
a ANIMAL FOOD MEDICAL SUP	11,896,614	11,891,255	3,109	2,250
b PRINTING	7,731,354	2,005,940	2,628	5,722,786
c POSTAGE AND SHIPPING	4,538,413	1,572,533	45,868	2,920,012
d MISCELLANEOUS	1,567,233	1,091,781	445,886	29,566
e All other expenses	0	0	0	0
25 **Total functional expenses.** Add lines 1 through 24e	175,675,944	133,816,174	11,546,125	30,313,645
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 ☑ if following SOP 98-2 (ASC 958-720)	4,140,977	1,581,363		2,559,614

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		2,893,487	1	4,733,228
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		5,572,362	3	5,119,444
	4	Accounts receivable, net		362,257	4	313,268
	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		0	5	0
	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)		0	6	0
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		1,534,452	8	1,359,562
	9	Prepaid expenses and deferred charges		4,547,052	9	5,470,385
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 129,345,836			
	b	Less: accumulated depreciation	10b 35,592,348	95,387,120	10c	93,753,488
	11	Investments—publicly traded securities		77,861,401	11	70,614,927
	12	Investments—other securities. See Part IV, line 11		8,767,200	12	9,208,172
	13	Investments—program-related. See Part IV, line 11		0	13	0
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		3,646,870	15	4,116,632
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		200,572,201	16	194,689,106
Liabilities	17	Accounts payable and accrued expenses		20,199,248	17	19,860,627
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to 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		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		33,556,512	23	31,515,727
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D		5,876,769	25	5,883,515
	26	**Total liabilities.** Add lines 17 through 25		59,632,529	26	57,259,869
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ☐ and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		104,779,002	27	98,137,519
	28	Net assets with donor restrictions		36,160,670	28	39,291,718
		Organizations that do not follow FASB ASC 958, check here ☐ and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building, or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		140,939,672	32	137,429,237
	33	Total liabilities and net assets/fund balances		200,572,201	33	194,689,106

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	173,780,697
2	Total expenses (must equal Part IX, column (A), line 25)	2	175,675,944
3	Revenue less expenses. Subtract line 2 from line 1	3	(1,895,247)
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	140,939,672
5	Net unrealized gains (losses) on investments	5	(1,442,264)
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	(172,924)
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	137,429,237

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ 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?	2a		✔
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both.			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	✔	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both.			
	☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	✔	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a		✔
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	3b		

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (Check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(25) OKE MUELLER BOARD MEMBER	1.0	✓						0	0	0
(26) PHEFELIA NEZ BOARD MEMBER	1.0	✓						0	0	0

SCHEDULE A (Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public Inspection

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

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
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).

(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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(A)						
(B)						
(C)						
(D)						
(E)						
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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	120,675,384	136,989,679	168,997,308	143,099,538	165,992,564	735,754,473
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 **Total.** Add lines 1 through 3	120,675,384	136,989,679	168,997,308	143,099,538	165,992,564	735,754,473
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)						3,045,850
6 **Public support.** Subtract line 5 from line 4						732,708,623

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	120,675,384	136,989,679	168,997,308	143,099,538	165,992,564	735,754,473
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,933,664	3,020,436	297,402	(245,432)	(302,007)	4,704,063
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	271,840	321,719	288,438	309,105	274,725	1,465,827
11 **Total support.** Add lines 7 through 10						741,924,363

12 Gross receipts from related activities, etc. (see instructions) **12** 7,730,364

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 2024 (line 6, column (f), divided by line 11, column (f)) **14** 98.76 %

15 Public support percentage from 2023 Schedule A, Part II, line 14 **15** 98.38 %

16a **33 1/3% support test—2024.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization ☑

b **33 1/3% support test—2023.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

17a **10%-facts-and-circumstances test—2024.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here**. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

b **10%-facts-and-circumstances test—2023.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here**. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16	Public support percentage from 2023 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2024** (line 10c, column (f), divided by line 13, column (f))	17	%
18	Investment income percentage from **2023** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests—2024.** 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—2023.** 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? *If "No," describe in* ***Part VI*** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer 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).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI****.*	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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? *If "Yes," complete Part I of Schedule L (Form 990).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI****.*	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI****.*	9b		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI****.*	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

Part IV Supporting Organizations *(continued)*

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described 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

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (****see instructions****).*

a ☐ The organization satisfied the Activities Test. *Complete* ***line 2*** *below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete* ***line 3*** *below.*

c ☐ The organization supported a governmental entity. *Describe in* ***Part VI*** *how you supported a governmental entity (see instructions).*

			Yes	No
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 *(explain in detail in* ***Part VI****)*:			
2	Acquisition indebtedness applicable to non-exempt-use assets	**2**		
3	Subtract line 2 from line 1d.	**3**		
4	Cash deemed held for exempt use. Enter 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 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

Section D—Distributions			**Current Year**
1	Amounts paid to supported organizations to accomplish exempt purposes	**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—*provide details in* ***Part VI***)	**5**	
6	Other distributions (*describe in* ***Part VI***). 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 (*provide details in* ***Part VI***). See instructions.	**8**	
9	Distributable amount for 2024 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-2024**	**(iii) Distributable Amount for 2024**
1	Distributable amount for 2024 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2024 (reasonable cause required—*explain in* ***Part VI***). See instructions.			
3	Excess distributions carryover, if any, to 2024			
a	From 2019			
b	From 2020			
c	From 2021			
d	From 2022			
e	From 2023			
f	**Total** of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2024 distributable amount			
i	Carryover from 2019 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2024 from Section D, line 7: $			
a	Applied to underdistributions of prior years			
b	Applied to 2024 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, *explain in* ***Part VI***. See instructions.			
6	Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* ***Part VI***. See instructions.			
7	**Excess distributions carryover to 2025.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2020 . . .			
b	Excess from 2021 . . .			
c	Excess from 2022 . . .			
d	Excess from 2023 . . .			
e	Excess from 2024 . . .			

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.)

Part VI

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.)

Return Reference - Identifier	Explanation

SCHEDULE A, PART II, LINE 10 - OTHER INCOME

Description	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
(1) CAFETERIA	89,163	101,402	147,805	162,813	174,570	675,753
(2) ADVERTISING	93,897	116,958	45,726	58,800	0	315,381
(3) ANGEL'S REST	88,780	103,359	94,907	87,492	100,155	474,693
Total	271,840	321,719	288,438	309,105	274,725	1,465,827

Schedule B (Form 990)
(Rev. January 2025)
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

Name of the organization
BEST FRIENDS ANIMAL SOCIETY

Employer identification number
23-7147797

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	☑ 501(c)(3) (enter number) organization
	☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	☐ 527 political organization
Form 990-PF	☐ 501(c)(3) exempt private foundation
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
	☐ 501(c)(3) taxable private foundation

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

General Rule

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

Special Rules

☑ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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).

Name of organization: BEST FRIENDS ANIMAL SOCIETY

Employer identification number: 23-7147797

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		$ 4,324,822	Person ☑ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

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

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	STOCK FROM ESTATE	$ 4,324,822	12/26/2024

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

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

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

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

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

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 information once. See instructions.) $

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

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(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

(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

(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

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

2024

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 I-B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and I-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	Employer identification number (EIN)
BEST FRIENDS ANIMAL SOCIETY	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. See instructions for definition of "political campaign activities."

2 Political campaign activity expenditures. See instructions . . . . . $

3 Volunteer hours for political campaign activities. See instructions . . . . . .

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 EINs 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-.
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public opinion (grassroots lobbying)		
b	Total lobbying expenditures to influence a legislative body (direct lobbying)		
c	Total lobbying expenditures (add lines 1a and 1b)		
d	Other exempt purpose expenditures		
e	Total exempt purpose expenditures (add lines 1c and 1d)		
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.		

IF the amount on line 1e, column (a) or (b) is:	THEN 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)		
h	Subtract line 1g from line 1a. If zero or less, enter -0-		
i	Subtract line 1f from line 1c. If zero or less, enter -0-		
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**		

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

Lobbying Expenditures During 4-Year Averaging Period						
	Calendar year (or fiscal year beginning in)	**(a)** 2021	**(b)** 2022	**(c)** 2023	**(d)** 2024	**(e)** Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column (e))					
c	Total lobbying expenditures					
d	Grassroots nontaxable amount					
e	Grassroots ceiling amount (150% of line 2d, column (e))					
f	Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?	✔		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	✔		
c	Media advertisements?	✔		42,496
d	Mailings to members, legislators, or the public?	✔		2,039
e	Publications, or published or broadcast statements?	✔		8,279
f	Grants to other organizations for lobbying purposes?		✔	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	✔		377,005
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	✔		51,505
i	Other activities?	✔		112
j	Total. Add lines 1c through 1i			481,436
2a	Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?		✔	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

SEE NEXT PAGE

Part IV

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

Return Reference - Identifier	Explanation
SCHEDULE C, PART II-B, LINE 1 - DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY	STATE LEGISLATION ADVOCACY - LOBBYING STATE LEGISLATORS ON ANIMAL WELFARE BILLS (E.G., UTAH SB 201), COORDINATING WITH CONTRACT LOBBYISTS, AND DEVELOPING LEGISLATIVE STRATEGY (~2,022 HOURS) CONFERENCES, SUMMITS & PUBLIC EVENTS - PARTICIPATING IN EVENTS INCLUDING NCSL, MALC, LEAGUE OF CALIFORNIA CITIES, TEXAS UNITES CONFERENCE, LITTLE ROCK SUMMIT, NJ BRING NO KILL HOME SUMMIT, AND L.A. SUPER ADOPTION (~909 HOURS) PUBLIC OUTREACH & ACTION ALERTS - MANAGING ACTION TEAM COMMUNICATIONS, CREATING ADVOCACY ALERTS FOR CONSTITUENTS, EMAIL CAMPAIGNS, AND SOCIAL MEDIA OUTREACH TO MOBILIZE GRASSROOTS SUPPORT (~812 HOURS) RESEARCH & LEGISLATIVE STRATEGY - CONDUCTING POLICY RESEARCH, MONITORING NEWS/LEGISLATION VIA CURATE AND GOOGLE ALERTS, AND DEVELOPING STRATEGIC APPROACHES TO ADVANCE LEGISLATIVE PRIORITIES (~784 HOURS) LOCAL ORDINANCE ADVOCACY - WORKING WITH CITY/COUNTY OFFICIALS ON LOCAL ANIMAL WELFARE ORDINANCES INCLUDING TNVR POLICIES, PET STORE REGULATIONS, AND SHELTER STANDARDS (~607 HOURS) GOVERNOR & MAYOR PROCLAMATIONS - COORDINATING WITH GOVERNORS' OFFICES AND MAYORS ACROSS MULTIPLE STATES TO SECURE OFFICIAL PROCLAMATIONS SUPPORTING ANIMAL WELFARE INITIATIVES (~501 HOURS) SHELTER CONVERSION & NO-KILL INITIATIVES - ADVOCATING FOR SHELTER POLICY CHANGES AND NO-KILL PROGRAMS AT STATE AND LOCAL LEVELS (~277 HOURS) INTERNAL COORDINATION & ADVOCATE COACHING - TEAM STRATEGY MEETINGS, ADVOCATE TRAINING/COACHING CALLS, AND COORDINATION WITH EXTERNAL CONTRACTORS AND LOBBYISTS (~261 HOURS)

SCHEDULE D (Form 990)
(Rev. January 2025)

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

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? ☐ Yes ☐ No

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

Part II Conservation Easements

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
- ☐ Preservation of land for public use (for example, recreation or education)
- ☐ Preservation of a historically important land area
- ☐ Protection of natural habitat
- ☐ Preservation of a certified historic structure
- ☐ Preservation of open space

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

			Held at the End of the Tax Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included 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 $

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

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

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

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

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

Part IV Escrow and Custodial Arrangements

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

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

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

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

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

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided 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	24,347,943	21,621,208	20,283,174	22,813,729	19,111,419
b	Contributions	0	31,408	81,141	580,617	1,241,709
c	Net investment earnings, gains, and losses	294,978	3,170,610	1,689,207	(2,705,781)	2,780,234
d	Grants or scholarships					
e	Other expenditures for facilities and programs					
f	Administrative expenses	525,365	475,283	432,314	405,391	319,633
g	End of year balance	24,117,556	24,347,943	21,621,208	20,283,174	22,813,729

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

a Board designated or quasi-endowment 0.00 %
b Permanent endowment 39.00 %
c Term endowment 61.00 %

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

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

		Yes	No
(i) Unrelated organizations?	3a(i)	✔	
(ii) Related organizations?	3a(ii)		✔
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

Part VI Land, Buildings, and Equipment

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

Description of property		(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land		19,182,897		19,182,897
b	Buildings		79,920,127	20,287,078	59,633,049
c	Leasehold improvements		3,511,426	3,171,121	340,305
d	Equipment		7,985,970	5,247,902	2,738,068
e	Other		18,745,416	6,886,247	11,859,169
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))*					93,753,488

Part VII Investments—Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, 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. *(Column (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	4,752,603
(3) OTHER LIABILITIES	1,130,912
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 25, col. (B))*	5,883,515

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

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

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

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.

SEE STATEMENT

Part XIII

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

Return Reference - Identifier	Explanation
SCHEDULE D, PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUNDS	THE ORGANIZATION INTENDS TO USE THE INCOME GENERATED FROM THE PERMANENT ENDOWMENT FOR VARIOUS PROGRAMS.
SCHEDULE D, PART X, LINE 2 - FIN 48 (ASC 740) FOOTNOTE	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, 2025 AND SEPTEMBER 30, 2024 AND DETERMINED THERE WERE NO MATERIAL UNRECOGNIZED TAX BENEFITS OR OBLIGATIONS. THE OPEN TAX YEARS SUBJECT TO SELECTION FOR EXAMINATION ARE 2021 THROUGH 2024.

SCHEDULE G (Form 990)
(Rev. January 2025)
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

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 nongovernment grants
- **f** ☐ Solicitation of government grants
- **g** ☑ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☑ **Yes** ☐ **No**

b If "Yes," list the 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? Yes	(iii) No	(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
1	ROKT CORP, 175 VARICK ST, LEVEL 10, NEW YORK, NY 10014	ADVERTISING & PROMOTION		✔		805,309	
2	NEWPORT ONE, 21 RAILROAD AVE, DUXBURY, ME 02332	CONSULTING		✔		207,000	
3	PMX AGENCY LLC, ONE WORLD TRADE CENTER 63RD FLOOR, NEW YORK, NY 10007	CONSULTING		✔		68,400	
4	GOODUNITED, 804 MEETING ST #101, CHARLESTON, SC 29403	CONSULTING		✔		15,517	
5							
6							
7							
8							
9							
10							
Total					0	1,096,226	0

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

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

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

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

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ☐ No %	☐ Yes ☐ No %	☐ Yes ☐ 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 I (Form 990)

(Rev. December 2024)

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 instructions and the latest information.

OMB No. 1545-0047

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
(1) A FRIEND OF JACK RESCUE	85-2423946	501(C)(3)	12,250				PROGRAM SERVICE SUPPORT
(2) A PURPOSEFUL RESCUE INC	46-3646857	501(C)(3)	22,825				PROGRAM SERVICE SUPPORT
(3) AARON'S HOPE FOR PAWS INC	82-3726438	501(C)(3)	30,000				PROGRAM SERVICE SUPPORT
(4) ADOPT	36-3683984	501(C)(3)	7,300				PROGRAM SERVICE SUPPORT
(5) ADOPTION FIRST ANIMAL RESCUE	46-3689436	501(C)(3)	6,600				PROGRAM SERVICE SUPPORT
(6) AGGIELAND HUMANE SOCIETY	74-2150288	501(C)(3)	27,250				PROGRAM SERVICE SUPPORT
(7) ALAMOGORDO ANIMAL SHELTER	85-6000099	GOVERNMENT	5,000				PROGRAM SERVICE SUPPORT
(8) ALL KIND ANIMAL INITIATIVE	86-3226661	501(C)(3)	53,000				PROGRAM SERVICE SUPPORT
(9) ALL PAWS MATTER	85-3158589	501(C)(3)	10,000				PROGRAM SERVICE SUPPORT
(10) ALOHA ANIMAL ALLIANCE	93-4056896	501(C)(3)	7,000				PROGRAM SERVICE SUPPORT
(11) ALT HUMANE SOCIETY - WHATCOM CTY	91-1551706	501(C)(3)	40,000				PROGRAM SERVICE SUPPORT
(12) (SEE STATEMENT)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 418

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

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1	CASH GRANT	12	27,801			
2						
3						
4						
5						
6						
7						

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

(SEE STATEMENT)

Part II **Grants and Other Assistance to Governments and Organizations in the United States** (continued)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(12) ANCHORAGE ANIMAL CARE & CONTROL	92-0059987	GOVERNMENT	12,000				PROGRAM SERVICE SUPPORT
(13) ANDERSON COUNTY HUMANE SOCIETY	23-7420518	501(C)(3)	12,450				PROGRAM SERVICE SUPPORT
(14) ANGEL CITY PIT BULLS	27-2348995	501(C)(3)	167,900				PROGRAM SERVICE SUPPORT
(15) ANGIES DOG HOUSE	83-3800745	501(C)(3)	10,850				PROGRAM SERVICE SUPPORT
(16) ANIMAL ALLIES RESCUE FOUNDATION INC	45-5074781	501(C)(3)	5,742				PROGRAM SERVICE SUPPORT
(17) ANIMAL ASSISTANCE LEAGUE OF SLIDELL	72-0972176	501(C)(3)	31,855				PROGRAM SERVICE SUPPORT
(18) ANIMAL CARE CENTERS OF NYC	13-3788986	501(C)(3)	110,550				PROGRAM SERVICE SUPPORT
(19) ANIMAL CARE SANCTUARY	22-1837635	501(C)(3)	27,400				PROGRAM SERVICE SUPPORT
(20) ANIMAL GRANTMAKERS	26-0688246	501(C)(3)	5,000				PROGRAM SERVICE SUPPORT
(21) ANIMAL HUMANE ASSOCIATION OF NEW MEXICO	85-0207652	501(C)(3)	50,000				PROGRAM SERVICE SUPPORT
(22) ANIMAL LEAGUE OF GASTON COUNTY	03-0417697	501(C)(3)	10,625				PROGRAM SERVICE SUPPORT
(23) ANIMAL MISSION	57-0921521	501(C)(3)	5,000				PROGRAM SERVICE SUPPORT
(24) ANIMAL PROTECTIVE LEAGUE OF SPRINGFIELD &	23-7095476	501(C)(3)	56,000				PROGRAM SERVICE SUPPORT
(25) ANIMAL RESCUE CONNECTION - AZ	84-2855818	501(C)(3)	30,000				PROGRAM SERVICE SUPPORT
(26) ANIMAL RESCUE LEAGUE OF BERKS COUNTY	23-1417505	501(C)(3)	54,550				PROGRAM SERVICE SUPPORT
(27) ANIMAL RESCUE LEAGUE OF IOWA	42-0680427	501(C)(3)	177,200				PROGRAM SERVICE SUPPORT
(28) ANIMAL RESCUE NEW ORLEANS	51-0569173	501(C)(3)	6,800				PROGRAM SERVICE SUPPORT
(29) ANIMAL SERVICES FOUNDATION INC	86-1864352	501(C)(3)	10,000				PROGRAM SERVICE SUPPORT
(30) ANIMAL SOS	45-4038013	501(C)(3)	8,638				PROGRAM SERVICE SUPPORT
(31) ANIMAL WELFARE ASSOCIATION INC	22-1752792	501(C)(3)	10,400				PROGRAM SERVICE SUPPORT
(32) ANIMAL WELFARE LEAGUE OF MONTGOMERY COUNTY	35-1163165	501(C)(3)	24,810				PROGRAM SERVICE SUPPORT
(33) ARDMORE ANIMAL CARE INC	73-1272540	501(C)(3)	5,300				PROGRAM SERVICE SUPPORT
(34) ARE ANIMAL RESCUE INC	83-0980475	501(C)(3)	14,000				PROGRAM SERVICE SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(35) ARIZONA ANIMAL WELFARE LEAGUE	23-7149453	501(C)(3)	30,000				PROGRAM SERVICE SUPPORT
(36) ASSOCIATED HUMANE SOCIETIES INC	22-1487122	501(C)(3)	25,000				PROGRAM SERVICE SUPPORT
(37) ASSOCIATION OF SHELTER VETERINARIANS	73-1627937	501(C)(3)	50,000				PROGRAM SERVICE SUPPORT
(38) ASTRO FOUNDATION	46-0873232	501(C)(3)	77,500				PROGRAM SERVICE SUPPORT
(39) ATASCOSA COUNTY	74-6001468	501(C)(3)	9,900				PROGRAM SERVICE SUPPORT
(40) AUSTIN PETS ALIVE	74-2893360	501(C)(3)	1,121,824				PROGRAM SERVICE SUPPORT
(41) BAILEYS HUMAN RESCUE INC	84-3391824	501(C)(3)	30,000				PROGRAM SERVICE SUPPORT
(42) BARC - MO	30-0021149	501(C)(3)	11,000				PROGRAM SERVICE SUPPORT
(43) BARNWELL COUNTY ANIMAL SHELTER FOUNDATION	26-1472920	501(C)(3)	5,000				PROGRAM SERVICE SUPPORT
(44) BARNWELL COUNTY GOVERNMENT	57-6000307	GOVERNMENT	18,750				PROGRAM SERVICE SUPPORT
(45) BARREN RIVER ANIMAL WELFARE ASSOCIATION	61-1212479	501(C)(3)	6,500				PROGRAM SERVICE SUPPORT
(46) BAYOU ANIMAL SERVICES	74-2139604	501(C)(3)	15,000				PROGRAM SERVICE SUPPORT
(47) BEARE GARDEN PLANTATION ANIMAL RESCUE	85-1574125	501(C)(3)	5,000				PROGRAM SERVICE SUPPORT
(48) BELLEVILLE AREA HUMANE SOCIETY	37-0814881	501(C)(3)	116,905				PROGRAM SERVICE SUPPORT
(49) BERGEN COUNTY ANIMAL SHELTER AND ADOPTION CENTER	22-6002426	GOVERNMENT	5,000				PROGRAM SERVICE SUPPORT
(50) BERKSHIRE HUMANE SOCIETY	04-3148018	501(C)(3)	5,715				PROGRAM SERVICE SUPPORT
(51) BETTERTOGETHER FOREVER	20-1329182	501(C)(3)	50,000				PROGRAM SERVICE SUPPORT
(52) BFF OF DESOTO ANIMAL SERVICES INC	87-2047163	501(C)(3)	16,905				PROGRAM SERVICE SUPPORT
(53) BIG PAWS OF THE OZARKS	46-4740246	501(C)(3)	46,900				PROGRAM SERVICE SUPPORT
(54) BITTER ROOT HUMANE ASSOCIATION	81-0351709	501(C)(3)	10,750				PROGRAM SERVICE SUPPORT
(55) BLACKFOOT ANIMAL SHELTER & RESCUE	84-2141119	GOVERNMENT	28,000				PROGRAM SERVICE SUPPORT
(56) BOARD OF COUNTY COMMISSIONERS	59-6000785	GOVERNMENT	9,000				PROGRAM SERVICE SUPPORT
(57) BOND COUNTY HUMANE SOCIETY	37-1470493	501(C)(3)	10,000				PROGRAM SERVICE SUPPORT
(58) BOSSIER CITY ANIMAL SERVICES	72-6000179	501(C)(3)	61,905				PROGRAM SERVICE SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(59) BRANDYWINE VALLEY SPCA	23-1381030	501(C)(3)	15,525				PROGRAM SERVICE SUPPORT
(60) BRANDYWINE VALLEY SPCA - DC	23-1381030	501(C)(3)	6,650				PROGRAM SERVICE SUPPORT
(61) BRITTANY FLEMING	324-84-4816	N/A	10,000				PROGRAM SERVICE SUPPORT
(62) BRO AND TRACY ANIMAL WELFARE	85-0467886	501(C)(3)	15,000				PROGRAM SERVICE SUPPORT
(63) BROTHER WOLF ANIMAL RESCUE	20-8787719	501(C)(3)	30,000				PROGRAM SERVICE SUPPORT
(64) BUBBLES DOG RESCUE	88-0886274	501(C)(3)	6,000				PROGRAM SERVICE SUPPORT
(65) BULLOCH COUNTY ANIMAL SERVICES	58-6000789	GOVERNMENT	19,035				PROGRAM SERVICE SUPPORT
(66) BURKE COUNTY ANIMAL SERVICES	56-6000280	GOVERNMENT	6,000				PROGRAM SERVICE SUPPORT
(67) BURLINGTON ANIMAL SERVICES	56-6001189	501(C)(3)	5,000				PROGRAM SERVICE SUPPORT
(68) CACHE HUMANE SOC-LOGAN	51-0187825	501(C)(3)	8,350				PROGRAM SERVICE SUPPORT
(69) CALIFORNIA CITY ANIMAL SHELTER	95-2408763	GOVERNMENT	5,000				PROGRAM SERVICE SUPPORT
(70) CALIFORNIA LABRADORS RETRIEVERS AND MORE RESCUE	45-1589323	501(C)(3)	54,300				PROGRAM SERVICE SUPPORT
(71) CARE 4PAWS INC	27-0207473	501(C)(3)	5,750				PROGRAM SERVICE SUPPORT
(72) CAROLINE COUNTY HUMANE SOCIETY	52-1528421	501(C)(3)	6,000				PROGRAM SERVICE SUPPORT
(73) CASTLE VALLEY ANIMAL RESCUE	87-2045033	501(C)(3)	5,000				PROGRAM SERVICE SUPPORT
(74) CAT ADOPTION TEAM	20-0773189	501(C)(3)	15,000				PROGRAM SERVICE SUPPORT
(75) CATNIP FOUNDATION	47-4528787	501(C)(3)	13,220				PROGRAM SERVICE SUPPORT
(76) CATS MEOW INC	90-0934692	501(C)(3)	9,750				PROGRAM SERVICE SUPPORT
(77) CEDAR CITY CHAMBER OF COMMERCE	88-0830735	501(C)(3)	5,000				PROGRAM SERVICE SUPPORT
(78) CELESTIAL ZOO PET RESCUE	82-3827213	501(C)(3)	18,700				PROGRAM SERVICE SUPPORT
(79) CENTRAL ARKANSAS RESCUE TRANSPORT	87-4064878	501(C)(3)	5,000				PROGRAM SERVICE SUPPORT
(80) CHARITY HQ	87-1402056	501(C)(3)	10,000				PROGRAM SERVICE SUPPORT
(81) CHARLESTON ANIMAL SOCIETY	57-6021863	501(C)(3)	60,758				PROGRAM SERVICE SUPPORT
(82) CHILTON COUNTY COMISSION	63-6001445	GOVERNMENT	10,000				PROGRAM SERVICE SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(83) CITY OF ARTESIA - POLICE DEPARTMENT	85-6000103	GOVERNMENT	10,000				PROGRAM SERVICE SUPPORT
(84) CITY OF BROWNSVILLE TEXAS	74-6000422	GOVERNMENT	10,000				PROGRAM SERVICE SUPPORT
(85) CITY OF BRYANT	71-0388108	GOVERNMENT	11,000				PROGRAM SERVICE SUPPORT
(86) CITY OF CABOT-CABOT ANIMAL SUPPORT SERVICES	71-0334905	501(C)(3)	5,000				PROGRAM SERVICE SUPPORT
(87) CITY OF CASA GRANDE ANIMAL CARE AND ADOPTION CENTER	86-6000237	501(C)(3)	10,635				PROGRAM SERVICE SUPPORT
(88) CITY OF CASTROVILLE ANIMAL CONTROL	74-6000497	GOVERNMENT	8,500				PROGRAM SERVICE SUPPORT
(89) CITY OF CENTERTON ARKANSAS	71-0460462	GOVERNMENT	6,900				PROGRAM SERVICE SUPPORT
(90) CITY OF CLOVIS	85-6000117	GOVERNMENT	21,000				PROGRAM SERVICE SUPPORT
(91) CITY OF DEL RIO	74-6000665	GOVERNMENT	6,600				PROGRAM SERVICE SUPPORT
(92) CITY OF DESERT HOT SPRINGS	95-2288291	GOVERNMENT	5,000				PROGRAM SERVICE SUPPORT
(93) CITY OF GALENA PARK	74-6000893	GOVERNMENT	5,000				PROGRAM SERVICE SUPPORT
(94) CITY OF GILLETTE ANIMAL SHELTER	83-6000062	GOVERNMENT	27,810				PROGRAM SERVICE SUPPORT
(95) CITY OF HOLBROOK	86-6000251	GOVERNMENT	5,000				PROGRAM SERVICE SUPPORT
(96) CITY OF LEITCHFIELD	61-6001857	GOVERNMENT	8,000				PROGRAM SERVICE SUPPORT
(97) CITY OF LUBBOCK	75-6000590	GOVERNMENT	30,000				PROGRAM SERVICE SUPPORT
(98) CITY OF MADILL ANIMAL SHELTER	73-6005301	GOVERNMENT	12,150				PROGRAM SERVICE SUPPORT
(99) CITY OF MERIDIAN ANIMAL SHELTER	64-6000696	GOVERNMENT	30,000				PROGRAM SERVICE SUPPORT
(100) CITY OF NEEDLES	95-6000750	GOVERNMENT	8,000				PROGRAM SERVICE SUPPORT
(101) CITY OF PALACIOS ANIMAL CARE SERVICES	74-6001842	GOVERNMENT	5,000				PROGRAM SERVICE SUPPORT
(102) CITY OF PARIS	62-6000391	GOVERNMENT	53,905				PROGRAM SERVICE SUPPORT
(103) CITY OF SAN BERNARDINO ANIMAL SERVICES	95-6000772	GOVERNMENT	5,000				PROGRAM SERVICE SUPPORT
(104) CITY OF SPRINGFIELD	04-6001415	GOVERNMENT	6,600				PROGRAM SERVICE SUPPORT
(105) CITY OF ST. CHARLES ANIMAL SHELTER	43-6003120	GOVERNMENT	5,000				PROGRAM SERVICE SUPPORT
(106) CITY OF TRUTH OR CONSEQUENCES	85-6000144	GOVERNMENT	18,905				PROGRAM SERVICE SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(107) CITY OF TULSA ANIMAL WELFARE	73-6005470	GOVERNMENT	5,000				PROGRAM SERVICE SUPPORT
(108) CITY OF VINCENNES	35-6001221	GOVERNMENT	43,300				PROGRAM SERVICE SUPPORT
(109) CITY OF VISALIA ANIMAL CARE CENTER	94-6000449	GOVERNMENT	5,000				PROGRAM SERVICE SUPPORT
(110) CLEAR CREEK CAT RESCUE	27-2265973	501(C)(3)	12,500				PROGRAM SERVICE SUPPORT
(111) COLES COUNTY ANIMAL SHELTER	37-6000640	GOVERNMENT	11,250				PROGRAM SERVICE SUPPORT
(112) COLLETON COUNTY ANIMAL SERVICES	57-6000339	GOVERNMENT	16,000				PROGRAM SERVICE SUPPORT
(113) COLUMBIA SECOND CHANCE	43-1852167	501(C)(3)	11,000				PROGRAM SERVICE SUPPORT
(114) COLUSA COUNTY ANIMAL SHELTER	94-6000508	GOVERNMENT	10,000				PROGRAM SERVICE SUPPORT
(115) COMMUNITY ANIMAL WELFARE SOC-CAWS	87-0515959	501(C)(3)	21,250				PROGRAM SERVICE SUPPORT
(116) COMMUNITY CAT SUPPORT NETWORK	92-0510347	501(C)(3)	9,450				PROGRAM SERVICE SUPPORT
(117) COMMUNITY CATS GLOBAL	85-3194486	501(C)(3)	9,000				PROGRAM SERVICE SUPPORT
(118) COMMUNITY CATS OF CENTRAL ARKANSAS	85-3194486	501(C)(3)	28,305				PROGRAM SERVICE SUPPORT
(119) CONWAY ANIMAL WELFARE UNIT	71-6001898	501(C)(3)	16,275				PROGRAM SERVICE SUPPORT
(120) COOPER'S CHANCE ANIMAL RESCUE	26-3634154	501(C)(3)	23,500				PROGRAM SERVICE SUPPORT
(121) CORSICANA ANIMAL SHELTER	75-6000499	GOVERNMENT	10,000				PROGRAM SERVICE SUPPORT
(122) COUNTY OF CUMBERLAND	56-6000291	GOVERNMENT	12,000				PROGRAM SERVICE SUPPORT
(123) COUNTY OF TEHAMA ANIMAL SERVICES	94-6000543	GOVERNMENT	12,500				PROGRAM SERVICE SUPPORT
(124) COURTNEY GUENTHER	396-19-3701	N/A	5,000				PROGRAM SERVICE SUPPORT
(125) CRAVEN PAMLICO ANIMAL SERVICES	56-2002666	501(C)(3)	11,000				PROGRAM SERVICE SUPPORT
(126) DAKIN HUMANE SOCIETY	20-5318898	501(C)(3)	13,200				PROGRAM SERVICE SUPPORT
(127) DAUNTLESS DOG RESCUE OF NORTH CAROLINA	47-2172845	501(C)(3)	5,700				PROGRAM SERVICE SUPPORT
(128) DEMING ANIMAL GUARDIANS	01-0776195	501(C)(3)	9,000				PROGRAM SERVICE SUPPORT
(129) DFW HUMANE SOCIETY OF IRVING	75-1433154	501(C)(3)	5,000				PROGRAM SERVICE SUPPORT
(130) DODGE CITY ANIMAL SHELTER	48-6008416	GOVERNMENT	10,000				PROGRAM SERVICE SUPPORT

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(131) DOGS DESERVE BETTER PIEDMONT	99-3535120	501(C)(3)	10,000				PROGRAM SERVICE SUPPORT
(132) DOGS PLAYING FOR LIFE	46-5559418	501(C)(3)	26,842				PROGRAM SERVICE SUPPORT
(133) DUPAGE COUNTY ANIMAL SERVICES	36-6006551	GOVERNMENT	9,000				PROGRAM SERVICE SUPPORT
(134) ENDLESS PAWSIBILITIES FOUNDATION	92-2002890	501(C)(3)	14,432				PROGRAM SERVICE SUPPORT
(135) ENID SPCA	73-1546461	501(C)(3)	12,500				PROGRAM SERVICE SUPPORT
(136) ENIGMA ANIMAL SERVICES	58-1025899	501(C)(3)	7,000				PROGRAM SERVICE SUPPORT
(137) ESTHER NEONATAL KITTEN ALLIANCE	84-2645132	501(C)(3)	6,000				PROGRAM SERVICE SUPPORT
(138) EVERETT ANIMAL SHELTER	91-6001248	GOVERNMENT	27,000				PROGRAM SERVICE SUPPORT
(139) FAIRFIELD AREA HUMANE SOCIETY	31-0952036	501(C)(3)	27,500				PROGRAM SERVICE SUPPORT
(140) FAYETTE COUNTY ANIMAL SHELTER	62-1808017	GOVERNMENT	5,000				PROGRAM SERVICE SUPPORT
(141) FEARLESS KITTY RESCUE	46-0993077	501(C)(3)	5,250				PROGRAM SERVICE SUPPORT
(142) FERAL CAT WARRIORS INC	86-2186585	501(C)(3)	19,000				PROGRAM SERVICE SUPPORT
(143) FINGER LAKES SPCA OF CENTRAL NEW YORK	15-0532256	501(C)(3)	7,000				PROGRAM SERVICE SUPPORT
(144) FINNEY COUNTY HUMANE SOCIETY	48-1197716	501(C)(3)	5,505				PROGRAM SERVICE SUPPORT
(145) FITZGERALD BEN HILL COUNTY HUMANE SOCIETY	58-6000576	501(C)(3)	16,510				PROGRAM SERVICE SUPPORT
(146) FLEET OF ANGELS	46-3895690	501(C)(3)	25,000				PROGRAM SERVICE SUPPORT
(147) FLORA SHROPSHIRE ANIMAL SHELTER	61-6000746	GOVERNMENT	5,000				PROGRAM SERVICE SUPPORT
(148) FOLLOW YOUR HEART ANIMAL RESCUE	46-1991182	501(C)(3)	30,805				PROGRAM SERVICE SUPPORT
(149) FOREST COUNTY HUMANE SOCIETY	39-1812068	501(C)(3)	10,000				PROGRAM SERVICE SUPPORT
(150) FRANKLIN COUNTY HUMANE SOCIETY	52-1256009	501(C)(3)	5,575				PROGRAM SERVICE SUPPORT
(151) FRIENDS FOR ANIMALS OF METRO DETROIT	38-3171570	501(C)(3)	15,000				PROGRAM SERVICE SUPPORT
(152) FRIENDS OF BERRIEN COUNTY ANIMAL CONTROL	84-4777503	501(C)(3)	20,000				PROGRAM SERVICE SUPPORT
(153) FRIENDS OF JACKSON COUNTY ANIMAL SHELTER PETS	45-5113523	501(C)(3)	5,205				PROGRAM SERVICE SUPPORT
(154) FRIENDS OF LUCAS COUNTY DOGS	81-2628344	501(C)(3)	10,000				PROGRAM SERVICE SUPPORT

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(155) FRIENDS OF MOHAVE COUNTY ANIMAL SHELTER	84-3191839	501(C)(3)	15,000				PROGRAM SERVICE SUPPORT
(156) FRIENDS OF RESCUE ANIMALS	20-1606547	501(C)(3)	14,000				PROGRAM SERVICE SUPPORT
(157) FRIENDS OF STRAYS INC	59-2156540	501(C)(3)	25,250				PROGRAM SERVICE SUPPORT
(158) FRIENDS OF THE ANIMAL SHELTER OF ST. BERNARD	72-1193778	501(C)(3)	10,000				PROGRAM SERVICE SUPPORT
(159) FRIENDS OF THE PALM SPRINGS ANIMAL SHELTER	33-0731853	501(C)(3)	13,500				PROGRAM SERVICE SUPPORT
(160) FRIENDS OF UPLAND ANIMAL SHELTER	46-2546783	501(C)(3)	5,000				PROGRAM SERVICE SUPPORT
(161) FROST FUND INC	92-3639854	501(C)(3)	5,500				PROGRAM SERVICE SUPPORT
(162) FROSTED FACES FOUNDATION	47-1274069	501(C)(3)	14,000				PROGRAM SERVICE SUPPORT
(163) FURRY FRIENDS ADOPTION CLINIC & RANCH	59-2111273	501(C)(3)	15,000				PROGRAM SERVICE SUPPORT
(164) G&CS ADVOCACY AND RESCUE CORPORATION	99-3772320	501(C)(3)	5,000				PROGRAM SERVICE SUPPORT
(165) GATEWAY PET GUARDIANS	26-0096240	501(C)(3)	5,000				PROGRAM SERVICE SUPPORT
(166) GOLDEN YEARS DOG SANCTUARY	83-1242359	501(C)(3)	7,750				PROGRAM SERVICE SUPPORT
(167) GRAND COMPANIONS HUMANE SOCIETY	82-0586174	501(C)(3)	14,800				PROGRAM SERVICE SUPPORT
(168) GRANT COUNTY ANIMAL OUTREACH	20-8911406	GOVERNMENT	15,405				PROGRAM SERVICE SUPPORT
(169) GRANVILLE COUNTY ANIMAL MANAGEMENT	56-6000303	GOVERNMENT	5,000				PROGRAM SERVICE SUPPORT
(170) GREENBRIER HUMANE SOCIETY	55-0596790	501(C)(3)	9,895				PROGRAM SERVICE SUPPORT
(171) GREENE COUNTY ANIMAL SHELTER	56-6000304	GOVERNMENT	2,500				PROGRAM SERVICE SUPPORT
(172) GREENER DAYS AHEAD RESCUE	47-3633100	501(C)(3)	5,525				PROGRAM SERVICE SUPPORT
(173) GREENSBURG DECATUR COUNTY ANIMAL SHELTER	35-6000138	GOVERNMENT	6,000				PROGRAM SERVICE SUPPORT
(174) GULF COAST HUMANE SOCIETY TX	74-1266245	501(C)(3)	76,000				PROGRAM SERVICE SUPPORT
(175) HAMILTON'S HEALING HEARTS	87-1672735	501(C)(3)	5,000				PROGRAM SERVICE SUPPORT
(176) HAPPY TAILS PET SANCTUARY	68-0317260	501(C)(3)	5,000				PROGRAM SERVICE SUPPORT
(177) HARMONY HOUSE FOR CATS	23-7137725	501(C)(3)	5,000				PROGRAM SERVICE SUPPORT
(178) HARRISON COUNTY ANIMAL CONTROL - WV	55-6000328	GOVERNMENT	72,499				PROGRAM SERVICE SUPPORT

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(179) HATS - HUMANE ANIMAL TREATMENT SOCIETY	38-3485419	501(C)(3)	6,000				PROGRAM SERVICE SUPPORT
(180) HAWAIIAN HUMANE SOCIETY	99-0073490	501(C)(3)	44,600				PROGRAM SERVICE SUPPORT
(181) HEART OF TEXAS PARTNERS IN ANIMAL WELFARE SERVICES HOT-PAWS	84-3303881	501(C)(3)	21,000				PROGRAM SERVICE SUPPORT
(182) HEART OF THE FOOTHILLS ANIMAL RESCUE	83-4357529	501(C)(3)	34,350				PROGRAM SERVICE SUPPORT
(183) HEARTS & BONES ANIMAL RESCUE	82-0605962	501(C)(3)	27,000				PROGRAM SERVICE SUPPORT
(184) HEARTS ALIVE VILLAGE	46-3622732	501(C)(3)	50,900				PROGRAM SERVICE SUPPORT
(185) HEAVEN ON EARTH SOCIETY FOR ANIMALS	77-0538189	501(C)(3)	16,900				PROGRAM SERVICE SUPPORT
(186) HELENS HEALING ANIMAL RESCUE AND SANCTUARY	92-3178703	501(C)(3)	30,000				PROGRAM SERVICE SUPPORT
(187) HELP FOR HOMELESS PETS INC	81-0523780	501(C)(3)	7,000				PROGRAM SERVICE SUPPORT
(188) HELP SPAY NEUTER CLINIC	27-1864552	501(C)(3)	45,000				PROGRAM SERVICE SUPPORT
(189) HELPING CATS.ORG CORPORATION	92-2123220	501(C)(3)	33,625				PROGRAM SERVICE SUPPORT
(190) HELPING HOUNDS DOG RESCUE	26-4132608	501(C)(3)	5,625				PROGRAM SERVICE SUPPORT
(191) HENRICO HUMANE SOCIETY	54-1598149	501(C)(3)	10,000				PROGRAM SERVICE SUPPORT
(192) HEROES EVERYWHERE ANIMAL RESCUE	93-2903113	501(C)(3)	5,000				PROGRAM SERVICE SUPPORT
(193) HIGH COUNTRY HUMANE	45-2912962	501(C)(3)	10,000				PROGRAM SERVICE SUPPORT
(194) HILL COUNTRY HUMANE SOCIETY	74-2377542	501(C)(3)	15,725				PROGRAM SERVICE SUPPORT
(195) HOME FOR GOOD DOG RESCUE INC	27-3373388	501(C)(3)	7,500				PROGRAM SERVICE SUPPORT
(196) HOMEWARD BOUND PET ADOPTION CENTER	20-0549531	501(C)(3)	5,705				PROGRAM SERVICE SUPPORT
(197) HOMEWARD TRAILS ANIMAL RESCUE INC	32-0086330	501(C)(3)	231,415				PROGRAM SERVICE SUPPORT
(198) HORRY COUNTY ANIMAL CARE CENTER	57-6000365	501(C)(3)	40,000				PROGRAM SERVICE SUPPORT
(199) HOUSTON HUMANE SOCIETY	74-1340341	501(C)(3)	23,000				PROGRAM SERVICE SUPPORT
(200) HOUSTON PETS ALIVE!	46-5455638	501(C)(3)	17,900				PROGRAM SERVICE SUPPORT
(201) HUMANE FORT WAYNE	35-6042135	501(C)(3)	12,100				PROGRAM SERVICE SUPPORT
(202) HUMANE SOCIETY FOR GREATER SAVANNAH	58-0619035	501(C)(3)	241,083				PROGRAM SERVICE SUPPORT

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(203) HUMANE SOCIETY OF ELKHART COUNTY	35-0996134	501(C)(3)	39,810				PROGRAM SERVICE SUPPORT
(204) HUMANE SOCIETY OF GREATER DAYTON	31-0537073	501(C)(3)	32,400				PROGRAM SERVICE SUPPORT
(205) HUMANE SOCIETY OF INDIANAPOLIS	35-0876385	501(C)(3)	17,500				PROGRAM SERVICE SUPPORT
(206) HUMANE SOCIETY OF JEFFERSON COUNTY	39-1022638	501(C)(3)	5,200				PROGRAM SERVICE SUPPORT
(207) HUMANE SOCIETY OF MASON COUNTY	91-1378403	501(C)(3)	7,000				PROGRAM SERVICE SUPPORT
(208) HUMANE SOCIETY OF NORTH TEXAS	75-1245911	501(C)(3)	407,500				PROGRAM SERVICE SUPPORT
(209) HUMANE SOCIETY OF NORTHEAST GEORGIA	58-0678817	501(C)(3)	263,255				PROGRAM SERVICE SUPPORT
(210) HUMANE SOCIETY OF PARKERSBURG WVA	55-0404377	501(C)(3)	7,000				PROGRAM SERVICE SUPPORT
(211) HUMANE SOCIETY OF SKAGIT VALLEY	91-0903532	501(C)(3)	59,405				PROGRAM SERVICE SUPPORT
(212) HUMANE SOCIETY OF SOUTHEAST MISSOURI	43-1108057	501(C)(3)	14,700				PROGRAM SERVICE SUPPORT
(213) HUMANE SOCIETY OF SOUTHERN ARIZONA	86-0112798	501(C)(3)	15,000				PROGRAM SERVICE SUPPORT
(214) HUMANE SOCIETY OF THE OUACHITAS	71-0502540	501(C)(3)	5,000				PROGRAM SERVICE SUPPORT
(215) HUMANE SOCIETY OF THE OZARKS	71-0401481	501(C)(3)	20,950				PROGRAM SERVICE SUPPORT
(216) HUMANE SOCIETY OF THE TREASURE COAST	59-0774235	501(C)(3)	9,500				PROGRAM SERVICE SUPPORT
(217) HUMANE SOCIETY OF TOM GREEN COUNTY	75-6030459	501(C)(3)	32,000				PROGRAM SERVICE SUPPORT
(218) HUMANE SOCIETY OF UTAH ST GEORGE CLINIC	87-0256350	501(C)(3)	26,550				PROGRAM SERVICE SUPPORT
(219) HUMANE SOCIETY OF WALTON COUNTY	35-2793347	501(C)(3)	33,300				PROGRAM SERVICE SUPPORT
(220) HUMANE SOCIETY OF WEST MICHIGAN	38-1360926	501(C)(3)	19,000				PROGRAM SERVICE SUPPORT
(221) HUMANE SOCIETY OF YUMA	86-6053617	501(C)(3)	6,905				PROGRAM SERVICE SUPPORT
(222) HUMBLE ANIMAL SHELTER	74-6001420	501(C)(3)	6,605				PROGRAM SERVICE SUPPORT
(223) HUSKY HALFWAY HOUSE	83-4358296	501(C)(3)	9,000				PROGRAM SERVICE SUPPORT
(224) I STAND WITH MY PACK	81-4291281	501(C)(3)	10,875				PROGRAM SERVICE SUPPORT
(225) IBERIA PARISH GOVERNMENT	72-6000542	501(C)(3)	17,000				PROGRAM SERVICE SUPPORT
(226) I'M YOUR HUCKLEBERRY RESCUE INC	20-1950268	501(C)(3)	15,500				PROGRAM SERVICE SUPPORT

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(227) INDY NEIGHBORHOOD CATS INC	83-2376982	501(C)(3)	5,000				PROGRAM SERVICE SUPPORT
(228) IREDELL COUNTY ANIMAL SERVICES	56-6000309	GOVERNMENT	8,890				PROGRAM SERVICE SUPPORT
(229) IT TAKES A VILLAGE ANIMAL RESCUE	86-2154869	501(C)(3)	59,200				PROGRAM SERVICE SUPPORT
(230) IT TAKES A VILLAGE CANINE RESCUE	27-4085267	501(C)(3)	5,000				PROGRAM SERVICE SUPPORT
(231) JACKSONVILLE HUMANE SOCIETY	59-0624410	501(C)(3)	855,400				PROGRAM SERVICE SUPPORT
(232) JASON DEBUS HEIGL FOUNDATION	27-0187750	501(C)(3)	19,000				PROGRAM SERVICE SUPPORT
(233) JEFFERSON COUNTY HUMANE SOCIETY - OH	34-1668793	501(C)(3)	10,500				PROGRAM SERVICE SUPPORT
(234) JEFFERSONVILLE ANIMAL SHELTER	35-6001067	GOVERNMENT	23,310				PROGRAM SERVICE SUPPORT
(235) JOHNS HOPKINS CENTER FOR INDIGENOUS HEALTH	52-0595110	501(C)(3)	20,000				PROGRAM SERVICE SUPPORT
(236) JOHNSON COUNTY FISCAL COURT	61-6000920	GOVERNMENT	5,500				PROGRAM SERVICE SUPPORT
(237) JOINT ANIMAL SERVICES	91-0819427	501(C)(3)	8,505				PROGRAM SERVICE SUPPORT
(238) JOPLIN HUMANE SOCIETY INC	44-0664226	501(C)(3)	10,200				PROGRAM SERVICE SUPPORT
(239) KANAWHA-CHARLESTON HUMANE ASSOCIATION	55-0435381	501(C)(3)	9,000				PROGRAM SERVICE SUPPORT
(240) KANE EDUCATION FOUNDATION	75-3134344	501(C)(3)	16,500				PROGRAM SERVICE SUPPORT
(241) KAUAI HUMANE SOCIETY	99-0089250	501(C)(3)	58,605				PROGRAM SERVICE SUPPORT
(242) KITT CRUSADERS INC	27-4007806	501(C)(3)	17,250				PROGRAM SERVICE SUPPORT
(243) KITTEN RESCUE	95-4670174	501(C)(3)	35,100				PROGRAM SERVICE SUPPORT
(244) KITTY BUNGALOW CHARM SCHOOL	27-1297223	501(C)(3)	16,850				PROGRAM SERVICE SUPPORT
(245) KITTY OF ANGELS INC	81-3017874	501(C)(3)	15,000				PROGRAM SERVICE SUPPORT
(246) KOKOMO HUMANE SOCIETY INC	35-0989705	501(C)(3)	43,500				PROGRAM SERVICE SUPPORT
(247) KURTH MEMORIAL ANIMAL SERVICES & ADOPTION	75-6000591	501(C)(3)	5,000				PROGRAM SERVICE SUPPORT
(248) LA PLATA COUNTY HUMANE SOCIETY	23-7274035	501(C)(3)	5,000				PROGRAM SERVICE SUPPORT
(249) LAFAYETTE ANIMAL AID	23-7414331	501(C)(3)	198,650				PROGRAM SERVICE SUPPORT
(250) LAKE OCONEE HUMANE SOCIETY INC	46-0485454	501(C)(3)	7,000				PROGRAM SERVICE SUPPORT

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(251) LASSO LOCAL ANIMAL SHELTER SUPPORT ORGANIZATION	20-2720999	501(C)(3)	35,453				PROGRAM SERVICE SUPPORT
(252) LEHIGH COUNTY HUMANE SOCIETY	23-1365372	501(C)(3)	10,000				PROGRAM SERVICE SUPPORT
(253) LEWIS-UPSHUR ANIMAL CONTROL FACILITY	55-6000406	GOVERNMENT	21,500				PROGRAM SERVICE SUPPORT
(254) LIFELINE OF GALVESTON COUNTY	85-2907875	501(C)(3)	19,500				PROGRAM SERVICE SUPPORT
(255) LINCOLN COUNTY ANIMAL SHELTER - OR	93-6002304	GOVERNMENT	6,405				PROGRAM SERVICE SUPPORT
(256) LITTLE TRAVERSE BAY HUMANE SOCIETY	38-1384441	501(C)(3)	138,810				PROGRAM SERVICE SUPPORT
(257) LODI ANIMAL SERVICES FOUNDATION	83-0882866	501(C)(3)	14,105				PROGRAM SERVICE SUPPORT
(258) LUCKY DOG ANIMAL RESCUE	30-0559037	501(C)(3)	68,750				PROGRAM SERVICE SUPPORT
(259) LYNCHBURG HUMANE SOCIETY	54-0570901	501(C)(3)	50,000				PROGRAM SERVICE SUPPORT
(260) MADERA COUNTY ANIMAL SERVICES	94-6000518	GOVERNMENT	51,405				PROGRAM SERVICE SUPPORT
(261) MADILL ANIMAL SHELTER	73-1220425	GOVERNMENT	7,000				PROGRAM SERVICE SUPPORT
(262) MAGNOLIA SPAY NEUTER	84-3009086	501(C)(3)	10,000				PROGRAM SERVICE SUPPORT
(263) MARION AREA HUMANE SOCIETY - OH	31-0946288	501(C)(3)	9,000				PROGRAM SERVICE SUPPORT
(264) MARION COUNTY HUMANE SOCIETY - WV	23-7405278	501(C)(3)	8,500				PROGRAM SERVICE SUPPORT
(265) MARSHALL PET ADOPTION CENTER	75-6000595	501(C)(3)	7,940				PROGRAM SERVICE SUPPORT
(266) MATCHDOG RESCUE	82-2627297	501(C)(3)	40,000				PROGRAM SERVICE SUPPORT
(267) MAUI HUMANE SOCIETY	99-6000953	501(C)(3)	26,500				PROGRAM SERVICE SUPPORT
(268) MAXFUND ANIMAL ADOPTION CENTER	84-1116882	501(C)(3)	5,000				PROGRAM SERVICE SUPPORT
(269) MCDOWELL COUNTY ANIMAL SHELTER	56-6000318	GOVERNMENT	5,000				PROGRAM SERVICE SUPPORT
(270) MERCER COUNTY ANIMAL SHELTER	55-6000357	GOVERNMENT	9,000				PROGRAM SERVICE SUPPORT
(271) METRO EAST HUMANE SOCIETY	37-1196065	501(C)(3)	40,000				PROGRAM SERVICE SUPPORT
(272) MIAMI DADE ANIMAL SERVICES	59-6000573	501(C)(3)	29,400				PROGRAM SERVICE SUPPORT
(273) MIDLANDS HUMANE SOCIETY	20-5105144	501(C)(3)	6,500				PROGRAM SERVICE SUPPORT
(274) MINNEAPOLIS ANIMAL CARE & CONTROL	41-6005375	GOVERNMENT	7,905				PROGRAM SERVICE SUPPORT

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(275) MITCHELL COUNTY ANIMAL RESCUE INC	56-1432402	501(C)(3)	10,000				PROGRAM SERVICE SUPPORT
(276) MOHAWK HUDSON HUMANE SOCIETY	14-1338459	501(C)(3)	11,000				PROGRAM SERVICE SUPPORT
(277) MONTGOMERY COUNTY ANIMAL SHELTER	74-6000558	GOVERNMENT	10,000				PROGRAM SERVICE SUPPORT
(278) MOUNTAIN HUMANE	82-0351171	501(C)(3)	25,000				PROGRAM SERVICE SUPPORT
(279) MOUNTAIN MAMA PYRS AND PUPS	92-3786686	501(C)(3)	11,750				PROGRAM SERVICE SUPPORT
(280) MSPCA	04-2103597	501(C)(3)	519,600				PROGRAM SERVICE SUPPORT
(281) NINE LIVES FOUNDATION	20-2150714	501(C)(3)	21,300				PROGRAM SERVICE SUPPORT
(282) NOCO KITTIES	83-3733057	501(C)(3)	10,800				PROGRAM SERVICE SUPPORT
(283) NORTH BEACH PROGRESSIVE ANIMAL WELFARE SOCIETY	33-1019474	501(C)(3)	5,500				PROGRAM SERVICE SUPPORT
(284) NORTH LITTLE ROCK ANIMAL SHELTER	71-6009176	GOVERNMENT	13,894				PROGRAM SERVICE SUPPORT
(285) NORTHEAST MISSOURI HUMANE SOCIETY	43-6063703	501(C)(3)	11,905				PROGRAM SERVICE SUPPORT
(286) OCONEE COUNTY ANIMAL SERVICES	58-6000871	GOVERNMENT	25,000				PROGRAM SERVICE SUPPORT
(287) OKLAHOMA ALLIANCE FOR ANIMALS	84-1640954	501(C)(3)	12,000				PROGRAM SERVICE SUPPORT
(288) OKLAHOMA HUMANE SOCIETY	20-8446621	501(C)(3)	26,500				PROGRAM SERVICE SUPPORT
(289) OLD DOMINION HUMANE SOCIETY	80-0883525	501(C)(3)	5,835				PROGRAM SERVICE SUPPORT
(290) ONE TAIL AT A TIME	26-2125306	501(C)(3)	136,972				PROGRAM SERVICE SUPPORT
(291) ONE TAIL AT A TIME PDX	81-5244538	501(C)(3)	125,500				PROGRAM SERVICE SUPPORT
(292) ONSLOW COUNTY ANIMAL SERVICES	56-6000326	GOVERNMENT	56,810				PROGRAM SERVICE SUPPORT
(293) OPERATION KINDNESS	75-1553350	501(C)(3)	725,525				PROGRAM SERVICE SUPPORT
(294) ORPHANS OF THE STORM	36-6002114	501(C)(3)	22,950				PROGRAM SERVICE SUPPORT
(295) OUTTA THE CAGE	81-2662285	501(C)(3)	23,500				PROGRAM SERVICE SUPPORT
(296) PACIFIC RIM RESCUE	88-1981232	501(C)(3)	5,500				PROGRAM SERVICE SUPPORT
(297) PALM VALLEY ANIMAL SOCIETY	74-1819910	501(C)(3)	20,000				PROGRAM SERVICE SUPPORT
(298) PANHANDLE HUMANE SOCIETY	47-0596512	501(C)(3)	29,800				PROGRAM SERVICE SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(299) PASADENA ANIMAL SHELTER	74-6001846	GOVERNMENT	7,500				PROGRAM SERVICE SUPPORT
(300) PASADENA HUMANE SOCIETY & SPCA	95-1643344	501(C)(3)	7,000				PROGRAM SERVICE SUPPORT
(301) PASQUOTANK COUNTY	56-6000328	GOVERNMENT	40,000				PROGRAM SERVICE SUPPORT
(302) PAWS ALONG THE RIVER HUMANE SOCIETY	23-7107312	501(C)(3)	7,500				PROGRAM SERVICE SUPPORT
(303) PAWS AND CLAWS RESCUE INC	85-1004813	501(C)(3)	54,000				PROGRAM SERVICE SUPPORT
(304) PAWS FOR A CAUSE VET CARE	45-2094195	501(C)(3)	29,900				PROGRAM SERVICE SUPPORT
(305) PAWS FOR LIFE K9 RESCUE	83-0757621	501(C)(3)	203,050				PROGRAM SERVICE SUPPORT
(306) PAWS HUMANE INC	58-2513501	501(C)(3)	8,000				PROGRAM SERVICE SUPPORT
(307) PAWS OF HERTFORD COUNTY	20-4940600	501(C)(3)	6,200				PROGRAM SERVICE SUPPORT
(308) PAWS OF PERSEVERANCE	47-4401980	501(C)(3)	5,000				PROGRAM SERVICE SUPPORT
(309) PAWS4EVER	23-7181780	501(C)(3)	15,000				PROGRAM SERVICE SUPPORT
(310) PECOS ANIMAL SHELTER	74-6001862	GOVERNMENT	6,905				PROGRAM SERVICE SUPPORT
(311) PENDER COUNTY ANIMAL SHELTER	56-2023827	GOVERNMENT	71,120				PROGRAM SERVICE SUPPORT
(312) PEOPLE FOR PETS MAGIC VALLEY HUMANE SOCIETY	94-3080299	501(C)(3)	7,405				PROGRAM SERVICE SUPPORT
(313) PETCO LOVE	33-0845930	501(C)(3)	50,000				PROGRAM SERVICE SUPPORT
(314) PETS OF OHIO RESCUE TEAM	99-3306185	501(C)(3)	12,200				PROGRAM SERVICE SUPPORT
(315) PETTY PAWZ RESCUE	231-63-9491	501(C)(3)	8,008				PROGRAM SERVICE SUPPORT
(316) PINAL COUNTY ANIMAL CARE & CONTROL	86-6000556	GOVERNMENT	65,000				PROGRAM SERVICE SUPPORT
(317) PINELLAS COUNTY ANIMAL SHELTER	59-6000800	GOVERNMENT	19,830				PROGRAM SERVICE SUPPORT
(318) POLK COUNTY BULLY PROJECT	84-2316936	501(C)(3)	7,000				PROGRAM SERVICE SUPPORT
(319) PORTAGE COUNTY DOG SHELTER	34-6002242	GOVERNMENT	5,000				PROGRAM SERVICE SUPPORT
(320) PORTLAND ANIMAL CARE SERVICES	74-6003691	501(C)(3)	6,700				PROGRAM SERVICE SUPPORT
(321) PORTSMOUTH HUMANE SOCIETY	54-0560059	501(C)(3)	12,000				PROGRAM SERVICE SUPPORT
(322) PRAIRIE PAWS ANIMAL SHELTER	48-0529856	501(C)(3)	33,000				PROGRAM SERVICE SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(323) PROMISE 4 PAWS	46-5036667	501(C)(3)	5,500				PROGRAM SERVICE SUPPORT
(324) PROVIDENCE ANIMAL CENTER	23-1440112	501(C)(3)	22,413				PROGRAM SERVICE SUPPORT
(325) PULASKI COUNTY ANIMAL CONTROL AND PUBLIC ANIMAL SHELTER	54-6002979	GOVERNMENT	14,000				PROGRAM SERVICE SUPPORT
(326) PURRFECT PAWPRINTS INC	90-0353655	501(C)(3)	6,000				PROGRAM SERVICE SUPPORT
(327) PUTNAM COUNTY ANIMAL SHELTER	55-6000386	GOVERNMENT	10,000				PROGRAM SERVICE SUPPORT
(328) RAMONA HUMANE SOCIETY	23-7374470	501(C)(3)	12,500				PROGRAM SERVICE SUPPORT
(329) RANKIN COUNTY SHERIFF DEPT	64-6001025	GOVERNMENT	103,770				PROGRAM SERVICE SUPPORT
(330) REGIONAL ANIMAL SHELTER OF KING WILLIAM COUNTY	54-6001376	GOVERNMENT	14,500				PROGRAM SERVICE SUPPORT
(331) RENEGADE PAWS RESCUE	83-3915500	501(C)(3)	15,000				PROGRAM SERVICE SUPPORT
(332) RESCUE TEXAS RESOURCES	87-4416573	501(C)(3)	5,000				PROGRAM SERVICE SUPPORT
(333) REZDAWG RESCUE	46-1412023	501(C)(3)	95,500				PROGRAM SERVICE SUPPORT
(334) RICHMOND ANIMAL LEAGUE INC	51-0240493	501(C)(3)	279,759				PROGRAM SERVICE SUPPORT
(335) RICHMOND SPCA	54-0506328	501(C)(3)	6,928				PROGRAM SERVICE SUPPORT
(336) RIO GRANDE VALLEY HUMANE SOCIETY	74-2516749	501(C)(3)	5,000				PROGRAM SERVICE SUPPORT
(337) RIVERSIDE COUNTY DEPT OF ANIMAL SERVICES	95-6000930	GOVERNMENT	24,999				PROGRAM SERVICE SUPPORT
(338) ROCKDALE COUNTY ANIMAL SERVICES	58-6000882	GOVERNMENT	23,810				PROGRAM SERVICE SUPPORT
(339) ROCKET DOG RESCUE	80-0000407	501(C)(3)	10,000				PROGRAM SERVICE SUPPORT
(340) ROCKY MOUNTAIN PUPPY RESCUE	27-2214963	501(C)(3)	50,000				PROGRAM SERVICE SUPPORT
(341) RORY TO THE RESCUE	92-2118615	501(C)(3)	127,250				PROGRAM SERVICE SUPPORT
(342) RUSHVILLE ANIMAL SHELTER	35-6001184	GOVERNMENT	5,000				PROGRAM SERVICE SUPPORT
(343) RUTLAND COUNTY HUMANE SOCIETY	03-6006930	501(C)(3)	5,000				PROGRAM SERVICE SUPPORT
(344) S.A.V.E. RESCUE COALITION	45-4982602	501(C)(3)	5,000				PROGRAM SERVICE SUPPORT
(345) SAGINAW COUNTY ANIMAL CARE	38-6004887	GOVERNMENT	6,905				PROGRAM SERVICE SUPPORT
(346) SAN DIEGO HUMANE SOCIETY	95-1661688	501(C)(3)	410,198				PROGRAM SERVICE SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(347) SANTA BARBARA HUMANE SPCA	95-1643377	501(C)(3)	5,750				PROGRAM SERVICE SUPPORT
(348) SEATTLE AREA FELINE RESCUE	91-2041961	501(C)(3)	13,910				PROGRAM SERVICE SUPPORT
(349) SEATTLE HUMANE SOCIETY	91-0282060	501(C)(3)	20,500				PROGRAM SERVICE SUPPORT
(350) SECOND CHANCE SHERIDAN CAT RESCUE	27-1336749	501(C)(3)	17,000				PROGRAM SERVICE SUPPORT
(351) SELMA ANIMAL SERVICES	94-6000431	501(C)(3)	5,250				PROGRAM SERVICE SUPPORT
(352) SFC VIRGINIA INC	84-2340045	501(C)(3)	10,333				PROGRAM SERVICE SUPPORT
(353) SIOUX EMPIRE TNR COALITION	92-1136883	501(C)(3)	10,000				PROGRAM SERVICE SUPPORT
(354) SISKIYOU HUMANE SOCIETY INC	94-2411106	501(C)(3)	5,000				PROGRAM SERVICE SUPPORT
(355) SISTER KITTEN ANIMAL RESCUE	84-3522446	501(C)(3)	17,000				PROGRAM SERVICE SUPPORT
(356) SMYTH ANIMAL RESCUE	83-3751869	501(C)(3)	31,516				PROGRAM SERVICE SUPPORT
(357) SNAKE RIVER ANIMAL SHELTER	20-5175430	GOVERNMENT	35,000				PROGRAM SERVICE SUPPORT
(358) SOUL DOG RESCUE	45-4137227	501(C)(3)	20,000				PROGRAM SERVICE SUPPORT
(359) SOURIS VALLEY ANIMAL SHELTER	45-0345317	GOVERNMENT	5,000				PROGRAM SERVICE SUPPORT
(360) SOUTHERN PINES ANIMAL SHELTER	64-0514796	GOVERNMENT	52,000				PROGRAM SERVICE SUPPORT
(361) SOUTHERN UTAH UNIVERSITY	87-6000481	GOVERNMENT	20,068				PROGRAM SERVICE SUPPORT
(362) SPAY NEUTER INITIATIVE	84-4734799	501(C)(3)	31,500				PROGRAM SERVICE SUPPORT
(363) SPCA FLORIDA	59-1939655	501(C)(3)	10,500				PROGRAM SERVICE SUPPORT
(364) SPCA OF BRAZORIA COUNTY	23-7404451	501(C)(3)	19,500				PROGRAM SERVICE SUPPORT
(365) SPCA OF NORTHEASTERN NORTH CAROLINA	58-1674663	501(C)(3)	56,000				PROGRAM SERVICE SUPPORT
(366) SPCA OF POLK COUNTY	74-2119232	501(C)(3)	10,000				PROGRAM SERVICE SUPPORT
(367) SPCA OF TEXAS	75-1216660	501(C)(3)	50,750				PROGRAM SERVICE SUPPORT
(368) ST FRANCIS ANIMAL SANCTUARY	72-1482429	501(C)(3)	13,100				PROGRAM SERVICE SUPPORT
(369) ST. BERNARD PARISH ANIMAL SERVICES	72-6001193	501(C)(3)	16,025				PROGRAM SERVICE SUPPORT
(370) ST. JOSEPH ANIMAL CONTROL AND RESCUE	44-6000256	501(C)(3)	7,200				PROGRAM SERVICE SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(371) STRAY CAT ALLIANCE	95-4787231	501(C)(3)	87,750				PROGRAM SERVICE SUPPORT
(372) STREET DOG HERO	82-0916174	501(C)(3)	6,000				PROGRAM SERVICE SUPPORT
(373) SUN CITIES 4 PAWS RESCUE INC	86-0822208	501(C)(3)	11,600				PROGRAM SERVICE SUPPORT
(374) TEN LIVES CLUB	16-1611221	501(C)(3)	9,000				PROGRAM SERVICE SUPPORT
(375) TENTH LIFE CAT RESCUE	26-4014748	501(C)(3)	14,000				PROGRAM SERVICE SUPPORT
(376) TERREBONNE PARISH ANIMAL SHELTER	72-6001390	501(C)(3)	25,325				PROGRAM SERVICE SUPPORT
(377) THE ANIMAL FOUNDATION	88-0144253	501(C)(3)	30,000				PROGRAM SERVICE SUPPORT
(378) THE ANIMAL PAD	45-4902841	501(C)(3)	5,750				PROGRAM SERVICE SUPPORT
(379) THE BULLHEAD CITY ANIMAL SHELTER	86-0494205	GOVERNMENT	26,020				PROGRAM SERVICE SUPPORT
(380) THE CITY OF GLEN ROSE	74-6000989	GOVERNMENT	18,250				PROGRAM SERVICE SUPPORT
(381) THE HUMANE SOCIETY FOR TACOMA & PIERCE COUNTY	91-0577128	501(C)(3)	10,000				PROGRAM SERVICE SUPPORT
(382) THE INNER PUP	47-1728816	501(C)(3)	5,000				PROGRAM SERVICE SUPPORT
(383) THE NELSON COUNTY ANIMAL SHELTER	61-6000701	GOVERNMENT	17,500				PROGRAM SERVICE SUPPORT
(384) THE PUPPY MAMMA	81-5370247	501(C)(3)	19,000				PROGRAM SERVICE SUPPORT
(385) THE SICSA PET ADOPTION AND WELLNESS CENTER	23-7367199	501(C)(3)	5,410				PROGRAM SERVICE SUPPORT
(386) THE UNDERGROUND DOG	87-4385572	501(C)(3)	359,000				PROGRAM SERVICE SUPPORT
(387) THOMASVILLE THOMAS CTY HUMANE SOCIETY	58-1299962	GOVERNMENT	226,155				PROGRAM SERVICE SUPPORT
(388) THREE LITTLE PITTIES RESCUE	82-4437410	501(C)(3)	9,950				PROGRAM SERVICE SUPPORT
(389) TIFFANY DLESK SPAY-NEUTER CLINIC	55-0628843	501(C)(3)	15,000				PROGRAM SERVICE SUPPORT
(390) TINY N TALL RESCUE INC	82-3361266	501(C)(3)	5,000				PROGRAM SERVICE SUPPORT
(391) TONY LA RUSSA'S ANIMAL RESCUE FOUNDATION	68-0240341	501(C)(3)	14,750				PROGRAM SERVICE SUPPORT
(392) TOWN OF PORT BARRE	72-6001114	GOVERNMENT	5,000				PROGRAM SERVICE SUPPORT
(393) UINTAH ANIMAL CONTROL AND SHELTER SPECIAL SERVICE DISTRICT	32-0196342	GOVERNMENT	5,000				PROGRAM SERVICE SUPPORT
(394) UNDERDOG ANIMAL RESCUE & REHAB	82-3156476	501(C)(3)	12,000				PROGRAM SERVICE SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(395) UNICOI COUNTY ANIMAL SHELTER	20-8986267	GOVERNMENT	25,000				PROGRAM SERVICE SUPPORT
(396) UTAH ASSOCIATION OF COUNTIES	87-6000577	501(C)(3)	15,000				PROGRAM SERVICE SUPPORT
(397) UTAH LEAGUE OF CITIES & TOWNS	87-6000393	501(C)(3)	15,000				PROGRAM SERVICE SUPPORT
(398) UTAH'S FIRST LADY FOUNDATION	86-2475015	501(C)(3)	14,000				PROGRAM SERVICE SUPPORT
(399) VALLEY VIEW EQUINE RESCUE	26-3832985	501(C)(3)	15,000				PROGRAM SERVICE SUPPORT
(400) VANDERBURGH HUMANE SOCIETY	35-1068837	501(C)(3)	35,250				PROGRAM SERVICE SUPPORT
(401) VERMILLION COUNTY ANIMAL REGULATIONS & SHELTER	37-6002224	GOVERNMENT	26,000				PROGRAM SERVICE SUPPORT
(402) VERNON PARISH ANIMAL SHELTER	72-6001439	GOVERNMENT	12,600				PROGRAM SERVICE SUPPORT
(403) VICTORIA COUNTY ANIMAL SERVICE	74-6002445	GOVERNMENT	33,800				PROGRAM SERVICE SUPPORT
(404) WAGS & WALKS	45-3749303	501(C)(3)	9,750				PROGRAM SERVICE SUPPORT
(405) WARREN COUNTY ANIMAL CONTROL AND ANIMAL ARK	56-6000348	GOVERNMENT	9,905				PROGRAM SERVICE SUPPORT
(406) WARRICK HUMANE SOCIETY INC	35-1574531	501(C)(3)	15,000				PROGRAM SERVICE SUPPORT
(407) WASHINGTON COUNTY SPCA	73-6107239	501(C)(3)	45,000				PROGRAM SERVICE SUPPORT
(408) WASHINGTON PARISH ANIMAL SHELTER	72-6001458	GOVERNMENT	5,500				PROGRAM SERVICE SUPPORT
(409) WASHOE COUNTY	88-6000138	GOVERNMENT	15,000				PROGRAM SERVICE SUPPORT
(410) WEBER COUNTY ANIMAL SERVICES	87-6000308	GOVERNMENT	13,710				PROGRAM SERVICE SUPPORT
(411) WILBARGER HUMANE SOCIETY	75-1563665	501(C)(3)	6,000				PROGRAM SERVICE SUPPORT
(412) WILLIAMSBURG COUNTY ANIMAL CARE & CONTROL	57-6000412	GOVERNMENT	27,715				PROGRAM SERVICE SUPPORT
(413) WILLIAMSON COUNTY REGIONAL ANIMAL SHELTER	74-6000978	GOVERNMENT	16,000				PROGRAM SERVICE SUPPORT
(414) WIREGRASS SPAY NEUTER ALLIANCE	27-1991142	501(C)(3)	10,000				PROGRAM SERVICE SUPPORT
(415) WOLF POINT POUND PUPPIES ANIMAL RESCUE	47-1706723	501(C)(3)	15,000				PROGRAM SERVICE SUPPORT
(416) WOODS HUMANE SOCIETY INC	95-2058587	501(C)(3)	12,500				PROGRAM SERVICE SUPPORT
(417) YANCEY COUNTY HUMANE SOCIETY	58-1615767	501(C)(3)	12,500				PROGRAM SERVICE SUPPORT
(418) YOUNG-WILLIAMS ANIMAL CTR OF EAST TN	45-5326778	501(C)(3)	12,000				PROGRAM SERVICE SUPPORT

Part IV

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

Return Reference - Identifier	Explanation
SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS	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 I, PART III	CASH GRANTS TO INDIVIDUALS REPRESENT VETERINARY SCHOOL SCHOLARSHIPS AWARDED TO 10 INDIVIDUALS AND 2 GRANTS AWARDED TO INDIVIDUALS PROVIDING TEACHING AND LEARNING PROGRAMS FOR ANIMAL SHELTERS AND FOSTERING.

SCHEDULE J (Form 990)
(Rev. January 2025)
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

Open to Public Inspection

Name of the organization
BEST FRIENDS ANIMAL SOCIETY

Employer identification number
23-7147797

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ First-class or charter travel ☑ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	✔	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		✔
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☑ Compensation survey or study ☐ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	4a		✔
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		✔
c	Participate in or receive payment from an equity-based compensation arrangement?	4c		✔
	If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	5a		✔
b	Any related organization?	5b		✔
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	6a		✔
b	Any related organization?	6b		✔
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7		✔
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		✔
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that 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 BOARD MEMBER/CHIEF EXECUTIVE OFFICER	(i)	536,045	325	0	7,000	10,516	553,886	0
		(ii)	0	0	0	0	0	0	0
2	STEPHEN HOWELL CHIEF OPERATING AND FINANCIAL OFFICER	(i)	452,367	6,325	0	7,000	36,244	501,936	0
		(ii)	0	0	0	0	0	0	0
3	SUSAN CITRO CHIEF EXPERIENCE OFFICER	(i)	292,116	3,825	0	7,000	21,118	324,059	0
		(ii)	0	0	0	0	0	0	0
4	VALERIE DORIAN CHIEF DEVELOPMENT OFFICER	(i)	255,708	28,026	0	7,000	32,344	323,078	0
		(ii)	0	0	0	0	0	0	0
5	JOSEPH ANGELO CHIEF PEOPLE AND CULTURE OFFICER	(i)	299,505	325	0	6,923	9,118	315,871	0
		(ii)	0	0	0	0	0	0	0
6	KAREN GALLARDO SR DIRECTOR, MAJOR & PLANNED GIVING	(i)	255,822	28,267	0	7,000	12,988	304,077	0
		(ii)	0	0	0	0	0	0	0
7	REBECCA HUSS GENERAL COUNSEL	(i)	247,929	325	0	7,000	11,308	266,562	0
		(ii)	0	0	0	0	0	0	0
8	JUDAH BATTISTA CHIEF SANCTUARY OFFICER	(i)	230,462	3,325	0	7,000	23,752	264,539	0
		(ii)	0	0	0	0	0	0	0
9	MARC PERALTA CHIEF PROGRAM OFFICER	(i)	223,725	1,825	0	7,000	23,752	256,302	0
		(ii)	0	0	0	0	0	0	0
10	HOLLY SIZEMORE CHIEF MISSION OFFICER	(i)	232,731	3,525	0	7,000	11,308	254,564	0
		(ii)	0	0	0	0	0	0	0
11	ERIKA WESTBAY ARNOLD DIRECTOR, PROCESS EXCELLENCE	(i)	200,765	2,325	0	7,000	41,210	251,300	0
		(ii)	0	0	0	0	0	0	0
12	GRETA PALMER CHIEF MARKETING AND COMMUNICATIONS OFFICER	(i)	229,021	3,325	0	7,000	11,308	250,654	0
		(ii)	0	0	0	0	0	0	0
13	AMY STARNES PRINCIPAL, GROWTH INITIATIVES	(i)	219,923	325	0	7,000	21,118	248,366	0
		(ii)	0	0	0	0	0	0	0
14	ELISE TRAUB CHIEF EXTERNAL AFFAIRS OFFICER & CHIEF OF STAFF	(i)	219,347	4,575	0	7,000	9,118	240,040	0
		(ii)	0	0	0	0	0	0	0
15	ALFRED BATTISTA BOARD CHAIR/CO-FOUNDER/INTERNAL CONSULTANT	(i)	203,543	325	0	7,000	16,845	227,713	0
		(ii)	0	0	0	0	0	0	0
16	SEE NEXT PAGE	(i)							
		(ii)							

Part II **Officers, Directors, Trustees, Key Employees and Highest Compensated Employees** (continued)

(a) Name		(b) Breakdown of W-2 and/or 1099-MISC compensation			(c) Retirement and other deferred compensation	(d) Nontaxable benefits	(e) Total of columns (b)(i)-(d)	(f) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(16) SUSAN COSBY SR ADVISOR, STRATEGY & INTEGRATION	(i)	189,541	5,325	0	7,000	9,118	210,984	0
	(ii)	0	0	0	0	0	0	0
(17) BERNADETTE MEJIA BOARD MEMBER/CO-FOUNDER/DIRECTOR OF PRINCIPAL GIFTS	(i)	168,737	17,304	0	7,000	16,845	209,886	0
	(ii)	0	0	0	0	0	0	0
(18) GREGORY CASTLE BOARD MEMBER/CO-FOUNDER/INTERNAL CONSULTANT	(i)	177,440	325	0	7,000	14,265	199,030	0
	(ii)	0	0	0	0	0	0	0

Part III

Supplemental Information. Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference - Identifier	Explanation
SCHEDULE J, PART I, LINE 1A - HOUSING ALLOWANCE OR RESIDENCE FOR PERSONAL USE	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.
SCHEDULE J, PART I, LINE 3 - ARRANGEMENT USED TO ESTABLISH THE TOP MANAGEMENT OFFICIAL'S COMPENSATION	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 J, PART I - 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.
SCHEDULE J, PART I, LINE 3 - 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)

(Rev. January 2025)

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

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	(d) Corrected? 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? To	(d) Loan to or from the organization? From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	(g) In default? No	(h) Approved by board or committee? Yes	(h) Approved by board or committee? No	(i) Written agreement? Yes	(i) Written agreement? 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)				

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	(e) Sharing of organization's revenues? No
(1)	(SEE STATEMENT)					
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						

Part V **Supplemental Information.**
Provide additional information for responses to questions on Schedule L (see instructions).

Part IV Business Transactions Involving Interested Persons (continued)

(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) BART BATTISTA	SON: DB MEMBER BATTISTA	$168,899	EMPLOYEE COMPENSATION		✓
(2) JUDAH BATTISTA	SON: BD MEMBER BATTISTA	$247,182	EMPLOYEE COMPENSATION		✓
(3) SILVA BATTISTA	SPOUSE: BD MEMBER BATTISTA	$103,686	EMPLOYEE COMPENSATION		✓
(4) MARK EBBS	SON: FOUNDER EBBS	$66,472	EMPLOYEE COMPENSATION		✓
(5) LUCY O'CONNOR	DAUGHTER: BD MEMBER WILLIAMS	$57,764	EMPLOYEE COMPENSATION		✓
(6) JONATHAN SIZEMORE	SPOUSE: OFFICER SIZEMORE	$64,707	EMPLOYEE COMPENSATION		✓
(7) NATALIE CUNNINGHAM	DAUGHTER: FOUNDER EBBS	$53,915	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, line 29 or 30.
Attach to Form 990.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2024

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	✔	57	215,948	MARKET VALUE
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded	✔	266	6,962,104	MARKET VALUE
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	✔	1	275,000	MARKET VALUE
18	Collectibles				
19	Food inventory	✔	6,515	1,212,391	MARKET VALUE
20	Drugs and medical supplies	✔	19	240,167	MARKET VALUE
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other (_____)				
26	Other (_____)				
27	Other (_____)				
28	Other (_____)				

				Yes	No
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	7		
30a	During the year, did the organization receive by contribution any property reported on 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?	30a			✔
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?	31		✔	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		✔	
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.				

Part II

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference - Identifier	Explanation
SCHEDULE M, PART I, LINE 32B - THIRD PARTIES USED TO SOLICIT, PROCESS, OR SELL NONCASH CONTRIBUTIONS	BEST FRIENDS ANIMAL SOCIETY UTILIZES THE SERVICES OF AN AUTOMOBILE BROKER TO SELL DONATED VEHICLES.

SCHEDULE O (Form 990)

(Rev. January 2025)

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 instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

BEST FRIENDS ANIMAL SOCIETY

Employer identification number

23-7147797

Return Reference - Identifier	Explanation
FORM 990, PART I, LINE 1 - BRIEF MISSION	BEST FRIENDS ANIMAL SOCIETY IS A LEADING ANIMAL WELFARE ORGANIZATION DEDICATED TO SAVING THE LIVES OF DOGS AND CATS IN AMERICA'S SHELTERS AND MAKING THE ENTIRE COUNTRY NO-KILL. FOUNDED IN 1984, BEST FRIENDS OPERATES LIFESAVING FACILITIES AND PROGRAMS NATIONWIDE IN PARTNERSHIP WITH THOUSANDS OF SHELTERS AND RESCUE GROUPS.
FORM 990, PART III, LINE 4A -	DIRECT ANIMAL LIFESAVING: FROM OUR HEADQUARTERS IN KANAB, UTAH, BEST FRIENDS ANIMAL SOCIETY OPERATES THE NATION'S LARGEST NO-KILL ANIMAL SANCTUARY, CARING FOR UP TO 1,600 ANIMALS ON ANY GIVEN DAY. IN FISCAL YEAR 2025, LIFESAVING ACHIEVEMENTS AT BEST FRIENDS ANIMAL SANCTUARY INCLUDED: 3,517 NEW ANIMALS WELCOMED (MOST ADOPTED THROUGH BEST FRIENDS, SOME TRANSFERRED TO PARTNERS) 1,631 PET ADOPTIONS 625 ANIMALS FOSTERED 3,465 ANIMALS TRANSPORTED (INCLUDING FROM PARTNER ORGANIZATIONS AND THE NAVAJO NATION) 5,047 SPAY/NEUTER SURGERIES (INCLUDING 1,496 ON THE NAVAJO NATION THROUGH OUR MOBILE CLINIC) 43,499 VISITORS AND 5,272 TOURS COMPLETED (INCLUDING SELF-GUIDED TOURS) BEST FRIENDS ALSO OPERATED A MOBILE VETERINARY CLINIC SERVING THE NAVAJO NATION, PROVIDING SPAY/NEUTER SURGERIES, VACCINATIONS, AND MICROCHIPPING. IN FISCAL YEAR 2025, THE CLINIC TREATED 3,788 ANIMALS, HELPING MEET URGENT VETERINARY CARE NEEDS ON THE LARGEST RESERVATION IN THE UNITED STATES. BEYOND THE SANCTUARY, BEST FRIENDS OPERATES LIFESAVING CENTERS AND PROGRAMS IN SALT LAKE CITY, LOS ANGELES, HOUSTON, NORTHWEST ARKANSAS, AND NEW YORK CITY. IN FISCAL YEAR 2025, BEST FRIENDS SUPPORTED ANIMALS IN THESE COMMUNITIES THROUGH ADOPTIONS, FOSTERING, PET TRANSPORTS, SPAY/NEUTER SERVICES, AND COMMUNITY CAT PROGRAMS. PROGRAM OUTCOMES INCLUDED: 17,807 NEW ANIMALS WELCOMED (MOST ADOPTED THROUGH BEST FRIENDS, SOME TRANSFERRED TO PARTNERS) 15,077 PET ADOPTIONS 7,466 ANIMALS FOSTERED 14,277 ANIMALS TRANSPORTED (INCLUDING ANIMALS FROM PARTNER ORGANIZATIONS) 18,277 SPAY/NEUTER SURGERIES 1,506 COMMUNITY CATS HELPED BEST FRIENDS ALSO RESPONDED TO NATURAL DISASTERS - INCLUDING HURRICANE MILTON, THE LOS ANGELES WILDFIRES, AND THE TEXAS FLOODS - BY DELIVERING SUPPLIES, COVERING VETERINARY COSTS, AND TRANSPORTING 4,090 ANIMALS TO SAFETY IN COORDINATION WITH LOCAL PARTNERS.

SCHEDULE O (Form 990)

(Rev. January 2025)

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 instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

BEST FRIENDS ANIMAL SOCIETY

Employer identification number

23-7147797

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 4B -	LEADING THE NO-KILL MOVEMENT: IN FISCAL YEAR 2025, BEST FRIENDS COLLABORATED WITH MORE THAN 5,500 SHELTERS, RESCUE GROUPS, AND OTHER ANIMAL WELFARE ORGANIZATIONS ACROSS ALL 50 STATES THROUGH THE BEST FRIENDS NETWORK, WHICH GREW BY 705 PARTNER ORGANIZATIONS DURING THE YEAR. NETWORK PARTNERS RECEIVED MENTORSHIP, TRAINING, GRANTS, AND OTHER LIFESAVING RESOURCES. IN TOTAL, WE PROVIDED OVER $15 MILLION IN FUNDING TO 1,076 ORGANIZATIONS. BEST FRIENDS CONTINUED TO BUILD AND 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. THROUGH TOOLS SUCH AS THE PET LIFESAVING DASHBOARD AND THE SHELTER PET DATA ALLIANCE, THIS DATA WAS MADE ACCESSIBLE AND TRANSPARENT, ENABLING SHELTERS TO TRACK TRENDS, MAKE INFORMED DECISIONS, AND IMPROVE OUTCOMES. THROUGH OUR NATIONAL SHELTER SUPPORT PROGRAMS, BEST FRIENDS WORKED DIRECTLY WITH SHELTERS NATIONWIDE TO STRENGTHEN ANIMAL CARE, LIFESAVING PROGRAMS, OPERATIONS, SHELTER MEDICINE, AND COMMUNITY ENGAGEMENT. IN FISCAL YEAR 2025, BEST FRIENDS HELD 82 TRAINING SESSIONS, REACHING 955 SHELTER STAFF MEMBERS AND VOLUNTEERS. WE ALSO PROVIDED ASSESSMENTS, MENTORSHIP, GRANTS, AND ON-THE-GROUND SUPPORT BY EMBEDDING STAFF DIRECTLY IN SHELTERS TO HELP THEM SAVE MORE LIVES. THROUGH OUR SHELTER COLLABORATIVE PROGRAM, BEST FRIENDS PAIRED HIGH-PERFORMING NO-KILL ORGANIZATIONS WITH SHELTERS WORKING TOWARD NO-KILL, A MODEL THAT MULTIPLIES IMPACT. IN FISCAL YEAR 2025, 92 SHELTERS PARTICIPATED IN THE PROGRAM AT SOME POINT, RECEIVING MENTORSHIP, OPERATIONAL SUPPORT, DATA ANALYSIS, AND HANDS-ON ASSISTANCE. BEST FRIENDS CONTINUED ITS PARTNERSHIP WITH SOUTHERN UTAH UNIVERSITY TO EXPAND EDUCATION AND CAREER PATHWAYS IN ANIMAL SERVICES. IN FISCAL YEAR 2025, 247 INDIVIDUALS COMPLETED BEST FRIENDS CERTIFICATION OR DEGREE PROGRAMS, CURRENTLY THE ONLY OFFERINGS OF THEIR KIND IN THE U.S. THE 2025 BEST FRIENDS NATIONAL CONFERENCE, HELD IN PALM SPRINGS, CALIFORNIA, BROUGHT TOGETHER 1,345 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. IN CELEBRATION OF NATIONAL PET MONTH IN MAY, BEST FRIENDS PARTNERED WITH WALMART AS ITS FOR-GOOD NONPROFIT PARTNER, AMPLIFYING THE PET ADOPTION MESSAGE IN 2,000 STORES NATIONWIDE. ELEVEN BRANDS SUPPORTED THE EFFORT, INCLUDING BLUE BUFFALO, WHICH SPONSORED ADOPTIONS ALL MONTH AND HELPED 1,694 DOGS AND CATS FROM BEST FRIENDS AND LOCAL SHELTERS FIND HOMES. ON THE LEGISLATIVE FRONT, BEST FRIENDS HELPED SECURE 62 ADVOCACY WINS ACROSS 25 ST ATES IN FISCAL YEAR 2025, ADDRESSING ISSUES LIKE BREED-SPECIFIC LAWS, PUPPY MILLS, AND COMMUNITY CAT POLICIES. THESE EFFORTS WERE BACKED BY THE BEST FRIENDS ACTION TEAM, A GRASSROOTS VOLUNTEER NETWORK OF MORE THAN 200,000 ADVOCATES WHO CONTACTED LAWMAKERS, GATHERED OVER 12,000 PETITION SIGNATURES, AND ADVANCED PET-FRIENDLY POLICIES NATIONWIDE. IN ADDITION, 14,011 VOLUNTEERS CONTRIBUTED 515,511 HOURS ACROSS ALL BEST FRIENDS PROGRAMS IN FISCAL YEAR 2025, HELPING TO DRIVE OUR MISSION FORWARD AND SUPPORT LIFESAVING THROUGHOUT THE COUNTRY. TOGETHER WITH PARTNERS, ADVOCATES, VOLUNTEERS, AND SUPPORTERS, BEST FRIENDS SAVED THOUSANDS OF LIVES AND MADE MEANINGFUL, MEASURABLE PROGRESS TOWARD NO-KILL NATIONWIDE. BY THE END OF FISCAL YEAR 2025, APPROXIMATELY 67% OF U.S. SHELTERS WERE OPERATING AT OR ABOVE THE NO-KILL BENCHMARK OF A 90% SAVE RATE. WE BELIEVE THAT BY WORKING TOGETHER, WE CAN SAVE THEM ALL.
FORM 990, PART VI, LINE 2 - FAMILY/BUSINESS RELATIONSHIPS AMONGST INTERESTED PERSONS	ANNE MEJIA, SECRETARY AND CYRUS MEJIA, BOARD MEMBER, ARE HUSBAND AND WIFE. - FAMILY RELATIONSHIP GREGORY CASTLE, CO-FOUNDER/INTERNAL CONSULTANT AND JULIE CASTLE, CEO ARE HUSBAND AND WIFE. - FAMILY RELATIONSHIP
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	THE 990 IS PREPARED INTERNALLY AND REVIEWED BY TANNER LLP, 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.

SCHEDULE O (Form 990)

(Rev. January 2025)

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 instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

BEST FRIENDS ANIMAL SOCIETY

Employer identification number

23-7147797

Return Reference - Identifier	Explanation
FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY	UPON BEING APPOINTED, ALL BOARD MEMBERS, OFFICERS, AND STAFF ARE REQUIRED TO SIGN AN AGREEMENT THAT ACKNOWLEDGES ACCEPTANCE OF BEST FRIENDS' CONFLICT OF INTEREST POLICY. THIS POLICY APPLIES TO ALL BOARD MEMBERS, DIRECTORS, COMMITTEE MEMBERS AND STAFF OF BEST FRIENDS ANIMAL SOCIETY. THIS POLICY REQUIRES THAT ALL AFFILIATIONS WITH ENTITIES IN WHICH A FINANCIAL INTEREST IS HELD BE DISCLOSED TO THE BOARD. THE SENIOR FINANCIAL MANAGEMENT OF BEST FRIENDS, INCLUDING THE COO AND THE DIRECTOR OF FINANCE, ROUTINELY MONITOR ALL TRANSACTIONS TO ENSURE THAT ANY RELATED PARTY TRANSACTIONS ARE FULLY DISCLOSED TO THE BOARD AT LEAST ANNUALLY AND IN THE FINANCIAL STATEMENTS TO ENSURE THAT THE TRANSACTIONS COMPLY WITH POLICY. THIS POLICY IS CURRENTLY UNDER REVIEW BY THE BOARD TO PROVIDE GREATER STRUCTURE; INCLUDING REQUIRING MORE FREQUENT SIGN-OFF ON POLICY, MORE REPORTING, AND RESTRICTIONS ON PARTICIPATION BY RELEVANT BOARD AND STAFF IN THE DEALING WITH THE CONFLICT.
FORM 990, PART VI, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	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 15B - PROCESS TO ESTABLISH COMPENSATION OF OTHER OFFICERS OR KEY EMPLOYEES	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 - STATES WITH WHICH A COPY OF THIS FORM 990 IS REQUIRED TO BE FILED	CT, DC, GA, HI, IL, KS, KY, MA, MD, MI, MS, NH, NJ, NM, NY, OK, OR, PA, RI, SC, TN, VA, WI, WV
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	COPIES OF THE FORM 990, FORM 990-T, AND AUDITED FINANCIAL STATEMENTS ARE AVAILABLE FOR PUBLIC VIEWING ON THE BEST FRIENDS' WEBSITE. GOVERNING DOCUMENTS AND THE CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST, SUBJECT TO APPROVAL OF SENIOR MANAGEMENT.
FORM 990, PART IX, LINE 26 -	BEST FRIENDS ACHIEVES SOME OF ITS PROGRAMMATIC AND FUNDRAISING GOALS IN DIRECT MAIL CAMPAIGNS THAT INCLUDE REQUESTS FOR CONTRIBUTIONS. THE COSTS OF CONDUCTING THOSE CAMPAIGNS INCLUDED CERTAIN JOINT COSTS THAT ARE NOT DIRECTLY ATTRIBUTABLE TO THE PROGRAM, MANAGEMENT AND GENERAL, OR THE FUNDRAISING COMPONENT OF THE ACTIVITIES. THOSE JOINT COSTS WERE ALLOCATED BETWEEN PROGRAM AND FUNDRAISING. BEST FRIENDS ANIMAL SOCIETY, INC. IS COMMITTED TO EFFICIENCY AND TRANSPARENCY. WE COMMUNICATE WITH OUR DONORS AND PROSPECTIVE DONORS BY EMAIL, POSTAL MAIL, PHONE AND OTHER MEANS, BOTH TO REQUEST CONTRIBUTIONS TO OUR CAUSE AND TO EDUCATE THE PUBLIC ABOUT BEST FRIENDS ANIMAL SOCIETY, INC. PROGRAMS, VOLUNTEER OPPORTUNITIES AND EVENTS ACROSS THE UNITED STATES. THESE EFFORTS HELP ADVANCE OUR MISSION TO END THE KILLING OF SHELTER ANIMALS BY 2025. AS A RESULT, IN ACCORDANCE WITH THE FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) GUIDELINES AND INTERNAL REVENUE SERVICE (IRS) GUIDANCE, BEST FRIENDS ANIMAL SOCIETY, INC. ALLOCATES A PORTION OF OUR FUNDRAISING COSTS TO PROGRAM SERVICES. AS A NONPROFIT ORGANIZATION THAT IS EXEMPT FROM FEDERAL TAXATION, WE ENSURE OUR DONORS' MONEY IS SPENT AS EFFICIENTLY AND EFFECTIVELY AS POSSIBLE.
FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES	**(a)** Description / **(b)** Amount SUBSIDIARY INCOME - 134,567 OTHER ADJUSTMENTS - 38,357 **TOTAL** **- 172,924**

SCHEDULE R (Form 990)

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

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
(1) BEST FRIENDS PRODUCTIONS, LLC (47-2566720) 5001 ANGEL CANYON ROAD, KANAB, UT 84741	PARTICIPATE IN JOINT VENTURE TO PRODUCE FILM	UT	1,557	87,310	BEST FRIENDS ANIMAL SOCIETY
(2) 307 WEST BROADWAY, LLC (47-4201980) 5001 ANGEL CANYON ROAD, KANAB,, UT 84741	HOLD LEASE ON BUILDING IN MANHATTAN, NY	UT	(634,054)	421,341	BEST FRIENDS ANIMAL SOCIETY
(3)					
(4)					
(5)					
(6)					

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	(g) Section 512(b)(13) controlled entity? No
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512—514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1) (SEE STATEMENT)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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

			Yes	No
Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?			
a	Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a		✔
b	Gift, grant, or capital contribution to related organization(s)	1b		✔
c	Gift, grant, or capital contribution from related organization(s)	1c		✔
d	Loans or loan guarantees to or for related organization(s)	1d		✔
e	Loans or loan guarantees by related organization(s)	1e		✔
f	Dividends from related organization(s)	1f		✔
g	Sale of assets to related organization(s)	1g		✔
h	Purchase of assets from related organization(s)	1h		✔
i	Exchange of assets with related organization(s)	1i		✔
j	Lease of facilities, equipment, or other assets to related organization(s)	1j	✔	
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		✔
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l		✔
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		✔
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		✔
o	Sharing of paid employees with related organization(s)	1o	✔	
p	Reimbursement paid to related organization(s) for expenses	1p		✔
q	Reimbursement paid by related organization(s) for expenses	1q		✔
r	Other transfer of cash or property to related organization(s)	1r		✔
s	Other transfer of cash or property from related organization(s)	1s		✔

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	36,000	ARM'S LENGTH MANAGEMENT FEE
(2)	BEST FRIENDS WELLNESS CENTER, INC.	O	89,651	SALARY, PAYROLL TAXES AND EMPLOYEE BENEFITS
(3)				
(4)				
(5)				
(6)				

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512—514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (continued)

(a) Name, address and EIN of related organization	**(b)** Primary activity	**(c)** Legal domicile (state or foreign country)	**(d)** Direct controlling entity	**(e)** Type of entity (C-corp, S-corp or trust)	**(f)** Share of total income	**(g)** Share of end-of-year assets	**(h)** Percentage ownership	**(i)** Section 512(b)(13) controlled entity?	
								Yes	**No**
(1) BEST FRIENDS WELLNESS CENTER, INC. (47-3149724) 5001 ANGEL CANYON ROAD, KANAB, UT 84741	OPERATE FITNESS CENTER	UT	BEST FRIENDS ANIMAL SOCIETY	C CORPORATION	(110,560)	63,346	100%	✓	

Form **8879-TE**

Department of the Treasury
Internal Revenue Service

IRS E-file Signature Authorization for a Tax Exempt Entity

For calendar year 2024, or fiscal year beginning 10/01, 2024, and ending 09/30, 20 25

Do not send to the IRS. Keep for your records.
Go to *www.irs.gov/Form8879TE* for the latest information.

OMB No. 1545-0047

2024

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	☐	**b** **Total revenue**, if any (Form 990, Part VIII, column (A), line 12)	1b	
2a	**Form 990-EZ** check here	☐	**b** **Total revenue**, if any (Form 990-EZ, line 9)	2b	
3a	**Form 1120-POL** check here	☐	**b** **Total tax** (Form 1120-POL, line 22)	3b	
4a	**Form 990-PF** check here	☐	**b** **Tax based on investment income** (Form 990-PF, Part V, line 5)	4b	
5a	**Form 8868** check here	☐	**b** **Balance due** (Form 8868, line 3c)	5b	
6a	**Form 990-T** check here	☑	**b** **Total tax** (Form 990-T, Part III, line 4)	6b	0
7a	**Form 4720** check here	☐	**b** **Total tax** (Form 4720, Part III, line 1)	7b	
8a	**Form 5227** check here	☐	**b** **FMV of assets at end of tax year** (Form 5227, Item D)	8b	
9a	**Form 5330** check here	☐	**b** **Tax due** (Form 5330, Part II, line 19)	9b	
10a	**Form 8038-CP** check here	☐	**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 2024 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 LLP to enter my PIN 4 7 7 9 7 as my signature

ERO firm name

Enter five numbers, but do not enter all zeros

on the tax year 2024 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 2024 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 07/20/2026

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. 8 7 1 2 3 7 5 3 0 6 3

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2024 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 METCALF Date 06/30/2026

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

PUBLIC DISCLOSURE COPY

Form 990-T Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

OMB No. 1545-0047

2024

Department of the Treasury
Internal Revenue Service

For calendar year 2024 or other tax year beginning 10/01, 2024, and ending 09/30, 20 25

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 an 501(c)(3).

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

A ☐ Check box if address changed.

B Exempt under section
☑ 501(C)(3)
☐ 408(e) ☐ 220(e)
☐ 408A ☐ 530(a)
☐ 529(a) ☐ 529A

Print or Type

Name of organization (☐ Check box if name changed and see instructions.)
BEST FRIENDS ANIMAL SOCIETY

Number, street, and room or suite no. If a P.O. box, see instructions.
5001 ANGEL CANYON ROAD

City or town, state or province, country, and ZIP or foreign postal code
KANAB, UT 84741

C Book value of all assets at end of year 194,689,106

D Employer identification number
23-7147797

E Group exemption number (see instructions)

F ☐ Check box if an amended return.

G Check organization type ☑ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trust ☐ State college/university ☐ 6417(d)(1)(A) Applicable entity

H Check if filing only to claim ☐ Credit from Form 8941 ☐ Refund shown on Form 2439 ☐ 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 ☐

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? ☐ Yes ☑ No
If "Yes," enter the name and identifying number of the parent corporation

L The books are in care of (SEE STATEMENT) 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	0
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	0
6	Deduction for net operating loss. See instructions	6	0
7	Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	0
8	Specific deduction (generally $1,000, but see instructions for exceptions)	8	1,000
9	**Trusts.** Section 199A deduction. See instructions	9	0
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: ☐ Tax rate schedule or ☐ Schedule D (Form 1041)	2	
3	**Proxy tax.** See instructions	3	0
4a	Amount from Form 4255, Part I , line 3, column (q)	4a	0
b	Other tax amounts. See instructions	4b	0
5	Alternative minimum tax	5	0
6	**Tax on noncompliant facility income.** See instructions	6	0
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	0		
b	Other credits (see instructions)	1b	0		
c	General business credit. Attach Form 3800 (see instructions)	1c	0		
d	Credit for prior-year minimum tax (attach Form 8801 or 8827)	1d			
e	**Total credits.** Add lines 1a through 1d			1e	0
2	Subtract line 1e from Part II, line 7			2	0
3a	Amount from Form 4255, Part I, line 3, column (r) (see instructions)	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	0		
f	Total amounts due. Add lines 3a through 3e			3f	0
4	**Total tax.** Add lines 2 and 3f (see instructions). ☐ Check if includes tax previously deferred under section 1294. Enter tax amount here 0			4	0

Part III Tax and Payments *(continued)*

5	Current net 965 tax liability paid from Form 965-A, Part II, column (k)			5	0
6a	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 ☐	6b	0		
c	Tax deposited with Form 8868	6c	0		
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d	0		
e	Backup withholding (see instructions)	6e	257,503		
f	Credit for small employer health insurance premiums (attach Form 8941)	6f	0		
g	Elective payment election amount from Form 3800	6g	0		
h	Payment from Form 2439	6h	0		
i	Credit from Form 4136	6i	0		
j	Other (see instructions)	6j	(124)		
7	**Total payments.** Add lines 6a through 6j			7	308,645
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached ☐			8	0
9	**Tax due.** If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed			9	0
10	**Overpayment.** If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid			10	308,645
11	Enter the amount of line 10 you want: **Credited to 2025 estimated tax** 0 **Refunded**			11	308,645

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

		Yes	No
1	At any time during the 2024 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 CJ, VI	✔	
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.		✔
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	$ 2,669,059
	$
	$
	$

6a	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 Title

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

Paid Preparer Use Only

Print/Type preparer's name: MARC METCALF	Preparer's signature: MARC METCALF	Date: 06/30/2026	Check ☐ if self-employed	PTIN: P00170461
Firm's name: TANNER LLP			Firm's EIN:	20-2253063
Firm's address: 36 S STATE STREET SUITE 600, SALT LAKE CITY, UT 84111-1400			Phone no.	(801) 532-7444

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

2024

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

A Name of the organization
BEST FRIENDS ANIMAL SOCIETY

B Employer identification number
23-7147797

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
1a Gross receipts or sales 68,818				
b Less returns and allowances 0 **c** Balance	**1c**	68,818		
2 Cost of goods sold (Part III, line 8)	**2**	38,799		
3 Gross profit. Subtract line 2 from line 1c	**3**	30,019		30,019
4a Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions	**4a**	0		0
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions	**4b**	0		0
c Capital loss deduction for trusts	**4c**			
5 Income (loss) from a partnership or an S corporation (attach statement)	**5**	0		0
6 Rent income (Part IV)	**6**	0	0	0
7 Unrelated debt-financed income (Part V)	**7**	315,018	769,452	(454,434)
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)	**8**	0	0	0
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	**9**	0	0	0
10 Exploited exempt activity income (Part VIII)	**10**	0	0	0
11 Advertising income (Part IX)	**11**	0	0	0
12 Other income (see instructions; attach statement)	**12**	0		0
13 **Total.** Combine lines 3 through 12	**13**	345,037	769,452	(424,415)

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**	0
2 Salaries and wages			**2**	9,630
3 Repairs and maintenance			**3**	0
4 Bad debts			**4**	0
5 Interest (attach statement). See instructions			**5**	0
6 Taxes and licenses			**6**	1,039
7 Depreciation (attach Form 4562). See instructions	**7**	363,872		
8 Less depreciation claimed in Part III and elsewhere on return	**8a**	363,872	**8b**	0
9 Depletion			**9**	0
10 Contributions to deferred compensation plans			**10**	0
11 Employee benefit programs			**11**	3,874
12 Excess exempt expenses (Part VIII)			**12**	0
13 Excess readership costs (Part IX)			**13**	0
14 Other deductions (attach statement)			**14**	24,691
15 **Total deductions.** Add lines 1 through 14			**15**	39,234
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)			**16**	(463,649)
17 Deduction for net operating loss. See instructions			**17**	0
18 **Unrelated business taxable income.** Subtract line 17 from line 16			**18**	(463,649)

Part III Cost of Goods Sold

Enter method of inventory valuation

1	Inventory at beginning of year	1	14,123
2	Purchases	2	33,747
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	47,870
7	Inventory at end of year	7	9,071
8	**Cost of goods sold.** Subtract line 7 from line 6. Enter here and in Part I, line 2	8	38,799

9 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? ☐ Yes ☑ 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

		A	B	C	D
4	Deductions directly connected with the income 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, KANAB, UT 84741
B ☐
C ☐
D ☐

		A	B	C	D
2	Gross income from or allocable to debt-financed property	1,181,612			
3	Deductions directly connected with or allocable to debt-financed property				
a	Straight line depreciation (attach statement)	363,872			
b	Other deductions (attach statement)	2,522,294			
c	Total deductions (add lines 3a and 3b, columns A through D)	2,886,166			
4	Amount of average acquisition debt on or allocable to debt-financed property (attach statement)	2,136,547			
5	Average adjusted basis of or allocable to debt-financed property (attach statement)	8,012,591			
6	Divide line 4 by line 5	26.66 %	%	%	%
7	Gross income reportable. Multiply line 2 by line 6	315,018			

8 **Total gross income** (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) 315,018

		A	B	C	D
9	Allocable deductions. Multiply line 3c by line 6	769,452			

10 **Total allocable deductions.** Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) 769,452

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

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 columns 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	0

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

A ☐
B ☐
C ☐
D ☐

Enter amounts for each periodical listed above in the corresponding column.

		A	B	C	D
2	Gross advertising income				
a	Add columns A through D. Enter here and on Part I, line 11, column (A)				0
3	Direct advertising costs by periodical				
a	Add columns A through D. Enter here and on Part I, line 11, column (B)				0
4	Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter -0- on line 8				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter -0-				
8	Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7				
a	Add line 8, columns A through D. Enter the greater of the line 8a columns total or -0- here and on Part II, line 13				0

Part X Compensation of Officers, Directors, and Trustees (see instructions)

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

Part XI Supplemental Information (see instructions)

Form 990T **Additional Information**

Return Reference - Identifier	Explanation
BOOK CARE - NAME AND ADDRESS	STEPHEN HOWELL, CHIEF OPERATING OFFICER, 5001 ANGEL CANYON ROAD,, KANAB, UT 84741

Form 990T Part I, Line 8 — Specific deduction

Local Unit Name	Local Unit Gross UBI	Allowable Specific Deduction
	1,000	1,000
	Totals	**1,000**

Form 990T Part III, Line 6g(iii) — Other Credits and Payments

Description	Amount
SC UNEMPLOYMENT INSURANCE TAX WITHHELD FROM PRIOR YEAR REFUND	(124)
Totals	**(124)**

Schedule A - Part II, Line 6

Taxes and Licenses

Description	Amount
(1) TAXES & LICENSES	1,039

Schedule A - Part II, Line 14

Other Deductions

Description	Amount
(1) PROFESSIONAL FEES	144
(2) ADVERTISING	1,758
(3) OFFICE EXPENSE	3,531
(4) INFORMATION TECHNOLOGY	14,462
(5) OCCUPANCY	1,078
(6) INSURANCE	2,146
(7) MISCELLANEOUS	1,245
(8) CONFERENCE	129
(9) TRAVEL	197
(10) INTEREST	1
Total	**24,691**

Schedule A - Part II, Line 17

Deduction for net operating loss arising in tax years beginning on or after January 1, 2018

Year Generated	Amount Generated	Converted Contributions	Amount Used in Prior Years	Amount Used in Current Year	Amount Remaining
9302019	22,847				22,847
9302020	783,641				783,641
9302021	313,293				313,293
9302022	505,085				505,085
9302023	513,773				513,773
9302024	530,420				530,420
Totals	**2,669,059**	**0**	**0**	**0**	**2,669,059**

Schedule A - Part V, Line 3(a) Straight Line Depreciation

(1) HOTEL, KANAB, UT 84741	Description	Cost - Salvage Value	Year Acquired	Useful Life (Years)	Life Remaining (Years)	Annual Depreciation Expense	Allowable Depreciation Expense
	DEPRECIATION						363,872
Total for Schedule A - Part V, Line 3(a), Straight Line Depreciation							**363,872**

Schedule A - Part V, Line 3(b) Other Deductions

	Description	Amount
(1) HOTEL, KANAB, UT 84741	SALARIES	965,181
	PENSION PLAN	71,987
	OTHER EMPLOYEE BENEFITS	250,262
	PAYROLL TAXES	68,723
	PROFESSIONAL FEES OTHER	14,828
	ADVERTISING	24,035
	OFFICE EXPENSE	97,454
	INFORMATION TECHNOLOGY	183,316
	OCCUPANCY	253,494
	INTEREST	89,151
	INSURANCE	428,324
	CONFERENCE MEETINGS	7,258
	OTHER EXPENSE	21,089
	TRAVEL	47,192
	Total	**2,522,294**
Total for Schedule A - Part V, Line 3(b), Other Deductions		**2,522,294**

Schedule A - Part V, Line 4 — Average Acquisition Indebtness

	Monthly Average Acquisition Indebtedness	Percent Allocable	Allocable Average Acquisition Indebtedness
(1) HOTEL, KANAB, UT 84741	2,136,547	100.00%	2,136,547
Total for Schedule A - Part V, Line 4, Average Acquisition Indebtness			**2,136,547**

Schedule A - Part V, Line 5

Average Adjusted Basis

(1) HOTEL, KANAB, UT 84741	Description	Adjusted Basis Amount	Percent Allocable	Allocable Adjusted Basis
	AVERAGE ADJUSTED BASIS OF PROPERTY	8,012,591	100.00%	8,012,591
Total for Schedule A - Part V, Line 5, Average Adjusted Basis				**8,012,591**

Form **4562**

Department of the Treasury
Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

Go to *www.irs.gov/Form4562* for instructions and the latest information.

OMB No. 1545-0172

2024

Attachment Sequence No. **179**

Name(s) shown on return	Business or activity to which this form relates	**Identifying number**
BEST FRIENDS ANIMAL SOCIETY	459420	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	1,220,000
2	Total cost of section 179 property placed in service (see instructions)	2	0
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	3,050,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	0
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	1,220,000

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property. Enter the amount from line 29	7	0	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7			8 0
9	Tentative deduction. Enter the **smaller** of line 5 or line 8			9 0
10	Carryover of disallowed deduction from line 13 of your 2023 Form 4562			10 0
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions			11 0
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11			12 0
13	Carryover of disallowed deduction to 2025. Add lines 9 and 10, less line 12	13	0	

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. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	0
15	Property subject to section 168(f)(1) election	15	0
16	Other depreciation (including ACRS)	16	0

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 2024	17	363,872
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 2024 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 2024 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	0
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 instructions	22	363,872
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	0

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. See instructions .						**25**	0	
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**	0	
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1							**29**	0

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	0		0		0		0		0		0	
	Yes	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**
34 Was the vehicle available for personal use during off-duty hours?												
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. See instructions.

	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? See instructions		
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 2024 tax year (see instructions):					
43 Amortization of costs that began before your 2024 tax year				**43**	0
44 **Total.** Add amounts in column (f). See the instructions for where to report				**44**	0