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

OMB No 1545-0047

2015
Open to Public
Inspection

A For the 2015 calendar year, or tax year beginning **OCT 1, 2014** and ending **SEP 30, 2015**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization BEST FRIENDS ANIMAL SOCIETY		D Employer identification number 23-7147797
	Doing business as		E Telephone number 435-644-2001
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 96,503,676.
	5001 ANGEL CANYON ROAD		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code KANAB, UT 84741		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
F Name and address of principal officer: GREGORY CASTLE SAME AS C ABOVE			H(c) Group exemption number
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW.BESTFRIENDS.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			L Year of formation: 1984 M State of legal domicile: UT

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO BRING ABOUT A TIME WHEN THERE ARE NO MORE HOMELESS PETS.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	9	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	5	
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	779	
	6 Total number of volunteers (estimate if necessary)	12900	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	290,047.	
7b Net unrelated business taxable income from Form 990-T, line 34	37,411.		
Revenue	8 Contributions and grants (Part VIII, line 1h)	51,031,351.	85,484,292.
	9 Program service revenue (Part VIII, line 2g)	2,960,159.	3,325,318.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	621,857.	1,140,700.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,828,114.	1,556,136.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	56,441,481.	91,506,446.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	5,110,646.	6,438,004.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	24,525,039.	36,499,132.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	584,398.	479,218.
	b Total fundraising expenses (Part IX, column (D), line 25)	13,612,301.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-11g)	22,188,267.	34,028,187.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	52,408,350.	77,444,541.
	19 Revenue less expenses. Subtract line 18 from line 12	4,033,131.	14,061,905.
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	81,423,064.	94,111,893.
	21 Total liabilities (Part X, line 26)	12,725,565.	14,915,529.
	22 Net assets or fund balances. Subtract line 21 from line 20	68,697,499.	79,196,364.

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: <i>Paul E. Altherr</i>	Date: 8/12/16
	Type or print name and title: PAUL E. ALTHERR, CHIEF FINANCIAL OFFICER	
Paid Preparer Use Only	Print/Type preparer's name: DAVID SPERRY	Preparer's signature: <i>David Sperry CPA</i>
	Firm's name: TANNER LLC	Date: 8-10-16
	Firm's address: 36 S STATE STREET, SUITE 600 SALT LAKE CITY, UT 84111	Check if self-employed: <input type="checkbox"/> PTIN: P00176382
		Firm's EIN: 20-2253063
		Phone no. 801-532-7444

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

SCANNED SEP 13 2016

RECEIVED
AUG 18 2016
OGDEN, UT

681 11

Part III Statement of Program Service Accomplishments

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

☒**1** Briefly describe the organization's mission:

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

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

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

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

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

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

4a (Code _____) (Expenses \$ 18,072,916. including grants of \$ 69,585.) (Revenue \$ 426,936.)
ANIMAL CARE ACTIVITIES (SANCTUARY) - SEE SCHEDULE O

4b (Code _____) (Expenses \$ 39,252,453. including grants of \$ 6,368,419.) (Revenue \$ 2,277,933.)
INITIATIVES, PROGRAM CITIES, EMERGENCY RESPONSE, NETWORK PARTNERS AND
OTHER NATIONAL OUTREACH - SEE SCHEDULE O

4c (Code _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4d Other program services (Describe in Schedule O.)

(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses **57,325,369.**

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Part IV Checklist of Required Schedules

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

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Part IV Checklist of Required Schedules (continued)

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

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

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

		Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a 224		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b 0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	x	
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 779		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	x	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	x	
b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O.	3b	x	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	x	
b If "Yes," enter the name of the foreign country: <u>BRITISH VIRGIN IS, CAYMAN ISLANDS</u> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		x
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		x
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		x
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		x
d If "Yes," indicate the number of Forms 8282 filed during the year.	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		x
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		x
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	x	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12.	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders.	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b		
c Enter the amount of reserves on hand.	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		x
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

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 in Schedule O.	9	
b Enter the number of voting members included in line 1a, above, who are independent	5	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2 X	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6 Did the organization have members or stockholders?	6	X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a X	
b Each committee with authority to act on behalf of the governing body?	8b X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	X

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 X	
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b X	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a X	
b Describe in 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 X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c X	
13 Did the organization have a written whistleblower policy?	13 X	
14 Did the organization have a written document retention and destruction policy?	14 X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a X	
b Other officers or key employees of the organization	15b X	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a X	
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b X	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► **SEE SCHEDULE O**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 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 in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records ►
PAUL E. ALTHERR, CFO - 435-644-2001
5001 ANGEL CANYON ROAD, KANAB, UT 84741

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) GREGORY CASTLE CEO, BOARD MEMBER	40.00	X		X				202,428.	0.	12,141.
(2) FRANCIS BATTISTA CHAIR OF BOARD	40.00	X						115,381.	0.	12,412.
(3) LYNN FLANDERS BOARD TREASURER	1.00	X						0.	0.	0.
(4) ANNE MEJIA BOARD SECRETARY	40.00	X						94,172.	0.	12,141.
(5) CYRUS MEJIA BOARD MEMBER	40.00	X						55,983.	0.	12,141.
(6) MOLLY JORDAN-KOCH BOARD MEMBER	1.00	X						0.	0.	0.
(7) KRAIG BUTRUM BOARD MEMBER	1.00	X						0.	0.	0.
(8) ABIGAIL L JONES BOARD MEMBER	1.00	X						0.	0.	0.
(9) TIMY SULLIVAN BOARD MEMBER	1.00	X						0.	0.	0.
(10) PAUL ALTHERR CPO	40.00			X				180,981.	0.	2,619.
(11) VIRGINIA KILMER CFO	40.00			X				230,160.	0.	5,141.
(12) JULIANNE CASTLE CMO	40.00			X				166,481.	0.	12,412.
(13) ANGELA L EMBREE CIO	40.00			X				161,194.	0.	4,059.
(14) SUSAN M CITRO CHIEF DIGITAL OFFICER	40.00			X				0.	0.	0.
(15) KARIN A BEAUCLAIR CRM MANAGER	40.00				X			105,364.	0.	763.
(16) BARBARA J CAMICK DIRECTOR OF DIRECT RESPONSE	40.00				X			110,277.	0.	9,328.
(17) VICTORIA KILMER	40.00				X			100,900.	0.	11,075.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) GRETA L PALMER	40.00					X		105,670.	0.	9,941.
(19) MARC A PERALTA EXECUTIVE DIRECTOR	40.00					X		132,829.	0.	5,141.
1b Sub-total								1,761,820.	0.	109,314.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,761,820.	0.	109,314.

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 **11**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NEWPORT CREATIVE COMMUNICATIONS INC 33 RAILROAD AVE, DUXBURY, MA 02332	CONSULTING / PRINTING	7,438,710.
WALSWORTH PUBLISHING CO PO BOX 310287, DES MOINES, IA 50331-0287	PRINTING	1,122,454.
MAXWELL CONSTRUCTION INC. PO BOX 129, GLENDALE, UT 84729	CONSTRUCTION	897,224.
SOCIAL CAPITAL INC., 980 N MICHIGAN AVE, SUITE 1610, CHICAGO, IL 60611	CONSULTING	766,726.
PATH INTERACTIVE INC. 915 BROADWAY #501, NEW YORK, NY 10010	DIGITAL MARKETING	484,510.
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 18		

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	85,484,292.				
	g Noncash contributions included in lines 1a-1f \$		5,450,079.				
	h Total. Add lines 1a-1f		85,484,292.				
Program Service Revenue	Business Code						
	2 a PROGRAM EVENTS	900099	2,416,419.	2,416,419.			
	b CLINIC REVENUE	541900	908,899.	908,899.			
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f		3,325,318.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,112,689.	1,112,689.			
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties		1,533.	1,533.			
	6 a Gross rents	(i) Real 452,496.					
	b Less: rental expenses	0.					
	c Rental income or (loss)	452,496.					
	d Net rental income or (loss)		452,496.	361,459.	91,037.		
	7 a Gross amount from sales of assets other than inventory	(i) Securities 4,563,481.	(ii) Other 33,951.				
	b Less: cost or other basis and sales expenses	4,560,144.	9,277.				
	c Gain or (loss)	3,337.	24,674.				
	d Net gain or (loss)		28,011.	28,011.			
	8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a					
	b Less: direct expenses	b					
	c Net income or (loss) from fundraising events						
	9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
	10 a Gross sales of inventory, less returns and allowances	a	1,110,516.				
	b Less: cost of goods sold	b	427,809.				
	c Net income or (loss) from sales of inventory		682,707.	599,912.	82,795.		
	Miscellaneous Revenue		Business Code				
	11 a MAGAZINE ADVERTISING	541800	207,252.		207,252.		
b CAFETERIA	722210	167,261.	167,261.				
c ANGELS REST	812900	43,115.	43,115.				
d All other revenue	722320	1,772.	1,772.				
e Total. Add lines 11a-11d		419,400.					
12 Total revenue. See instructions.		91,506,446.	5,641,070.	290,047.	91,037.		

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	6,086,735.	6,086,735.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	299,320.	299,320.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	51,949.	51,949.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,187,213.	600,552.	413,318.	173,343.
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	27,475,678.	21,601,967.	2,308,271.	3,565,440.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	893,741.	660,770.	93,387.	139,584.
9 Other employee benefits	4,663,670.	3,141,911.	1,108,043.	413,716.
10 Payroll taxes	2,278,830.	1,782,633.	209,926.	286,271.
11 Fees for services (non-employees):				
a Management				
b Legal	329,223.	113,465.	159,908.	55,850.
c Accounting	112,215.		111,215.	1,000.
d Lobbying	167,460.	157,460.	10,000.	
e Professional fundraising services. See Part IV, line 17	479,218.			479,218.
f Investment management fees	203,506.		63,469.	140,037.
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	3,506,753.	2,089,697.	474,412.	942,644.
12 Advertising and promotion	4,660,366.	3,945,141.	126,285.	588,940.
13 Office expenses	8,541,317.	2,219,193.	432,552.	5,889,572.
14 Information technology	739,488.	70,957.	484,152.	184,379.
15 Royalties				
16 Occupancy	1,812,838.	1,718,410.	86,680.	7,748.
17 Travel	1,823,855.	1,336,438.	110,072.	377,345.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,909,172.	1,812,461.	447.	96,264.
20 Interest	21,858.	10,696.	11,084.	78.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,736,052.	1,699,968.	18,579.	17,505.
23 Insurance	248,581.	117,989.	130,592.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a ANIMAL CARE SUPPLIES	7,339,560.	7,177,185.	64,850.	97,525.
b MISCELLANEOUS	331,126.	218,190.	75,464.	37,472.
c VOLUNTEER APPRECIATION	285,321.	200,868.	7,472.	76,981.
d ANGELS REST/CAFETERIA C	170,028.	168,642.	247.	1,139.
e All other expenses	89,468.	42,772.	6,446.	40,250.
25 Total functional expenses. Add lines 1 through 24e	77,444,541.	57,325,369.	6,506,871.	13,612,301.
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)

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,236,160.	1	2,681,130.
	2 Savings and temporary cash investments	5,656,918.	2	5,568,397.
	3 Pledges and grants receivable, net	1,782,973.	3	2,701,437.
	4 Accounts receivable, net	12,470,793.	4	14,353,530.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	597,548.	8	482,411.
	9 Prepaid expenses and deferred charges	318,171.	9	1,162,623.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 40,759,823.		
	b Less: accumulated depreciation	10b 15,050,893.	10c	25,708,930.
	11 Investments - publicly traded securities	24,867,968.	11	31,549,021.
	12 Investments - other securities. See Part IV, line 11	8,577,012.	12	8,489,484.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	1,513,470.	15	1,414,930.
16 Total assets. Add lines 1 through 15 (must equal line 34)	81,423,064.	16	94,111,893.	
Liabilities	17 Accounts payable and accrued expenses	9,782,891.	17	8,644,529.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties	0.	24	3,136,695.
	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	2,942,674.	25	3,134,305.
	26 Total liabilities. Add lines 17 through 25	12,725,565.	26	14,915,529.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	51,964,787.	27	55,697,746.
	28 Temporarily restricted net assets	11,035,159.	28	10,567,214.
	29 Permanently restricted net assets	5,697,553.	29	12,931,404.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	68,697,499.	33	79,196,364.
34 Total liabilities and net assets/fund balances	81,423,064.	34	94,111,893.	

Form 990 (2015)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	91,506,446.
2	Total expenses (must equal Part IX, column (A), line 25)	2	77,444,541.
3	Revenue less expenses Subtract line 2 from line 1	3	14,061,905.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	68,697,499.
5	Net unrealized gains (losses) on investments	5	<2,412,931.>
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 in Schedule O)	9	<1,150,109.>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	79,196,364.

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

- 1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		x
2b	x	
2c	x	
3a		x
3b		

Form 990 (2015)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2015

Open to Public
Inspection

Name of the organization

BEST FRIENDS ANIMAL SOCIETY

Employer identification number

23-7147797

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An 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.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
- 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 1-9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

LHA For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2015

Form 990 or 990-EZ. 532021 09-23-15

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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	46,065,283.	60,631,180.	61,835,173.	52,613,136.	86,619,224.	307,763,996.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	46,065,283.	60,631,180.	61,835,173.	52,613,136.	86,619,224.	307,763,996.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						2,247,244.
6 Public support. Subtract line 5 from line 4						305,516,752.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	46,065,283.	60,631,180.	61,835,173.	52,613,136.	86,619,224.	307,763,996.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	768,207.	663,841.	778,827.	451,437.	1,208,596.	3,870,908.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	218,326.	152,692.	66,217.	33,591.	38,411.	509,237.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	222,816.	303,150.	315,409.	314,205.	376,285.	1,531,865.
11 Total support. Add lines 7 through 10						313,676,006.
12 Gross receipts from related activities, etc. (see instructions)					12	12,995,209.

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	97.40	%
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	94.91	%
16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>			
b 33 1/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>			
17a 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>			
b 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>			
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>			

Schedule A (Form 990 or 990-EZ) 2015

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

(Complete only if you checked the box on line 9 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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2015.** 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 - 2014.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☐

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
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).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
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.		
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.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.		
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.		
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.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)		
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 .		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
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 10b below.		
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.)		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		

Section B. Type I Supporting Organizations

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

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).		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? 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	Yes	No
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard		

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

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

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

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

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

Schedule A (Form 990 or 990-EZ) 2015

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2016. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013			
d Excess from 2014			
e Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

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

SCHEDULE C
(Form 990 or 990-EZ)

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

OMB No 1545-0047

2015

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule C (Form 990 or 990-EZ) 2015

LHA
532041
10-05-15

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)	7,939.													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	180,195.													
c	Total lobbying expenditures (add lines 1a and 1b)	188,134.													
d	Other exempt purpose expenditures	77,256,407.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	77,444,541.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns	1,000,000.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000.													
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0.													
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
c Total lobbying expenditures	49,226.	140,861.	159,181.	188,134.	537,402.
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures	8,125.	10,085.	4,007.	7,939.	30,156.

Schedule C (Form 990 or 990-EZ) 2015

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No 1545-0047

2015
Open to Public
Inspection

Name of the organization

BEST FRIENDS ANIMAL SOCIETY

Employer identification number

23-7147797

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a ☐ Public exhibition

d ☐ Loan or exchange programs

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

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

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

to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

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

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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	11,145,637.	9,121,830.	6,853,383.	3,698,754.	2,522,756.
b Contributions	9,370,546.	1,755,147.	1,800,869.	2,822,442.	1,287,155.
c Net investment earnings, gains, and losses	<944,023.>	307,576.	510,624.	369,016.	<83,970.>
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	94,600.	38,916.	43,046.	36,829.	27,187.
g End of year balance	19,477,560.	11,145,637.	9,121,830.	6,853,383.	3,698,754.

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

a Board designated or quasi-endowment ▶ 31.65 %

b Permanent endowment ▶ 66.39 %

c Temporarily restricted endowment ▶ 1.96 %

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

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

(i) unrelated organizations

(ii) related organizations

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		5,375,716.		5,375,716.
b Buildings		24,571,902.	9,956,032.	14,615,870.
c Leasehold improvements				
d Equipment		7,080,181.	5,094,861.	1,985,320.
e Other		3,732,024.		3,732,024.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				25,708,930.

Schedule D (Form 990) 2015

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	5,398,724.	END-OF-YEAR MARKET VALUE
(2) Closely-held equity interests		
(3) Other		
(A) ANNUITIES	2,690,760.	END-OF-YEAR MARKET VALUE
(B) INVESTMENT IN JV	400,000.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	8,489,484.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CHARITABLE GIFT ANNUITIES PAYABLE	1,691,468.
(3) CAPITAL LEASE PAYABLE	57,804.
(4) OTHER LIABILITIES	1,385,033.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	3,134,305.

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

Schedule D (Form 990) 2015

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	106,573,471.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	<2,412,931.>	
b	Donated services and use of facilities	2b	18,653,328.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	<1,173,372.>	
e	Add lines 2a through 2d	2e		15,067,025.
3	Subtract line 2e from line 1	3		91,506,446.
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		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		91,506,446.

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	96,074,606.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	18,653,328.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	<23,263.>	
e	Add lines 2a through 2d	2e		18,630,065.
3	Subtract line 2e from line 1	3		77,444,541.
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		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		77,444,541.

Part XIII Supplemental Information.

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

PART V, LINE 4:

THE ORGANIZATION INTENDS TO USE THE INCOME GENERATED FROM THE PERMANENT

ENDOWMENT FOR VARIOUS PROGRAMS.

PART X, LINE 2:

THE INTERNAL REVENUE SERVICE (IRS) HAS RULED THAT BEST FRIENDS QUALIFIES

UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (THE IRC) AND IS,

THEREFORE, NOT SUBJECT TO TAX UNDER PRESENT INCOME TAX LAWS, ACCORDINGLY,

NO PROVISION FOR INCOME TAXES HAS BEEN MADE IN THE ACCOMPANYING

CONSOLIDATED FINANCIAL STATEMENTS. BEST FRIENDS IS REQUIRED TO OPERATE IN

CONFORMITY WITH THE IRC IN ORDER TO MAINTAIN ITS QUALIFICATION. THE IRS

HAS INDICATED THAT BEST FRIENDS IS NOT A PRIVATE FOUNDATION. BEST FRIENDS

532054
09-21-15

Schedule D (Form 990) 2015

Part XIII Supplemental Information (continued)

CONDUCTS A MINIMAL AMOUNT OF ACTIVITIES THAT ARE SUBJECT TO UNRELATED

BUSINESS INCOME TAX, AS A LIMITED LIABILITY COMPANY, PRODUCTIONS IS

CONSIDERED A DISREGARDED ENTITY FOR TAX PURPOSES, WHOSE RESULTS FROM

OPERATIONS ARE INCLUDED WITH THOSE OF BEST FRIENDS ANIMAL SOCIETY ON THE

RELATED TAX RETURN.

BEST FRIENDS HAS ANALYZED ALL TAX POSITIONS FOR ALL APPLICABLE TAX

JURISDICTIONS FOR WHICH THE STATUTE OF LIMITATIONS REMAINED OPEN,

INCLUDING U.S. FEDERAL, STATE, AND FOREIGN JURISDICTIONS FOR THE YEARS

ENDED SEPTEMBER 30, 2015 AND THE NINE-MONTH PERIOD ENDED SEPTEMBER 30,

2014, AND DETERMINED THERE WERE NO MATERIAL UNRECOGNIZED TAX BENEFITS OR

OBLIGATIONS. THE OPEN TAX YEARS SUBJECT TO SELECTION FOR EXAMINATION ARE

2012 THROUGH 2015.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

AGENCY FUNDS -1,070,101.

UNREALIZED CHANGE IN SPLIT INTEREST AGREEMENTS -57,275.

WELLNESS CENTER NET LOSS -30,658.

EXPENSES INCLUDED IN REVENUE -9,338.

RENT REVENUE ELIMINATION -6,000.

TOTAL TO SCHEDULE D, PART XI, LINE 2D -1,173,372.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

EXPENSES INCLUDED IN INCOME -9,338.

FITNESS EXPENSE ELIMINATION -13,515.

MISCELLANEOUS ADJUSTMENT -410.

TOTAL TO SCHEDULE D, PART XII, LINE 2D -23,263.

SCHEDULE F
(Form 990)Department of the Treasury
Internal Revenue Service**Statement of Activities Outside the United States**

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

▶ Attach to Form 990.

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

OMB No 1545-0047

2015Open to Public
Inspection

Name of the organization

Employer identification number

BEST FRIENDS ANIMAL SOCIETY

23-7147797

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

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
ITALY - EUROPE	0	0	PROGRAM SERVICES	SUPPORT FOR CARE OF CATS	51,949.
3 a Sub-total	0	0			51,949.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			51,949.

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

Schedule F (Form 990) 2015

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926) ☐ Yes ☒ No
- 2 Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990) ☐ Yes ☒ No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471) ☐ Yes ☒ No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621) ☐ Yes ☒ No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865) ☐ Yes ☒ No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990) ☐ Yes ☒ No

Schedule F (Form 990) 2015

Part V Supplemental Information

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

PART I, LINE 2:

ALL GRANT RECIPIENTS ARE RESEARCHED PRIOR TO RECEIVING FUNDS. WHEN

PROVIDING A LARGE GRANT, AN AGREEMENT IS SIGNED BY BOTH PARTIES AND A

WRITTEN REPORT IS REQUIRED SHOWING HOW THE FUNDS WERE SPENT. FOR SMALLER

GRANTS, A BRIEF DESCRIPTION IS OBTAINED NOTING HOW THE FUNDS WERE SPENT.

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2015

Open to Public Inspection

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

Name of the organization

BEST FRIENDS ANIMAL SOCIETY

Employer identification number

23-7147797

Part I

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

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

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

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☒ Yes☐ No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
NEWPORT CREATIVE COMMUNICATIONS INC - 21	CONSULTING		X	0.	397,418.	<397,418.>
SOCIAL CAPITAL - 980 N MICHIGAN AVE SUITE 1610,	CONSULTING		X	0.	33,575.	<33,575.>
BLACKBAUD INC. - PO BOX 930256, ATLANTA, GA 31193	CONSULTING		X	0.	24,463.	<24,463.>
STEENHUYSEN ASSOCIATES - 1539 FALL RIVER AVE #3, SEEKONK,	TRAINING		X	0.	9,041.	<9,041.>
ELEVENTY MARKETING GROUP LLC - 453 S HIGH ST. #101, AKRON,	WEBSITE SUPPORT		X	0.	7,403.	<7,403.>
Total					471,900.	<471,900.>

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

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

Schedule G (Form 990 or 990-EZ) 2015

SEE PART IV FOR CONTINUATIONS

532081
09-14-15

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
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	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7 Direct expense summary. Add lines 2 through 5 in column (d)				
8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

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

a Is the organization licensed to conduct gaming activities in each of these states? _____

☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? _____

☐ Yes ☐ No

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13 Indicate the percentage of gaming activity conducted in:
- | | | |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records.

Name ► _____

Address ► _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?
- ☐
- Yes
- ☐
- No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____

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

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

☐ Director/officer☐ Employee☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

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

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

(I) NAME OF FUNDRAISER: NEWPORT CREATIVE COMMUNICATIONS INC

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

(I) NAME OF FUNDRAISER: SOCIAL CAPITAL

(I) ADDRESS OF FUNDRAISER:

980 N MICHIGAN AVE SUITE 1610, CHICAGO, IL 60611

Part IV Supplemental Information (continued)

(I) NAME OF FUNDRAISER: STEENHUYSEN ASSOCIATES

(I) ADDRESS OF FUNDRAISER: 1539 FALL RIVER AVE #3, SEEKONK, MA 02771

(I) NAME OF FUNDRAISER: ELEVENTY MARKETING GROUP LLC

(I) ADDRESS OF FUNDRAISER: 453 S HIGH ST, #101, AKRON, OH 44311

PART I, LINE 2B, COLUMN (V):

BEST FRIENDS ANIMAL SOCIETY CONTRACTS WITH NEWPORT CREATIVE

COMMUNICATIONS, INC. FOR FUNDRAISING CONSULTING SERVICES. THESE

SERVICES INCLUDE CONSULTATION ON STRATEGIC PLANNING, THE DESIGN OF

DIRECT MAIL SOLICITATION MATERIALS, AND OTHER SERVICES. NO AMOUNTS WERE

INCLUDED IN COLUMNS (IV) OR (VI) DUE TO THE FACT THAT BEST FRIENDS

ANIMAL SOCIETY DID NOT SPECIFICALLY IDENTIFY ALL THE REVENUE GENERATED

BY THE FUNDRAISING SERVICES PROVIDED BY NEWPORT CREATIVE

COMMUNICATIONS, INC. ONLY THE AMOUNTS PAID TO NEWPORT CREATIVE

COMMUNICATIONS, INC. SPECIFICALLY FOR FUNDRAISING CONSULTING SERVICES

WERE REPORTED IN COLUMN (V). BEST FRIENDS ANIMAL SOCIETY PAID NEWPORT

CREATIVE COMMUNICATIONS, INC. FOR OTHER SERVICES (E.G. PRINTING,

POSTAGE, PRODUCTION MANAGEMENT).

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

OMB No 1545-0047

2015

Open to Public
Inspection

Name of the organization

BEST FRIENDS ANIMAL SOCIETY

Employer identification number
23-7147797

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
A NEW LEASH ON LIFE	34-2013011	501(C)(3)	0.	89,870.	MARKET PRICE	ANIMAL FOOD	PROGRAM SERVICE SUPPORT
ACTION PROGRAMS FOR ANIMALS	27-0234541	501(C)(3)	10,670.	0.			PROGRAM SERVICE SUPPORT
ADOPT ME RESCUE	45-5568929	501(C)(3)	23,000.	0.			PROGRAM SERVICE SUPPORT
ADVOCATES 4 ANIMALS INC	26-4515842	501(C)(3)	5,410.	0.			PROGRAM SERVICE SUPPORT
AGAPE ANIMAL RESCUE	84-1650678	501(C)(3)	10,000.	0.			PROGRAM SERVICE SUPPORT
ALLEGANY COUNTY ANIMAL SHELTER MGT	52-2292769	GOVERNMENT	5,000.	0.			PROGRAM SERVICE SUPPORT

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

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

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

Schedule I (Form 990) (2015)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALLEN COUNTY SPCA	35-6042135	501(C)(3)	10,725.	0.			PROGRAM SERVICE SUPPORT
ALLEY CAT ADVOCATES INC	61-1343210	501(C)(3)	68,920.	0.			PROGRAM SERVICE SUPPORT
ANGEL CITY PIT BULLS	27-2348995	501(C)(3)	34,150.	0.			PROGRAM SERVICE SUPPORT
ANGELS OF ASSISI	54-2021941	501(C)(3)	9,990.	0.			PROGRAM SERVICE SUPPORT
ANIMAL ANGELS	26-1989483	501(C)(3)	7,000.	0.			PROGRAM SERVICE SUPPORT
ANIMAL CARE & CONTROL TEAM-PA	45-3985637	501(C)(3)	15,000.	0.			PROGRAM SERVICE SUPPORT
ANIMAL SERVICES AND OPERATIONS SUPPORT	45-4038013	GOVERNMENT	10,000.	0.			PROGRAM SERVICE SUPPORT
ANIMAL WELFARE SOC OF CAMDEN COUNTY	20-0549531	501(C)(3)	9,850.	0.			PROGRAM SERVICE SUPPORT
ANIMAL WELLNESS FOUNDATION	45-4361755	501(C)(3)	5,850.	0.			PROGRAM SERVICE SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ANIMALS IN NEED RESCUE NETWORK	46-5765146	501(C)(3)	13,200.	0.			PROGRAM SERVICE SUPPORT
ANIMEALS	20-4694132	501(C)(3)	0.	109,986.	MARKET PRICE	ANIMAL FOOD	PROGRAM SERVICE SUPPORT
ASHEVILLE HUMANE SOCIETY	56-1444098	501(C)(3)	15,500.	72,906.	MARKET PRICE	ANIMAL FOOD	PROGRAM SERVICE SUPPORT
BARC	30-0021149	501(C)(3)	16,000.	0.			PROGRAM SERVICE SUPPORT
BATTLE MOUNTAIN HUMANE SOCIETY	20-5814735	501(C)(3)	500.	78,931.	MARKET PRICE	ANIMAL FOOD	PROGRAM SERVICE SUPPORT
BENTON FRANKLIN HUMANE SOCIETY	91-0819423	501(C)(3)	0.	105,536.	MARKET PRICE	ANIMAL FOOD	PROGRAM SERVICE SUPPORT
BROOKHAVEN ANIMAL RESCUE LEAGUE	64-0659454	501(C)(3)	3,200.	110,829.	MARKET PRICE	ANIMAL FOOD	PROGRAM SERVICE SUPPORT
BROWNSVILLE SPAY NEUTER INC	27-1372694	501(C)(3)	5,000.	0.			PROGRAM SERVICE SUPPORT
BULLYWAG	27-0509579	501(C)(3)	0.	62,126.	MARKET PRICE	ANIMAL FOOD	PROGRAM SERVICE SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CACHE HUMANE SOC-LOGAN	51-0187825	501(C)(3)	19,250.	0.			PROGRAM SERVICE SUPPORT
CAGE FREE K-9 RESCUE	26-1412219	501(C)(3)	7,500.	0.			PROGRAM SERVICE SUPPORT
CAPITAL AREA HUMANE SOCIETY	38-1601542	501(C)(3)	5,188.	0.			PROGRAM SERVICE SUPPORT
CAT ADOPTION TEAM	20-0773819	501(C)(3)	16,000.	0.			PROGRAM SERVICE SUPPORT
CAT TOWN	27-3838132	501(C)(3)	5,000.	0.			PROGRAM SERVICE SUPPORT
CATOOSA CITIZENS FOR ANIMAL CARE	58-2120060	501(C)(3)	0.	63,244.	MARKET PRICE	ANIMAL FOOD	PROGRAM SERVICE SUPPORT
COLORADO SPRINGS ALL BREED RESCUE	84-1325815	501(C)(3)	0.	89,682.	MARKET PRICE	ANIMAL FOOD	PROGRAM SERVICE SUPPORT
COVENANT PET TRUST	90-0903769	501(C)(3)	0.	63,819.	MARKET PRICE	ANIMAL FOOD	PROGRAM SERVICE SUPPORT
DAVIS COUNTY ANIMAL SERVICES	87-6000297	GOVERNMENT	17,100.	0.			PROGRAM SERVICE SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DOGS WITHOUT BORDERS	20-5123869	501(C)(3)	47,150.	0.			PROGRAM SERVICE SUPPORT
DOLLY'S FOUNDATION-REA INC	27-4411340	501(C)(3)	31,000.	0.			PROGRAM SERVICE SUPPORT
DOWNTOWN DOG RESCUE	95-4775990	501(C)(3)	23,350.	0.			PROGRAM SERVICE SUPPORT
EMPTY BOWL	01-0975325	501(C)(3)	0.	33,606.	MARKET PRICE	ANIMAL FOOD	PROGRAM SERVICE SUPPORT
FAYETTE COUNTY HUMANE SOCIETY	58-1592706	501(C)(3)	5,000.	0.			PROGRAM SERVICE SUPPORT
FDN AGAINST COMPANION ANIMAL EUTHANASIA	35-1917847	501(C)(3)	20,000.	0.			PROGRAM SERVICE SUPPORT
FETCH FOUNDATION	38-3807057	501(C)(3)	0.	13,159.	MARKET PRICE	ANIMAL FOOD	PROGRAM SERVICE SUPPORT
FIRST COAST NMHP	01-0709158	501(C)(3)	70,000.	0.			PROGRAM SERVICE SUPPORT
FIXNATION INC	83-0452460	501(C)(3)	150,255.	0.			PROGRAM SERVICE SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FLAGLER HUMANE SOCIETY	59-2247034	501(C)(3)	0.	65,577.	MARKET PRICE	ANIMAL FOOD	PROGRAM SERVICE SUPPORT
FOREVERMEOW INC	46-1038574	501(C)(3)	6,000.	0.			PROGRAM SERVICE SUPPORT
FORT COLLINS CAT RESCUE & SPAY/NEUTER CLINIC	20-4969731	501(C)(3)	5,500.	81,080.	MARKET PRICE	ANIMAL FOOD	PROGRAM SERVICE SUPPORT
FORT WAYNE ANIMAL CARE & CONTROL	35-6001029	501(C)(3)	10,000.	0.			PROGRAM SERVICE SUPPORT
FRIENDS OF ANIMAL CARE & CONTROL	86-1008549	501(C)(3)	10,000.	0.			PROGRAM SERVICE SUPPORT
FRIENDS OF ANIMAL CARE AND CONTROL PHEONIX	86-1008549	501(C)(3)	0.	8,153.	MARKET PRICE	ANIMAL FOOD	PROGRAM SERVICE SUPPORT
FRIENDS OF COMMUNITY CATS RESCUE	45-5290594	501(C)(3)	9,500.	0.			PROGRAM SERVICE SUPPORT
FRIENDS OF NORFOLK ANIMAL CARE CTR	35-2262336	501(C)(3)	10,000.	0.			PROGRAM SERVICE SUPPORT
GAINESVILLE PET RESCUE INC	59-3183931	501(C)(3)	11,000.	0.			PROGRAM SERVICE SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GRANT COUNTY ANIMAL SHELTER	61-6000989	GOVERNMENT	11,500.	0.			PROGRAM SERVICE SUPPORT
GRANT CITY FRIENDS OF THE ANIMAL SHELTER	61-1432453	501(C)(3)	5,500.	0.			PROGRAM SERVICE SUPPORT
H.A.R.T. OF UT	61-1602289	501(C)(3)	100.	6,551.	MARKET PRICE	ANIMAL FOOD	PROGRAM SERVICE SUPPORT
HALO ANIMAL RESCUE	86-0832160	501(C)(3)	11,000.	0.			PROGRAM SERVICE SUPPORT
HEALING HEARTS ANIMAL RESCUE & REFUGE	65-1259371	501(C)(3)	1,500.	9,733.	MARKET PRICE	ANIMAL FOOD	PROGRAM SERVICE SUPPORT
HEAVEN ON EARTH SOCIETY FOR ANIMALS	77-0538189	501(C)(3)	32,250.	0.			PROGRAM SERVICE SUPPORT
HOPE EQUINE RESCUE	26-2647977	501(C)(3)	5,000.	0.			PROGRAM SERVICE SUPPORT
HOT SPRINGS VILLAGE ANIMAL WELFARE	58-1805215	501(C)(3)	5,200.	0.			PROGRAM SERVICE SUPPORT
HUMANE ALLIANCE OF WNC INC	56-1856805	501(C)(3)	15,000.	0.			PROGRAM SERVICE SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HUMANE ANIMAL TREATMENT SOCIETY-MI	38-3485419	501(C)(3)	5,250.	81,933.	MARKET PRICE	ANIMAL FOOD	PROGRAM SERVICE SUPPORT
HUMANE NETWORK	27-0487147	501(C)(3)	6,000.	0.			PROGRAM SERVICE SUPPORT
HUMANE OHIO	34-1897582	501(C)(3)	12,960.	80,285.	MARKET PRICE	ANIMAL FOOD	PROGRAM SERVICE SUPPORT
HUMANE SOCIETY OF CHARLOTTE INC	58-1342479	501(C)(3)	7,000.	67,990.	MARKET PRICE	ANIMAL FOOD	PROGRAM SERVICE SUPPORT
HUMANE SOCIETY OF GREATER JUPITER	59-2111273	501(C)(3)	0.	62,594.	MARKET PRICE	ANIMAL FOOD	PROGRAM SERVICE SUPPORT
HUMANE SOCIETY OF MCCORMICK CTY	57-1099596	501(C)(3)	5,850.	0.			PROGRAM SERVICE SUPPORT
HUMANE SOCIETY OF SHENANDOAH COUNTY	54-1880163	501(C)(3)	0.	173,135.	MARKET PRICE	ANIMAL FOOD	PROGRAM SERVICE SUPPORT
HUMANE SOCIETY OF SO MISSISSIPPI	64-6034439	501(C)(3)	10,000.	0.			PROGRAM SERVICE SUPPORT
HUMANE SOCIETY OF TAMPA BAY	59-0799907	501(C)(3)	10,444.	0.			PROGRAM SERVICE SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HUMANE SOCIETY OF UTAH-MURRAY	87-0256350	501(C)(3)	17,600.	0.			PROGRAM SERVICE SUPPORT
HUMANE SOCIETY OF VALDOSTA/LOWNDES CTY	58-1874746	501(C)(3)	6,200.	0.			PROGRAM SERVICE SUPPORT
INCRED-A-BULL INC	45-1808866	501(C)(3)	6,750.	0.			PROGRAM SERVICE SUPPORT
IRON COUNTY SHERIFF'S ANIMAL SHELTER	87-6000310	GOVERNMENT	0.	14,275.	MARKET PRICE	ANIMAL FOOD	PROGRAM SERVICE SUPPORT
JACKSONVILLE HUMANE SOCIETY	59-0624410	501(C)(3)	145,000.	0.			PROGRAM SERVICE SUPPORT
KANSAS CITY PET PROJECT	45-3067615	501(C)(3)	5,000.	185,383.	MARKET PRICE	ANIMAL FOOD	PROGRAM SERVICE SUPPORT
KARMA RESCUE INC	04-3782227	501(C)(3)	33,975.	0.			PROGRAM SERVICE SUPPORT
KENTUCKY HUMANE SOCIETY	61-0463938	501(C)(3)	53,925.	0.			PROGRAM SERVICE SUPPORT
KINDER4RESCUE	26-2924461	501(C)(3)	39,500.	0.			PROGRAM SERVICE SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KITSAP HUMANE SOCIETY	91-0728353	501(C)(3)	20,000.	33,490.	MARKET PRICE	ANIMAL FOOD	PROGRAM SERVICE SUPPORT
KITTEN RESCUE	95-4670174	501(C)(3)	37,050.	0.			PROGRAM SERVICE SUPPORT
KITTY BUNGALOW CHARM SCHOOL	27-1297223	501(C)(3)	53,330.	0.			PROGRAM SERVICE SUPPORT
KNOX-WHITLEY HUMANE ASSOC INC	31-1648199	501(C)(3)	10,000.	0.			PROGRAM SERVICE SUPPORT
L.I.F.E. ANIMAL RESCUE	95-4550643	501(C)(3)	6,300.	0.			PROGRAM SERVICE SUPPORT
LABS & FRIENDS.ORG	45-3139097	501(C)(3)	49,105.	0.			PROGRAM SERVICE SUPPORT
LAFAYETTE ANIMAL AID	23-7414331	501(C)(3)	1,275.	69,228.	MARKET PRICE	ANIMAL FOOD	PROGRAM SERVICE SUPPORT
LATINO ALLIANCE FOR ANIMAL CARE FDN	45-4722654	501(C)(3)	6,760.	0.			PROGRAM SERVICE SUPPORT
LEXINGTON HUMANE SOCIETY	61-0444762	501(C)(3)	25,250.	0.			PROGRAM SERVICE SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LIFELINE ANIMAL PROJECT INC	01-0599278	501(C)(3)	45,000.	0.			PROGRAM SERVICE SUPPORT
LUCAS COUNTY CANINE CARE	34-6400806	GOVERNMENT	7,000.	0.			PROGRAM SERVICE SUPPORT
LUCAS COUNTY CANINE CARE & CONTROL	34-6400806	GOVERNMENT	0.	102,688.	MARKET PRICE	ANIMAL FOOD	PROGRAM SERVICE SUPPORT
MASON COMPANY LLC	26-3355696	501(C)(3)	20,000.	0.			PROGRAM SERVICE SUPPORT
MCKINLEY COUNTY HUMANE	85-0398517	501(C)(3)	0.	64,560.	MARKET PRICE	ANIMAL FOOD	PROGRAM SERVICE SUPPORT
MCKINLEY COUNTY HUMANE SOCIETY	85-0398197	501(C)(3)	5,000.	0.			PROGRAM SERVICE SUPPORT
MIDVALLEY ANIMAL CLINIC	87-0637500	501(C)(3)	18,620.	0.			PROGRAM SERVICE SUPPORT
MILWAUKEE AREA ANIMAL CONTROL COMM	39-1947192	501(C)(3)	45,000.	0.			PROGRAM SERVICE SUPPORT
MUCH LOVE ANIMAL RESCUE	95-4765624	501(C)(3)	6,200.	0.			PROGRAM SERVICE SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NO KILL LOUISVILLE	27-2368180	501(C)(3)	0.	112,378.	MARKET PRICE	ANIMAL FOOD	PROGRAM SERVICE SUPPORT
NORTHWEST SPAY & NEUTER CENTER	91-2133291	501(C)(3)	5,398.	0.			PROGRAM SERVICE SUPPORT
OHIO ALLEYCAT RESOURCE & CLINIC	31-1728182	501(C)(3)	10,000.	0.			PROGRAM SERVICE SUPPORT
ONE MORE CHANCE RESCUE	20-3588471	501(C)(3)	0.	11,210.	MARKET PRICE	ANIMAL FOOD	PROGRAM SERVICE SUPPORT
OREGON HUMANE SOCIETY	93-0386880	501(C)(3)	0.	76,703.	MARKET PRICE	ANIMAL FOOD	PROGRAM SERVICE SUPPORT
OUTCAST CAT HELP	26-0881693	501(C)(3)	5,000.	0.			PROGRAM SERVICE SUPPORT
PACC911	20-5153613	501(C)(3)	700.	10,870.	MARKET PRICE	ANIMAL FOOD	PROGRAM SERVICE SUPPORT
PAGE ANIMAL ADOPTION AGENCY	26-1708518	501(C)(3)	0.	26,966.	MARKET PRICE	ANIMAL FOOD	PROGRAM SERVICE SUPPORT
PAWS FOR LIFE UT	45-5358361	501(C)(3)	0.	22,341.	MARKET PRICE	ANIMAL FOOD	PROGRAM SERVICE SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PEGGY ADAMS ANIMAL RESCUE LEAGUE	59-0637811	501(C)(3)	50,000.	150,463.	MARKET PRICE	ANIMAL FOOD	PROGRAM SERVICE SUPPORT
PET ADOPTION & WELFARE SOCIETY-GA	54-2128299	501(C)(3)	5,000.	0.			PROGRAM SERVICE SUPPORT
PET ALLIES	86-0829565	501(C)(3)	0.	132,631.	MARKET PRICE	ANIMAL FOOD	PROGRAM SERVICE SUPPORT
PET COMMUNITY CENTER	45-1524886	501(C)(3)	5,500.	0.			PROGRAM SERVICE SUPPORT
PETER ZIPPI FUND	33-0042687	501(C)(3)	24,400.	0.			PROGRAM SERVICE SUPPORT
PIMA ANIMAL CARE CENTER	86-6000543	GOVERNMENT	0.	14,209.	MARKET PRICE	ANIMAL FOOD	PROGRAM SERVICE SUPPORT
PIT SISTERS INC	32-0355003	501(C)(3)	8,000.	0.			PROGRAM SERVICE SUPPORT
REDLANDS ANIMAL SHELTER	95-6000766	GOVERNMENT	0.	76,447.	MARKET PRICE	ANIMAL FOOD	PROGRAM SERVICE SUPPORT
RESCUED PETS MOVEMENT INC	46-3708327	501(C)(3)	11,050.	0.			PROGRAM SERVICE SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAN ANTONIO PETS ALIVE LLC	45-4141531	501(C)(3)	400,000.	0.			PROGRAM SERVICE SUPPORT
SANCTUARY ONE	20-8982518	501(C)(3)	0.	77,662.	MARKET PRICE	ANIMAL FOOD	PROGRAM SERVICE SUPPORT
SANILAC COUNTY HUMANE SOCIETY	38-3322837	501(C)(3)	5,000.	0.			PROGRAM SERVICE SUPPORT
SANTA FE ANIMAL SHELTER INC	85-6000484	GOVERNMENT	0.	6,592.	MARKET PRICE	ANIMAL FOOD	PROGRAM SERVICE SUPPORT
SAVING SUNNY INC	35-2379448	501(C)(3)	34,037.	0.			PROGRAM SERVICE SUPPORT
SCOTT COUNTY HUMANE SOCIETY	31-1090052	501(C)(3)	10,000.	0.			PROGRAM SERVICE SUPPORT
SECOND CHANCE FOR HOMELESS PETS	87-0672107	501(C)(3)	5,600.	0.			PROGRAM SERVICE SUPPORT
SOMERSET-PULASKI COUNTY HUMANE SOC	61-1165562	501(C)(3)	20,020.	0.			PROGRAM SERVICE SUPPORT
SOUL DOG RESCUE	45-4137227	501(C)(3)	4,000.	125,529.	MARKET PRICE	ANIMAL FOOD	PROGRAM SERVICE SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTH DAKOTA WEST RIVER S/N COALITION	20-4004963	501(C)(3)	6,247.	0.			PROGRAM SERVICE SUPPORT
SOUTH UTAH VALLEY ANIMAL SERVICES	72-1604129	GOVERNMENT	7,668.	0.			PROGRAM SERVICE SUPPORT
SOUTHERN FRIENDS ANIMAL SOCIETY	45-5164707	501(C)(3)	300.	165,962.	MARKET PRICE	ANIMAL FOOD	PROGRAM SERVICE SUPPORT
SPAY & NEUTER KANSAS CITY	82-0563117	501(C)(3)	1,000.	106,088.	MARKET PRICE	ANIMAL FOOD	PROGRAM SERVICE SUPPORT
SPAY BATON ROUGE	20-1992244	501(C)(3)	10,000.	0.			PROGRAM SERVICE SUPPORT
SPAY NEUTER NETWORK	20-0276988	501(C)(3)	17,500.	0.			PROGRAM SERVICE SUPPORT
SPAY NEUTER PROJECT OF LA	20-8542566	501(C)(3)	72,500.	0.			PROGRAM SERVICE SUPPORT
SPAY4LA INC	45-2996980	501(C)(3)	63,750.	0.			PROGRAM SERVICE SUPPORT
SPCA OF FRANKLIN COUNTY	65-1174780	501(C)(3)	0.	63,757.	MARKET PRICE	ANIMAL FOOD	PROGRAM SERVICE SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STRAY CAT ALLIANCE	95-4787231	501(C)(3)	330,550.	0.			PROGRAM SERVICE SUPPORT
STRAY RESCUE OF ST. LOUIS	43-1823801	501(C)(3)	0.	89,457.	MARKET PRICE	ANIMAL FOOD	PROGRAM SERVICE SUPPORT
SUMMER SPAY NEUTER ALLIANCE	46-4175450	501(C)(3)	9,547.	0.			PROGRAM SERVICE SUPPORT
SYMPHONY ANIMAL FOUNDATION	20-8967065	501(C)(3)	0.	12,521.	MARKET PRICE	ANIMAL FOOD	PROGRAM SERVICE SUPPORT
TAXPAYERS ASSOC OF KANE COUNTY	71-1016732	501(C)(3)	16,100.	0.			PROGRAM RESEARCH
THE ANIMAL FOUNDATION	88-0144253	501(C)(3)	37,500.	0.			PROGRAM SERVICE SUPPORT
TIP ME FREDERICK INC	46-2362602	501(C)(3)	10,000.	0.			PROGRAM SERVICE SUPPORT
TUBA CITY HUMANE	86-0715785	501(C)(3)	0.	15,749.	MARKET PRICE	ANIMAL FOOD	PROGRAM SERVICE SUPPORT
VISIONARIES	04-3282172	501(C)(3)	7,016.	0.			PROGRAM SERVICE SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VOICELESS-MI	27-0725920	501(C)(3)	8,100.	0.			PROGRAM SERVICE SUPPORT
WAGS AND WALKS	45-3749303	501(C)(3)	51,775.	0.			PROGRAM SERVICE SUPPORT
WE CARE FOR ANIMALS	88-0362454	501(C)(3)	0.	8,077.	MARKET PRICE	ANIMAL FOOD	PROGRAM SERVICE SUPPORT
WEST VALLEY ANIMAL SHELTER	87-0362454	GOVERNMENT	9,495.	0.			PROGRAM SERVICE SUPPORT
WHISPERING RISE FARM & SANCTUARY INC	27-3775715	501(C)(3)	5,400.	0.			PROGRAM SERVICE SUPPORT
ZIGGY AND FRIENDS CAT RESCUE	46-3128166	501(C)(3)	9,150.	0.			PROGRAM SERVICE SUPPORT

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
PROVIDE FOOD FOR ANIMALS	300	0.	67,567. FMV		ANIMAL FOOD FOR INDIVIDUAS SUPPORTING OUR PROGRAMS FOR CATS, DOGS, AND HORSES
PROVIDE ASSISTANCE FOR FOOD, VETERINARY EXPENSES	25	231,753.	0.		

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

PART I, LINE 2:

ALL GRANT RECIPIENTS ARE RESEARCHED PRIOR TO RECEIVING FUNDS. WHEN

PROVIDING A LARGE GRANT, AN AGREEMENT IS SIGNED BY BOTH PARTIES AND A

WRITTEN REPORT IS REQUIRED SHOWING HOW THE FUNDS WERE SPENT. FOR SMALLER

GRANTS, A BRIEF DESCRIPTION IS OBTAINED NOTING HOW THE FUNDS WERE SPENT.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

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

OMB No 1545-0047

2015

Open to Public
Inspection

Name of the organization

BEST FRIENDS ANIMAL SOCIETY

Employer identification number

23-7147797

Part I Questions Regarding Compensation

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

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

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 ☒ Yes ☐ No

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 in line 1a?

2 ☒ Yes ☐ No

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

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

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

a Receive a severance payment or change-of-control payment?

4a ☒ Yes ☐ No

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

4b ☐ Yes ☒ No

c Participate in, or receive payment from, an equity-based compensation arrangement?

4c ☐ Yes ☒ No

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 ☐ Yes ☒ No

b Any related organization?

5b ☐ Yes ☒ No

If "Yes" to 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 ☐ Yes ☒ No

b Any related organization?

6b ☐ Yes ☒ No

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 non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III

7 ☐ Yes ☒ No

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 ☐ Yes ☒ No

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

9 ☐ Yes ☐ No

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

Schedule J (Form 990) 2015

Part III Supplemental Information

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

PART I, LINE 1A:

FIRST-CLASS OR CHARTER TRAVEL

PART I, LINE 1A

BEST FRIENDS ANIMAL SOCIETY OWNS TWO SMALL, PISTON ENGINE-POWERED AIRCRAFT

THAT ARE USED FOR ANIMAL TRANSPORT AND BY EMPLOYEES WHO OCCASIONALLY TRAVEL

FOR WORK-RELATED PURPOSES. THE AIRCRAFT ARE FLOWN BY BEST FRIENDS'

EMPLOYEES. BEST FRIENDS DOES NOT EMPLOY A FULL TIME PILOT. THE AIRCRAFT ARE

NOT USED FOR ANY OTHER PURPOSE AND ARE NOT AVAILABLE FOR HIRE BY THE

GENERAL PUBLIC.

PART I, LINE 3:

THE BOARD REVIEWED AND APPROVED THE COMPENSATION OF THE CEO AFTER

CONSIDERING DATA FROM DIFFERENT SOURCES, INCLUDING COMPENSATION AMOUNTS OF

COMPARABLE POSITIONS AT COMPARABLE ORGANIZATIONS.

PART I, LINE 4A:

VIRGINIA KILMER RECEIVED \$25,000 IN SEVERANCE UPON HER LEAVING BEST FRIENDS

ANIMAL SOCIETY.

Department of the Treasury
Internal Revenue Service

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
 ► Attach to Form 990 or Form 990-EZ.
 ► Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open To Public Inspection

Name of the organization

Employer identification number

BEST FRIENDS ANIMAL SOCIETY

23-7147797

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

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

[illegible]

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

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

Part II | Loans to and/or From Interested Persons.

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

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

Total

Part III	Grants or Assistance Benefiting Interested Persons.
-----------------	--

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

[illegible]

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

Schedule L (Form 990 or 990-EZ) 2015

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
JULIANNE CASTLE	SPOUSE: BD MEMBER C	176,103.	EMPLOYEE CO		X
SILVA BATTISTA	SPOUSE: BD MEMBER B	77,882.	EMPLOYEE CO		X
JUDAH BATTISTA	SON: BD MEMBER BATT	105,007.	EMPLOYEE CO		X
CARRAGH MALONEY	DAUGHTER: BD MEMBER	83,165.	EMPLOYEE CO		X
LYNN BATTISTA	DAUGH-IN-LAW: BD ME	32,580.	EMPLOYEE CO		X

Part V Supplemental Information

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

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

(A) NAME OF PERSON: JULIANNE CASTLE

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SPOUSE: BD MEMBER CASTLE

(D) DESCRIPTION OF TRANSACTION: EMPLOYEE COMPENSATION FOR THE FISCAL

YEAR ENDING 9/30/2015

(A) NAME OF PERSON: SILVA BATTISTA

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SPOUSE: BD MEMBER BATTISTA

(D) DESCRIPTION OF TRANSACTION: EMPLOYEE COMPENSATION

(A) NAME OF PERSON: JUDAH BATTISTA

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SON: BD MEMBER BATTISTA

(D) DESCRIPTION OF TRANSACTION: EMPLOYEE COMPENSATION

(A) NAME OF PERSON: CARRAGH MALONEY

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

DAUGHTER: BD MEMBER CASTLE

Part V Supplemental Information

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

(D) DESCRIPTION OF TRANSACTION: EMPLOYEE COMPENSATION

(A) NAME OF PERSON: LYNN BATTISTA

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

DAUGH-IN-LAW: BD MEMBER BATTISTA

(D) DESCRIPTION OF TRANSACTION: EMPLOYEE COMPENSATION

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No 1545-0047

2015

Open To Public
Inspection

- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**
▶ **Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.**

Name of the organization

BEST FRIENDS ANIMAL SOCIETY

Employer identification number

23-7147797

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles	X	27	28,272	FMV
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	66	679,472	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	1,668	4,330,142	FMV
20 Drugs and medical supplies	X	220	7,070	FMV
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (ANIMAL AND CL)	X	9,173	341,269	FMV
26 Other ()				
27 Other ()				
28 Other ()				

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

29

0

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

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

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

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

b If "Yes," describe in Part II.

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

	Yes	No
30a		X
31	X	
32a	X	
33		

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

Schedule M (Form 990) (2015)

Part II

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

SCHEDULE M, PART I, COLUMN (B):

THE NUMBER OF CONTRIBUTIONS REPRESENTS THE NUMBER OF DONATIONS, NOT THE

NUMBER OF ITEMS.

SCHEDULE M, LINE 32B:

BEST FRIENDS ANIMAL SOCIETY UTILIZES THE SERVICES OF AN AUTOMOBILE

BROKER TO SELL DONATED VEHICLES.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2015

Open to Public
Inspection

Name of the organization

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23-7147797

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

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

FORM 990, PART VI, SECTION B, LINE 11:

THE 990 IS PREPARED BY TANNER LLC AND REVIEWED BY THE CONTROLLER, THE CHIEF

FINANCIAL OFFICER, THE CHAIRMAN OF THE BOARD, AND THE CHAIRMAN OF THE

FINANCE

COMMITTEE, THE RETURN IS THEN DISTRIBUTED TO THE WHOLE BOARD FOR FINAL

REVIEW BEFORE BEING FILED.

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

UPON BEING APPOINTED, ALL BOARD MEMBERS, OFFICIERS, AND STAFF ARE REQUIRED

TO SIGN AN AGREEMENT THAT ACKNOWLEDGES ACCEPTANCE OF BEST FRIENDS' CONFLICT

OF INTEREST POLICY. THIS POLICY APPLIES TO ALL BOARD MEMBERS, DIRECTORS,

COMMITTEE MEMBERS AND STAFF OF BEST FRIENDS ANIMAL SOCIETY, THIS POLICY

REQUIRES THAT ALL AFFILIATIONS WITH ENTITIES IN WHICH A FINANCIAL INTEREST

IS HELD BE DISCLOSED TO THE BOARD. THE SENIOR FINANCIAL MANAGEMENT OF BEST

FRIENDS, INCLUDING THE CFO AND CONTROLLER, ROUTINELY MONITOR ALL

TRANSACTIONS TO ENSURE THAT ANY RELATED PARTY TRANSACTIONS ARE FULLY

DISCLOSED TO THE BOARD AT LEAST ANNUALLY AND IN THE FINANCIAL STATEMENTS TO

ENSURE THAT THE TRANSACTIONS COMPLY WITH POLICY. THIS POLICY IS CURRENTLY

UNDER REVIEW BY THE BOARD TO PROVIDE GREATER STRUCTURE, INCLUDING REQUIRING

MORE FREQUENT SIGN-OFF ON POLICY, MORE REPORTING, AND RESTRICTIONS ON

PARTICIPATION BY RELEVANT BOARD AND STAFF IN THE DEALING WITH THE CONFLICT.

FORM 990, PART VI, SECTION B, LINE 15:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
532211
09-02-15

Schedule O (Form 990 or 990-EZ) (2015)

Name of the organization

BEST FRIENDS ANIMAL SOCIETY

Employer identification number

23-7147797

THE BOARD REVIEWED AND APPROVED THE COMPENSATION OF THE CEO AFTER

CONSIDERING DATA FROM DIFFERENT SOURCES, INCLUDING COMPENSATION AMOUNTS

OF COMPARABLE POSITIONS AT COMPARABLE ORGANIZATIONS.

THE CHIEF EXECUTIVE OFFICER DETERMINES THE COMPENSATION OF THE CFO, CPO,

CMO AND THE CDO AFTER CONSIDERING DATA FROM DIFFERENT SOURCES, INCLUDING

COMPENSATION AMOUNTS OF COMPARABLE POSITIONS AT COMPARABLE ORGANIZATIONS.

THE CEO REVIEWS THOSE SALARIES WITH THE BOARD.

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

AL, AK, AR, CA, CT, DC, GA, HI, IL, KS, KY, MD, MA, MI, MN, MS, NH, NJ, NM, NY, OK, OR, PA, RI, SC

TN, VA, WV, WI

FORM 990, PART VI, SECTION C, LINE 19:

COPIES OF THE FORM 990, FORM 990-T, AND AUDITED FINANCIAL STATEMENTS ARE

AVAILABLE FOR PUBLIC VIEWING ON THE BEST FRIENDS' WEBSITE. GOVERNING

DOCUMENTS AND THE CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST.

SUBJECT TO APPROVAL OF SENIOR MANAGEMENT.

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

AGENCY FUNDS DESIGNATED FOR OTHER ORGANIZATIONS -1,070,101.

UNREALIZED CHANGE IN SPLIT INTEREST AGREEMENT -57,275.

WELLNESS CENTER NET LOSS -30,658.

ELIMINATION OF RENTAL INCOME -6,000.

ELIMINATION OF FITNESS EXPENSES 13,515.

MISCELLANEOUS ADJUSTMENT 410.

TOTAL TO FORM 990, PART XI, LINE 9 -1,150,109.

Name of the organization

BEST FRIENDS ANIMAL SOCIETY

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990 PART XII LINE 2C

THERE HAS BEEN NO CHANGE IN THE OVERSIGHT OF THE EXTERNAL AUDIT OR THE
FINANCIAL STATEMENTS.

990 PART III LINE 4A 4B

NATURE OF ACTIVITIES

BEST FRIENDS ANIMAL SOCIETY (BEST FRIENDS) IS A NONPROFIT ORGANIZATION
THAT DEVELOPS NO-KILL PROGRAMS AND PARTNERSHIPS WHICH WILL BRING ABOUT
A DAY WHEN THERE ARE NO MORE HOMELESS PETS. BEST FRIENDS' LEADING
INITIATIVES IN ANIMAL CARE AND COMMUNITY PROGRAMS ARE COORDINATED FROM
ITS KANAB, UTAH, HEADQUARTERS; ONE OF THE COUNTRY'S LARGEST NO-KILL
SANCTUARIES. BEST FRIENDS DEVELOPS AND REFINES MODEL PROGRAMS THAT ARE
SHARED WITH OTHER ORGANIZATIONS AND PEOPLE, SO THAT MORE ANIMALS CAN BE
SAVED. THIS WORK IS MADE POSSIBLE BY THE PERSONAL AND FINANCIAL SUPPORT
OF A GRASSROOTS NETWORK OF MEMBERS AND COMMUNITY PARTNERS ACROSS THE
NATION.

990 PART III LINE 4A 4B

ANIMAL CARE ACTIVITIES

AT THE HEART OF BEST FRIENDS ANIMAL SOCIETY'S WORK LIES BEST FRIENDS
ANIMAL SANCTUARY - THE COUNTRY'S LARGEST NO-KILL SANCTUARY FOR
COMPANION ANIMALS NESTLED IN THE MAJESTIC RED ROCK CANYONS OF SOUTHERN
UTAH. FOUNDED IN 1984, THE SANCTUARY WAS CREATED ON ONE SIMPLE BELIEF:
THAT EVERY ANIMAL DESERVES LOVE, RESPECT AND A SECOND CHANCE. SINCE
THEN, THOUSANDS UPON THOUSANDS OF ANIMALS WHO HAVE SOUGHT REFUGE HERE

Name of the organization

BEST FRIENDS ANIMAL SOCIETY

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HAVE RECEIVED EXACTLY THAT.

TODAY, ON ANY GIVEN DAY, SOME 1,700 DOGS, CATS, BUNNIES, BIRDS, HORSES

AND OTHER BARNYARD ANIMALS CALL THE SANCTUARY THEIR HOME-BETWEEN-HOMES,

EACH ONE RECEIVING ALL THE AFFECTION AND CARE NEEDED TO HEAL, BOTH

PHYSICALLY AND EMOTIONALLY.

BEST FRIENDS IS COMMITTED TO FINDING EVERY ANIMAL AT THE SANCTUARY HIS

OR HER PERFECT FOREVER HOME. BUT EVEN IF THAT RIGHT HOME NEVER COMES

ALONG, THE ANIMALS ARE WELCOME TO CALL THE SANCTUARY HOME FOR THE REST

OF THEIR LIVES.

AT THE SANCTUARY IN FISCAL YEAR 2015:

- 1,340 ANIMALS WERE WELCOMED.

- 1,436 ANIMALS FOUND LOVING FOREVER HOMES - 29% HAD SPECIAL NEEDS.

- WILD FRIENDS, BEST FRIENDS' UNIQUE STATE AND FEDERALLY LICENSED

WILDLIFE REHABILITATION AND EDUCATION CENTER, SUCCESSFULLY

REHABILITATED 246 INJURED WILD ANIMALS, AND 116 WERE RELEASED BACK TO

THEIR NATURAL HABITATS AFTER FULL RECOVERY. FOR THOSE ANIMALS TOO

INJURED OR ACCLIMATED TO PEOPLE TO GO BACK INTO THE WILD, THEY GET A

LIFETIME OF CARE AND BECOME TREASURED TEACHERS, EDUCATING VISITORS AND

VOLUNTEERS ABOUT WILDLIFE AND CONSERVATION ISSUES.

- NEARLY 30,000 PEOPLE VISITED, AND 8,922 PEOPLE VOLUNTEERED 104,846

HOURS TO HELP THE ANIMALS.

- ANIMAL CARE FACILITIES WERE BUILT OR RENOVATED TO MAKE BEST FRIENDS'

CARE EVEN BETTER:

Name of the organization

BEST FRIENDS ANIMAL SOCIETY

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23-7147797

- THE NEW DOG ADMISSIONS FACILITY WAS COMPLETED IN SEPTEMBER. THE BUILDING FEATURES MORE NATURAL LIGHT, EXTRA SPACE AND EASY ACCESS TO THE OUTDOORS, ENSURING EVERY DOG, REGARDLESS OF HIS OR HER SPECIAL NEED, A STRESS-FREE TRANSITION TO LIVING AT BEST FRIENDS.
- IN MAY, BEST FRIENDS COMPLETED THE CONSTRUCTION OF A BRAND NEW WILD FRIENDS ISOLATION FACILITY. THE ISOLATION ROOMS ENSURE ALL THE ANIMALS A SAFE, QUIET PLACE TO HEAL UNDER THE CARE OF STATE AND FEDERALLY LICENSED WILDLIFE REHABILITATORS. THE BUILDING ALSO SAFEGUARDS THE ANIMALS' HEALTH AND HAPPINESS BY PREVENTING THE SPREAD OF CONTAGIOUS DISEASES.
- BEST FRIENDS OPENED THE NEW BEST FRIENDS VISITOR CENTER, LOCATED JUST FIVE MILES SOUTH OF THE SANCTUARY IN THE HEART OF KANAB. AT THE VISITOR CENTER, KANAB VISITORS, TOURISTS, AND PEOPLE JUST PASSING THROUGH CAN GET ACQUAINTED WITH BEST FRIENDS ANIMAL SOCIETY AND LEARN MORE ABOUT THE SANCTUARY AND THE ANIMALS. SINCE OPENING ITS DOORS ON AUGUST 20, MORE THAN 4,000 PEOPLE HAVE STOPPED IN THE VISITOR CENTER.
- AT THE BEST FRIENDS ANIMAL CLINIC, A FABULOUS DONOR PARK WAS CREATED IN HONOR OF ALL THE WONDERFUL FOLKS WHO HELPED MAKE THE NEW STATE-OF-THE-ART CLINIC A REALITY. THE 1,870 SQUARE-FOOT PARK, COMPLETE WITH TWO PAVILIONS, MIMICS THE CLINIC'S BEAUTY AND CREATES A RELAXING SPACE WHERE EVERYONE, INCLUDING THE ANIMALS, CAN FIND A LITTLE PEACE AND TRANQUILITY.
- MORE THAN 2,000 FEET OF PVC PIPE WAS INSTALLED ALONG THE UPPER CANYON, CREATING A WATER MAIN TO THE BEST FRIENDS ANIMAL CLINIC.
- BEST FRIENDS ANIMAL CLINIC HAD ANOTHER BUSY YEAR:

Name of the organization

BEST FRIENDS ANIMAL SOCIETY

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- SPAY/NEUTER PROCEDURES 4,210 (INCLUDES 579 FOR THE PUBLIC)

- DENTALS 374 (10 PUBLIC)

- OTHER MISCELLANEOUS SURGERIES 556 (47 PUBLIC)

- AFTER-HOURS EMERGENCIES 126 (21 PUBLIC)

990 PART III LINE 4B

INITIATIVES, PROGRAM CITIES, EMERGENCY RESPONSE, NETWORK PARTNERS, AND

OTHER NATIONAL OUTREACH

WHEN BEST FRIENDS WAS FIRST FOUNDED, AROUND 17 MILLION DOGS AND CATS

WERE BEING KILLED IN AMERICA'S SHELTERS EVERY YEAR, SIMPLY BECAUSE THEY

DIDN'T HAVE HOMES. TOGETHER, WE HAVE REDUCED THAT NUMBER TO AN

ESTIMATED FOUR MILLION. THAT'S TREMENDOUS PROGRESS, BUT WE WON'T STOP

UNTIL, TOGETHER, WE SAVE THEM ALL.

THROUGH LIFESAVING PROGRAMS, SPECIAL EVENTS, TARGETED INITIATIVES,

LEGISLATIVE EFFORTS, AND A NETWORK OF VALUABLE PARTNERSHIPS WITH OVER

1,400 ANIMAL WELFARE ORGANIZATIONS, BEST FRIENDS IS WORKING TO END THE

KILLING OF DOGS AND CATS IN SHELTERS FOR GOOD.

FISCAL YEAR 2015 HIGHLIGHTS INCLUDE:

PIT BULL INITIATIVES:

- PIT-BULL-TERRIER-LIKE DOGS BECAME MUCH SAFER IN RHODE ISLAND AFTER

LEGISLATION WAS PASSED THAT ALLOWS DOGS WHO ARE VICTIMS OF CRUEL

DOG-FIGHTING RINGS TO BE EVALUATED AND ADOPTED INSTEAD OF AUTOMATICALLY

DEEMED DANGEROUS. THE NEW BILL CAME INTO LAW BECAUSE OF OUR ADVOCACY

EFFORTS, BUT ALSO BECAUSE SINCE 2008, BEST FRIENDS AND THE VICKTORY

Name of the organization

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DOGS - 22 OF THE MOST TRAUMATIZED DOGS RESCUED FROM THE PROPERTY OF NFL

QUARTERBACK MICHAEL VICK, WHO RECEIVED LOVE AND TRAINING AT THE

SANCTUARY - HAVE EDUCATED THE PUBLIC AND SHOWN THEM THAT EVERY DOG, NO

MATTER BREED OR PAST, CAN BE A WONDERFUL, LOVING PET.

- WITH THE HELP OF BEST FRIENDS' LEGISLATIVE EFFORTS AND OUR EDUCATION

AND OUTREACH PROGRAMS, BREED DISCRIMINATORY LEGISLATION WAS DEFEATED IN

20 CITIES AND ONE COUNTY, TODAY, A TOTAL OF 19 (AND COUNTING) STATES

HAVE PROVISIONS AGAINST BREED DISCRIMINATION LEGISLATION.

- OVER 160,400 EMAILS RELATED TO OUR PIT BULL INITIATIVES WERE SENT BY

CARING PEOPLE THROUGH OUR LEGISLATIVE ACTION CENTER. AND SINCE OUR PIT

BULL INITIATIVES BEGAN IN 2009, NEARLY 1.8 MILLION

PIT-BULL-TERRIER-LIKE DOGS HAVE BEEN POSITIVELY IMPACTED BY BEST

FRIENDS.

PUPPY MILL INITIATIVES:

- BEST FRIENDS CONTINUES ITS WORK TO PUT AN END TO PUPPY MILLS BY

FOCUSING ON THE SOURCE OF THE PROBLEM: RETAIL STORES THAT SELL

MILL-BRED PETS, WE SPEARHEAD ORDINANCES AND ENCOURAGE PET STORES TO

OFFER ANIMALS FOR ADOPTION RATHER THAN SELL MILL-BRED PETS. AND WE WORK

TO EDUCATE THE PUBLIC ABOUT THE CONDITIONS IN WHICH MILL-BRED PETS

LIVE, URGING THEM TO ADOPT INSTEAD OF BUY THEIR NEW BEST FRIENDS, AS A

RESULT OF THESE EFFORTS, 41 NEW COMMUNITIES BANNED THE SALE OF

MILL-BRED PETS IN RETAIL STORES, BRINGING THE TOTAL NUMBER OF

COMMUNITIES IN THE U.S. AND CANADA TO 114.

- MORE THAN 12,300 EMAILS FROM CONCERNED CONSTITUENTS WERE SENT TO

Name of the organization

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LEGISLATORS THROUGH BEST FRIENDS' LEGISLATIVE ACTION CENTER, URGING
THEM TO REGULATE COMMERCIAL BREEDING, AND SHOWING THEM THAT INHUMANE
TREATMENT OF DOGS IN PUPPY MILLS CONTINUES TO BE A PROBLEM THAT PEOPLE
LIKE YOU DEEPLY CARE ABOUT.

- AS PART OF BEST FRIENDS' PUP MY RIDE PROGRAM, 2,671 PETS WERE
DELIVERED TO SAFETY - MANY OF THEM PUREBRED WHO MAY HAVE BEEN BORN IN
PUPPY MILLS. THEY WERE GIVEN A LIFT TO PARTNERING SHELTERS AND RESCUE
GROUPS IN OTHER PARTS OF THE COUNTRY WHERE SMALL DOGS ARE IN HIGH
DEMAND.

CAT INITIATIVES:

- BEST FRIENDS, IN COLLABORATION WITH PETSMART CHARITIES, RUNS
LIFESAVING COMMUNITY CATS PROJECTS IN MULTIPLE CITIES ACROSS THE
COUNTRY. THE PROJECTS WORK TO SAVE THE LIVES OF COMMUNITY CATS (OR
STRAY AND FREE-ROAMING CATS) THROUGH TRAP-NEUTER-RETURN (TNR), WHERE
CATS ARE SPAYED OR NEUTERED, VACCINATED AND RETURNED TO THEIR OUTDOOR
HOMES. OUR TNR PROGRAMS ARE CRUCIAL FOR SAVING CATS' LIVES BECAUSE
CATS, ESPECIALLY COMMUNITY CATS, ARE THE MOST AT-RISK PETS IN SHELTERS.
THE PROGRAMS ARE NOW IN ALBUQUERQUE, NEW MEXICO; BALTIMORE, MARYLAND;
COLUMBUS, GEORGIA; PHILADELPHIA, PENNSYLVANIA; PIMA COUNTY, ARIZONA;
AND SAN ANTONIO, TEXAS.

- WITH THE HELP OF BEST FRIENDS' TNR AND OUTREACH PROGRAMS, AS WELL AS
OUR ADVOCACY WORK, SENATE BILL 1260 SUCCESSFULLY PASSED IN ARIZONA. THE
BILL ENSURES THAT COMMUNITY CATS WILL NOT BE HELD IN SHELTERS, WHERE
THEY'RE IN DANGER OF BEING KILLED. INSTEAD, THEY WILL BE STERILIZED,
VACCINATED AND RETURNED TO THEIR OUTDOOR COMMUNITIES. BECAUSE OF THIS

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BILL AND OTHER LIFESAVING MEASURES, THE SAVE RATE FOR CATS IN PIMA

COUNTY INCREASED TO 91 PERCENT - UP FROM 76 PERCENT IN 2014.

- 50,490 COMMUNITY CATS WERE HELPED BY BEST FRIENDS' COMMUNITY CAT

PROGRAMS AND CONTINUED PARTNERSHIPS WITH HUMANE, EFFECTIVE TNR PROGRAMS

ACROSS THE NATION, AND MORE THAN 25,600 EMAILS WERE SENT BY

COMPASSIONATE INDIVIDUALS THROUGH BEST FRIENDS' LEGISLATIVE ACTION

CENTER ON BEHALF OF THE LIVES OF COMMUNITY CATS.

PROGRAM CITIES, NETWORK PARTNERS AND OTHER NATIONAL OUTREACH:

- BEST FRIENDS' NKUT (NO-KILL UTAH) INITIATIVE - WHICH BRINGS TOGETHER

MUNICIPAL SHELTERS, ANIMAL WELFARE ORGANIZATIONS AND DEDICATED

INDIVIDUALS TO END THE KILLING OF PETS IN UTAH'S SHELTERS BY 2019 - IS

GAINING MORE MOMENTUM THAN EVER, IN 2015, THE NUMBER OF DOGS AND CATS

DYING IN UTAH SHELTERS DECREASED BY AN AMAZING 33 PERCENT, THAT MEANS

ABOUT 4,200 FEWER PETS DIED IN UTAH SHELTERS THAN IN 2014, AND UTAH'S

SAVE RATE HAS RISEN TO 84.2 PERCENT. (90 PERCENT IS CONSIDERED

NO-KILL).

- AT THE BEST FRIENDS PET ADOPTION CENTER IN SALT LAKE CITY, WHICH

SHOWCASES PETS FROM BEST FRIENDS, AS WELL AS THOSE FROM OUR SHELTER

PARTNERS, 1,804 LUCKY DOGS AND CATS FOUND LOVING HOMES, AND AT THE BEST

FRIENDS KITTEN NURSERY IN SALT LAKE CITY, MORE THAN 1,100 FRAGILE

NEWBORN KITTENS WERE SAVED.

- THE BEST FRIENDS SPAY/NEUTER CLINIC IN OREM, JUST SOUTH OF SALT LAKE

CITY, SPAYED OR NEUTERED 11,449 PETS - MORE THAN 2,000 SURGERIES OVER

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OUR GOAL, AND WITH FUNDING PROVIDED BY PETSMART CHARITIES, A NEW BEST

FRIENDS SPAY/NEUTER CLINIC WILL SOON OPEN IN OGDEN, UTAH. THE CLINICS,

WHICH OFFER FREE AND LOW-COST SPAY/NEUTER TO THOSE WHO NEED IT MOST,

ARE HELPING FEWER PETS ENTER UTAH SHELTERS, MAKING THEM ONE OF THE KEYS

TO TURNING UTAH NO-KILL.

- A FEW YEARS BEFORE THE LAUNCH OF NKUT IN 2014, BEST FRIENDS' NKLA

(NO-KILL LOS ANGELES) INITIATIVE WAS ALREADY IN FULL SWING, LED BY BEST

FRIENDS. THE INITIATIVE BRINGS TOGETHER APPROXIMATELY 100 NKLA

COALITION PARTNERS, CITY SHELTERS AND THOUSANDS OF INDIVIDUALS TO MAKE

L.A. NO-KILL BY THE END OF 2017. IN 2015, THE SAVE RATE AT L.A. CITY

SHELTERS RAISED TO AN AMAZING 75.8 PERCENT - UP FROM 69.13 PERCENT IN

2013. WE ARE WELL ON OUR WAY TO NO-KILL IN L.A.

- THE NKLA PET ADOPTION CENTER - L.A.'S CHICEST ADOPTION CENTER THAT

SHOWCASES PETS FROM OUR NKLA COALITION PARTNERS - FOUND HOMES FOR

NEARLY 2,500 DOGS AND CATS.

- THE BEST FRIENDS PET ADOPTION AND SPAY/NEUTER CENTER IN LOS ANGELES

PULLED 5,850 PETS FROM L.A. ANIMAL SERVICE FACILITIES, FOUND HOMES FOR

NEARLY 4,700 PETS, AND SPAYED OR NEUTERED NEARLY 6,500 PETS, AND IN THE

CENTER'S KITTEN NURSERY, OVER 1,800 KITTENS, WERE SAVED - WHICH IS

ESPECIALLY IMPORTANT SINCE, IN L.A., KITTENS ARE THE MOST AT-RISK PETS

IN SHELTERS.

- BECAUSE NEWBORN KITTENS TRAGICALLY MAKE UP THE MAJORITY OF ALL

ANIMALS KILLED IN LOS ANGELES CITY SHELTERS, IN JULY, BEST FRIENDS RAN

AN URGENT THREE-WEEK DIGITAL FUNDRAISING CAMPAIGN FOR THE KITTENS. BUT

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THE EMAILS WERE NOT JUST SENT TO MEMBERS IN L.A. - THEY WERE SENT

NATIONWIDE, THE CAMPAIGN BECAME THE SINGLE LARGEST DIGITAL CAMPAIGN IN

BEST FRIENDS HISTORY, MAKING 62 MILLION IMPRESSIONS AND RAISING

\$291,000 TO SAVE THOUSANDS OF NEWBORN KITTENS.

- FOR YEARS, BEST FRIENDS HAS BEEN WORKING IN NEW YORK CITY TO SAVE THE

LIVES OF PETS IN CITY SHELTERS, THROUGH ADOPTION AND FUNDRAISING

EVENTS, AS WELL AS A FOSTER PROGRAM IN PARTNERSHIP WITH ANIMAL CARE &

CONTROL OF NYC, BEST FRIENDS DIRECTLY HELPED NEARLY 900 DOGS AND CATS

IN 2015, AND PULLED 400 PETS FROM THE CITY'S SHELTERS WHO WERE IN

DANGER OF BEING KILLED.

- ALSO IN NEW YORK CITY, BEST FRIENDS ANNOUNCED PLANS TO OPEN A NEW PET

ADOPTION CENTER IN DOWNTOWN MANHATTAN IN A TRENDY SOHO LOCATION IN

2016. THE CENTER WILL SHOWCASE PETS FROM NEW YORK SHELTERS AND

ENCOURAGE MORE PEOPLE IN THE AREA TO ADOPT INSTEAD OF BUY THEIR NEW

BEST FRIENDS.

- BEST FRIENDS' SUPER ADOPTION EVENTS ARE STILL THE LARGEST ADOPTION

EVENTS IN THE COUNTRY, TAKING PLACE TWICE A YEAR IN NEW YORK CITY, LOS

ANGELES AND SALT LAKE CITY, THE EVENTS BRING TOGETHER RESCUE GROUPS AND

SHELTERS, ALONG WITH THOUSANDS OF ADOPTERS, TO FIND HOMES FOR AS MANY

PETS AS POSSIBLE. IN 2015, 2,355 PETS FOUND HOMES AT THE EVENTS.

- BEST FRIENDS' STRUT YOUR MUTT - A NATIONAL FUNDRAISER THAT HELPS

RAISE MONEY FOR HUNDREDS OF ANIMAL WELFARE GROUPS (AND THE ANIMALS) -

NOW TAKES PLACE IN 12 CITIES ACROSS THE COUNTRY. IN 2015, STRUT YOUR

MUTT RAISED MORE THAN \$1.4 MILLION FOR 284 PARTICIPATING BEST FRIENDS

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PARTNERS.

- BEST FRIENDS' NO MORE HOMELESS PETS NETWORK - A NETWORK OF ANIMAL

WELFARE GROUPS COMMITTED TO SAVING THE LIVES OF HOMELESS PETS THROUGH

EFFECTIVE ADOPTION AND SPAY/NEUTER PROGRAMS - NOW HAS MORE THAN 1,400

PARTNERS IN ALL 50 STATES. IN 2015, NETWORK PARTNERS RECEIVED MORE THAN

\$1.6 MILLION IN GRANTS FROM BEST FRIENDS, ENABLING THEM TO SAVE AS MANY

HOMELESS PETS AS POSSIBLE.

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) BEST FRIENDS WELLNESS CENTER, INC.	A	6,000	ARM'S LENGTH ESTIMATE OF RENT
(2)			
(3)			
(4)			
(5)			
(6)			

Part VII	Supplemental Information
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Provide additional information for responses to questions on Schedule R (see instructions).