FORT 8879-EO

IRS e-file Signature Authorization for an Exempt Organization

DNB NO 1545-1078

Department of the Treatur Internal Revenue Servica
Name of exempt organizat

sternal Reveni	OB SOLVICO	- P G) to www.irs.nov/rormogram	O for the tatest intomide	718.	
viame of exem	pt organization				Employer Identification	on numper 1665797
SOLDIER'S	BEST FRIE	4D			21-6	1005/41
Vamo and title				•	PRESIDENT	
JILL J. NEI.	SON		21 h # 5 - P2	Hara Parks	PERSON	
Part I	Type of R	eturn and Retur	n Information (Whole Do	niars Univ)	The state of the s	
if you check	k the box on l	ine fa, 2a, 3a, 4a, 0 ve line 1b, 2b, 3b, 4 ner -0- on the applic	re using this Form 8679-EO r 5a, below, and the amount ib, or 5b, whichever is applik able line below. Do not com	on that line for the feture able, blank (do not ente piele more than one line	r-0-). But, if you er in Part I	urcteq
1a. Form S	990 check her	e ▶ 🔀 b To	ial revenue, if any (Form 99	0, Part VIII, column (A).	(ine 12)	1b <u>873,615</u>
2a Form 9	90-EZ check	here 🕨 🔲 b	Total revenue, it any (Form	980-EZ, line 9) .	e a karanta da A	2h
	1120-POL che	ck here	b Total tax (Form 1120-Pi	DL, line 22)		3b
	90-PF check		Tax based on investment	income (Form 990-PF, I	Part VI, line 5)	415.
	3868 check h	,	lance Due (Form 8888, fine			5b
pa. rynn c	3000 CHECK III	31G P [] D D	mance part to distribute			
thank th	Doolovski	on and Signatur	e Authorization of Offic	pr	The state of the s	
Part II	Deciman	I dealer that I am a	officer of the above organizati	on and that I have examine	d a copy of the orga	nization's
the U.S. Tre Institution at and the lina Agent at 1-8 Involved in I	esury and its cocount indicate incial institution 388-353-4537 the processing less related to the second control of the processing less related to the second control of the processing less related to the second control of the processing less related to the second control of the second	tesignated Financial / id in the tax preparall to debit the entry to no later than 2 busine of the electronic pays ne payment. I have so	cessing the return or refund, a gent to initiate an electronic fu in software for payment of the his account. To revoke a paym as days prior to the payment (s pent of taxes to receive confict plected a personal identification flor's consent to electronic fun	ngs withdrawat (direct den organization's federal taxe ent. I must contact the U.S ettlement) date. I also auth intial information necessar rumber (PIN) as my signe	t) entry to the Imano sowed on this return Treasury Financial orize the financial in y to answer inquiries	situtions end
Officers F	IN: check o	ne box only			· · · · · · · · · · · · · · · · · · ·	
X) 1	authorize	JOSEPH	A. MARTIN, C.P.A., P.C. ERO firm name	to enter my F	Enter five numb	
al de	s being filed i	vith a state agency	 7 electronically filed return- ies) regulating charities as p PIN on the return's disclosu 	ant of the IRS Fed/State	this return that a c program, I also au	opy of the return thorize the
<u> </u>	lled return. If charilles as p	I have indicated will	will enter my PIN as my sig nin this return that a copy of tale program, I will enter my	the return is being filed	with a state agenc	y(les) regul e ting
Officer's sign		66DN0S6D2E6445A		Dete 1		
		tion and Authen		Name and the second sec		
EBAN CE	MIDIN Enter	wair cly digit sleat	onle illing identification	-		·····

number (EFIN) followed by your five-digit self-selected PIN.

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2017 electronically filed return for the organization Indicated above, I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MéR) Information for Authorized IRS e-file Providers for Business Returns:

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

Form 8879-EO (2017)

For Paperwork Reduction Act Notice, see back of form.

ERO's signature - JOSEPH A MARTIN

Form 990

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

B Check application Description Descrip	Α	For the	2017 cal	lendar year, or tax year	beginning			, and en						
Address change Name chang						ST FRIEND				D Employe	r identificatio	e namp	er	
Neman change Nema	_	Address c	hange	Doing business as										
Initial return				Number and street (or P.	O, box if mail is not d	elivered to street addre	ss) Ro	etius/mo	l l					
Peoris P	'ب	Name cha	inge	14505 N 75TH AVEN	UE					E Telephon	e number			
Find refunctionships Poorige country name Poorige province/statisticizenty Foreign province/statisticizenty Poorige position Quantification Quan		nitlal retu	m	City or town					1	(623) 218-	6486			
Application pending: Application pending: Name and arideness of principal different permitting: Name and arideness of principal different pending: Name and arideness of pendi	Ξ.	Singlerofuroi	Norminated							A				
Appetation pending F. Name and address of principal officer. JILL J. NELSON 14506 N 75TH AVENUE, PEORIA, AZ 85381 H(b) he sists a group return for subcerimitario? Yes X No. Appetation Yes X N	ᆜ'	THE ICEURA	(CITIEITE)	Foreign country name	Foreign p	rovince/state/county	Fo	reign postal :	code	C Cross so	anîala C		01	5 6 1 5
Summary	، ٰٰٰٰ	Amended	return							G Glossie	ceibre a			
JILL_J. NELSON 14506 N 75TH AVENUE, PEORIA, AZ 55381 High, Az all absociations in Involve that as a second of the component catalax Strickly Stric		Applicatio	n pending	F Name and address of pr	incipal officer:				H(a) is th	is a group return	ofor subordinate	5?	Yes Z	X No
Tex-exempt status:		••	-	JILL J. NELSON 1450	05 N 75TH AVEN	IUE, PEORIA, AZ	85381_		H(b) Are	ali subordina	tes included?	L	Yes	No
Website:			nh mhatuar					527	if "	No," attach a i	list. (see instru	ctions)		
Report of organization: X Corporation Trust Association Other Lever of formation: 2011 M State of tegal domicide: AZ						(0,000,000)			Life) Co	un evenntier	number 🕨			
Summary Briefly describe the organization's mission or most significant activities: SOLDIER'S BEST FRIEND PROVIDES U.S. MILITARY VETERANS WITH COMBAT. RELATED POST TRAUMATIC STRESS DISORDER OR TRAUMATIC BRAIN INJURY WITH SERVICE OR THERAPEUTIC COMPANION DOGS MOST OF WHICH ARE RESCUED FROM SHELTERS. NUMBER of Voting members of the governing body (Part VI, line 1a). Number of voting members of the governing body (Part VI, line 1a). Number of vinding members of the governing body (Part VI, line 1a). Number of vinding members of the governing body (Part VI, line 1a). Number of vinding members of the governing body (Part VI, line 1a). Number of vinding members of the governing body (Part VI, line 1a). Number of vinding members of the governing body (Part VI, line 2a). Number of vinding members of the governing body (Part VI, line 2a). Number of vinding members of the governing body (Part VI, line 2a). Number of vinding members of the governing body (Part VI, line 2a). Number of vinding members of the governing body (Part VI, line 2a). Number of vinding members of the governing body (Part VI, line 2a). Number of vinding members of the governing body (Part VI, line 2a). Number of vinding members of the governing body (Part VI, line 2a). Number of vinding members of the governing body (Part VI, line 1a). Number of vinding members of the governing body (Part VI, line 1a). Number of vinding members of the governing body (Part VI, line 1a). Number of vinding members of the governing body (Part VI, line 1a). Number of vinding members of the governing body (Part VI, line 1a). Number of vinding members of the governing body (Part VI, line 1a). Number of vinding members of the governing body (Part VI, line 1a). Number of vinding members of the governing body (Part VI, line 1a). Number of vinding members of the governing body (Part VI, line 1a). Number of vinding members of the governing body (Part VI, line 1a). Number of vinding members of the governing body (Part VI, line 1a). Number of vinding					 1									
Briefly describe the organization's mission or most significant activities: SOLDIER'S BIST FIREND PROVIDES U.S.	K	oms of or	genization:	X Corporation	Trust Associat	ion Other -		LYea	r ot torms	11ion: 2011	M State	or tedan i	ionnere:	
MILITARY VETERANS WITH COMBAT. RELATED POST TRAUMATIC STRESS DISCRODER OR TRAUMATIC BRAIN INJURY WITH SERVICE OR THERAPEUTIC COMPANION DOGS MOST OF WHICH ARR RESCUED FROM SHELTERS. Value	F	art !	Su	mmary								<u> </u>	11.0	
INJURY WITH SERVICE OR THERAPEUTIC COMPANION DOGS MOST OF WHICH ARE RESCUED FROM SHELTERS.		1	Briefly o	lescribe the organizati	on's mission of r	nost significant ac	tivities:	SOL	DIER'S	BEST FRI	END PRO	/IDES	<u>U.S.</u>	
B	8	Ì	MILITAI	RY VETERANS WITH	COMBAT - REL	ATED POST TRA	UMATIC	STRESS	DISOF	RDER OR	RAUMAII	CBK	un	
B	喜		INJURY	WITH SERVICE OR	THERAPEUTIC	COMPANION DO	GS MOS	ST OF WI	HICH A	RE RESCU	JED FROM	SHEL	TERS.	
B	ğ	2	Check t	his box	organization disc	ontinued its opera	ations or	disposed	of more	e than 25%	of its net a	assets.		
B	ě		Number	r of voting members of	the governing b	ody (Part VI, line	1a)				3			
B	ođ		Number	r of independent voting	members of the	governing body	(Part VI,	line 1b).			4			
B	ë.	1	Total nu	imber of individuals en	nploved in calen	dar year 2017 (Pa	art V, line	2a)			5			
B	₹										6			60
B Net unrelated business taxable income from Form 990-T, line 34. Prior Year Current Year Current Year September Se	Ş		Total ur	related business reve	nue from Part VI	II, column (C), line	e 12				7a			0
8 Contributions and grants (Part VIII, line 1h). 9 Priogram service revenue (Part VIII, line 2g). 0 0 0.0 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d). 4,981 1 5,029 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e). 1,584 12,089 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12). 1,160,421 873,615 13 Grants and similar amounts paid (Part IX, column (A), line 4). 0 0 0.0 14 Benefits paid to or for members (Part IX, column (A), line 4). 0 0 0.0 15 Salaries, other compensation, employee benefits (Part IX, column (A), line 4). 0 0 0.0 16 Total indiraising expenses (Part IX, column (A), line 4). 0 0 0.0 17 Other expenses (Part IX, column (D), line 25). 48,495 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25). 442,580 496,632 19 Revenue less expenses. Subtract line 18 from line 12. 717,841 376,983 10 Total assets (Part X, line 16). 20 Total assets (Part X, line 26). 21,824,746 20 Total assets (Part X, line 26). 21,824,746 21 Total liabilities (Part X, line 26). 21,824,746 22 Total liabilities (Part X, line 26). 21,824,746 23 Signature Block Under prenties or perjurt, idealers that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge. Paid Preparer 10 Signature Block Prim's name Possible A MARTIN JOSEPHA MARTIN 11/12/2018 self-employed Pol1464383 Preparer 11 Column (A), line 20 Proper in these and stitle Prim's name Possible A MARTIN Preparer signature 12 Signature of officer 13 Signature of officer 14 Self-employed Prim's address Possible A MARTIN Properer's signature 15 Self-employed Prim's address Possible A MARTIN Properer's signature 16 Prim's name Possible A MARTIN Properer's signature 17 Prim's name Possible A MARTIN Properer's signature 18 Prim's name Possible A MARTIN Properer's signature 19 Prim's name Possible A MARTIN Properer's signature 20 Prim's name Possible A MARTIN Properer's signature 20 Prim's name Possib	_	1 .									7b			0
Program service revenue (Part VIII, line 2g)		╅										Cur	rent Year	
9 Program service revenue (Part VIII, line 2g). 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d). 11 Other revenue (Part VIII, column (A), lines 3, 6d, 8c, 9c, 10c, and 11e). 11 Other revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12). 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12). 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 14 Benefits paid to or for members (Part IX, column (A), lines 1-3). 15 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 16 Benefits paid to or for members (Part IX, column (A), lines 4). 17 Professional fundraising fees (Part IX, column (A), line 4). 18 Professional fundraising eses (Part IX, column (D), line 25). 19 Professional fundraising expenses (Part IX, column (D), line 25). 10 Total expenses (Part IX, column (D), line 25). 11 Total expenses (Part IX, column (A), line 11e). 12 Total expenses (Part IX, column (A), line 12). 13 Total expenses (Part IX, column (D), line 25). 14 Eagland (Part IX)		8	Contrib	utions and grants (Par	t VIII, line 1h) .					1,1	57,044		8	56,497
Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12). 1,160,421 873,615 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 0 0 0 14 Benefits paid to or for members (Part IX, column (A), lines 1-3). 0 0 0 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10). 281,336 277,477 16a Professional fundraising fees (Part IX, column (A), line 11e). 0 17 Other expenses (Part IX, column (A), line 11e). 48,495 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25). 442,580 496,832 19 Revenue less expenses. Subtract line 18 from line 12. 717,841 376,983 20 Total assets (Part X, line 16). 58,247 21 Total liabilities (Part X, line 26). 1,925,382 2,128,247 21 Total liabilities (Part X, line 26). 1,723,798 2,100,781 Part II Signature Block Under penelties of perjury, I declare that I have examined this return, including ecompanying schedules and statements, and to the best of my knowledge. Print' ype or print name and title Print's address > 5134 N. CENTRAL AVE., SUITE 204, PHOENIX, AZ 85012 Phone no. (602) 265-1455	Ž	9							Ĺ		0			
Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12). 1,160,421 873,615 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 0 0 0 14 Benefits paid to or for members (Part IX, column (A), lines 1-3). 0 0 0 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10). 281,336 277,477 16a Professional fundraising fees (Part IX, column (A), line 11e). 0 17 Other expenses (Part IX, column (A), line 11e). 48,495 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25). 442,580 496,832 19 Revenue less expenses. Subtract line 18 from line 12. 717,841 376,983 20 Total assets (Part X, line 16). 58,247 21 Total liabilities (Part X, line 26). 1,925,382 2,128,247 21 Total liabilities (Part X, line 26). 1,723,798 2,100,781 Part II Signature Block Under penelties of perjury, I declare that I have examined this return, including ecompanying schedules and statements, and to the best of my knowledge. Print' ype or print name and title Print's address > 5134 N. CENTRAL AVE., SUITE 204, PHOENIX, AZ 85012 Phone no. (602) 265-1455	ş	10												
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	ď.	11	Other re	evenue (Part VIII, colu	mn (A), lines 5, (3d, 8c, 9c, 10c, ar	nd 11e) .				-1,584			
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 0 0 0 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), line 4) 281,336 277,477 16 Professional fundraising fees (Part IX, column (A), line 11e) 0 17 Other expenses (Part IX, column (A), line 25) ▶ 48,495 18 Total expenses (Part IX, column (A), line 25) ▶ 48,495 19 Revenue less expenses. Subtract line 18 from line 12 161,244 219,155 19 Revenue less expenses. Subtract line 18 from line 12 171,841 376,983 10 Total assets (Part X, line 16) 20 171,841 376,983 10 Total assets (Part X, line 16) 20 1,723,798 21,128,247 10 Total liabilities (Part X, line 26) 201,584 27,486 10 Net assets or fund balances. Subtract line 21 from line 20 1,723,798 2,100,781 10 Signature Block 10 Under penelties of perjury, I declare that I have examined this return, including eccompanying schedules and statements, and to the best of my knowledge and bellef, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. 10 Signature of officer 11 Type or print name and title 12 Print III Signature Block 13 Signature Block 14 Signature Block 15 Signature Block 16 1,244 211,580 442,58			Total rev	venue-add lines 8 thro	ugh 11 (must equa	al Part VIII, column	(A), line	12) . 🔻		1,1	60,421		8	73,615
14 Benefits paid to or for members (Part IX, column (A), line 4)	_		Grants	and similar amounts p	aid (Part IX, colu	ımn (A), lines 1–3	3)				0			0
Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10). 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 119. 16 Professional fundraising fees (Part IX, column (A), line 119. 17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e). 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25). 19 Revenue less expenses. Subtract line 18 from line 12. 10 Total assets (Part X, line 16). 11 Total assets (Part X, line 16). 12 Total liabilities (Part X, line 26). 13 Total liabilities (Part X, line 26). 14 Signature Block Under penetities of pejuy, I declare that I have examined this return, including eccompanying 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. 15 Salaries, other compensation, employee benefits (Part IX, column (A), line 15). 16 Viter expenses (Part IX, column (A), line 15). 17 Other expenses (Part IX, column (A), line 15). 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25). 19 Revenue less expenses. Subtract line 12 from line 12. 10 Total assets (Part X, line 16). 11 Part III Signature Block Under penetities of pejuy, I declare that I have examined this return, including eccompanying 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. 18 Signature of officer 19 Print/Type preparer's name 19 JOSEPH A MARTIN 10 JOSEPH A MARTIN 11 J1/12/2018 11 J1/12/2018 12 Check			Benefit	s paid to or for member	ers (Part IX, colu	mn (A), line 4)					0			0
16a Professional fundraising fees (Part IX, column (A), line 11e) 17 18 18 17 18 18 18 18 19 1	60	14-	Salaries	s, other compensation, e	mployee benefits	(Part IX, column (A	4), lines 5	i–10) . .		2	81,336		2	77,477
Total expenses. Add lines 13—17 (must equal Part IX, column (A), line 25). 18 Total expenses. Add lines 13—17 (must equal Part IX, column (A), line 25). 19 Revenue less expenses, Subtract line 18 from line 12. 10 Total assets (Part X, line 16). 10 1,925,382 11 Total liabilities (Part X, line 26). 11 Total liabilities (Part X, line 26). 12 Net assets or fund balances. Subtract line 21 from line 20. 13 Signature Block Under penelties of perjur, 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. 10 Signature of officer 11 Type or print name and title 12 Print/Type preparer's name 13 Print/Type preparer's name 14 Print/Type preparer's name 15 Print/Type preparer's name 16 Print/Type preparer's name 17 Print/Type preparer's name 18 Total expenses. Add lines 13—17 (must equal Part IX, column (A), line 25). 19 Revenue less expenses. Subtract line 12. 19 Eginning of Current Year 19 End of Year 19 End of Year 20 1,584 21,128,247 20 1,584 21,128,247 21,128,247 22 Net assets or fund balances. Subtract line 20 from line 20. 1,723,798 2,100,781 Part II 21 Signature of officer 10 Date 10 Date 11 Print/Type preparer's name 10 Seph A MARTIN 11 J12/2018 11 Print/Type preparer's name 12 Date 13 Print/Type preparer's name 13 Print/Type preparer's name 14 Print/Type preparer's name 15 Print/Type preparer's name 16 Print/Type preparer's name 17 Print/Type preparer's name 18 Print/Type preparer's name 19 Date 10 Print/Type preparer's name 20 Print/Type preparer's name 21 Print/Type preparer's name 22 Print/Type preparer's name 23 Print/Type preparer's name 24 Print/Type preparer's name 25 Print/Type preparer's name 26 Print/Type preparer's name 27 Print/Type preparer's name 28 Print/Type preparer's name 29 Print/Type preparer's name 29 Print/Type	ě	16a	Profess	sional fundraising fees	(Part IX, column	(A), line 11e)								0
Total expenses. Add lines 13—17 (must equal Part IX, column (A), line 25). 18 Total expenses. Add lines 13—17 (must equal Part IX, column (A), line 25). 19 Revenue less expenses, Subtract line 18 from line 12. 10 Total assets (Part X, line 16). 10 1,925,382 11 Total liabilities (Part X, line 26). 11 Total liabilities (Part X, line 26). 12 Net assets or fund balances. Subtract line 21 from line 20. 13 Signature Block Under penelties of perjur, 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. 10 Signature of officer 11 Type or print name and title 12 Print/Type preparer's name 13 Print/Type preparer's name 14 Print/Type preparer's name 15 Print/Type preparer's name 16 Print/Type preparer's name 17 Print/Type preparer's name 18 Total expenses. Add lines 13—17 (must equal Part IX, column (A), line 25). 19 Revenue less expenses. Subtract line 12. 19 Eginning of Current Year 19 End of Year 19 End of Year 20 1,584 21,128,247 20 1,584 21,128,247 21,128,247 22 Net assets or fund balances. Subtract line 20 from line 20. 1,723,798 2,100,781 Part II 21 Signature of officer 10 Date 10 Date 11 Print/Type preparer's name 10 Seph A MARTIN 11 J12/2018 11 Print/Type preparer's name 12 Date 13 Print/Type preparer's name 13 Print/Type preparer's name 14 Print/Type preparer's name 15 Print/Type preparer's name 16 Print/Type preparer's name 17 Print/Type preparer's name 18 Print/Type preparer's name 19 Date 10 Print/Type preparer's name 20 Print/Type preparer's name 21 Print/Type preparer's name 22 Print/Type preparer's name 23 Print/Type preparer's name 24 Print/Type preparer's name 25 Print/Type preparer's name 26 Print/Type preparer's name 27 Print/Type preparer's name 28 Print/Type preparer's name 29 Print/Type preparer's name 29 Print/Type	혉	ь	Total fu	ndraisino expenses (F	Part IX. column (I	D), line 25) 🕨		48,495	1					. tt. 4
Total expenses. Add lines 1317 (must equal Part IX, column (A), line 25). 442,580 496,632 19 Revenue less expenses. Subtract line 18 from line 12. 717,841 376,983 20 Total assets (Part X, line 16). 1,925,382 2,128,247 21 Total liabilities (Part X, line 26). 201,584 27,466 22 Net assets or fund belances. Subtract line 21 from line 20. 1,723,798 2,100,781 Part II Signature Block Under penelties 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 PrintType preparer's name Preparer's signature JOSEPH A MARTIN JOSEPH A MARTIN JOSEPH A MARTIN Firm's name JOSEPH A MARTIN, C.P.A., P.C. Firm's name JOSEPH A. MARTIN, C.P.A., P.C. Firm's address 5134 N. CENTRAL AVE., SUITE 204, PHOENIX, AZ 85012 Phone no. (602) 265-1455	ă	17	Othere	xpenses (Part IX, colu	ımn (A), lines 11	a-11d, 11f-24e) .				1	61,244		2	<u> 19,155</u>
19 Revenue less expenses. Subtract line 18 from line 12. 717,841 376,983 Beginning of Current Year End of Year			Total ex	menses Add lines 13-	-17 (must equal	Part IX. column (/	A), line 2	5)		4	42,580		4	96,632
Total assets (Part X, line 16). Total liabilities (Part X, line 26). Net assets or fund balances. Subtract line 21 from line 20. Total liabilities (Part X, line 26). Net assets or fund balances. Subtract line 21 from line 20. Total liabilities (Part X, line 26). Net assets or fund balances. Subtract line 21 from line 20. Total liabilities (Part X, line 26). Net assets or fund balances. Subtract line 21 from line 20. Total liabilities (Part X, line 26). Net assets or fund balances. Subtract line 21 from line 20. Total liabilities (Part X, line 26). Net assets or fund balances. Subtract line 21 from line 20. Total liabilities (Part X, line 26). 201,584 27,466 1,723,798 2,100,781 Part II Signature Block Under penelties 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 Print/Type or print name and title Print/Type preparer's name JOSEPH A MARTIN JOSEPH A MARTIN Firm's name JOSEPH A MARTIN, C.P.A., P.C. Firm's siddress > 5134 N. CENTRAL AVE., SUITE 204, PHOENIX, AZ 85012 Phone no. (602) 265-1455			Revent	re less expenses. Sub	tract line 18 fron	n line 12							3	76,983
Part II Signature Block Under penelties 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 Type or print name and title Print/Type preparer's name Preparer's signature JOSEPH A MARTIN JOSEPH A MARTIN Firm's name JOSEPH A. MARTIN, C.P.A., P.C. Firm's endoress 5134 N. CENTRAL AVE., SUITE 204, PHOENIX, AZ 85012 Phone no. (602) 265-1455	ä					·			Begin	ning of Curre	nt Year	En		
Part II Signature Block Under penelties 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 Type or print name and title Print/Type preparer's name Preparer's signature JOSEPH A MARTIN JOSEPH A MARTIN Firm's name JOSEPH A. MARTIN, C.P.A., P.C. Firm's endoress 5134 N. CENTRAL AVE., SUITE 204, PHOENIX, AZ 85012 Phone no. (602) 265-1455	됩	20	Total as	ssets (Part X, line 16)					L					
Part II Signature Block Under penelties 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 Type or print name and title Print/Type preparer's name Preparer's signature JOSEPH A MARTIN JOSEPH A MARTIN Firm's name JOSEPH A. MARTIN, C.P.A., P.C. Firm's endoress 5134 N. CENTRAL AVE., SUITE 204, PHOENIX, AZ 85012 Phone no. (602) 265-1455	20	21	Total lia	abilities (Part X, line 26	3)									
Part II Signature Block Under penelties 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 Type or print name and title Print/Type preparer's name Preparer's signature JOSEPH A MARTIN JOSEPH A MARTIN Firm's name JOSEPH A. MARTIN, C.P.A., P.C. Firm's endoress 5134 N. CENTRAL AVE., SUITE 204, PHOENIX, AZ 85012 Phone no. (602) 265-1455	Ž,	22	Net ass	sets or fund balances.	Subtract line 21	from line 20	<u> </u>	. , , ,		1,7	23,798		2,1	00,781
Under penelties 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 Type or print name and title Print/Type preparer's name Preparer's signature Print/Type preparer's name Preparer's signature JOSEPH A MARTIN JOSEPH A MARTIN Firm's name JOSEPH A MARTIN, C.P.A., P.C. Firm's endoress 5134 N. CENTRAL AVE., SUITE 204, PHOENIX, AZ 85012 Phone no. (602) 265-1455	ЬБ	arf II	Si	gnature Block										
Sign Here Signature of officer Date	Ho	der neneli	lies of perju	ry, I declare that I have exam	nined this return, inclu	iding accompanying so	hedules an	d statement	s, and to	the best of my	knowledge			
Paid Preparer Use Only Print/Type preparer's name Preparer's signature Date Check if PTIN	and	i belief, lt	is true, con	rect, and complete. Declarati	on of preparer (other	than officer) is based t	л ан эпопт	BUON OF WITH	CII PI SPAI	El Has GHT KIL	Ontougo.			
Paid Preparer Use Only Print/Type preparer's name Preparer's signature Date Check if PTIN	Si	an								- I Dod			· · · · · ·	
Type or print name and title Print/Type preparer's name Preparer's signature Print/Type preparer's name JOSEPH A MARTIN JOSEPH A MARTIN Firm's name JOSEPH A. MARTIN, C.P.A., P.C. Firm's Elin ▶ 86-0926984 Firm's address ▶ 5134 N. CENTRAL AVE., SUITE 204, PHOENIX, AZ 85012 Phone no. (602) 265-1455				Signature of officer						Dat	•			
Paid Preparer Use Only PrintType preparer's name Preparer's signature JOSEPH A MARTIN Firm's name JOSEPH A MARTIN, C.P.A., P.C. Firm's EIN 86-0926984 Phone no. (602) 265-1455				The amount of the same) 					
Paid Preparer Use Only JOSEPH A MARTIN JOSEPH A MARTIN 11/12/2018 Check if self-employed P01464383 Firm's name ➤ JOSEPH A. MARTIN, C.P.A., P.C. Firm's EIN ➤ 86-0926984 Firm's address ➤ 5134 N. CENTRALAVE., SUITE 204, PHOENIX, AZ 85012 Phone no. (602) 265-1455			17			Preparer's signature	,		/10	ate . I		PT	IN	
Preparer Use Only JOSEPHA MARTIN JOSEPHA MARTIN 11/222101 11/2222101 11/22222101 11/22222101 11/22222101	p.	a i el	131	ne i kho hishkisi a naina		_	*+	$\neg \mathbf{x}$				if		
Use Only Firm's name ► JOSEPHA, MARTIN, C.P.A., P.C. Firm's EIN ► 60-0920954 Firm's address ► 5134 N. CENTRALAVE., SUITE 204, PHOENIX, AZ 85012 Phone no. (602) 265-1455			r JC	SEPH A MARTIN		JOSEPH A MAR	TIN /				· · · · · · · · · · · · · · · · · · ·		146438	53
Firm's address ► 5134 N. CENTRAL AVE., SUITE 204, PHOENIX, AZ 85012 Phone no. (602) 255-1455														
	-		Fir	m's address ► 5134 N.	CENTRAL AVE.	SUITE 204, PHO	ENIX, A	Z 85012		Phone no.	(602) 28	35-145	5	
	Ma	ay the II										. X	Yes	☐ No

Form 99	90 (2017) SOLDIER'S BEST FRIEND	27- <u>4665797</u>	Page 2
Par	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u>.</u> .	
1	Briefly describe the organization's mission:		
	SOLDIER'S BEST FRIEND PROVIDES SERVICE/THERAPEUTIC COMPANION DOG TRAINING FOR	VETERANS	
	LIVING WITH COMBAT-RELATED POST TRAUMATIC STRESS DISORDER (PTSD) OR TRAUMATIC	BRAIN INJURY	
	(TBI). OUR PROGRAM IS ARIZONA-BASED, PROVIDING LIFE-CHANGING SERVICES FOR QUALIF		
	VETERANS AND ARIZONA HOMELESS DOGS.		
2	Did the organization undertake any significant program services during the year which were not listed or	1	
_	the prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O.	_	<u></u>
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
v	services? ,	Yes	X No
	If "Yes," describe these changes on Schedule O.	t	
4	Describe the organization's program service accomplishments for each of its three largest program serv	ices, as measured by	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and	d allocations to others.	
	the total expenses, and revenue, if any, for each program service reported.	,	
	the total experience and totalized, it diff, for second program as the total experience		
4a	(Code:) (Expenses \$ 373,197 including grants of \$) (Rev	enue \$	
na.	THE SERVICE AND THERAPEUTIC COMPANION DOG TRAINING PROGRAM, SOLDIERS BEST FR	IEND ONLY PROGRA	
	PAIRS AN APPROPRIATE AND VETTED DOG WITH A VETERAN LIVING WITH PTSD OR TBI. TOGE	THER THE VETERAL	W
	DOG TEAM TRAINS UNTIL THE DOG QUALIFIES FOR SERVICE OR THERAPEUTIC COMPANION I	DOG STATUS OUR	11
	TRAINING PROGRAM IS PROVIDED TO QUALIFIED VETERANS AT NO COST. THIS PROGRAM SE	DIVES AS A DARALLE	
	CURRENT DI ANTO CACLLYSTERANG MEDICAL TREATMENT AND AIMS TO LEGEN THE DARTIC	MONTING VETERANS	<u></u>
	SUPPORT PLAN TO EACH VETERANS MEDICAL TREATMENT AND AIMS TO LESSEN THE PARTIC	VI ECCENING THEIR	
	SYMPTOMS OF PTSD OR TBI SO THEY CAN LEAD FULL, PRODUCTIVE LIVES. SPECIFICALLY, BY	PRITALIZATION	
	PTSD OR TBI SYMPTOMS, WE LESSEN THE PARTICIPATING VETERANS RISK FOR FUTURE HOS	OF INCIDATION,	·
	HOMELESSNESS, INCARCERATION, DOMESTIC ABUSE, AND OR SUICIDE AND IMPROVE THEIR	QUALITY OF LIFE, D	
	RESCUING AND PLACING AS MANY SHELTER/RESCUE DOGS AS POSSIBLE, WE STRIVE TO HE	LP IIVIPROVE THE	
	ARIZONA DOG OVERPOPULATION PROBLEM WHILE GIVING A HOMELESS DOG A SECOND CHA	INCE IN LIFE.	
		A	
4b	(Code:) (Expenses \$ including grants of \$) (Rev		
4c			
4c			
4c			
4c	(Code:) (Expenses \$ including grants of \$) (Re		
4c 4d	(Code:) (Expenses \$ including grants of \$) (Re	venue \$	
	(Code:) (Expenses \$ including grants of \$) (Re		

Part	Checklist of Required Schedules			
_			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	اہا	J	
_	complete Schedule A	1		
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	^	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
-	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part (5		<u>X</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors		ļ	
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			.,
-	"Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	.	х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	*		
•	complete Schedule D, Part III	8	ĺ	X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt			
	negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted		l	
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	www.es	X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	x l	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more		$\neg \neg$	
	of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VII.	11b		Х
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
đ	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	ا ا	ı	v
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		^
ı	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Ì	х
120	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	 • • • • • • • • • • • • • • • • • • •		-
124	Schedule D, Parts XI and XII.	12a		х
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"			
	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			,
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b	$\vdash \vdash$	Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	15		х
40	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	- 19		<u> </u>
16	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	<u> </u>	-	
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions).	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			l
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Х

rar	Checklist of Required Schedules (continued)			
			Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Χ_
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	21		<u> </u>
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.	22	-	<u>X</u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated	_		
	employees? If "Yes," complete Schedule J	23		<u>X</u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	l l		
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			.,
	24b through 24d and complete Schedule K. If "No," go to line 25a	24a		<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
¢	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			.,
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
þ	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			١
	990-EZ? If "Yes," complete Schedule L, Part I	25b		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			١.,
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	1 1		
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			١.,
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III.	27		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):	200		X
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		┝
D	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	28b		х
	Schedule L, Part IV.	200	ļ	 ^-
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	28c		х
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	29		x
29	Did the organization receive more than \$25,000 in non-cash continuations (if the section of the	2.5		┝
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		x
~4	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	70	<u> </u>	 ^
31	Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?	<u> </u>		- ^-
32	If "Yes," complete Schedule N, Part II	32	l	х
22	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			一
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	1] x _
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,	-		 ^`` -
34	Ill, or IV, and Part V, line 1.	34	ŀ	х
250	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled			
IJ	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	1	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
50	organization? If "Yes," complete Schedule R, Part V, line 2	36	1	х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			1
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part	1		
	V/	37	L	Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	х	
				(2017)

Par	Statements Regarding Other IRS Filings and Tax Compliance Check If Schedule O contains a response or note to any line in this Part V		. [
· · · · · · · · · · · · · · · · · · ·			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
ь	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			Salari Salari
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
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 15			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			T
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		
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)?	4 a	3688 88	X
b	If "Yes," enter the name of the foreign country: 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 5c		X
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	80		
vu	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	"		个
_	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	<u> </u>
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		х
đ	If "Yes," indicate the number of Forms 8282 filed during the year			
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?	71		X.
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X.
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h	Х	
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	023636	X
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	24.6538011	X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations, Enter:			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			la e
40-	against amounts due or received from them.)			X
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12a		1223
ь 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?	13a	202500	
-	Note. See the instructions for additional information the organization must report on Schedule O.			
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			100 0
C	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u> X</u>
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	i	1

_			٠
-		11/	
Гα	ΙL	•	

Seci	ion A. Governing Body and Management					
40	Enter the number of voting members of the governing back at the and of the tax year	Fan	الادارة الادارة	3800	Yes	No
ıa	Enter the number of voting members of the governing body at the end of the tax year	18	10	闔		
	if the governing body delegated broad authority to an executive committee or similar					
	committee, explain in Schedule O.					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relations		-10			
-	any other officer, director, trustee, or key employee?		93	2	X	A STATE OF
3	Did the organization delegate control over management duties customarily performed by or under		-	-	^	
٠	supervision of officers, directors, or trustees, or key employees to a management company or other		- 1	3		v
4	Did the organization make any significant changes to its governing documents since the prior Form 990 w		' ├-	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's		· -	5	-	x
6	Did the organization have members or stockholders?		·	6	\dashv	x
7a	Did the organization have members, stockholders, or other persons who had the power to elect or		· -	•	-	
, .	one or more members of the governing body?		- [,	7a	ļ	Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members		· -	'a		
~	stockholders, or persons other than the governing body?		[.	7ь		Х
8	Did the organization contemporaneously document the meetings held or written actions undertake		菱		2251	3000
•	the year by the following:	in during	8			
a	The governing body?		7.8	8a	X	Sentineons.
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		<u> </u>			
-	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.			9		х
Sect	ion B. Policies (This Section B requests information about policies not required by the					
				1	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	. <i>.</i>	[0a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such	chapters,	Γ			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt p	urposes?	. 1	dO		_
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body bef	ore filing the form?.		11a		Х
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		. L	2a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could		? 1	12b	X	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If		I	1		
	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?		٠ [_	14	14532-2	X
15	Did the process for determining compensation of the following persons include a review and appropriate the process for determining compensation of the following persons include a review and appropriate the process for determining compensation of the following persons include a review and appropriate the process for determining compensation of the following persons include a review and appropriate the process for determining compensation of the following persons include a review and appropriate the process for determining compensation of the following persons include a review and appropriate the process for determining compensation of the following persons include a review and appropriate the process for determining the process for the proce					
	independent persons, comparability data, and contemporaneous substantiation of the deliberation		8			
а	The organization's CEO, Executive Director, or top management official			15a	Х	<u> </u>
b	Other officers or key employees of the organization			15b	X	200000000000000000000000000000000000000
	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 arran		2			
_	with a taxable entity during the year?			16a	ELESSIA:	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to eval		2			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safe		3	1000		
<u> </u>	the organization's exempt status with respect to such arrangements?			16b		L
<u> 50C)</u> 17	ion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ► AZ	·				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 91	90-T (Section 5016	c)(3)e	only	 }	
	available for public inspection. Indicate how you made these available. Check all that apply.		-/\-/-		,	
		xplain in Schedule	0)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents,	•	•	y, an	đ	
-	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	ï	•		
	BRENDA MEIR	(623) 218-6				
	14505 N 75TH AVENUE DEODIA AZ 85381					

Form 990 (2017)	SOLDIER'S BEST FRIEND									27-466578	Page /
Part VII	Compensation of Officers, Direct	ctors, Trustee	s, K	ey l	Em	plo	yees	i, H	lighest Comp	ensated	
	Employees, and Independent C							_			
	Check if Schedule O contains a re							_			<u>· · </u>
Section A.	Officers, Directors, Trustees, Key Er										
	his table for all persons required to be li	isted. Report cor	npen	satio	on f	or th	ne cal	end	ar year ending v	ith or within the	4
organization's	<u>-</u>										
	of the organization's current officers, di						uals c	it Oi	ganizations), rec	gardless of amou	ınt
	f 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)										
	reportable compensation (Box 5 of Form										, 55,
	nd any related organizations.							-			
	of the organization's former officers, ke							d e	mployees who re	eceived more tha	an .
	eportable compensation from the organi	=			_						_
	of the organization's former directors on more than \$10,000 of reportable compe										ne
	the following order: individual trustees	or directors; ins	titutio	nal	trus	tees	s; offic	ers	; key employees	; highest	
compensated	employees; and former such persons.										
X Check thi	s box if neither the organization nor any	related organiz	ation	COL	npei	nsat	ed ar	y c	urrent officer, dir	ector, or trustee.	
					(0	2)				[
	(A)	(B)	(do r	not ch	Posi		than o	ne l	(D)	(E)	(F)
	Name and Title	Average	box,	unles	se pe	rson	is both	an	Reportable compensation	Reportable compensation	Estimated amount of
		hours per week (list any	0810	ST BITK			tor/frustee)		from	from related	other
	·	hours for related	흥물	Institutional	Officer	ey e	골품	Former	the organization	organizations (W-2/1099-MISC)	compensation from the
		organizations		8	-	JP (96 S	**	(W-2/1099-MISC)	,	organization
		below dotted line)	Individual trustee or director	5		¥96	큟				and related organizations
		•	3	trustee		"	Highest compensated employee				
			L				8				
(1) ELAINE	RANSDELL	15.00									
PRESIDENT		15.00	X	 	Χ	<u> </u>			0	0	0
	E OSTROSKI	10.00	v		v				0	0	0
VICE-PRESID		10.00 5.00	X	┝	X.	├		-			
(3) JOHN I		5.00	х	1	x	1			ها	o	0
TREASURER	ERSKINE	3.00	_	├─	^	 	 				
(4) TOBEY SECRETARY	ENGRAVE	5.00			x	1			О .	o	0
(5) SCOTI	BLANEY	1.00		Г							
BOARD MEM		1.00						<u>L</u> _	0	0	0
(6) JAN BU	JRNHAM	1.00		Π			[·				
BOARD MEM		1.00		_	_	<u> </u>	_		0	0	0
(7) TOM C	HAUNCEY	1.00									_
BOARD MEM		1.00	_	⊢	╄	┡	-	ļ	0	0	0
(8) JEANE	TTE DEVEVO	1.00	•					-	١,	0	0
BOARD MEM	BER	1.00		╁	₩	╁╌		-	0		
(9) STEVE		1.00 1.00					l		l 0	0	0
BOARD MEM		1.00		┿	╁	╁	1	╁	1	<u>_</u>	
	(10) JILL J. NELSON 1.00 0 0 0 0 0							0			
(11)	The state of the s		1	1	1	1	1	T			
				1_		$oxed{oxed}$	<u></u>	L			
(12)			-								
			+	+-	+	+	+	+	 	 	

	(A) Name and title	(B) Average hours per	(do a	not ch unles	Posi neck : is pe	ition more rson irecte	than o	ne an	(D) Reportable compensation	(E) Reportable compensation		(I Estín	F) nated unt of
		week (liet any hours for related organizations below dotted line)	Individual trustee or director	eetsuri lanoitutitsoi	Officer	Key employee	Highest compensated employee	semos	from the organization (W-2/1098-MISC)	from relate organization (W-2/1099-MI	18	compe from organ and re	her nsation o the ization elated zations
(15)													
(16)									•				
(17)		.6.2											
(18)													
(19)													
(20)	***************************************			Γ									
(21)													
(22)				T	Г					-			
(23)							<u> </u>			-			
(24)							-			-			
(25)			<u> </u>										
1b c	Sub-total	ection A				,		Þ	0		0		0 0 0
2	Total number of individuals (including but not line reportable compensation from the organization	mited to those li	sted a	abov	/e) \ 0	who	rece	ivec	more than \$10	0,000 of			
3	Did the organization list any former officer, dire employee on line 1a? If "Yes," complete Sched	ector, or trustee,	key i	emp lual .	loye	e, (or hig	hes	t compensated			3	res No X
4	For any individual listed on line 1a, is the sum the organization and related organizations greater	of reportable co	mper 100?	isati If "Y	on a 98, "	and	other	CO	mpensation from	1		4	X
5	Did any person listed on line 1a receive or acc for services rendered to the organization? If "Y	rue compensatio	on fro	m a	ny (unre	elated ch ne	ong	janization or ind	ividual		5	X
Sec	ion B. Independent Contractors												
1	Complete this table for your five highest compound compensation from the organization. Report of year.	ensated indeper empensation for	the c	con	trac ndar	tore ye	s that ar en	rec ding	eived more than with or within the	\$100,000 o ne organizat	f ion's	tax	
	(A) Name and business add	iress							(B) Description of s	ervices		(C) Compens	
								+					0
								\dagger					0
								L					0
2	Total number of independent contractors (inclumore than \$100,000 of compensation from the		ited to	o the	ose	liste	ds be) who received				0

FOIII 950 (2011)	SOLDIER S DEST PRIEND
Part VIII	Statement of Revenue

		Check if Schedule O contains a response or no	ote to any line in t	this Part VIII			<u> Ll</u>
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
* **	1a	Federated campaigns 1a	0	Mark Control	468000000000000000000000000000000000000		
Contributions, Giffs, Grants and Other Similar Amounts	b	Membership dues	0				
اع ق	C	Fundraising events 1c	72,191				
≇ ≦[d	Related organizations 1d	O				
몽쀨	e	Government grants (contributions) 1e	0				
토립	f	All other contributions, gifts, grants, and	200 P	n de la company			
췯충		similar amounts not included above 1f	784,306			gereneka (d.)	
불	g	Noncash contributions included in lines 1a-1f: \$	0				
0 8	h	Total. Add lines 1a-1f	<u>, , , , , , , , , , , , , , , , , , , </u>	856,497			Programme Company
9		-	Business Code				
夏	2a			0			
æ	b	1440		0		***************************************	
8	C			0			
뚫	d			0			
Ē	e		· · · · · · · · · · · · · · · · · · ·	0		·	
Program Service Revenue	f	All other program service revenue		0			SOCOLOGICA SOCIALISMO (AL
å	g	Total. Add lines 2a-2f		0			
	3	Investment income (including dividends, interest,		5 500			5020
İ		other similar amounts)		5,029			5,029
ł	4	Income from investment of tax-exempt bond proc					
	5	Royalties		0			
			(ii) Personal			and September 1	
	6a	Gross rents	<u></u>				
1	b	Less; rental expenses	0				
ļ	C	Treffice di Cottie di (1000)	<u>U</u>	0		STREET, STREET	entrantismostatismostatismostatismostatismostatismostatismostatismostatismostatismostatismostatismostatismosta
i	_d	Net rental income or (loss)	(ii) Other	5			
	7a	Citoss amount nom odico of					
	١.	assets other than inventory					
	b	Less: cost or other basis			Talk by the		
		and sales expenses			4-2		
	C	COM1 O1 (1000) 1 1 1 1 1 1 1 1 1		0		11年2月1日 - 11日 -	C Profesionario Processor de Processo (n. 6
	d	Net gain or (loss)	· · · · · · ·		Section 1		do de Calabar
6		Gross income from fundraising				eran en en	
5	8a	events (not including \$ 72,191				Service and the service of the	
ther Revenue	ĺ	of contributions reported on line 1c).					E SES
ŭ,	1	See Part IV, line 18	47,422				
趸	n	Less: direct expenses b	38,198			100 500 8000	
ō	ءَ ا	Net income or (loss) from fundraising events		9,224			9,224
		See Part IV, line 19	0			1 3 3 3 3 4 4 K	
	b		0	les a			
	C	A B B B B B B B B B B B B B B B B B B B		0			
	10a	Gross sales of inventory, less					
		returns and allowances a	6,667				
	b	Less: cost of goods sold b	3,802				
	c		<u>, , , , , , , , , , , , , , , , , , , </u>	2,865		5 10 7 10 10 10 10 10 10 10 10 10 10 10 10 10	2,085
		Miscellaneous Revenus	Business Code				
	11a			0		ļ	
	b			0		 	
	C					+	
*	d	All other revenue	L		All September 1994 September 1994	12272700000000	
	l e		🛃	873,615	V-12-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2		16,338
	12	Total revenue. See instructions	<u> </u>	1 5(3,015	<u>'L</u>	<u> </u>	

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). (C) (D) (B) Do not include amounts reported on lines 6b, 7b, Program service Management and Fundraising Total expenses 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations 2 Grants and other assistance to domestic Individuals, See Part IV, line 22 Grants and other assistance to foreign 3 organizations, foreign governments, and foreign individuals, See Part IV, lines 15 and 16 ก Compensation of current officers, directors, trustees, and key employees 0 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 32,418 23,693 252,557 196,446 7 Pension plan accruals and contributions (include 0 section 401(k) and 403(b) employer contributions) 0 17.294 4,675 2,951 24,920 10 Fees for services (non-employees): 11 0 0 9,500 9,500 đ Professional fundraising services. See Part IV, line 17. . . . 0 Other, (If line 11g amount exceeds 10% of line 25, column 66,387 11.721 (A) amount, list line 11g expenses on Schedule O.) 78,108 149 417 423 989 12 3,637 4,070 8,699 992 13 17 1,282 1,164 2,463 14 0 15 821 10,248 2,442 13,511 16 61 220 6.767 6,486 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 0 19 230 575 1.150 345 20 0 21 4,428 1.476 49,203 43,299 Depreciation, depletion, and amortization 22 3,156 1.483 1.610 63 23 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.) 7,240 7,240 DOG EXPENSES 123 5,087 2,362 GRADUATION/SPECIAL EVENTS 7,572 10,580 10.580 VETERINARY CARE 2,728 3,441 **REPAIRS & MAINTENANCE** 6,169 ď 884 OTHER EXPENSES 7,444 5,720 14,048 All other expenses 48,495 74,940 373,197 496,632 Total functional expenses. Add lines 1 through 24e. 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 following SOP 98-2 (ASC 958-720) Form **990** (2017)

Pa	ırt X	Balance Sheet					
		Check if Schedule O contains a response or	note to any line in this	Part X .			
					(A) Beginning of year		(B) End of year
-	1	Cash—non-interest-bearing		168,027	1	326,695	
	2	Savings and temporary cash investments			584,332	2	655,492
	3	Pledges and grants receivable, net			0	3	0
	4	Accounts receivable, net		[22,181	4	0
	5	Loans and other receivables from current and for	ormer officers, director	s,			
		trustees, key employees, and highest compens	ated employees.	. 1			
		Complete Part II of Schedule L			0	5	
	6	Loans and other receivables from other disqualified pers	οπs (as defined under sect	ion			
		4958(f)(1)), persons described in section 4958(c)(3)(B), a		and			
		sponsoring organizations of section 501(c)(9) voluntary e					
ets.		organizations (see Instructions). Complete Part II of Scho	edule L	[0'	6	
Assets	7	Notes and loans receivable, net			0	7	0
⋖	8	Inventories for sale or use			5,652		16,159
	9	Prepaid expenses and deferred charges		٠.١	2,239	9	2,228
	10a	Land, buildings, and equipment: cost or					
		other basis. Complete Part VI of Schedule D		206,319			
	b	Less: accumulated depreciation	10b	80,674	1,140,555		1,125,645
	11	Investments—publicly traded securities			0		0
	12	Investments—other securities. See Part IV, Ilne			0		0
	13	Investments-program-related. See Part IV, lin		Ţ	0		0
	14	Intangible assets		2,396		2,028	
	15	Other assets. See Part IV, line 11			0		0
	16	Total assets. Add lines 1 through 15 (must equ			1,925,382		2,128,247
	17	Accounts payable and accrued expenses			53,382		27,466
	18	Grants payable		0			
	19	Deferred revenue		0			
	20	Tax-exempt bond liabilities	B-404-60-6-4-4-10				
	21	Escrow or custodial account liability. Complete					
jes	22	Loans and other payables to current and forme					
票		trustees, key employees, highest compensated			C	22	
Liabilities		disqualified persons. Complete Part II of Sched			148,202		0
_	23	Secured mortgages and notes payable to unre			140,202		0
	24	Unsecured notes and loans payable to unrelate					
	25	Other liabilities (including federal income tax, p parties, and other liabilities not included on line		u			
		Part X of Schedule D			(25	0
	26	Total liabilities, Add lines 17 through 25.			201.584		27,466
	20						
œ		Organizations that follow SFAS 117 (ASC 98	os), cneck nere ➤ [∑l aud	Control of the second		Property Company
9		complete lines 27 through 29, and lines 33 a					2,050,781
ğ	27	Unrestricted net assets			1,673,798		50,000
Ö	28	Temporarily restricted net assets					30,000
2	29	Permanently restricted net assets	_) 2 9	
Net Assets or Fund Balance		Organizations that do not follow SFAS 117 (ASC958 complete lines 30 through 34.), check here 🕨 🕨	and			
8	30	Capital stock or trust principal, or current funds	3 <i></i>			30	
ğ	31	Paid-in or capital surplus, or land, building, or			(31	
¥	32	Retained earnings, endowment, accumulated				32	
Ž	33	Total net assets or fund balances			1,723,798		2,100,781
_	34	Total liabilities and net assets/fund balances .			1,925,38	2 34	2,128,247
			- -				Form 990 (2017)

n	99 (2017) SOLDIER'S BEST FRIEND	27-48	365797 Page 1	14
ell!	XI Reconciliation of Net Assets			_
	Check if Schedule O contains a response or note to any line in this Part XI		. <i>.</i>	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	873,6	15
2	Total expenses (must equal Part IX, column (A), line 25)	2	496,6	32
3	Revenue less expenses. Subtract line 2 from line 1	3	376,9	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,723,7	98
5	Net unrealized gains (losses) on investments	5		
3	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		
0	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,			
	column (B))	10	2,100,7	<u>'81</u>
art	XII Financial Statements and Reporting		f.c.	.
	Check if Schedule O contains a response or note to any line in this Part XII		<u> </u> x	<u>. </u>
1 2a	Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant?		2a X	i,
			A completely begins beautiful to the second of the second	
	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:			
b	reviewed on a separate basis, consolidated basis, or both: X Separate basis		2b	X
b	reviewed on a separate basis, consolidated basis, or both: X Separate basis		2b	X
b	reviewed on a separate basis, consolidated basis, or both: X Separate basis			X
_	reviewed on a separate basis, consolidated basis, or both: X Separate basis		2b	X
_	reviewed on a separate basis, consolidated basis, or both: X Separate basis			X
_	reviewed on a separate basis, consolidated basis, or both: X Separate basis		2c X	X

. .

SCHEDULE A (Form 990 or 990-EZ)

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Name of	the organization				1'	amprojet idonuntadori .		
	ER'S BEST FRIEND					27-466	5797	
Part I		y Status (All org	anizations must con	plete thi	s part.) S	ee instructions.		
The org	anization is not a private foundation A church, convention of churche	on because it is: (Fo is, or association of	or lines 1 through 12, or churches described in	section 1	one box.) 70(b)(1)(A	\)(i).		
2	A school described in section 1	70(b)(1)(A)(ii). (Atta	ich Schedule E (Form 9	990 or 990	-EZ).}			
3	A hospital or a cooperative hosp					•		
4	A medical research organization hospital's name, city, and state:	operated in conjun	ction with a hospital de	scribed in	section 1	170(b)(1)(A)(fil). Ent	er the	
5	An organization operated for the section 170(b)(1)(A)(iv). (Comp	benefit of a college	or university owned o	r operated	by a gov	ernmental unit descr	ibed in	
6 F	A federal, state, or local governr		al unit described in sec	tion 170(b)(1)(A)(v	'}-		
7 2		ceives a substantia	part of its support from				al public	
8 F	A community trust described in			l.)				
9	An agricultural research organiz or university or a non-land-gran university:	ation described in s t college of agricultu	section 170(b)(1)(A)(ix) ure (see instructions). E	operated Enter the n	ame, city,	and state of the col	ege or	
10	An organization that normally re receipts from activities related to support from gross investment i acquired by the organization aff	o its exempt function ncome and unrelate	ns—subject to certain (ad business taxable inc	exceptions come (less	, and (2) section 5	no more than 33 1/3	% of its	is.
11 [An organization organized and							
12	An organization organized and of one or more publicly support Check the box in lines 12a throat	ed organizations de	scribed in section 509	(a)(1) or s	ection 50	y(a)(z). See section	ו סטטנפוני	5) .
a	Type I. A supporting organiz the supported organization(s organization. You must con	ation operated, sup the power to regulate Part IV, Sect	ervised, or controlled b larly appoint or elect a lons A and B.	y its suppo majority o	orted orga f the direc	nization(s), typically tors or trustees of th	by giving e suppor	3
b	Type II. A supporting organize control or management of the organization(s). You must c	e supporting organi omplete Part IV, Se	zation vested in the sa ections A and C.	me persor	ns that co	ntrol or manage the	supporte	
C	Type ill functionally integra	ated. A supporting of	organization operated in	n connecti	on with, a	nd functionally integ	rated with	1,
d	its supported organization(s) Type III non-functionally In that is not functionally integrequirement (see instruction	tegrated. A support ated. The organizat s). You must comp	ting organization opera ion generally must sati olete Part IV, Sections	ited in con sfy a distri A and D,	nection w bution rec and Part	ith its supported org juirement and an att V.	entivene	(s) 38
e	Check this box if the organiz functionally integrated, or Ty	ration received a wr	itten determination from	n the IKS na organiz	tnat It IS a ation	i iàbe i' iàbe ii' iàb	B III	
f	Enter the number of supported		my megratos capporar					0
a	Provide the following informatio		ed organization(s).					
	(I) Name of supported organization	(ii) EiN	(iii) Type of organization (described on lines 110 above (see instructions))	(iv) is the o listed in you docur	r governing	(v) Amount of monetary support (see instructions)	other s	mount of upport (see uctions)
			,	Yes	No			
(A)		· · · · · · · · · · · · · · · · · · ·			-			
(B)								
(C)								
(D)								
(E)								
Total						0		0

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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🔻 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	353,111	520,370	601,009	1,157 _, 044	89 9 ,278	3,530,812
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0
3	The value of services or facilities furnished by a governmental unit to the organization without charge						. 0
5	Total. Add lines 1 through 3	353,111	520,370	601,009	1,157,044	899,278	3,530,812
_	shown on line 11, column (f)						3,530,812
<u>6</u>	Public support. Subtract line 5 from line 4 tion B. Total Support						3,030,012
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	353,111	520,370	601,009	1,157,044	899,278	3,530,812
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from						
	similar sources	623	707	2,422	4,9 <u>61</u>	5,029	13,742
9	Net income from unrelated business activities, whether or not the business is regularly carried on	1,588	1,383	1,350	1,150	2,085	7,556
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)			E ONDAN TO			0
11	Total support. Add lines 7 through 10	100	erritanis in la		AND DESCRIPTION		3,552,110
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	
13	First five years. If the Form 990 is for the o organization, check this box and stop here			h, or fifth tax year	as a section 501(c)		
	ction C. Computation of Public Su			(A)		14	99.40%
14	Public support percentage for 2017 (line 6, o	s Daniti (I) Amuloc Sectification	DY HITE II, COLUMNIA 14	(1)) - · · · · ·		15	0.00%
	5 Public support percentage from 2016 Schedule A, Part II, line 14						
	33 1/3% support test—2016. If the organize box and stop here. The organization qualifity	es as a publicly su	pported organizati	on			▶ [
	'a 10%-facts-and-circumstances test—2017. 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.						
t	10%-facts-and-circumstances test—201 15 is 10% or more, and if the organization π Explain in Part VI how the organization mee supported organization	6. If the organization neets the "facts-and-c	on did not check a d-circumstances" t irrumstances" test	box on line 13, 16s est, check this box The organization	a, 16b, or 17a, and and stop here. qualifies as a publ	line icly	
18	Private foundation. If the organization did instructions	not check a box or	ine 13, 16a, 16b	17a, or 17b, chec	k this box and see		

Schedule A (Form 990 or 990-EZ) 2017 SOLDIER'S BEST FRIEND

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

(Complete	only if you checked the box	on line 10 of Part I or	if the organization	failed to qualify	under Part II.
	ization fails to qualify unde				

Sec	tion A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees					į	
	received. (Do not include any "unusual grants.")						0
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						0
3	Gross receipts from activities that are not an						
-	unrelated trade or business under section 513						0
4	Tax revenues levied for the organization's					ļ	
-	benefit and either paid to or expended on					1	
	its behalf						0
5	The value of services or facilities						
•	furnished by a governmental unit to the					1	
	organization without charge						0
6	Total. Add lines 1 through 5	0	0	0	0	0	. 0
_	Amounts included on lines 1, 2, and 3						
•••	received from disqualified persons	1			1		0
b	Amounts included on lines 2 and 3	***************************************					
	raceived from other than disqualified			ŀ			
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						0
_	Add lines 7a and 7b	0	0	0	0	0	0
	Public support (Subtract line 7c from						
8	line 6.)						0
¢ o	etion B. Total Support				A Company of the Comp		
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	0	C			0	0
10a							
	payments received on securities loans, rents,	1				1	0
	royalities, and income from similar sources			1			
	Unrelated business taxable income (less						
	section 511 taxes) from businesses					1	0
	acquired after June 30, 1975			· · · · · · · · · · · · · · · · · · ·	o	О	0
	Add lines 10a and 10b	<u> </u>		'	<u> </u>		
11	Net income from unrelated business						
	activities not included in line 10b, whether						0
	or not the business is regularly carried on .						
12	*	1		1			
	loss from the sale of capital assets						0
	(Explain in Part VI.)		 				
13	Total support. (Add lines 9, 10c, 11,			3	، ار	اه اد	O
	and 12.)			th or fifth tay year)(3)	
14	First five years, if the Form 990 is for the organization, check this box and stop here	organization s mai,	secona, anta, tou	ui, or man lax year	as a scaton conta	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Se	ction C. Computation of Public St	ipport Percent	age	<i>(</i> 0)		15	0.00%
15	Public support percentage for 2017 (line 8,	column (f) divided	by line 13, column	(1))		16	0.00%
16	Public support percentage from 2016 Sche	dule A, Part III, line	15		 	1 10	<u> </u>
	ction D. Computation of Investme	nt income Per	centage	tune 61		17	0.00%
17	Investment income percentage for 2017 (lis	ne 1UC, Column (f) (avided by line 13,	совитт (<i>())</i>		18	0.00%
18	Investment income percentage from 2016 and 33 1/3% support tests—2017. If the organization	ocnequie A, Part III	, RITE I/				<u> </u>
198	not more than 33 1/3%, check this box and	eton baro. The ex	ne succession analife	e ge a nublicht eur	ported grasnization	,	▶ □
	not more than 33 1/3%, check this box and 33 1/3% support tests—2016. If the orga	nization did not cha	yanızauvii yua llik odka hox on line 1	4 or line 19s. and	line 16 is more than	33 1/3%, and	
	line 18 is not more than 33 1/3%, check thi	s box and ston her	re. The organization	on qualifies as a nu	iblicly supported or	ganization	<i>.</i> ▶ 🗀
	Private foundation. If the amenization did						

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12b of Part I, complete Sections A, D, and E, If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 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.
- 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 12a or 12b 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 toan 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.)

alt v./		
	Voc	No
0.5000	N v	
	MPH	12,
111		
		N 17-
		Ç., [
88999	jeg-ret j	14
2 62663		
		tejvija. T
3a		
	Kátyli.	Add V
1990		
3b		
	80	Active.
30	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
William I		
議議議	(西洋)	SEPTEM S
4a		
	<i>.</i>	778000
ansini 4	nestriale.	tango keusa
40	TOTAL SECTION	38945F
An	TESSON NO.	enracou.
2000000		1004001040
5a	Oction 52	dationer
0.00	2000	Sciences.
100		
5b		
5c	}	
		Reform to
		150 E
0.32		SECTION AND ADDRESS OF
6		
	200.000	
7	0.0000000000000000000000000000000000000	OLDANIA (
7	(6)321S	See See
		羅睺
8	<u>L</u>	<u></u>
	建	
		244
1250.125	5355 FW	移籍的形
9a	Data Pic	8847086
1	鐵線	
9b	1	
2000	100	類跡
90		į .
2000		2000
建	*************************************	
l 10a	l .	1
		最高
10b		1

Part	V Supporting Organizations (continued)	
		Yes No
11	Has the organization accepted a gift or contribution from any of the following persons?	
а	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?	11a
b	A family member of a person described in (a) above?	11b
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.	11c
Secti	on 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.	1
2	Did the organization operate for the benefit of any supported organization other than the supported	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	
	supervised, or controlled the supporting organization.	2
Secti	on C. Type II Supporting Organizations	1 1
_		Yes No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1
Secti	on D. All Type III Supporting Organizations	<u>. I - I </u>
		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	200 200
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	2
•	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described in (2), did the organization's supported organizations have a	
3	significant voice in the organization's investment policies and in directing the use of the organization's	
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	
	supported organizations played in this regard.	3
Sect	on 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 ins	tructions).
а	The organization satisfied the Activities Test. Complete Ilne 2 below.	
b	The organization is the parent of each of its supported organizations. Complete line 3 below.	•
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	ee instructions).
2	Activities Test. Answer (a) and (b) below.	Yes No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	
	those supported organizations and explain how these activities directly furthered their exempt purposes,	
	how the organization was responsive to those supported organizations, and how the organization determined	
	that these activities constituted substantially all of its activities.	2a
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.	2b
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.	3a
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	
	of its supported granizations? If "Yes" describe in Part VI the role played by the granization in this regard.	3b

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting O			
Check here if the organization satisfied the Integral Part Test as a qualifying			
instructions. All other Type III non-functionally integrated supporting organ	izatio	ns must complete Sections	
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	0	0
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	<u> </u>	
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8	0	0
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
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	0	0
e Discount claimed for blockage or other			A Light Contract
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	0	0
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,	1		
see instructions).	4	0	0
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0
6 Multiply line 5 by .035.	6	0	0
7 Recoveries of prior-year distributions	7	0	0
8 Minimum Asset Amount (add line 7 to line 6)	8	0	0
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		0
2 Enter 85% of line 1	2		0
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		0
4 Enter greater of line 2 or line 3.	4		0
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional	ily int	egrated Type III supporting	organization (see
Instructions).	,		

O

Excess from 2014.

Excess from 2015.

d Excess from 2016.
e Excess from 2017.

Schedule A (Fd	orm 990 or 990-EZ) 2017 SOLDIER'S BEST FRIEND	27-4665797	Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a of 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, B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, line 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 D, lines 5, 6, and 8; and Part V, Section D, lines 5, 6, and 8; and Part V, Section D, lines 5, 6, and 8; and Part V, Section D, lines 5, 6, and 8; and Part V, Section D, lines S, 6, and 8; and Part V, Section D, lines S, 6, and 8; and Part V, Section D, lines S, 6, and 8; and Part V, Section D, lines S, 6, and 8; and Part V, Section D, lines S, 6, and 8; and Part V, Section D, lines S, 6, and 8; and Part V, Section D, lines S, 6, and 8; and Part V, Section D, lines S, 6, and 8; and Part V, Section D, lines S, 6, and 8; and Part V, Section D, lines S, 6, and 8; and Part V, Section D, lines S, 6, and 8; and Part V, Section D, lines S, 6, and 8; and Part V, Section D, lines S, 6, and 8; and Part V, Section D, lines S, 6, and 8; and Part V, Section D, lines S, 6, and 8; and Part V, Section D, lines S, 6, and 8; and S, Part V, Section D, lines S, 6, and 8; and Part V, Section D, lines S, 6, and 8; and S, Part V, Section D, lines S, 6, and 8; and S, Part V, Section D, lines S, 6, and 8; and S, Part V, Section D, lines S, 6, and 8; and S, Part V, Section D, lines S, 6, and 8; and S, Part V, Section D, lines S, 6, and 8; and S, Part V, Section D, lines S, 6, and 8; and S, Part V, Section D, lines S, 6, and 8; and S, Part V, Section D, lines S, 6, and 8; and S, Part V, Section D, lines S, 6, and 8; and S, Part V, Section D, lines S, 8, and 8, and S, Part V, Section D, lines S, 8, and 8, and S, Part V, Section D, lines S, 8, and 8, and S, Part V, Section D, lines S, 8, and S, Part V, Section D, lines S, 8, and S, Part V, Section D, lines S, 8, and S, Part V, Section D, lines S, 8, and S, Part V, S	or 17b; Part /, Section es 1c, 2a, 2b,	1.000
	lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)		
******			**
			1

	•		
			
• • • • • • • • • • • • • • • • • • • •			

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

Employer identification number

SOLDIER'S BEST FRIEND	ND	27-4665797
Organization type (check	ok one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	<i>8</i>
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	·
	on is covered by the General Rule or a Special Rule. 1(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	ıle. See
General Rule		
X For an organization or more (in mone) contributor's total	tion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling to property) from any one contributor. Complete Parts I and II. See instructions for determated contributions.	\$5,000 nining a
Special Rules		
regulations under	ttion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support the sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Form that received from any one contributor, during the year, total contributions of the greate % of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Par	art II, line r of (1)
contributor, during	ation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from ing the year, total contributions of more than \$1,000 <i>exclusively</i> for religious, charitable, scienational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II,	ntitic,
contributor, during contributions tota during the year fo General Rule ap	ation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from ing the year, contributions exclusively for religious, charitable, etc., purposes, but no such taled more than \$1,000. If this box is checked, enter here the total contributions that were refor an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless applies to this organization because it received nonexclusively religious, charitable, etc., cont or more during the year.	ceived the
Caution: An organization 990-EZ, or 990-PF), but it	on that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (F t it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its For	orm 990, m 990-EZ or on its

Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Employer identification number Name of organization 27-4665797 SOLDIER'S BEST FRIEND Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (C) (a) Total contributions Type of contribution Name, address, and ZIP + 4 No. AMERICAN LEGION AUXILLIARY Person 1 Payroll Noncash 35,972 Foreign State or Province: (Complete Part II for Foreign Country: noncash contributions.) (c) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person AMERICAN WARRIOR INITIATIVE .__2__ Payroll \$ 10,000 Noncash Foreign State or Province: (Complete Part II for noncash contributions.) Foreign Country: (c) (d) (a) **Total contributions** Type of contribution Name, address, and ZIP + 4 No. Person ARIZONA COMMUNITY FOUNDATION __3___ **Payroll** Noncash 25 235 (Complete Part II for Foreign State or Province: noncash contributions.) Foreign Country: (c) (d) (a) Type of contribution **Total contributions** Name, address, and ZIP + 4 No. Person ARIZONA LOTTERY-STATE OF ARIZONA 4 Payroll Noncash 14,000 (Complete Part II for Foreign State or Province: noncash contributions.) Foreign Country: (c) (a) Type of contribution **Total contributions** No. Name, address, and ZIP + 4 Person BHHS LEGACY FOUNDATION 5 Payroll Noncash 34,500 (Complete Part II for Foreign State or Province: noncash contributions.) Foreign Country: (d) (b) (a) Type of contribution Name, address, and ZIP + 4 **Total contributions** No. X Person BLUE BUFFALO COMPANY, LTD 6 Payroll Noncash (Complete Part II for Foreign State or Province: noncash contributions.) Foreign Country:

Name of organization Employer identification number SOLDIER'S BEST FRIEND 27-4665797

Part I	Contributors (see instructions). Use duplicate copies	of Part I if additional space is no	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	CHAUNCEY FOUNDATION Foreign State or Province: Foreign Country:	\$ <u>17,460</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8.	CKKO FAMILY FOUNDATION Foreign State or Province: Foreign Country:	\$8,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	COMBAT VETS MOTORCYCLE ASSOCIATION Foreign State or Province: Foreign Country:	\$ <u>11,500</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZiP + 4	(c) Total contributions	(d) Type of contribution
10	COMMUNITIES FOUNDATION OF TEXAS Foreign State or Province: Foreign Country:	\$ 10,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	DAVID S VAN DENBURGH Foreign State or Province: Foreign Country:	\$6,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	DIAMONDBACKS FOUNDATION Foreign State or Province: Foreign Country:	\$ 10,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of or SOLDIER'S	genization S BEST FRIEND	•	Employer identification number 27-4665797
Part I	Contributors (see instructions). Use duplicate copies	of Part I if additional space is	s needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	DORRANCE FAMILY FOUNDATION Foreign State or Province: Foreign Country:	\$ 36,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14	DYE FAMILY FOUNDATION Foreign State or Province: Foreign Country:	\$	Person X Payroll Noncash (Complete Part If for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15	FAIRWAY INDEPENDENT MORTGAGE Foreign State or Province: Foreign Country:	\$16,500	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16	IBIS FOUNDATION OF ARIZONA Foreign State or Province: Foreign Country:	\$40,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17	JIM FORD Foreign State or Province: Foreign Country:	\$5,040	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
. 18	NATIONAL PHILANTHROPIC TRUST Foreign State or Province: Foreign Country:	\$20,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number Name of organization 27-4665797 SOLDIER'S BEST FRIEND Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) **Total contributions** Type of contribution Name, address, and ZIP + 4 No. PETCO FOUNDATION Person 19 Payroll Noncash 25,000 Foreign State or Province: (Complete Part II for noncash contributions.) Foreign Country: (a) **Total contributions** Type of contribution Name, address, and ZIP + 4 No. PETSMART CHARITIES Person 20 Payroll Noncash \$ 24,000 Foreign State or Province: (Complete Part II for noncash contributions.) Foreign Country: (c) (a) Type of contribution Total contributions Name, address, and ZIP + 4 No. Person RAYMOND FAMILY FOUNDATION 21 Payroll Noncash Foreign State or Province: (Complete Part II for noncash contributions.) Foreign Country: (d) (c) (a) Type of contribution **Total contributions** No. Name, address, and ZIP + 4 Person ROBERT KEMPER CORRIGAN FOUNDATION 22 Payroli Noncash 10,000 Foreign State or Province: (Complete Part II for noncash contributions.) Foreign Country: (d) (c) (a) Type of contribution **Total contributions** Name, address, and ZIP + 4 No. Person SCOTTSDALE NORTH ROTARY FOUNDATION 23 **Payroli** Noncash 17,222 (Complete Part II for Foreign State or Province: noncash contributions.) Foreign Country: (d) (C) (a) Type of contribution **Total contributions** Name, address, and ZIP + 4 No. Person SHR PERCEPTUAL BRANDING LLC 24 Payroll Noncash 12,000 Foreign State or Province: (Complete Part It for noncash contributions.) Foreign Country:

Name of org	ganization	E	nployer identification number
SOLDIER'S	B BEST FRIEND		27-4665797
Part I	Contributors (see instructions). Use duplicate copie	s of Part I if additional space is r	eeded.
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
25	STAR UNIT 24 ARIZONA DAVA Foreign State or Province: Foreign Country:	\$5,000	Person X Payrolf Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
26	STEVEN GILLAN Foreign State or Province: Foreign Country:	\$5,000	Person X Payroli Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
27	THE BOEING COMPANY Foreign State or Province: Foreign Country:	\$ 48,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
28	THE FRANCES AND JOHN WAHL FOUNDATION Foreign State or Province: Foreign Country:	\$ 10,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
29	UNITY CHURCH OF PRACTICAL CHRISTIANITY Foreign State or Province: Foreign Country:	\$	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
30	VETERANS MEDICAL LEADERSHIP COUNCIL Foreign State or Province: Foreign Country:	\$12,000	Person X Payroll Noncash (Complete Part if for noncash contributions.)

	ganization 8 BEST FRIEND		27-4665797
Part I	Contributors (see instructions). Use duplicate copies	s of Part I if additional space is	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	AMERICAN ONLINE GIVING FOUNDATION 44236 Foreign State or Province: Foreign Country:	\$5,118,	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32	BRIGHT FUNDS FOUNDATION Foreign State or Province: Foreign Country:	\$	Person X Payroll Noncash (Complete Part if for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33	CHARITY BENEFITS UNLIMITED Foreign State or Province: Foreign Country:	\$ 5,685	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
34	JANET L PFEIFFER FOUNDATION Foreign State or Province: Foreign Country:	\$5,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
35	SUN CITY GRAND ARMED FORCED SUPPORT GRO	\$ 7,380	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
36	VALLEY OF THE SUN UNITED WAY Foreign State or Province: Foreign Country:	\$ 17,651	Person X Payroll Noncash (Complete Part II for noncash contributions.)

	ganization S BEST FRIEND		Employer identification number 27-4665797
Part I	Contributors (see instructions). Use duplicate copies	of Part I if additional space is	s needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	WELLS FARGO COMMUNITY SUPPORT Foreign State or Province: Foreign Country:	\$ <u>11,427</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
38	Foreign State or Province: Foreign Country:	\$ 12,000	Person X Payroli Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(ਹ) Type of contribution
39	WEST VALLEY LUTHERAN THRIFT SHOP Foreign State or Province: Foreign Country:	\$10,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
40	GILA RIVER INDIAN COMMUNITY Foreign State or Province: Foreign Country:	\$50,000	Person X Payroli Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZiP + 4	(c) Total contributions	(d) Type of contribution
41	AMERICAN LEGION AUXILIARY, UNIT 27 Foreign State or Province: Foreign Country:	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2017) Page 3 Name of organization **Employer identification number** SOLDIER'S BEST FRIEND 27-4665797 Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (c) FMV (or estimate) (a) No. (d) Date received (b) Description of noncash property given from Part I (See instructions.) (a) No. (c) (b) Description of noncash property given (d) FMV (or estimate) from Date received Part I (See instructions.) (a) No. (c) (d) Date received (b) from FMV (or estimate) Description of noncash property given (See instructions.) Part I (c) (a) No. (d) Date received (b)

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

Name of org					Employer identification number			
	BEST FRIEND	4.85			27-4665797			
Part III	Exclusively religious, charitable, etc., co	ntributions to	organizations descr	ibed in	section 501(c)(7), (8), or			
	(10) that total more than \$1,000 for the ye the following line entry. For organizations or							
	contributions of \$1,000 or less for the year.							
	Use duplicate copies of Part III if additional			SUUCUON	s.) > \$0			
(a) No.	Ose depricate copies of Fart III if additional	opace is neede	 	1	AND THE RESERVE OF THE PERSON			
from	(b) Purpose of gift	(c)	Use of gift	(6	d) Description of how gift is held			
Part I								
				.				
	**************************************		***********************					
		*						
		(a) Te	ansfer of gift					
		(6) 11	anoier or give					
	Transferee's name, address, and Z	ID + A	Palation	sehin of	transferor to transferee			
			Relation	serilb or	adilateror to tlattaletee			
		· I	****************					

	For. Proy. Country			~~~~~				
(a) No.		······································						
from Part I	(b) Purpose of gift	(c)	Use of gift	(d) Description of how gift is held			
ratti								
				-				

	(e) Transfer of gift							
	Transferee's name, address, and Z	Relation	nship of	transferor to transferee				

	For. Prov. Country							
(a) No. from	(b) Purpose of gift	(c)	Use of gift		d) Description of how gift is held			
Part I	(3), (3)			`				
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
				<i></i>				
		(a) T	ransfer of gift					
		(0) :	ratiolet of Aut					
	Transferrals person address and 3	71D ± 4	Palatio	nehin oʻ	f transferor to transferee			
	Transferee's name, address, and 2	- IF 4 -4	Itelatio	ionp o	delibera, or mailtoner			
	For. Prov. Country							
(a) No.								
from Part I	(b) Purpose of gift	(6)) Use of gift		(d) Description of how gift is held			
Fatti								
		(e) T	ransfer of gift					
	Transferee's name, address, and	ZIP + 4	Relatio	nship o	f transferor to transferee			
			·					
	Eas Deni		·					

SCHEDULE D (Form 990)

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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 380.

Attach to Form 380.

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

Employer identification number

901 F	IER'S BEST FRIEND		27-4665797
		Advised Funds or Other Similar Fu	
Part		red "Yes" on Form 990, Part IV, line 6.	
	Complete ii the organization answe		
	7-4-1	(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 do	-	
_	funds are the organization's property, subject		
6	Did the organization inform all grantees, done		
	used only for charitable purposes and not for		
	purpose conferring impermissible private ber	efit?	Yes . No
Part			
	Complete if the organization answer	red "Yes" on Form 990, Part IV, line 7	
1.	Purpose(s) of conservation easements held I		
	Preservation of land for public use (e.g.,	recreation or education) Preservati	on of a historically important land area
	Protection of natural habitat		ion of a certified historic structure
		,,555,14a.i	
_	Preservation of open space	the hold a synlifted accounting and the st.	on in the form of a consequation
2	Complete lines 2a through 2d if the organiza	uon neio a quainied conservation contributi	Held at the End of the Tax Year
_	easement on the last day of the tax year.		ALEXANDER OF THE PROPERTY OF T
a	Total number of conservation easements		
þ	Total acreage restricted by conservation eas	ements	2b
C	Number of conservation easements on a cer		
đ	Number of conservation easements included		
	historic structure listed in the National Regist Number of conservation easements modified	transferred released extinguished exten	
3		i, transferred, released, extinguished, of ter	miniated by the organization utiling
	the tax year	nonnection consensat in located	
4	Number of states where property subject to o	Anservation the periodic monitoring inspection	n handling of
5	Does the organization have a written policy of	egarding the periodic moistoring, inspection	n, nandeng of
_	violations, and enforcement of the conservat	ton easements it notes?. ,	e enconging assemble during the year
6	Staff and volunteer hours devoted to monitoring,	inspecting, nandling of violations, and enforcing	a conservation casemones anning the leat
_	•		annuation arramants during the year
7	Amount of expenses incurred in monitoring, insp	ecting, nandling of violations, and enforcing con	iseration assertients annih me Jagr
_	> \$	an line 7/d) about potint, the requirement	of section 170/h\/4\/P\/i\
8	Does each conservation easement reported	on line Z(a) above satisfy the requirements	Yes No
_	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization re	pons conservation easements in its revent	ue and expense statement, and nancial etatemente that describes
	balance sheet, and include, if applicable, the		ianoa, statements mat describes
	the organization's accounting for conservation	m casements.	or Other Similar Accete
Par	Organizations Maintaining Colle	cuons of Art, mistorical freasures, t	VI VIIITI Jiiliidi Assels. 2
	Complete it the organization answer	ered "Yes" on Form 990, Part IV, line 8	revenue statement and halance sheet
18	If the organization elected, as permitted und	er ormo Tro (Mou 900), norto reput in ils	ntion, or receased in furtherance
	works of art, historical treasures, or other sir	miar assets neid for public exhibition, educa-	that describes these liters
_	of public service, provide, in Part XIII, the ter	KI OF THE TOOTHOUGH TO HIS TIMANCIAL STATEMENTS	ulai ueschice ilices ildille.
b	If the organization elected, as permitted und	er spas the (ASC 998), to report in its rev	etion or received in furtherence
	works of art, historical treasures, or other sir	miar assets neid for public exhibition, educi	ation, or research in furtherance
	of public service, provide the following amou	ints relating to these items:	• •
	(i) Kevenue included on Form 990, Part VIII	, IRIC I	. , , > \$
_	(iii) Assets included in Form 990, Part X . If the organization received or held works of	out blataviant transports as ather similar on	> \$ provide the
2			
_	following amounts required to be reported up		
a	Assets included in Form 990, Part X	lt 1 ,	<u>* \$</u>
ь	ASSEIS INCIUDED IN FORM 99U, PARTA		· · · · · · · · · · · · · · · · · · ·

	TED (FORM 890) SOLV SOLDIEK 2 RESTERIER						27-40057			age Z
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Organizations Maintaining Collection								ued)	
3	Using the organization's acquisition, accessi-	on, and other r	ecords, ci	neck any	of the following	that ar	e a significant us	e of its		
	collection items (check all that apply):			_						
ä	Public exhibition		d 🔛	Loan d	r exchange pro	grams				
b	Scholarly research		e 🗌	Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and e	explain ho	w they fu	rther the organi	zation's	s exempt purpos	e in Par	t	
5	During the year, did the organization solicit or assets to be sold to raise funds rather than to							Yes	· [No
Part	V Escrow and Custodial Arrangem		• • • • • • • • • • • • • • • • • • • •							
	Complete if the organization answer	ered "Yes" on	Form 99	90, Part	IV, line 9, or r	eporte	d an amount o	n Forr	n	
1a	Is the organization an agent, trustee, custod	ian or other int	ermedian	for contr	ibutions or othe	r asset	s not			
 b	included on Form 990, Part X?							Ye	s 🗌	No
v	n 165, explain the attangement in ratt XIII	and complete	THE TOHOR	III9 tenie.			An	nount		
c	Beginning balance					1c				
đ	Additions during the year					1d		·-··		
e	Distributions during the year					1e				
f	Ending balance					1f				0
	Did the organization include an amount on F						nt liability?	Ye	s X	No
2a	If "Yes," explain the arrangement in Part XIII								"	110
b		. Check here ii	nie exhia	manon na	is peen bloaide	u on r	air VIII	• • •	<u> </u>	
Part	V Endowment Funds.		. Cama O	00 D-+	N/ line 40					
	Complete if the organization answer		(b) Prio		(c) Two years ba		l) Three years back	(n) Fa	ır years	hack
٠.		Current year	(O) PRO	r year	(c) two years on	<u>~ "</u>	ij Trieo years back	10,100	ii yeele	NOON
1a	Beginning of year balance									
b	Contributions .	··				_				
C	Net investment earnings, gains, and losses	1								
d	Grants or scholarships									
e	Other expenditures for facilities						···· · · · · · · · · · · · · · · · · ·			
E	and programs	1					_	1		
f	Administrative expenses									
g	End of year balance	0		0		o	0			0
2	Provide the estimated percentage of the cur	rent vear end	balance (li	ine 1g. co	olumn (a)) held	as:				
a	Board designated or quasi-endowment	>	%							
b	Permanent endowment	%								
c	Temporarily restricted endowment	%								
_	The percentages on lines 2a, 2b, and 2c she	ould equal 100	1%.							
3a	Are there endowment funds not in the posse	ession of the o	rganizatio	n that are	e held and admi	nistere	d for the			
	organization by:								Yes	No
	(i) unrelated organizations							3a(I)		
								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiz	zations listed a	s required	on Sche	dule R?			3b		
4	Describe in Part XIII the intended uses of the		's endown	nent fund	s.					
Part	VI Land, Buildings, and Equipment	t.				~ -	005 D-13	W 12	40	
	Complete if the organization answ	1						A, IINE	10.	
	Description of property	(e) Cost or of (investm			ost or other is (other)		ccumulated preciation	(d) B	ook valu	•
4	1 and	Unvestm	ent)	Data	80.000	2000 200 S	preciation		Я	0,000
1a	Land		0		890,956		47,565			3.391
b	Buildings		- 0		090,950		47,500			0,031
d	Leasehold improvements		0		80,803		14,820		6	5,983
-	_ : `		0		154,560		18,289		_	6,271
e Tetel	Other			nolumn i			<u>10,200</u>			5.645

Part VII	Investments—Other Securities.	186 H F 006	D D - 4 W / E - 44 C - E	ndo mad v dia 40
	Complete if the organization answe	red "Yes" on Form 990		
, ((a) Description of security or category (including name of security)	(b) Book value	(c) Method of val Cost or end-of-year m	
(1) Financial	derivatives	0		
(2) Closely-he	eld equity interests	<i>:</i> 0		
in 04	· -			
443				
(B)				
(C)				

(D)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
(E)				
(F)				
(G)				
(H)				
Totai. (Column	(b) must equal Form 990, Part X, col. (B) line 12.) 🕨	0		
Part VIII	InvestmentsProgram Related.			
	Complete if the organization answe	red "Yes" on Form 99	0, Part IV, line 11c. See Form	990, Part X, line 13.
	(a) Description of Investment	(b) Book value	(c) Method of va Cost or end-of-year n	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
_{7}				
(8)				
(9)				
Total. (Column	(b) must equal Form 990, Part X, col. (B) line 13.) ▶	Q		
Part IX	Other Assets.			
	Complete If the organization answe	red "Yes" on Form 99	0, Part IV, line 11d. See Form	990, Part X, line 15.
		scription		(b) Book value
(1)		······································		
(2)				
_(3)			· · · · · · · · · · · · · · · · · · ·	
(4)				
(5)		· · · · · · · · · · · · · · · · · · ·		
(6)				
_(7)				
(8)				
(9)				
Total. (Colum	nn (b) must equal Form 990, Part X, col. (B) lir	ie 15.)		0
Part X	Other Liabilities.			- F 000 D V
-	Complete if the organization answer	ered "Yes" on Form 99	90, Part IV, line 11e or 11t. Se	e Form 990, Paπ X,
	line 25.			
1.	(a) Description of liability	(b) Book value		- Salata de Caración de Ca
	Income taxes		0	
(2)				
(3)		 		The second secon
(4)				
(5)				
(6)				
(8)				
(9)				
Total. (Column	n (b) must equal Form 990, Part X, col. (B) line 25.} 🏲		0	
2. Liability for	uncertain tax positions. In Part XIII, provide th	e text of the footnote to the	organization's financial statements t	nat reports the
organization's	s liability for uncertain tax positions under FIN	18 (ASC 740). Check here i	if the text of the footnote has been pr	OVIGED IN PART XIII

cheanle	D (FORM 980) 2017 SOLDIER'S BEST FRIEND	∠7-4000	/9/ Page 4
Part X			
	Complete if the organization answered "Yes" on Form 990, Part IV, line		
	otal revenue, gains, and other support per audited financial statements	· · · · ·	
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
	Net unrealized gains (losses) on investments		
	Donated services and use of facilities		
	Recoveries of prior year grants		
	Other (Describe in Part XIII.)	2e	0
	Add lines 2a through 2d	· · · · · · · · · · · · · · · · · · ·	0
	Amounts included on Form 990, Part Vill, line 12, but not on line 1:	• • • • • • • • • • • • • • • • • • • •	<u> </u>
	nvestment expenses not included on Form 990, Part VIII, line 7b. 4a		
	Other (Describe in Part XIII.)		
	Add lines 4a and 4b.	4c	0
	otal revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		0
Part X			
raitA	Complete if the organization answered "Yes" on Form 990, Part IV, line		
l T	otal expenses and losses per audited financial statements		
	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
	Donated services and use of facilities		
	Prior year adjustments		
	Other losses		
	Other (Describe in Part XIII.)		
	Add lines 2a through 2d	2e	0
-	Subfract line 2e from line 1		0
	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	nvestment expenses not included on Form 990, Part VIII, line 7b 4a		
	Other (Describe in Part XIII.)		
	Add lines 4a and 4b	4c	0
5 T	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	<u>. , ,</u>	0
Part X	(III Supplemental Information.		
;; Part	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, line XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any	additional information.	n-154bwsnw
	APRILAD DE VOTE		
	•		
	# # # # # # # # # # # # # # # # # # #		
		**********	===
		4	

Schedule D (Form	990) 2017	SOLDIER'S BES	ST FRIEND				27-	4665797	Page 5
Part XIII	Supplen	nental Informat	ion (continued	1)	••••				

	-								
		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							

		*****			~~ *********			KEPUL	
•									
		~~~				·			
							********	·	
								<b></b>	
						,			
		•							
						<b></b>			
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,					
					~~~~~ <del>~</del>				
		•							
						~~~~~~~			
				,,,,,,,,,,,,,,,,		*******			
				<b></b>					
	~~~~								
									

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundralsing or Gaming Activities

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

Attach to Form 980 or Form 990-EZ.

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

OMB No. 1545-0047

	f the organization					Employer identificati	on number
SOLD	IER'S BEST FRIEND					27-466	
Pari					ered "Yes" on For	m 990, Part IV, lir	ne 17.
1	Form 990-EZ filers are not				a a station Observe	-H 4L-4 h.	
a	Indicate whether the organization re	iiseo iunas throt			ig activities. Check to of non-government g		
	Internet and email solicitations		_				
b					of government grant	S	
ε.	Phone solicitations		g S	pecial tuna	ralsing events		
d	In-person solicitations						
2a	Did the organization have a written key employees listed in Form 990, F						Yes No
b	If "Yes," list the 10 highest paid indiv			ers) pursua	ant to agreements u	nder which the fund	raiser is
	to be compensated at least \$5,000 i	by the organizati	ion.				
		1	1				
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have r control of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in cot. (l)	(vi) Amount paid to (or retained by) organization
		-	Yes	No			
1				,	0	0	0
2		·			0	0	0
3					0	0	0
4					0	0	0
5					0	0	0
6					0	0	0
7					0	0	0
8					0	0	0
9					. 0	0	0
10	the state of the s				0	0	0
Total				▶	0	0	0
3	List all states in which the organizal registration or licensing.	tion is registered	i or license	d to solicit	contributions or has	s been notified it is e	exempt from

			•				

-	edule (Fundraising Events. more than \$15,000 of	OLDIER'S BEST FRIEND Complete if the organia fundraising event contr	zation answered "Yes" ibutions and gross inc		
		events with gross rece	ipts greater than \$5,00 (a) Event #1 30LF TOURNAMEN (event type)	(b) Event #2 SPORTING CLAY (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	72,863	46,750	0	119,613
	2 3	Less: Contributions Gross income (line 1	43,296	28,895	0	72,191
		minus line 2)	29,567	17,855	0	47,422
Direct Expenses	4	Cash prizes	100	171	0	271
	5	Noncash prizes	12,656	7,370	0	20,026
	6	Rent/facility costs	8,293	2,305	0	10,598
	7	Food and beverages		1,197		1,197
	8	Entertainment			0	0
	9	Other direct expenses	3,400	2,706	0	6,106
	10 11	Direct expense summary. Add Net income summary. Subtra	ct line 10 from line 3, colur	nn (d)	<u> </u>	(38,198) 9,224
Pa	art III	Gaming. Complete if the than \$15,000 on Form	the organization answe	red "Yes" on Form 99	0, Part IV, line 19, or	reported more
anne		tian \$15,000 on Form	(a) Bingo	(b) Pull tabe/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			(c) Other gaming	
	1 2				(c) Other gaming	col. (a) through col. (c))
		Gross revenue			(c) Other gaming	col. (a) through col. (c))
	2	Gross revenue			(c) Other gaming	col. (a) through col. (c))
Direct Expenses Revenue	2	Gross revenue				col. (a) through col. (c)) O
	2 3 4	Gross revenue			(c) Other gaming Yes%	0 0
	2 3 4	Gross revenue	(a) Bingo	Yes %	Yes %. No	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
	2 3 4 5	Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	(a) Bingo Yes % No I lines 2 through 5 in colum	Yes % No	Yes %. No	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
	2 3 4 5 6 7 8	Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add	Yes % No I lines 2 through 5 in coluing Subtract line 7 from line ganization conducts gaminduct gaming activities in	Yes % No nn (d)	Yes % No	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0

Schedule G (Form 990 or 990-EZ) 2017

Schedu	ile G (Form 990 or 990-EZ) 2017 SOLDIER'S BEST FRIEND	27-466	5797 Page 3
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:		·
а	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 >		
	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 \$ 0 \text{ and the} \text{ amount of gaming revenue retained by the third party } \$ 0 \text{ and the} \$ 0 \tex		
¢	If "Yes," enter name and address of the third party:		
	Name >	r 64 106 (n, 64 a) ay er er mer me	
	Address >		
16	Gaming manager information:		
	Name •		
	Gaming manager compensation > \$0		
	Description of services provided ▶		
	Director/officer Employee Independent contractor		
17 a b	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? 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		Yes No
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, column Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional See instructions	ns (iii) and al informa	I (v); and ition.
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
		·	
			+
	NONE NOTE NOTE NOTE NOTE NOTE NOTE NOTE		
	# **** *******************************		

### **SCHEDULE O** (Form 990 or 990-EZ)

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.

Department of the Treasury internal Revenue Service Name of the organization

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

OMB No. 1545-0047 Open to Public Inspection

Employer Identification number

SOLDIER'S BEST FRIEND [21-400519]
Form 990, Part VI, Section A, Line 2: JOHN AND JAN BURNHAM ARE HUSBAND AND WIFE.
Form 990, Part XII, Line 2a: FINANCIALS WERE REVIEWED NOT AUDITED FOR 12/31/2017.
Form 990, Part VI, Section B, Line 11b: THE BOOKKEEPER SUBMITTED INFORMATION AND DATA TO AN
INDEPENDENT ACCOUNTANT TO REVIEW AND COMPLETE FORM 990. THE COMPLETED FORM WAS REVIEWED BY A
MINIMUM OF TWO BOARD MEMBERS, THEN SIGNED AND SUBMITTED. COMPLETED FORM 990 WAS MADE AVAILABLE
TO ALL BOARD MEMBERS.
Form 990, Part VI, Section B, Line 12c: BOARD MEMBERS REVIEW AND SIGN A CONFLICT OF INTEREST
POLICY ANNUALLY, OFFICERS, DIRECTORS, AND KEY EMPLOYEES CONSTANTLY MONITOR POTENTIAL INSTANCES
OF CONFLICT OF INTEREST, REPORTING ANY OCCURRANCES TO THE BOARD AT LARGE.
Form 990, Part VI, Section B, Line 15a, 15b: OFFICERS AND BOARD MEMBERS OF THE ORGANIZATION
ARE VOLUNTEERS, KEY EMPLOYEES PERFORMANCE AND COMPENSATION ARE REVIEWED REGULARLY.
Form 990, Part VI, Section C, Line 19: ORGANIZATIONS FORM 990 FOR EACH YEAR ARE AVAILABLE ON
OUR WEBSITE AND GUIDESTAR. GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE
UPON REQUEST.
Form 990, Part IX, Line 11g: TRAINER SERVICES \$ 66,387
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~

Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization	Employer identification number
SOLDIER'S BEST FRIEND	27-4665797
·	
·	
,	
·	·
	•
	•
,	
·	
# & & A A A A A A A A A A A A A A A A A	
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
	,
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	

·	