Form 990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

Open to Public

Opportment of the Tressury Internal Revenue Service

► The organization may have to use a copy of this return to satisfy state reporting requirements.

A	For th	ne 2012 cal	lendar year, or tax year beginning	E	and	ending	1/4/2		
В		applicable		ER'S BEST FRIEN			Employer k	lentificatio	er number
	Address	s change	Domg Business As	DESTITUE N					T Humby
\sqcap	Name c	hange	Number and street (or P.O. box if mail	il is not delivered to stree	et address) Room/suite		7-4665797	NESWEST I	<u> </u>
Ħ	Initial re			- To The Golffeld to Bills	roomsale.		E Telephonii a	umber	
Ħ	Termina		7020 W EVANS DRIVE City, lower or post office, state, and Zif	n L222	-200 	(480) 269-17	38	
-				P DOOR	2/22 2/2/2/2/2/2	4			
님		od return ,	PEORIA		AZ 85381	9	Gross receip	KB S	343,190
ш	Applicat	tion pending	F Name and address of poncipal officer			H(a) Is this	s a group return	for affiliate	87 Yes X No
-			JOHN BURNHAM 7020 W EVA	ANS DRIVE, PEOR	IIA, AZ 85381	H(b) Are a	W affiliates moli	ided?	Yes No
I-S	Tax exer	npi status:	X 501(c)(3) 501(c) () - (insert no.)	4947(a)(1) or 527	IF-No	," attach a list.	(see instruc	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
J	Websit	e: Nwv	w.soldiersbestfriend.org		4.0000.802808.50 E-105000	-			10000000
	Silver contributes	organization:	Fred (Fig.)	There	ec 0 (1) 2,000		examption nu		Samuel Same
				ssociationOther	L Ye	ar of formats	on. 2011	■ State of	legal domicile: AZ
	and		mmary				25/05/7/		
	1	Brieffy d	escribe the organization's mission	on or most significa	ant activities: PRO	VIDE RES	CUÉ DOGS	TO DISAE	BLED VETERANS
	ill.	AND TR	AIN THEM FOR A SERVICE DO	OG TEAM TO AIDE	THEIR SYMPTOM:	S OF POS	T-TRAUM	TIC STE	RESS.
Ş	2								
Ē									
Activities & Governance	2	Check th	nis box 🕨 🔃 if the organization	n discontinued its o	operations or dispose	ed of more	than 25%	of its net	assets
*	3	Number	of voting members of the govern	ning body (Part VI,	line 1a)		control and control to the control of the force?	3	7
\$	4	Number	of independent voting members	of the governing t	ody (Part VI, line 1b		- A A A A A A A A A A A A A A A A A A A	4	;
Ē	5	Total nur	mber of individuals employed in	calendar year 201	2 (Part V. line 2a)		CES TOPE	5	6
A	6	Total nur	mber of volunteers (estimate if n	ecessary)		SAM AS DE		6	. 40
	7a	Total unr	related business revenue from P	art VIII, column (C), line 12		2분 시원하 (제 품)	a	0
-	b	Net onre	lated business taxable income fi	from Form 990-T. li	ne 34		990maa a 🗀	b	- 0
			= <u>15579</u>	7-1	700-	P	rior Year	~	Current Year
120	8	Contribut	tions and grants (Part VIII, line 1	(h)	e ere er er end m		116,9	74	303,637
Revenue	9	Program	service revenue (Part VIII, line 2	20)		======================================	710.0		
5	10	investme	ent income (Part VIII, column (A)	===		5	0		
Œ	11	Other rev	venue (Part VIII, column (A), line	es 5. 6d. 8c. 9c. 10	c and 11ei		7.1	08	224
	12	Total reve	nue-add lines 8 through 11 (must	equal Part VIII, cohi	mn (A) line 12)		117,0		134
	13	Grants ar	nd similar amounts paid (Part IX	Coolumn (A) lines	1–3)	777	111,0	07	303,995
	14	Benefits .	paid to or for members (Part IX,	column (A) line 4	h , , , , , , , ,		Ti-	-	0
	15	Salaries, d	other compensation, employee bene	efils (Part IX, column	(A) lines 5_10)		-35	-	30 935
2	16a	Professio	onal fundraising fees (Part IX, co	dumn (A) line 11e	, p.y		30 325		36,825
Expenses	ь	Total fund	draising expenses (Part IX, colu	mn (D) line 25) >	18,481		Transfer or seem	7 - T	0
ŵ	17	Other ex	penses (Part IX, column (A), line	s 11a_11d 11f_2	4e)	- 100 - 100	***************************************	2.4	70 477
	18	Total exp	enses, Add lines 13-17 (must e	roual Part IX, colum	gn (A) line 25)		40,2 40,2		72,177
	19	Revenue	less expenses. Subtract line 18	from line 12	(iii) (A), iii) = 2,07.		76,8		109,002
2 5						Basinsia	of Current Ye		194,993
Assetts or d Balances	20	Total ass	ets (Part X, line 16)	100 02 00 100 00	on the sector are the sector	Aliming	76.8	-	End of Year
30	21	Total liab.	ilities (Part X, line 26)	told at its told by	# # 10# # # 15 10#		70,0	0	275,525
Σž	22	Net asset	ts or fund balances. Subtract line	e 21 from line 20			76,8	-	3,706
_	rt II		ature Block	5 - 1 10 to 10 to 1			7,03,0	žOJ	271,619
			I declare that I have examined this return,	sociudino accompanio	a schedulet and statement	a and to the	thank of motion	dadas	
nd b	ellet, it is	true, correct	t, and complete. Declaration of preparer (c	other than officer) is bas	ed on all information of whi	ch prenaver	has are knowle	nmeage:	
			1-300005365	V UNITS	775500000			***	
sig:		5	ignature of officer	**			Date		- W
ler	6		ž						
		T	ype or pant name and title	***	-2000		20		
-00-5			уре ргерания пяте	Preparer's signature		Date			PTIN
aic	d	Displaces a signature Displaces and Displace					Chec	C∏ ir	2(2)(8)
			JOSEPH F ANSELMO (NOT FOR PAY)			10 10	self-e	mployed	P01240547
S1 UC	Only	Firm's			12-91-92	Firm	n's EIN 🕨		86-0527742
	July	64. TANK ****	address . 4645 N 32ND STREE	T, STE A-125, PHO	ENIX. AZ 8501E			(602) 852	
San.	lbe ID				50000-84503-2570-00-00-00-00-00-00-00-00-00-00-00-00-0	Pho	one no.	· · · · · ·	Park I Table
dy	THE IN	o discuss	this return with the preparer sho	own above? (see ii	nstructions)	88 8 <u>55</u>	501 (0.00.6)	a 98	X Yes No
		and Davidson	ATTIC BURNING LINE ALL TO A	St. 14051524				35.	

	980 (2012)	SOLDIER'S BEST FRIEND	27-4665797	Page 2
₽2	rtell	Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III	N 80 40 80 80 40 80 80	. X
1	TO AID	describe the organization's mission: OUR WOUNDED VETERANS WHO SERVED OUR COUNTRY SO HONORABLY BUT NOV FRAUMATIC STRESS DISORDER BY TRAINING AND PLACING THEM WITH A SERVICE D SYMPTOMS. THIS WILL ULTIMATELY HELP OUR VETERANS TRANSITION BACK INTO (N SUFFER FROM DOG TO HELP EASE	
2	the prior	organization undertake any significant program services during the year which were not listed r Form 990 or 990-EZ?	ion Yes	X No
3	services	organization cease conducting, or make significant changes in how it conducts, any program ? describe these changes on Schedule Q.		X No
4	Describe expense	e the organization's program service accomplishments for each of its three largest program sees. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants expenses, and revenue, if any, for each program service reported.		
4a) (Expenses \$ 75,315 including grants of \$) (Rev		
4b	124-144-1 124-144-1 124-144-144-144-144-144-144-144-144-144-) (Expenses \$ including grants of \$) (Rev		
4 c	(Code:	(Expenses \$ including grants of \$) (Rev	enue \$	
4d	Other pro	ogram services. (Describe in Schedule O.) es \$ 0 including grants of \$ 0) (Revenue \$	0)	
4e	Total pro	ogram service expenses > 75,315	77 TOP 4 No.	

Part IV Checklist of Required Schedules

92	. WARK 10 W		Yes	N
j1	complete Schedule A		v	
2	Is the organization required to complete Schedule B. Schedule of Contributors (see instructions)?	1	X	-
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	2	X	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	3		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 III	4		X
6		5	8 <u>20</u> 13	X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes." complete Schedule D, Part II.	6		_x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	7	; - 100	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	В		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	9	-	X
11	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V. 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.	10	ł	X
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 102 if "Yes," complete Schedule D, Part VI.	1	ŀ	
ь	Did the organization report an amount for investments—other securities in Part X, fine 12 that is 5% or more	11a	WI-	Х
c	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D. Part VII. 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 152 Km/s.	11b	+	×
d	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11c		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	114		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e	-	X
12a	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X. Did the organization obtain separate, independent audited financial statements for the lax year? If "Yes," complete	11f	15	x
	Schedule D, Parts XI and XII. Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"	12a	acwe S	x
13	and if the organization answered "No" to line 12a, then completing Schedule D. Parts XI and XII is optional	12b		х
20320	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes." complete Schedule E	13	_ 8	Х
b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, husiness, investment, and process as a state of the United States?	14a	524	X
15	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	3	X
2000	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV.	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV.	16	340	x
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	, . 	×
	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	(1)	x	
9	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		ν:
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u>x</u> _
b	If "Yee" to line 2019, did the executantian estable and a first transfer of the control of the c	20b	_	x x
		-04		

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		×
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I. Parts I and III.	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J.	23		×
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
-	24b through 24d and complete Schedule K. If "No," go to line 25	24a	<u> </u>	X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an excrow account other than a refunding excrow at any time during the year to defease any tax-exempt bonds?	24b		x
d	to detease any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		×
	Section 501(c)(3) and 501(c)(4) 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		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L. Part I	25b		×
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L. Part II.	26		×
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		×
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).			i Li
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	285	2011918	X
-446	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L. Part IV	28c		X
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.	30		_^ ×
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			Autos
32	Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?	31	- 75-	X
33	If "Yes," complete Schedule N, Part II. Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		×
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I. Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,	33		Х
	III, or IV, and Part V. line 1	34		Х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	_	X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes." complete Schedule R. Part V, line 2	35b		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, tine 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part	8-8	AEWidi	
	with the constant with the contract and	37		X
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	×	0.000
-	20 NO		990	2245

Part V Statements Regarding Other IRS Filings and Tax Compliance

_	Check if Schedule O contains a response to any question in this Part V	3 3	6 6	
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	<u> </u>	Ye	6 N
b		7	î	200
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	0		9
	gaming (gambling) winnings to prize winners?	10	g (6)	9
2a	Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax	100	1	_
	Statements, filed for the calendar year ending with or within the year covered by this return . 2a	6		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	26	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		- ^	-
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		
ь	If "Yes." has it filed a Form 990-T for this year? If "No." provide an explanation in Schedule O	36	-	+
43	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	-	0.00	1
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial		Si .	
•	CACCOUNTY OF THE TANK WITH THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE TOTAL CONTROL OF THE PROPERTY O	4a	(0)	X
ь	If "Yes," enter the name of the foreign country: >	1		
- 4000	See instructions for filing requirements for Form TO F 90-22.1, Report of Foreign Bank and Financial Accounts.	1		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
Ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
¢	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			28
ь	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
O.M.	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	810000	Wi esti	h II.
7	gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	6b		<u> </u>
3	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		ĺ	1
		V. 23	22	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a	X	
C	Oid the organization self, exchange, or otherwise dispose of tangible personal property for which it was	7b	X	8
	required to file Form 8282?	S		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7c	X	4
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	1		
•	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f		X
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		^
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C2	79 7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	1		1
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			l
	organization, have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds,			- 2
а	Did the organization make any taxable distributions under section 4966?	9a		
ь	Did the organization make a distribution to a donor, donor advisor, or related person?	96		
0	Section 501(c)(7) organizations. Enter			
a	Imitiation fees and capital contributions included on Part VIII, line 12	1 1		Ī
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1 1	3	
1	Section 501(c)(12) organizations. Enter:	ÎΙ		l
2	Gross income from members or shareholders	J		l
b	Gross income from other sources (Do not net amounts due or paid to other sources		ž 9	
%	against amounts due or received from them.)		ì	
2a b	Section 4947(a)(1) non-exempt charitable trusts, is the organization filing Form 990 in lieu of Form 1041?	12a		
3	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	. (9		(00)
a	Section 501(c)(29) qualified nonprofit health insurance issuers.			
•	Is the organization licensed to issue qualified health plans in more than one state?	13a		
ь	Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to mainfain by the states in which			9
= 1	The manufacture is the contract of the contrac	X		
c	# 21 2 2 12 2 2 2 2 2 2 2 2 2 2 2 2 2 2			
4a	Did the organization receive any payments for indoor tanning services during the tax year?		-	
b	If "Yes." has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a		X
(1) TO (1)	** * ** ** ** * * * * ** ** * * * * *	146/		

P	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule Co.	6579 Ir a "N See ii	f-P	Fage ction
Sec	Check if Schedule O contains a response to any question in this Part VI.		5† 91	ſχ
			1.02	1
14	Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	7	Ye	N
t	1 4 A STATE OF THE PROPERTY OF	7	\$3.	
3	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any officer, director, trustee, or key employee?	2	×	
3	Did the organization detegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?			
4	Did the organization make any significant changes to its governing documents since the erior Form 990 was filed?	4	+	X
5	Did the organization become aware during the year of a significant diversion of the organization's association	5		Î
6	Did the organization have members or stockholders?	6		X
7a	one or more members of the governing body?	7a		X
b	are any governance decisions of the organization reserved to (or subject to approval by) members			
8	stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7b		X
a		929		
b	The governing body? Each committee with authority to act on behalf of the governing body?	Ba.	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII. Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses in Schedule O.	85		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue C	9		X
		Jue.)		No
10a	Did the organization have local chapters, branches, or affiliates?	10a	165	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		-2-
11a	A STATE OF THE PROPERTY OF THE	11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	T \$		
12a b	Old the organization have a written conflict of interest policy? If "No," go to line 13.	12a	X	nesv-
C	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	12b	Х	
13	Did the organization have a written whistleblower policy?	12c	X	1
14	Did the organization have a written document retention and destruction policy?	13	_	X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	14		X
b	The organization's CEO, Executive Director, or top management official. Other officers or key employees of the organization.	15a		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	15b	ां	-
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		x
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		K
	on C. Disclosure	-		-
17 18 19	List the states with which a copy of this Form 990 is required to be filed MARYLAND, VIRGINIA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c available for public inspection. Indicate how you made these available. Check all that apply. X Own website MARYLAND, VIRGINIA Section 501(c available), 990, and 990-T (Section 501(c available), 990, and 990-T (Section 501(c available)) When website MARYLAND, VIRGINIA Section 5010 Section 5020 Other (explain in Schedule O) Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest	(3)s	only)	
20	policy, and financial statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the organization: JAN BURNHAM 7020 W EVANS DRIVE PEORIA AZ 85381	§ 1	52510	<u>زوافاون</u>

Form 990 (2012)	SOLDIER!	S BEST	FRIEND

27-4665797

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors Check if Schedule O contains a response to any question in this Part VII.

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

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

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

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

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

(A) Name and Idie	(B) Average hours per	(C) Position (do not check more than one box unless person is both an officer and a director(trustee)						(D) Reponable compensation	(E) Reponable compensation	(F) Estimated amount of
	week (list any hours for related organizations below dotted line)		Institutional dustree Individual flustice or director		Key employee	Former Highest compensated embloyee		from the organization (W-2/1999-MISC)	from related organizations (VV 2/1089 MISC)	other compensation from the organization and related organizations
(1) JOHN BURNHAM, DVM PRESIDENT	30,00	×		×		Arried.		0	o	î
(2) ELAINE RANSDELL VIÇE PRESIDENT	20 00	x		X		MASKES S	riidise	D	0	1.0
(3) JAN BURNHAM SECRETARY/TREASURER	35.00	x		х				0	0	51 6
(4) CARRIE OSTROSKI DIRECTOR	1.00	x			7 428		347504	0	o	
(5) JILL J NELSON DIRECTOR	1.00	х	01	93CV				0	0	
(6) JIM McDONALD, DVM DIRECTOR	1 00	х						0	0	0
(7) TERESA DEMARS DIRECTOR	2.00	х		v_:				ō	0	0
. (8)				0. 17					· · · · · · · · · · · · · · · · · · ·	Sulfiele Teles
<u>(9)</u>					300					
(10)				e:	0.00			5: T5: (-3	15.07	. WE (THE
(11)								2	7.502.704	200 000 0
(12)		N contra						\$1000 7450 - 1500		
3)		0.00000								<u> </u>
(14)			dins	#CT				T _C	3	3

	(A) Name and like									(E) Reportable	1 22	(F) stimated
		week (Irst arry hours for related organizations below dotted line)	or director	1112	Office:	Key employee	6:Tployee		compensation from the organization (W. 2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	CO)	imount of other openisation from the ganization and related janizations
(15		***			60 244-00 21							
(16)						_	_		·	P:	9	
(17)	7 (1 c m. 170507700000000000000000000000000000000								di d	3	7	15
(18)		(*************************************						:	2	100 pt	453	8
(19)	***************************************			==53 5 - 15				-0)	-10 <u>- 10</u>			7.55
(20)				-	\$ 12.				77.10,11			
(21)	SUBSTRUCTION DESCRIPTION OF THE STATE OF THE		- E	5-53	Ì	ia	:	=	-35 00 -	- 200 40		
(22)	TO THE STATE OF TH		-	~ -	ŧ							200
(23)					1		\exists	- 1	Y.	<u> </u>		
(24)				-	=			1				
(25)	•	2003-0-400-0-		T		7					_	A
1b c d	Sub-total Total from continuation sheets to Part VII, Total (add lines 1b and 1c)		188 P		= 14. * * * * *	\$29 £ #85 97		•	0 0	0 0	- 2-	
2	Total number of individuals (including but not reportable compensation from the organization	limited to those	listed	ahç	ve)	wh	o rec	eive				ſ
3	Did the organization list any former officer, du employee on line 1a7 // "Yes." complete Sche	rector, or trustee	. kev	em	płov	ce.	or hi	ghe	st compensated	· [3	Yes No
4	For any individual listed on line 1a, is the sum the organization and related organizations greindividual	of reportable co aler than \$150,0	mper 000? .	isat If "Y	ion : 'es,'	and co	othe mple	r co te S	impensation from	m uch	4	×
5	Did any person listed on line 1a receive or accifor services rendered to the organization? If "	rue compensați <i>les." complete S</i>	on fro	im a lule	iny i	unn unn	elated ich ni	d or	ganization or inc	laubivit	5	×
Sec	tion B. Independent Contractors			-	. , ,		<u> </u>		27 1 101 1 102		4	1.7
1	Complete this table for your five highest comp compensation from the organization. Report c year.	ensated indeper ompensation for	ndent the c	con aler	itrac ndar	tor: ye	s that ar en	rec ding	ceived more that g with or within t	n \$100,000 of he organization	's tax	4
	(A) Name and business add	ess					1		(B) Description of servi	ces Co	(C)	
_		X-					5/16/		38.00			U
_		1,781-81:					-		2.0-	4000		0
	30 A 1	15000										. 0
	510 2.B	Vi. 10 (1)						-				0
2	Total number of independent contractors (inch		ited to	o the	ose	liste	ed ab	ove) who received			0

Part VIII Statement of Revenue Check if Schedule O contains a response to any question in this Part VIII (A) (13) fCT (D) ctal revenue Powed or Unrelated **Acvenix** exempt business excluded from revenue ax under sections function. 512 513 2/514 าลขอดบด 1a : Federated campaigns . Grants Other Similar Amounts ib. Membership dues Ď Te the 10 Fundraising events Contributions, Giffs, id Related organizations e Government grants (contributions) . 10 f. All other contributions, giffs, grants, and similar amounts not included above . 11 283,610 Noncash contributions included in lines 1a-1f. 10,024 Bild 303.63 h Total, Add lines 1a-1f. Business Code Service Revenue Para pint All other program service revenue Total: Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) \$ 04 00 AMA J imcome from investment of tax exempt bond proceeds. 0 5 Royalties or Rear 6a Gross rents b Loss: rental expenses . . Rental income or (loss). . d. Not rental income or (loss). no Other (i) Securities 7a Gross amount from sales of O assets other than inventory Less cost or other basis and sales expenses. 0 c Gain or (loss) . . . Net gain or (loss) Other Revenue 8a Gross income from fundraising events (not including \$ _____20,027_ of contributions reported on line (c) See Part IV. line 18 b b Less: direct expenses . . . Net income or (loss) from fundraising events. 9a Gross income from gaining activities. See Part IV, line 19. Q C . Net income or (loss) from gaming activities 10a Gross sales of inventory, less 10.030 returns and allowances 8.271 b Less cost of goods sold : Net income or (loss) from sales of inventory. 1,759 Muscellaneous Hoverun 0 11a 0 0 All other revenue ... O. Total. Add lines 11a-11d 358 303 995 Total revenue. See instructions.

SOLDIER'S BEST FRIEND Statement of Functional Expenses Part IX

	Check if Schedule O contains a response to any	question in this Par	1 IX	10 30; sub an 2006	X
Do 7b	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and peneral expenses	(D) Fundraising
1	Grants and other assistance to governments and		11/2	general expenses	expenses
	organizations in the United States. See Part IV, line 21	0			
2	The same and the same of the s	2-1	- 3,0		* * *
	United States. See Part IV, line 22	. 0			
3	Grants and other assistance to governments.	W A	-518 - 5 12 - 4	72	
	organizations, and individuals outside the		1		
03400	United States, See Part IV, lines 15 and 16				2000
5	Benefits paid to or for members	0	12:0) 30 1		
ם	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified	0			+8:
	persons (as defined under section 4958(f)(1)) and	1			
	persons described in section 4958(c)(3)(8).				
7	Other salaries and wages	30,925	40.740		
8	Pension plan accruals and contributions (include		19,713	2,803	8.40
	section 401(k) and 403(b) employer contributions)			1	
9	Other employee benefits	3,535	4 676		4.545,00
10	Payroll taxes	2,365	1,976	973	58
11	Fees for services (non-employees):	2,303	1,500	214	641
a	Management.	ñ		1	
6	Legal .	0	<u> </u>	72	711.8
¢	Accounting	ő	Ga. 1	2	178
d	Labbying	Ö	W ⁺²⁰		1592
e	Professional fundrarsing services. See Part JV, line 17	0	SYAN		279
f	Investment management fees	. 0			***
g	Other, (If line 11g amount exceeds 10% of line 25 column		- 2		937) - 37 <u>-</u>
	(A) amount, list line 11g expenses on Schedule (C.)	36,831	36,831	[^	
12	Advertising and promotion	D.			0120
13	Office expenses	9,339	447	6,017	2,875
14	Information technology	1,275		1,275	2,010
15	Royalties	. 0			9
16	Occupancy	0		-532	## ## ## ## ## ## ## ## ## ## ## ## ##
17	Travel.	1.257	517	740	(58%)
18	Payments of travel or entertainment expenses	-30		841	5,8
2240	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0.		- Salara - Illian	₹'
20	Interest	O	2017		
21	Payments to affiliates	_ 0		(45)(V)	
22 23	Depreciation, depletion, and amortization	0	0	0	0
24	Insurance	438	F-0215	438	
5.60	Other expenses. Itemize expenses not covered				
	above (List miscellancous expenses in line 24e, if line 24e amount exceeds 10% of line 25, column		i		
	(A) amount, list line 24e expenses on Schedulc (C.)				
а	DONATED ITEMS AND SUPPLIES				325,570
100	PET EXPENSES	11,380	7,421	50	3,909
	BUSINESS MEALS	6.139	6,139		100
	STAFF EVENTS AND GRADUATIONS	1,872	26	1.846	N. 1990
	All other expenses FEES DUES SALES TAX STAFF DEV	2.283	685	050	678
5	Total functional expenses. Add lines 1 through 24e	109.002	52 75.315	850	1.381
5	Joint costs. Complete this line only if the	100,000	75,315	15,206	18,461
	organization reported in column (B) joint costs			4	
	from a combined educational campaign and		1	Ť	
	fundraising solicitation. Check here		6		
	following SOP 98-2 (ASC 958-720)				

Form 980 (2012) SOLDIER'S BEST FRIEND
Part X Balance Sheet

24 Unsecured notes and loans payable to unrelated third parties			Check if Schedule O contains a response to any question in this Part X .	*2005*00* 00 to	(F) 400	a or so so so a
1 Cash—nun-interest-bearing. 2 Savings and temporary cash investments. 3 Pledges and grants receivable, net. 4 Accounts receivable, net. 5 Leans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L. 6 Leans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L. 6 Leans and other receivables from before dispassified persons (as celled unider section c. 9580ff), person selected in section 4580g(3)(8), and completing employers and sponsoring organizations. Completing and 4580g(3)(8), and completing employers and sponsoring organizations. Completing and trust of the section of the basis. Complete Part IV of Schedule D. 7 (a) Prepaid expenses and deferred charges. Land, buildings, and equipment cost of the basis. Complete Part IV of Schedule D. 8 (a) Prepaid expenses and deferred charges. Land, buildings, and equipment cost of the basis. Complete Part IV into £1 investments—other securities. See Part IV, line £1 investments—oth		422				
2 Savings and temporary cash investments		358		The state of the s	1	T-155
3 Pledges and gramts receivable, net		(200m)		- 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10		A 35. 20711-419
5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.		3	Pledges and grants receivable, net	0	3	
trustees, key employees, and highest compensated employees Complete Part II of Schedule L 6 Leans and other receivables from other disqualified persons (as celled under section 4556(I)**[1], persons described in section 4556(c)(3)(B), and comirbiting employers and sponsiting organizations of section 50(G) valuracy employees bereficiary organizations (see inductions). Complete Part II of Schedule L 7 Notices and leans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis. Complete Part IV of Schedule D 10b Less accumulated depreciation 10c Link, buildings, and equipment cost or other basis. Complete Part IV in Ent. 11 Investments—publicly traded securities 12 Investments—publicly traded securities 12 Investments—publicly traded securities 13 Investments—publicly traded securities 14 Intangule assets 15 Other assets. See Part IV. line 11 16 Total assets. See Part IV. line 11 17 Accounts payable and accrued expenses. 19 Deferred revenue. 20 Tax exempt bond liabilities 20 Tax exempt bond liabilities 21 Econow or custodial account liability. Complete Part IV of Schedule D 22 Leans and other payable to unrelated third parties. 23 Secured mortgages and notes payable to unrelated third parties. 24 Unsecured notes and leans payable to unrelated third parties. 25 Other habilities (including federal income latx payables to releated third parties. 26 Total liabilities. Add lines 17 through 25 27 Organizations that follow SFAS 117 (ASC958), check here Part American and complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets. 28 Temporanty restricted net assets. 29 Temporanty restricted net assets. 29 Temporanty restricted net assets. 20 Temporanty restricted net assets. 21 Temporanty restricted net assets. 22 Temporanty restricted net assets. 23 Temporanty restricted net assets. 24 Total industrial sock or trust principal, or current funds. 25 Total illustrial sock or trust princi		4		D	4	-
Complete Part II of Schedule L 5		5				
Series and other receivables from other disqualified persons (as celled under section of 458(f)(f)), persons described in section 458(f)(f)), persons described in section 458(f)(f)), persons described in section 501(f)(f) receivable, members and section 501(f)(f) receivable with first ordered the section of the section		¥	trustees, key employees, and highost compensated employees. Complete Part II of Schedule L		5	
10	seets	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees, beneficiary		460	8
10		7			-	
9	4	(4)				1
10a		-58		7,093		9,518
ther basis. Complete Part VI of Schedule D b Less' accumulated depreciation 11 Investments—publicity traded securities. 12 Investments—other securities. See Part IV, line 11 13 Investments—program-related. See Part IV, line 11 14 Intangible assets. 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses. 19 Deferred revenue. 20 Tax-exempt bond liabilities. 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Coans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part IV of Schedule L 23 Secured mortgages and notes payable to unrelated third parties. 24 Unsecured notes and loans payable to unrelated third parties. 25 Other habilities (including federal income tax, payables to related third parties). 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ And complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets. 28 Temporarity restricted net assets. 29 Permanently restricted net assets. 20 Permanently restricted net assets. 21 Permanently restricted net assets. 22 Permanently restricted net					9	
b Less accumulated depreciation 10b 0 0 10c 0 10c 11 1 1 1 1 1 1 1 1 1 1 1		100000	[13] [14] [15] [15] [15] [15] [15] [15] [15] [15			
11 Investments—publicity traded securities 0 11 0 12 10 12 10 12 10 13 13 14 10 13 14 11 15 15 15 15 15 15		h			200	
12 Investments—other securities. See Part IV, line 11		30,000			THE PARTY NAMED IN	**
13 Investments—program-related. See Part IV. line 11 10 13 10 14 11 11 11 11 11 11		111			WW	
14						
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16 Total assets. Add lines 1 through 15 (must equal line 34) 76,826 16 275,522 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities. 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part IV of Schedule L 23 Secured mortgages and notes payable to unrelated third parties. 24 Unsecured notes and loans payable to unrelated third parties. 25 Other Itabilities (including federal income tax, payables to related third parties, and other Itabilities not included on lines 17-24). Complete Part X of Schedule D 26 Total (liabilities. Add lines 17 through 25. Corganizations that follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 28 Temporarity restricted net assets 29 Permanently restricted net assets 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained carnings, endowment, accumulated income, or other funds 32 Total net assets or fund balances 76,826 33 271,819		15	Other assets, See Part IV line 11			
17		(C)=0			-	
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24 Unsecured notes and loans payable to unrelated third parties. 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17.24). Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25. Organizations that follow SFAS 117 (ASC 958), check here ➤ X and complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets. 28 Temporarily restricted net assets. 29 Permanently restricted net assets. Organizations that do not follow SFAS 117 (ASC958), check here ➤ □ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds. 31 Paid-in or capital surplus, or land, building, or equipment fund. 32 Retained carnings, endowment, accumulated income, or other funds. 76,826 33 271,819	*				- 1	
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26 Total flabilities. Add lines 17 through 25 0 26 3,706	155	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete	75.40		
Total flabilities. Add lines 17 through 25 0 26 3,706 Organizations that follow SFAS 117 (ASC 958), check here ➤ X and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets 76.826 27 271.819 Temporarity restricted net assets 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained carnings, endowment, accumulated income, or other funds 32 Total net assets or fund balances 76,826 33 271,819	13		Part X of Schedule D	0	25	0
complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 76.826 27 271.819 28 Temporarily restricted net assets 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained carnings, endowment, accumulated income, or other funds 32 Total net assets or fund balances 76,826 33 271,819		26	Total (labilities, Add lines 17 through 25		26	3,706
70,020 33 27,019	663					\$ \$
70,020 33 27,019	an	27	Unrestricted net assets	76.826	27	271.819
70,020 33 27,019	83	28		76 70	V-1-1	2,11915
70,020 33 27,019	Ę	29			29	
70,020 33 27,019	or Fur		Organizations that do not follow SFAS 117 (ASC958), check here	n est est est		(1995)
70,020 33 27,019	5	30		8	an	
70,020 33 27,019	50			38/8	- Y-	***
70,020 33 27,019	*			5/1	_	
70,020 33 27,019	Net		Total net assets or fund balances	76 826		774 040
					-	3,31,3

Part XI Reconciliation of Net Assets		7-4665797	Pose 12
2000			
Check if Schedule O contains a response to any question in this Part XI Total revenue (must equal Part XIII, column (A), line 12)	8t	* * * *	· . L
	1		303.995
Service Community of the Community of th	2	i nee	109,002
The same of the sa	3	-0-	194,993
The state of the s	_4		76.826
	5	7/842	
the contract of the contract o	6		
		-10	
Other changes in net assets or fund balances (explain in Schedule 0).	8_	·	
Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,	. 9	- F 96-	
column (B))	7422		34 C 2 (1985 2 ()
column (B)) art XII Financial Statements and Reporting	10		271,819
Check if Schedule O contains a response to any question in this Part XII			-
or date in distributes of contains a response to any question in this yarr XII	114.		20
1 Accounting method used to prepare the Form 990: X Cash Accrual Other		-2	18 1/2=
Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:	(f (8) 38	2a	x
		8 1	(
			2
b Were the organization's financial statements audited by an independent accountant?	BE #353	2b	X
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			A. C. C. C.
I — o an adola and an height Dasia			(3)
c. If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight	it of		3 9
the audit, review, or compilation of its financial statements and selection of an independent accountant?	g nes	, 2c	
If the organization changed either its oversight process or selection process during the tax year, explain Schedule O.	n		
			1
As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		1	6.0
the Single Audit Act and OMB Circular A-133? b If "Yes" did the groundation undergo the required audit or audits? If the argest action is	1 2 3	. 3a	X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	8 1 <u>. v</u>	3b	
		Lam \$	990 (2012)

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.

antiable trust. Open to Public

▶See separate instructions. Inspection

OMB No 1545-0047

Department of the Tressury Internal Revenue Service

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

► Attach to Form 990 or Form 990-EZ.

and (iii) below, the governing body of the supported organization? (iii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? h Provide the following information about the supported organization(s). (ii) Name of supported (iii) EIN (iii) Type of organization (iv) is the organization in coldescribed on lines 1-9 above or IRC section (see instructions)) (iv) Is the organization in cold (i) of your supported organization in cold (i) organization in cold (i) organization in cold (i) organization in coldescribed in the support? Yes No Yes No Yes No	he organ	Reason			tanization	is must o	complete	this par	t.) See in	struction	5.		
A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospitat or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(v). (Complete Part II.) A community from local government or governmental unit described in section 170(b)(1)(A)(v). (Complete Part III.) A community frust described in section 170(b)(1)(A)(vi). (Complete Part III.) A community frust described in section 170(b)(1)(A)(vi). (Complete Part III.) A community frust described in section 170(b)(1)(A)(vi). (Complete Part III.) A community frust described in section 170(b)(1)(A)(vi). (Complete Part III.) A community frust described in section 170(b)(1)(A)(vi). (Complete Part III.) A community frust described in section 170(b)(1)(A)(vi). (Complete Part III.) A community frust described in section 170(b)(1)(A)(vi). (Complete Part III.) A community frust described in section 170(b)(1)(A)(vi). (Complete Part III.) A community frust described in section 170(b)(1)(A)(vi). (Complete Part III.) A community frust described in section 170(b)(1)(A)(vi). (Complete Part III.) A community frust described in section 170(b)(1)(A)(vi). (Complete Part III.) A community frust described in 170(b)(1)(A)(vi). (Complete Part III.) A community frust described in 170(b)(1)(A)(vi). (Complete Part III.) A community frust described in 170(b)(1)(A)(vi). (Complete Part III.) A norganization organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly suppo	0 10-55									19000000			
A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(y). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(y). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(yi). (Complete Part II.) A community frust described in section 170(b)(1)(A)(yi). (Complete Part III.) A community frust described in section 170(b)(1)(A)(yi). (Complete Part III.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment moore and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organization described in 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11s through 11h. a	a 🗀) ,			
A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(ii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(Ii). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(V). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(Vi). (Complete Part III.) A community trust described in section 170(b)(1)(A)(Vi). (Complete Part III.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities retated to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unretated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete inser 11 through 11h. a	4	A school des	cribed in secti	ion 170(b)(1)(A)(ii). (A	ttach Sche	edule E.)							
hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(V). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(V). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(Vi). (Complete Part III.) A community trust described in section 170(b)(1)(A)(Vi). (Complete Part III.) A community trust described in section 170(b)(1)(A)(Vi). (Complete Part III.) An organization that normally receives: (1) more than 33 1/39% of its support from contributions, membership fees, and gros receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/39% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a	3	A hospital or	a cooperative	hospital service organ	ization des	scribed in	section	170(b)(1)	(A)(iii).				
hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(V). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(V). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(Vi). (Complete Part III.) A community trust described in section 170(b)(1)(A)(Vi). (Complete Part III.) A community trust described in section 170(b)(1)(A)(Vi). (Complete Part III.) An organization that normally receives: (1) more than 33 1/39% of its support from contributions, membership fees, and gros receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/39% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a	4	A medical re	search organiz	ation operated in conju	inction wit	h a hospi	tal descri	ibed in se	ction 170	(b)(1)(A)	(iii). En	ter the	2
in section 170(b)(1)(A)(IV). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(V). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(VI). (Complete Part II.) A community trust described in section 170(b)(1)(A)(VI). (Complete Part III.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11th. a	11		DE SECTION	743,000							S.		
An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part III.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gros receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11th. a Type Ib Type II c Type III—Functionally integrated Type III—Non-functionally integrated By checking this box. I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III supporting organization, check this box. Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? (iii) A 35% controlled entity of a person described in (i) above? (iv) A family member of a person described in (ii) above? (iv) A for your specified organizat	5 []				ge or univ	ersity owr	ed or op	eraled by	a governi	mental ur	it desc	ibed	
An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part III.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gros receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11th. a Type Ib Type II c Type III—Functionally integrated Type III—Non-functionally integrated By checking this box. I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III supporting organization, check this box. Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? (iii) A 35% controlled entity of a person described in (i) above? (iv) A family member of a person described in (ii) above? (iv) A for your specified organizat	6	A federal, sta	ate, or local gov	vernment or governme	ntal unit d	escribed i	n section	n 170(b)(1)(A)(v).				
An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gros receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a	7 X			UNIONALE CALLS IN THE		its suppor	f from a g	governme	ental unit o	or from the	e gener	al pub	olic
An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gros receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2) (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a	8	A community	trust describe	d in section 170(b)(1)	(A)(vi). (C	omplete f	Part II.)						
An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a	9 🗖	receipts from support from	activities relat gross investm	ted to its exempt functi- ent income and unrela	ons—subj ted busine	ect to cer ess taxabl	tain exce e income	ptions, ar (less sec	nd (2) no n ction 511 t	nore than	33 1/3	% of it	gross ts
An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a	to 🗆		250							4):			
(see instructions)) support? US7 Yes No Yes No Yes No A)	(A)	purposes of 509(a)(3). Che a Type By checking persons other 509(a)(1) or If the organization, Since Augus following per (i) A pers	ne or more pureck the box the loss of this box. I certiful this box of the loss of the los	iblicly supported organiat describes the type of figure and the type of type of the type of the type of the type of type o	izations d of supporti e III-Funct o is not cor er than one	escribeding organi tionally into ntrolled di e or more	in section zation an tegrated rectly or publicly	509(a)(1 d comple d) or section te lines 1 ype III–No by one or	in 509(a) Le throug on-functio more dis	(2). See h 11h. onally in qualifie	secti legrat d	ed
A)	(I) Name	(ii) A fami (iii) A 35% Provide the f e of supported	sons? on who directly) below, the go ly member of a controlled enti ollowing inform	or indirectly controls, overning body of the surprise person described in (int) of a person described in ation about the support (described on lines 1-9)	either alor epported or opported or obove? ed in (i) or red organ (iv) is the organ in col. (f) is	gift or conne or toge rganization (ii) above nization(s)	tribution ether with in? (v) Didy the orga	from any persons you notify nization in	of the described	in (ii)	11g(i) 11g(ii) 11g(ii)	ount of m	
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В)	Org Org	(ii) A fami (iii) A 35% Provide the f	sons? on who directly) below, the go ly member of a controlled enti ollowing inform	or indirectly controls, sveming body of the surprise described in (inty of a person described in the support of	either alor ipported o i) above? ed in (i) or ded organ (iv) is the o in col. (f) lis governing	gift or conne or toge rganization (s) above hization (s) against all or your document?	tribution ether with on? (v) Did the orga cot. (i) sup	from any persons you notify nization in of your port?	of the described (vi)) organizal (l) organi	in (ii) s the son in cot. zed in the	11g(i) 11g(ii) 11g(ii)	ount of m	onetary
32 32 3	(I) Name org	(ii) A fami (iii) A 35% Provide the f	sons? on who directly) below, the go ly member of a controlled enti ollowing inform	or indirectly controls, sveming body of the surprise described in (inty of a person described in the support of	either alor ipported o i) above? ed in (i) or ded organ (iv) is the o in col. (f) lis governing	gift or conne or toge rganization (s) above hization (s) against all or your document?	tribution ether with on? (v) Did the orga cot. (i) sup	from any persons you notify nization in of your port?	of the described (vi)) organizal (l) organi	in (ii) s the son in cot. zed in the	11g(i) 11g(ii) 11g(ii)	ount of m	onetary
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E)	(I) Name org	(ii) A fami (iii) A 35% Provide the f	sons? on who directly) below, the go ly member of a controlled enti ollowing inform	or indirectly controls, sveming body of the surprise described in (inty of a person described in the support of	either alor ipported o i) above? ed in (i) or ded organ (iv) is the o in col. (f) lis governing	gift or conne or toge rganization (s) above hization (s) against all or your document?	tribution ether with on? (v) Did the orga cot. (i) sup	from any persons you notify nization in of your port?	of the described (vi)) organizal (l) organi	in (ii) s the son in cot. zed in the	11g(i) 11g(ii) 11g(ii)	ount of m	onetary
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Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part II 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.)

	tion A. Public Support	C. COONS I	#1.0000 F	1.1.0040	annosa I	*1.0040 T	20 Table 1
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")		Š		116,974	303,637	420.611
2	Tax revenues levied for the organization's	- 2	, A		1,14,02	333,433	1001011
	benefit and either paid to or expended on its behalf						0
3	The value of services or facilities	- 1	· A			1	
	furnished by a governmental unit to the						
	organization without charge						0
4	Total. Add lines 1 through 3	0	0	0	116,974	303.637	420,611
5	The portion of total contributions by each						
	person (other than a governmental unit			12	1		
	or publicly supported organization) included on line 1 that exceeds 2%	1			1		
	of the amount shown on line 11,		4				
	column (f)		1			<u>.</u>	195,000
6	Public support. Subtract line 5 from line 4	on sanareasear	ne//25855507 S	W 8		3 W.A.	225,611
	ion B. Total Support						***
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	0(O	a	116,974	303,637	420,611
8	Gross income from interest, dividends.		78	190	U/1000-2000-100-0		1.10
	payments received on securities loans,	I			Ì		
	rents, royalties and income from similar	i î	4				
	sources		e euer europ betre betre		5	224	229
9	Net income from unrelated business						
	activities, whether or not the business is	1	1		400	4.750	. 007
46	regularly carried on	1	5		108	1,759	1,867
10	Other Income. Do not include gain or loss from the sale of capital assets	l l	1				
	(Explain in Part IV.)				1		ď
11	Total support. Add lines 7 through 10	tel		- 6			422,707
12	Gross receipts from related activities, etc. (s	ee instructions	is www.mada	W W S	*	12	
13	First five years. If the Form 990 is for the or	rganization's fir	st, second, thir	rd, fourth, or fift	h tax year as a	section 501(c)	(3)
	organization, check this box and stop here						
Sect	ion C. Computation of Public Support		1012-50	700		S	
14	Public support percentage for 2012 (line 6. o	cotumn (f) divide	ed by line 11, o	column (f))	26 4200 28	14	0.00%
15	Public support percentage from 2011 Sched	lule A, Part II, li	ne 14	98 .65 ±309 30. 0	2 tale 20 mg L	15	0.00%
1 6 a	33 1/3% support test—2012. If the organization						
	and stop here. The organization qualifies as						
b	33 1/3% support test—2011. If the organization qualified box and stop here. The organization qualified	es as a publicly	supported org	anization	1 5 15 5 5		
17a	10%-facts-and-circumstances test-2012						
	is 10% or more, and if the organization mee	ts the "facts-an	d-circumstance	es" test, check	this box and st	top here. Expla	ain in
	Part IV how the organization meets the "fact						
	organization.		。 医医韧带				.
ь	10%-facts-and-circumstances test—2011						
	15 is 10% or more, and if the organization in						xplain in
	Part IV how the organization meets the fact						
	supported organization						* * **
4	Private foundation. If the organization did r	not check a box	on line 13, 16	a, 16b, 17a, or	1/b, check thi	s box and see	-
	instructions	25 2502 32 25 27	772 GP GP 37775	407 40 004 040 4	or according their age according	a car entrance no	ner av end differen

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.) If the organization fails to qualify under the tests listed below, please complete Part II.)

	tion A. Public Support			545/M/A			in deministration
Cale	ndar year (or fiscal year beginning in) 🕒	(a) 2008	(P) 5008	(c) 2010	(d) 2011	(e) 2012	(f) Total
্র	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")		3	Se		5	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	11					0
3	Gross receipts from activities that are not an unrelated trade or business under section 513.	() () () ()	796				0
940	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf			-3 V/32=1			0
5	The value of services or facilities furnished by a governmental unit to the organization without charge	100					a
6	Total. Add lines 1 through 5	.0	0	0	0	0	0
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons			9		W3	0
ь	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year					e H L	0
C	Add lines 7a and 7b	D	0	0	0	. 0	0
8	Public support (Subtract line 7¢ from fine 6.)						o
	tion B. Total Support		2011			T1 47002504050400	V 12 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2
Cale	ndar year (or fiscal year beginning in) 🕨 📗	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
on:	Amounts from line 6	o	0	0	0	0	. 0
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	70					o
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						9
С	Add lines 10a and 10b	0	0	Ç	0	a	0
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12	Other income: Do not include gain or loss from the sate of capital assets (Explain in Part IV.)				70.5		<u> </u>
13	Total support, (Add lines 9, 10c, 11, and 12).	D	0				o
14	First five years. If the Form 990 is for the organization, check this box and stop here.		nd, third, fourth,			(c)(3)	. •
Sec	tion C. Computation of Public Support I	Percentage	1		TID TO		
15	Public support percentage for 2012 (line 8 column	(f) divided by lin	e 13, column (f))	a sat bes a	W WW W A	15	0.00%
16	Public support percentage from 2011 Schedule A, I	Part III, line 15.	eret d	no r is con ^{yo}	7 W 31 B	16	0.00%
Sec	tion D. Computation of Investment Inco	me Percenta	age	2-46		F I	
17	Investment income percentage for 2012 (line 10c, o	solumn (f) divide	d by line 13, coll	ımın (fi) .		17	0.00%
18 9a	Investment income percentage from 2011 Schedule 33 1/3% support tests—2012. If the organization of	did not check the	box on line 14	and line 15 is m	ore than 33 1/39	18 6 and line 17 is	5
b	not more than 33 1/3%, check this box and stop his 33 1/3% support tests—2011, if the organization of line 18 is not more than 33 1/3%, check this box ar	did not check a t	oox on line \$4 as	hne 19a, and lir	ne 16 is more tha	in 33 1/3%, and	14
20	Private foundation. If the organization did not che	ck a box on line	14, 19a, or 19b.	check this box	and see instructi	ons , , ,	▶[_

		SOUDIER'S BEST FRIEND	1935-000003-00	27-4665797	Page 4
Part IV		Information. Complete this part to pr			0;
	Part II, line 17a	or 17b; and Part III, line 12. Also con	aplete this part for any additiona	al information. (Se	e
	instructions).	- National Control			
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					ing project
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		(ಎಸ್.ಪ್ರದೇಶನೆ ದ ಕೊಡ್ಡದ ಕೊಡ್ಡದ ಕೊಡ್ಡದ ಕಾಡಿಸಿಕೊಡ್ಡದ ಕೊಡ್ಡದ ಕನ್ನಡ ಕನ್ನಡ ಕನ್ನಡ		rainener seakraaker	

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	NACO PEROPERATURA		ाव व्यक्तिका वर्ष व्यक्तिका इन व्यक्तिका व्यक्तिका व्यक्ति		5,551,001
**********			MCZECEZENCZESKINACZECCZINACZECCŻ		

Schedule B

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

Department of the Treasury Intoma Revenue Service Name of the organization

Schedule of Contributors

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

OME No. 1545-0047

Employer identification number

SOLDIER'S BEST FRIEN		27-4665797
Organization type (chec	米 one):	- 10 - 20 - 10 - 10 - 10 - 10 - 10 - 10
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not freated as a private for	undation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private founds	ation
	501(c)(3) taxable private foundation	
Av. (************************************		
Check if your organization	n is covered by the General Rule or a Special Rule.	70
Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule a	and a Spacial Bule. Con
nstructions.	The state of the s	a Special Rule. See
General Rule		
X For an organization property) from any	on filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 yone contributor. Complete Parts I and II.	0 of more (in money or
Special Rules	70	
20 TO 10 TO		
sections 509(a)(1)	(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support and 170(b)(1)(A)(vi) and received from any one contributor, during the yea (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, (If a contribution of the greater
9-9	AND AND THE PARTY OF THE PARTY	
the year, total con-	(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from tributions of more than \$1,000 for use exclusively for religious, chantable, see, or the prevention of cruelty to children or animals. Complete Parts I, II,	scientific literary or
7-3		
For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from	any one contributor, during
total to many thom:	ions for use exclusively for religious, charitable, etc., purposes, but these c	contributions did not
weer for an evolue	\$1,000. If this box is checked, enter here the total contributions that were re	eceived during the
anning to the con-	ively religious, charitable, etc., purpose. Do not complete any of the parts u	nless the General Rule
during the year	anization because it received nonexclusively religious, charitable, etc., conti	nbutions of \$5,000 or more
during the year.		. > \$
aution An accomination t	that is not assumed by the County D. J.	
aution. An organization (hat is not covered by the General Rule and/or the Special Rules does not fi	ile Schedule B (Form 990,

990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990; or check the box on line H of its Form 990-EZ or on Part I. line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule 8 (Form 990, 990-EZ, or 990-PF). Name of organization SOLDIER'S BEST FRIEND

Employer identification number 27-4665797

Part !	Contributors (see instructions). Use duplicate copi	es of Part I if additional space is	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Yotal contributions	(d) Type of contribution
1	Annenberg Foundation Explore org Dog Bless USA 2000 AVENUE OF THE STARS, SUITE 1000 LOS ANGELES CA 90067 Foreign State or Province Foreign Country:	\$ 100.000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	BENNETT DORRANCE TRUST Foreign State or Province. Foreign Country:	\$ 20.000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	DORRANCE FAMILY FOUNDATION 7600 E DOUBLETREE RANCH ROAD, #300 SCOTTSDALE AZ 85258-2137 Foreign State or Province: Foreign Country.	\$ 20,000	Person X Payrolf Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	OMNI AIR INTERNATIONAL 3303 N SHERIDAN ROAD, HANGER 19 TULSA OK 74115 Foreign State of Province: Foreign Country	\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	VETERINARY HEALTH CARE TEAM OF AZ 100 W COOLIDGE STREET PHOENIX AZ 85013 Fareign State or Province: Foreign Country:	\$ 7,500	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	E. LOUISE WERNER, JR Foreign State or Province: Foreign Country:	\$ 5,000	Person X Payroll Noncash (Complete Part It if there is a noncash contribution.)

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

Part C	ontributors ((see instructions).	Use duplicate	copies of Part I	if additional	space is needed.
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EXCHA!	Contributors (see instructions), use opplicate copie	o or sort in occitorior opcocio	iccoca.
(a) No.	(b) Name, address, and ZIP + 4	(¢) Total contributions	(d) Type of contribution
s.i. 7	MARK A NOWAK, BURNS & LEVINSON, LLP 125 SUMMER STREET BOSTON MA 02110 Foreign State or Province: Foreign Country.	\$ 5,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	NAPA PARTS COMPANY 2811 W THOMAS ROAD PHOENIX AZ 85017-5509 Foreign State of Province Foreign Country:	\$5,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province:	S	Person Payroll Noncash Complete Pad II if there is a noncash contribution >
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State of Province. Foreign Country:	\$	Person Payroll Payroll Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9935-995	Foreign State or Province: Foreign Country	\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province:	\$	Person Payroll Payroll Poncash Complete Part It if there is a noncash contribution)

Name of organization

SOLDIER'S BEST FRIEND

Employer identification number 27-4665797

Noncash Property (see instructions). Use duplicate co	pies of Part II if additional spa	ce is needed.
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	\$	******************
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	\$	353737557757757757757575
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	\$	STORT TO BE STORY THAT DAYS
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	\$,	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	\$	2-1-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2
	(b) Description of noncash property given (b) Description of noncash property given	Description of noncash property given (b) Description of noncash property given (c) FMV (or estimate) (see instructions) (d) FMV (or estimate) (see instructions) (e) FMV (or estimate) (see instructions) (f) FMV (or estimate) (see instructions) (g) FMV (or estimate) (see instructions) (h) Description of noncash property given (c) FMV (or estimate) (see instructions) (d) FMV (or estimate) (see instructions) (e) FMV (or estimate) (see instructions) (f) FMV (or estimate) (see instructions) (h) Description of noncash property given (c) FMV (or estimate) (see instructions)

Name of org	ganization S BEST FRIEND			Employer identification number 27-4665797	
Part III	Exclusively religious, charitable, etc., total more than \$1,000 for the year. Cor For organizations completing Part III, enter	mplete column or the total of a ar. (Enter this a	s (a) through (e) and the exclusively religious, cha nformation once, See in	01(c)(7), (8), or (10) organizations following line entry.	
(a) No. from Part I	(b) Purpose of gift	(c)	Use of gift	(d) Description of how gift is held	
		323 300 T			
	.CSV 28 No. WARN No.	3.52	ransfer of gift	s value susse we an instruction	
	Transferee's name, address, and	ZIP + 4	Relationsh	ip of transferor to transferee	
(a) No. from Part I	Far Prav Country (b) Purpose of gift	(c.	Use of gift	(d) Description of how gift is held	
10.052302	**************************************				
53	Transferee's name, address, and	ZIP + 4	ransfer of gift Relationsh	ip of transferor to transferee	
(a) No. from	For Prov. Country (b) Purpose of gift	tc'	Use of gift	(d) Description of how gift is held	
Part I					
20	(e) Transfer of gift				
	Transferee's name, address, and	ZIP + 4	Relationsh	ip of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
	######################################				
	Transferee's name, address, and	(A(2)	ransfer of gift Relationsh	ip of transferor to transferee	
	For, Proy Country				

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or If the

OMB No. 1545-8047

Inspection

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Department of the Treasury Name of the organization

Internal Revenue Service ► Attach to Form 990 or Form 990-EZ

organization entered more than \$15,000 on Form 990 EZ, line 6a. ► See separate Instructions

Employer identification number SOLDIER'S BEST FRIEND 27-4665797 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. X Mail solicitations e Solicitation of non-government grants Internet and email solicitations b 1 Solicitation of government grants X Phone solicitations C g X Special fundraising events X In-person solicitations d Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or 24 key employees listed in Form 990. Part VII) or entity in connection with professional fundraising services? [] Yes [X] No. If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amnust paid to (III) Did fundraiser nave (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) (III) Activity custody or control of (or retained by) or entity (fundraiser) from activity fundra-se: listed in contributions? organization col (I) Yes No 1 0 0 2 0 0 3 0 0 0 4 0 0 0 5 0 0 6

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

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Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported Part II more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event#1 (b) Event #2 (c) Other events (d) Total events Golf Tournament Clay Shoot NONE (add col (a) through col (c)) (exect type) (event type): (total number) Revenue 39,375 9,951 49,326 2 Less: Contributions . . . 14,573 5.454 20.027 Gross income (line 1 minus line 2). 24,802 4.497 29,299 700 Cash prizes . 700 Noncash prizes 12,196 0 1,848 14,044 Direct Expenses 5.813 1,434 0 7,247 5.239 Food and beverages . . . 574 0 5,813 **Entertainment** 0 0 Other direct expenses ... 1,459 1,661 3,120 30,924) Net income summary. Combine line 3, column (d), and line 10. (1.625)Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more Part III than \$15,000 on Form 990-EZ, fine 6a (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bringo col (a) through co! (c)) Gross revenue 0 Direct Expenses Cash prizes . Noncash prizes 0 Rent/facility costs Other direct expenses % Yes Yes Yes No No No Volunteer labor . . . Direct expense summary. Add lines 2 through 5 in column (d) 0) Net gaming income summary. Combine line 1, column d. and line 7. . . . 0 9 Enter the state(s) in which the organization operates gaming activities: b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . b If "Yes," explain:

	10 C (Form \$90 or \$90 EZ) 7012 SOLDIER'S BEST FRIEND 27-4665797 Page
11	Does the organization operate gaming activities with nonmembers?
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?
13	moletite the percentage of gaming activity operated in:
a	The organization's facility
ь	- 19 1
14	Enter the name and address of the person who prepares the organization's gaming/special events books
	and records
	Name ►
	Address ►
15a	Does the organization have a contract with a third party from whom the organization receives gaming
0000	revenue? Yes No
	res, chief the dribuin of Qarning revenue received by the organization > 5
	amount of gaming revenue retained by the third party ► \$ 0 . If "Yes," enter name and address of the third party:
	Name ►
	Address ►
6	Saming manager information:
	Name ►G
	According of continue accusted.
ĵ	Temporary approx II Temporary 1579 S. V. S. S. S.
ĵ	Director/officer Employee [iii] Independent contractor
7	Director/officer Employee Independent contractor Mandatory distributions.
7 a	Director/officer Employee Independent contractor Andatory distributions. Independent contractor Andatory distributions. Independent contractor
7 a	Director/officer Employee Independent contractor Mandatory distributions. Independent contractor Mandatory distributions. Independent contractor Independent contractor
7 a b	Director/officer Employee
7 a b	Director/officer Employee Independent contractor Andatory distributions. Independent contractor
7 a b	Director/officer Employee Independent contractor Mandatory distributions. Independent contractor Mandatory distributions. Independent contractor Mandatory distributions. In the organization required under state law to make charitable distributions from the gaming proceeds to etain the state gaming license? Inter 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 Supplemental Information. Complete this part to provide the explanations required by Part Line 2b, columns
7 а Ь	Director/officer Employee Independent contractor Mandatory distributions. In the organization required under state law to make charitable distributions from the gaming proceeds to etain the state gaming license? Inter the amount of distributions required under state law to be distributed to other exempt organizations repent in the organization's own exempt activities during the tax year Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b. columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to
7 а Ь	Director/officer Employee Independent contractor Mandatory distributions. Independent contractor Mandatory distributions. Independent contractor Mandatory distributions. In the organization required under state law to make charitable distributions from the gaming proceeds to etain the state gaming license? Inter the amount of distributions required under state law to be distributed to other exempt organizations repent in the organization's own exempt activities during the tax year Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b. columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).
7 а Ь	Director/officer
7 a b	Director/officer Employee Independent contractor Mandatory distributions. In the organization required under state law to make charitable distributions from the garning proceeds to etain the state garning license? Inter the amount of distributions required under state law to be distributed to other exempt organizations repent in the organization's own exempt activities during the tax year Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b. columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).
a b	Director/officer Employee
a b nti	Director/officer

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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.

Open to Public Inspection

Disparament of the Treasury Interna: Rezenue Service Name of the organization

Employer identification number

SOLDIFKS DEST FRIEND	27-4665797
PART III, LINE 4a	G-444-44-4411000000000000000000000000000
SOLDIER'S BEST FRIEND IS SOLELY FOCUSED ON FLACING AND TRAINING SE	RVICE DOGS OR THERAPEUTIC COMPANION DOGS
WITH ARIZONA MILITARY VETERANS SUFFERING FROM POST-TRAUMATIC	STRESS DISORDER (PTSD) AND/OR TRAUMATIC
BRAIN INJURY (TBI) WE STRIVE TO EMPLOY HOMELESS DOGS FROM SHE	ELTERS OR RESCUES AS OFTEN AS POSSIBLE
IN SERVICE TO OUR VETERANS. ALL EXPENSES INCURRED BY SOLD!	ER'S BEST FRIEND SUPPORT THIS PROGRAM.
KEY ACCOMPLISHMENTS FOR 2012 ARE AS FOLLOWS:	750)
** ADDED TRAINING SERVICES IN TUCSON, AZ. AS A RESULT, SBF TR	KAINING NOW SERVES THE GREATER PHOENIX
AREA, PRESCOTT, SIERRA VISTA AND TUCSON.	
** EXPANDED PROGRAM AWARENESS AND INCREASED APPLICATION	ıs:
SOLDIER'S BEST FRIEND WAS CONTACTED BY 417 VETERANS FROM ACROS	SS THE COUNTRY, OF THOSE THAT FOLLOWED
THROUGH WITH COMPLETED APPLICATIONS AND WERE ABLE TO TRAIN IN	ARIZONA, 32 VETERAN AND DOG TEAMS WERE
ENTERED INTO THE PROGRAM	18 1350 P.D. 5550 D. 3556 D. 548 A. FRANCIS THE HOLD AND AND AND AND AND AND AND AND AND AN
** GRADUATED 24 TEAMS WITH SERVICE DOG CERTIFICATION:	**************************************
OF THE 32 TEAMS THAT PARTICIPATED IN THE 6 - 9 MONTH TRAINING PROG	RAM, WHICH BEGINS WITH BASIC OBEDIENCE
AND PROGRESSES TO MORE HIGHLY SKILLED SOCIAL ACTIVITIES THAT	MIGHT BE ENCOUNTERED AS A SERVICE DOG
TEAM IN PUBLIC SITUATIONS, WE PROUDLY GRADUATED 24 TEAMS WIT	H SERVICE DOG CERTIFICATION IN 2012 AND
ACHIEVED A 75% PROGRAM COMPLETION RATE.	
"INCREASED THE SENSE OF COMMUNITY FOR OUR TRAINEES	anner enna enna enna enna enna en el subble de el secolo a secolo a esta esta esta el secolo el secolo el seco
THROUGH OUR PROGRAM, VETERANS ARE GIVEN THE OPPORTUNITY Y	O BUILD NEW FRIENDSHIPS AND INCREASE PEER
SUPPORT BY ATTENDING GROUP CLASSES AND MEETING FELLOW VETERA	NS. WE HAVE THE HONOR AND PRIVILEGE OF
WATCHING THESE MEN AND WOMEN GROW IN THEIR CONFIDENCE TO HAN	DLE PUBLIC SITUATIONS THAT MAY HAVE MADE
THEM UNCOMFORTABLE WITHOUT A CANINE COMPANION.	
** PARTICIPATED IN A STUDY OF THE EFFECTS OF CANINE THERAPY	FOR PTSD.
WITH THE HELP OF SOLDIER'S BEST FRIEND, A GRADUATE STUDENT CO	ONDUCTED A SMALL STUDY TO RESEARCH THE
EFFECTS OF CANINE THERAPY FOR PTSD. THE RESULTING PTSD AND D	DEPRESSION TEST SCORING INDICATED THAT
SERVICE DOGS HAVE A POSITIVE IMPACT ON THE VETERANS	

Scheaule D (Farm 990 or 990-EZ) (2012)	Fuge 2
Name of the organization	Employer identification number
SOLDIER'S BEST FRIEND	27-4665797
PART VI, SECTION A 2	
JOHN BURNHAM AND JAN BURNHAM ARE HUSBAND AND WIFE	
PART VI, SECTION A 8b	5013000TTJ weenstenbienstenbenstenbiensten
SOLDIER'S BEST FRIEND DOES NOT HAVE COMMITTEES	
PART VI. SECTION B 11b	
THE TREASURER WILL SUBMIT 990 INFORMATION AND DATA TO AN OUTSIDE ACCO	OUNTANT TO COMPLETE ONCE REVIEWED
BY AT LEAST TWO OTHER BOARD MEMBERS, IT WILL THEN BE SIGNED AND SUBMI	ITED, AND MADE AVAILABLE TO ALL BOARD
MEMBERS FOR THEIR REVIEW	***************************************
DADT VI CECTION B 42-	757.00°55; //w/doarnoarnoarnoarnoarnoarnoadas/bdeada/
PART VI. SECTION B 12c	***************************************
BOARD MEMBERS PLACE ISSUES ARISING WITH CONFLICT OF INTEREST POLICY O	IN THE AGENDA AT OUR BOARD MEETINGS
FOR MONITORING	(x4xx44xx44xx4xx4xx4xx4xx4xx4xx4xx4xx4xx
PART VI, SECTION C 19	to the second se
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATES	MENTS ARE AVAILABLE TO THE DURING WA
OUR WEBSITE AT WWW SOLDIERSBESTFRIEND ORG PRINTED VERSIONS MA	
REQUEST.	
nedocon.	
PART IX, LINE 11g - FEES FOR SERVICES, OTHER	
CONTRACT TRAINERS - \$36,831	
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W	ระสองกับกละรักษณะการเกรียบสมัย การกับกลากการกรี//
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		Additional (Not Automatic) 3-	MONTH Extension	on of Time. Only file the original (
Type	or	Name of exempt organization		Enter filer	a identifying nur	mber, see instructio	
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		Number plant and an arrangement and arrangement arrangement and arrangement arrangemen					
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ing you	our .	City, town or post office, state, and ZIP code. For a foreign address, see instructions.					
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Form	4720	(individual)	03	Form 4720		08	
Form	990-	PE	04	Form 5227	- *	10	
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-orm	Form 990-T (trust other than above)					- 100 m 100 m	
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