

Return of Organization Exempt From Income Tax

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

2014

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

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

A For the 2014 calendar year, or tax year beginning _____, and ending _____

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

C Name of organization: **THE BELLA FOUNDATION, INC SPCA**

Doing business as _____

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
P O BOX 20035

City or town, state or province, country, and ZIP or foreign postal code
OKLAHOMA CITY OK 73156

F Name and address of principal officer:
ERIC MCCUNE
P O BOX 20035
OKLAHOMA CITY OK 73156

D Employer identification number: **20-5781826**

E Telephone number: **866-318-7387**

G Gross receipts \$: **436,762**

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)

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

J Website: **WWW.THEBELLAFOUNDATION.ORG**

H(c) Group exemption number ▶ _____

K Form of organization: Corporation Trust Association Other ▶ _____

L Year of formation: **2006**

M State of legal domicile: **OK**

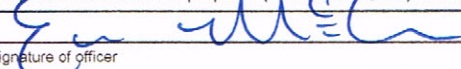
Part I Summary

1 Briefly describe the organization's mission or most significant activities: THE BELLA FOUNDATION RAISES MONEY THROUGH FUNDRAISING, PUBLIC DONATIONS AND GRANTS IN ORDER TO PROVIDE VET CARE FOR FIXED INCOME FAMILIES AND THEIR PETS. BELLA ALSO PROVIDES MEDICAL CARE FOR ADOPTED HOMELESS PETS.			
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	3	14
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	14
	5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	6
	6 Total number of volunteers (estimate if necessary)	6	300
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0
	Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year
9 Program service revenue (Part VIII, line 2g)		256,038	243,798
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)			0
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		429,287	436,762
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	106,439	156,260
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶	0	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	327,145	329,146
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	433,584	485,406	
19 Revenue less expenses. Subtract line 18 from line 12	-4,297	-48,644	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	51,453	28,284
	22 Net assets or fund balances. Subtract line 21 from line 20	0	25,475
		51,453	2,809

Part II Signature Block

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

Sign Here

Signature of officer:  Date: **6/25/15**

ERIC MCCUNE EXECUTIVE DIRECTOR

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: **DAVID R. BRADY** Preparer's signature: _____ Date: **JUN 25 2015** Check if self-employed PTIN: **P01228402**

Firm's name: **LUTON & CO., PLLC** Firm's EIN: **73-1331618**

Firm's address: **201 NW 63RD ST STE 100 OKLAHOMA CITY, OK 73116** Phone no.: **405-848-7313**

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