Return of Organization Exempt From Income Tax

OMB No. 1545-0047 2014

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

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

Open to Public Inspection

		Service Information about Form 990 and its instructions is at www.irs.	gov/form99	90.		Inspection
	Revenue	2014 calendar year, or tax year beginning , 2014. and				, 20
		ort dailinear your, or tax your segument			D Emp	loyer identification no.
	eck if app	346664404		366	87-0	694641
	dress cha		Room/su	ite	E Telep	phone number
=	me chan	The companies and the second and second and the companies are second as the companies	119		(520	207-0626
_	ial return		1110		_	,368,404
Fin	al return	terminated City or town, state or province, country, and ZIP or foreign postal code				s receipts\$
Am	ended re				0 0,00	5 Toodpio
_ Ap	plication	pending F Name and address of principal officer. Toni Morgan	H(a)	Is this a group	return for	Yes X No
		Same as C above	essare.	subordinates?		= =
I Tax	k-exempt		H(b)	Are all subord	ttach a liet.	ied? Yes No
J We	ebsite:		H(c)	Group exemp	and the state of the state of	The second second
		anization: Corporation Trust Association Other L Year of formation:	2003	M State of	egai domicii	e: AZ
Part		Summary				
	1 1	Briefly describe the organization's mission or most significant activities: To end euthans	sia of	adoptab	le pet	s and
co.		support animal welfare groups to this end.				
Š						
E	15					
Activities & Governance	2	Check this box 🕨 🗌 if the organization discontinued its operations or disposed of more than 2	% of its net	assets.		
ŏ		Number of voting members of the governing body (Part VI, line 1a)			3	6
•8 Ø	4	Number of independent voting members of the governing body (Part VI, line 1b)			4	6
iţie	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)			5	6
≟		Total number of volunteers (estimate if necessary)			6	
ĕ	7a	Total unrelated business revenue from Part VIII, column (C), line 12			7a	0
		Net unrelated business taxable income from Form 990-T, line 34			7b	. 0
		Tot direction Durings Contact the Contact to the Co	P	rior Year		Current Year
	8	Contributions and grants (Part VIII, line 1h)		1,478,9	901	1,359,201
•	100	Program service revenue (Part VIII, line 2g)				0
2		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		(1,	98	358
Revenue	10	Other revenue (Part VIII, column (A), lines 5, 4, and 70)			358	8,845
DC.				1,481,		1,368,404
	12	Total revenue - add lines of thought 11 (made equal) art 1111 (equal)		265,		538,873
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		2007	313	0
	14	Benefits paid to or for members (Part IX, column (A), line 4)	-	304,	CEO	206,373
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	-	304,	052	200,375
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)				
bei	b	Total fundraising expenses (Part IX, column (D), line 25) 70,533				560 005
ŭ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,282,		569,825
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	_	1,852,		1,315,071
	19	Revenue less expenses. Subtract line 18 from line 12		(370,		53,333
ts or			Beginnin	g of Current		End of Year
ets	20	Total assets (Part X, line 16)	• •	1,828,	CCC-007-11	1,878,749
Net Asset	21	Total liabilities (Part X, line 26)	• •	23,		19,636
Net E	22	Net assets or fund balances. Subtract line 21 from line 20		1,805,	780	1,859,113
Pa	rt II	Signature Block				
Under	penaltie:	s 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 i	S	
true, c	orrect, a	of perjury tolectare that Thave examined this feeting including the state of the st			1116	1
		· My h			14/0	1/15
Sig	n	Signet/dre of officer			Date C	.(
Her		Toni Morgan, Executive Director				
	-	Type or print name and title				
		Dete		Check X	if PTIN	
Pai	d	Print/Type preparer's name Print/Type preparer's name Print/Type preparer's name Print/Type preparer's signature Print/Type preparer's name Print/Type preparer's name Print/Type preparer's name	5	self-employe		01607578
		Demilier of Interest of	Firm's	-0.00		
	pare		Phone	767		
USE	e Onl	▼ DEFENDE TO THE TOTAL STATE OF THE STATE O	Filone		0-247-	7087
		Tucson AZ 85711		- 32	U 241	X Yes No
May	the IR	S discuss this return with the preparer shown above? (see instructions)				100 L 110

orm !	990 (2014) Petfinder Foundation	87-0694641	Page 2
	Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		· · · · ·
	Briefly describe the organization's mission:		
	To end euthanasia of adoptable pets and support animal welfare groups to thi	s end.	
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes X	[] No
	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.		No
4	Describe the organization's program service accomplishments for each of its three largest program services, as measure expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to the total expenses, and revenue, if any, for each program service reported.	others,	
	(Code:) (Expenses \$1,193,501 including grants of \$538,873) (Revenue In 2014, Petfinder Foundation was able to provide over \$1 million in grant and approximately appr	assistance to	
	almost 2500 animal shelters and rescue groups in the US and Canada. Please a description of the programs which are supported by individual and corporate	donations.	ieu
4b	(Code:) (Expenses \$ including grants of \$) (Revenue	÷ \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue)	e \$)
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	lotal program service expenses ► 1,193,501		m 000 (201

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Taran and Taran	
1150	complete Schedule A · · · · · · · · · · · · · · · · · ·	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	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	3		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	- 5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			**
	"Yes," complete Schedule D, Part I	6	_	<u>X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		37
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	_	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			v
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a	1		
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			Х
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9	-	
10	Did the organization, directly or through a rolated organization, hold assets in temporarily restricted	10		х
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	.0		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	-11a	х	
	b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	i.	X
	c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	-	X
	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
	e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12				
-	Schedule D, Parts XI and XII	-12a	X	
	b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	-	X
14	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			17
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	-	X
15				77
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	-	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5.000 of aggregate grants or other	40		v
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	-	X
17		17		x
	Part IX, Column (X), mics o and 110. If 160, somption	17	-	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	. 18	1	X
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	_	A
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	19		X
	If "Yes," complete Schedule G, Part III	20a		X
20	a Did the ordanization operate one of more hospital laginities. If Yes, complete contests	20h	+	122
	b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	_	_	(2014)

Checklist of Required Schedules (continued) Part IV Yes No Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 X Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 22 X Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the 23 organization's current and former officers, directors, trustees, key employees, and highest compensated X 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 24a X Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit 25a 25a X transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 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? X 25b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any 26 current or former officers, directors, trustees, key employees, highest compensated employees, or X 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 27 substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III X 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): 28a X A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete b X An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) 28c was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 X 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 X 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 32 X Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I X 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 X X Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a 35a 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 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 X 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, X 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

Par				
	Check if Schedule O contains a response or note to any line in this Part V			<u> </u>
	200 9 00 00 100 000 00 000000 00000000 000000		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		8 6	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and	1c	Х	
	reportable garning (gambling) winnings to prize winners?	10	21	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
2000	Statements, filed for the calendar year ending with or within the year ending with or	2b	Х	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		22	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	3a		Х
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3b		
b	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
4a	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	. 4a		X
h	If "Yes," enter the name of the foreign country:			
b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	- 6b		
7	Organizations that may receive deductible contributions under section 170(c).		1519	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	- 7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	1000100		
	required to file Form 8282?	. 7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	1,	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		-
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		160	
	sponsoring organization have excess business holdings at any time during the year?	8	-	-
9	Sponsoring organizations maintaining donor advised funds.	9a		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9b	-	1
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	30		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
b				
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			1
a	Gross income from other sources (Do not net amounts due or paid to other sources			
b	against amounts due or received from them.)			1
122	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
12a b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		-	1
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
13	Is the organization licensed to issue qualified health plans in more than one state?	. 13a		
а	Note. See the instructions for additional information the organization must report on Schedule O.		1	
b	Enter the amount of reserves the organization is required to maintain by the states in which			
D	the organization is licensed to issue qualified health plans	1-3		10
_	Enter the amount of reserves on hand			
c 14a	Did the organization receive any payments for indoor tanning services during the tax year?	. 14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		For	n 990	(2014

Page 6 87-0694641 Form 990 (2014) Petfinder Foundation Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body at the end of the tax year 6 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. Enter the number of voting members included in line 1a, above, who are independent 6 b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X 2 any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint X one or more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, X 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. 8a Each committee with authority to act on behalf of the governing body? 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 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No X 10a Did the organization have local chapters, branches, or affiliates? 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? X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. X 12a 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X 12b b 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," 12c X 13 X Did the organization have a written whistleblower policy? 13 14 X Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a a The organization's CEO, Executive Director, or top management official X b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement X 16a with a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) 18 available for public inspection. Indicate how you made these available. Check all that apply. X Upon request Other (explain in Schedule O) Another's website X Own website Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and

20

financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records:

The Corporation (520)207-0626, 4729 E Sunrise Drive No 119, Tucson, AZ 85718

Form 990 (201	4) Petfinder Foundation	on								87-069464	1 Page 7
Part VII	Compensation of Officers, Direc	tors, Trus	tees,	Ke	y E	mp	loye	es,	, Highest Com	pensated Em	ployees, and
	Independent Contractors										_
	Check if Schedule O contains a response or	note to any li	ne in tl	nis P	art \	/11					
Section A.	Officers, Directors, Trustees, Key Employ	ees, and Hig	hest C	om	pens	ate	d Emp	oloy	ees		
1a Complete organization's	this table for all persons required to be listed.	Report compe	ensatio	n fo	r the	cale	endar y	/ear	ending with or with	nin the	
•	of the organization's current officers, directors	trustees (wh	ether i	ndivi	idual	s or	organ	izat	ions), regardless o	f amount of	
compensation	. Enter -0- in columns (D), (E), and (F) if no co	mpensation v	was pa	id.							
 List all c 	of the organization's current key employees, if	any. See ins	truction	ns to	r det	initio	on of "	key	employee.	amplayaa\	
who received organization a	organization's five current highest compensa reportable compensation (Box 5 of Form W-2 and any related organizations.	and/or Box 7	of For	m 10)99-1	MISC	C) of m	iore	than \$100,000 fro	m the	
\$100,000 of re	of the organization's former officers, key emploportable compensation from the organization	and any relat	ted org	aniz	ation	ıs.					
 List all organization, 	of the organization's former directors or trus more than \$10,000 of reportable compensatio	tees that recent n from the org	eived, i ganiza	n the	e cap and	acit any	y as a related	forr for	ner director or trust ganizations.	ee of the	
List persons in	n the following order: individual trustees or dire	ectors; institut	tional t	ruste	es;	office	ers; ke	y e	mployees; highest		
compensated	employees; and former such persons.										
Check thi	s box if neither the organization nor any relate	d organizatio	n com	oens	ated	any	curre	nt o	fficer, director, or tr	ustee.	
	3					c)					
	441	(B)	52.00		Pos	ition			(D)	(E)	(F)
	(A)	2.07					an one		Reportable	Reportable	Estimated
	Name and Title	Average hours per					both ar		compensation	compensation from	amount of
		week (list any							from the	related organizations	other compensation
		hours for related	의 코	ing.	0	조 e	유표	Fo	organization	(W-2/1099-MISC)	from the
		organizations	Individual trustee or director	Institutional	Officer	Key employee	ples	Former	(W-2/1099-MISC)	300	organization and related
		below dotted line)	ual to	ona		ploy	ee t cor		1		organizations
		urie)	uste	trustee		66	nper				
			i ii	tee			Highest compensated employee				
							ă.				
(1) Betsy	Saul	5.00									
	an and Treasurer		X		X				0	0	0
(2) Jared	ATRICULO Direct	5.00									
Presid			X		X				0	0	0
(3) Rob Ra		5.00									
Secret			X		X				0	0	0
(4) Amanda		5.00									
	resident		X		X				0	0	0
	rris	5.00									
	Member		X						0	00	0
	y Hesterberg	5.00									
	Member		X						0	0	0
	Mongan	40.00									
	ive Director				X	Х			53,890	0	0
(8) Lisa I		40.00									
	ive Director (former)					X			21,410	0	0
	NAME OF THE PROPERTY OF THE PR			T	\top						
(a)											
<u>(10)</u>											
					4						

(12)___

(13)___

(14)__

(11)

Part V	II Section A. Officers, Directors, Trustees,	Key Employ	ees, a	nd F	ligh	est	Comp	ens	ated Employees (continued)			
		(C) Position (D)										(E)	
	(A)	(B)	(do no	ot che			an one		(D)	(E)		(F)	
	Name and title	Average	box, u	inless	pers	on is	both an		Reportable compensation	Reportable compensation from		mated ount of	
		hours per week (list any		r and			rustee)		from	related		other	
		hours for	or di	nsti	Officer	Key employee	High	Former	the organization	organizations (W-2/1099-MISC)		ensation om the	1
		related organizations	Individual trustee or director	ution	ě	emp	est o	ier	(W-2/1099-MISC)	(***271000 141100)	orga	nization	
		below dotted	Y E	nal tr		loye	a will					related nization	
		line)	stee	Institutional trustee		w	Highest compensated employee			-	orga	III COCOTT	5
				w			ited						
<u>(15)</u>													
(16)													
(17)													
					_								
(18)													
(19)										"			
(20)													
(21)										517-340-3-2-41			
(22)													
(23)													
(24)													
(25)			\vdash	-	\vdash		-	\vdash					
(25)					L								
	Sub-total							•					
С	Total from continuation sheets to Part VII, Sect	ion A · ·						•					
d	Total (add lines 1b and 1c)			5 500				•	75,300				0
2	Total number of individuals (including but not limite	d to those lis	ted ab	ove)	who	rec	ceived	mor	re than \$100,000 o				
	reportable compensation from the organization			_				_		0		Yes	No
•	Did the organization list any former officer, directo	r or trustee.	kev en	olan	vee.	or h	iahest	con	npensated				
3	employee on line 1a? If "Yes," complete Schedule	J for such inc	dividua	d							3		X
4	For any individual listed on line 1a, is the sum of re	eportable con	npensa	ation	and	oth	er con	nper	nsation from the		100	No. 3	
	organization and related organizations greater tha	n \$150,000?	If "Yes	," cc	ompl	ete	Sched	ule .	J for such				
	individual										4		X
5	Did any person listed on line 1a receive or accrue	compensatio	n from	any	unr	elate	ed orga	aniz	ation or individual				
	for services rendered to the organization? If "Yes,"	complete Sc	hedul	e J f	or su	ich j	person				5		X
	on B. Independent Contractors	1-11-1	41			n 11-	01	since -	more than \$100	000 of			
1	Complete this table for your five highest compensation from the organization. Report comp	ated independ ensation for	the cal	end	actor ar ye	s in ear e	at rece ending	with	or within the orga	nization's tax			
	year. (A)								(E	3)		(C)	
	(A) Name and business addres	S							Description	100		pensatio	n
													_
					517.1								
	Total number of independent contractors (including	g but not limi	ted to	thos	e list	ted a	above)	wh	0				
2	received more than \$100,000 of compensation fro	om the organi	zation	•		-0.079							
FFA											Form	990 (2	2014

87-0694641 Page 9 Form 990 (2014) Petfinder Foundation Statement of Revenue Part VIII Check if Schedule O contains a response or note to any line in this Part VIII (D) (C) (B) Revenue excluded from tax under sections 512-514 Unrelated Total revenue Related or exempt business revenue 1a Contributions, Gifts, Grants and Other Similar Amounts Federated campaigns 1b Membership dues 1c Fundraising events d Related organizations 1d e Government grants (contributions) · · 1e f All other contributions, gifts, grants, 1f and similar amounts not included above 1,359,201 Noncash contributions included in lines 1a-1f: \$ 435,839**>** Total. Add lines 1a-1f 1,359,201 **Business Code** Revenue Service Program f All other program service revenue Total. Add lines 2a-2f Investment income (including dividends, interest, 358 Income from investment of tax-exempt bond proceeds (i) Real 6a Gross rents b Less: rental expenses · · · · c Rental income or (loss) · · · d Net rental income or (loss) . . (i) Securities (ii) Other 7a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) Other Revenue 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a b Less: direct expenses b c Net income or (loss) from fundraising events . 9a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory **Business Code** Miscellaneous Revenue 8,845 8,845 900099 11a Gain on equity inv. b

8,845

1,368,404

0

9,203

Form 990 (2014)

e Total. Add lines 11a-11d

12 Total revenue. See instructions

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising (B) Program service (C) Do not include amounts reported on lines 6b, 7b, Manag ement and expenses 8b, 9b, and 10b of Part VIII. expenses general expenses Grants and other assistance to domestic organizations 538,873 538,873 and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 individuals. See Part IV, line 22 Grants and other assistance to foreign 3 organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 49,756 3,566 21,979 75,301 trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 33,369 114,323 75,541 5,413 Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 5,335 756 10,658 16,749 10 Payroll taxes - - - - - - -Fees for services (non-employees): 11 336 3,486 3,822 1,904 2,887 35,039 30,248 Professional fundraising services. See Part IV, line 17 . е Other. (If line 11g amount exceeds 10% of line 25, column 1,224 807 (A) amount, list line 11g expenses on Schedule O.) . . 12,821 14,852 12 717 8,058 14,470 23,245 13 2,063 687 4,126 6,876 14 15 1,182 5,342 11,818 5,294 16 2,491 8,038 5,547 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 21 3,953 1,502 2,451 Depreciation, depletion, and amortization 7,906 22 302 6,337 7,545 906 23 Insurance Other expenses. Itemize expenses not covered 24 above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 436,069 436,069 Program supplies 1,262 8,825 2,522 12,609 Dues and registrations b C d 111 1,053 842 2,006 All other expenses 70,533 1,193,501 51,037 Total functional expenses. Add lines 1 through 24e 1,315,071 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720) Form 990 (2014) Form 990 (2014) Petfinder Foundation
Part X Balance Sheet

art x	1_	Balance Sneet		Assessor of	Several del Territorio del Companyo
		Check if Schedule O contains a response or note to any line in this Part X		· · · ·	(B)
			(A)		End of year
			Beginning of year	4	
	1	Cash - non-interest-bearing	1,095,431	1	1,357,205
	2	Savings and temporary cash investments	239,044	2	239,402
	3	Pledges and grants receivable, net	246,439	3	53,619
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary	term suff. 2		
		organizations (see instructions). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
H S	9	Prepaid expenses and deferred charges	4,354	9	2,863
7	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 4,828			
	b	Less: accumulated depreciation 10b 2,317	29,426	10c	2,511
	11	Investments - publicly traded securities		11	
- 1	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	214,304	15	223,149
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,828,998	16	1,878,749
_	17	Accounts payable and accrued expenses	23,218	17	1,443
- 1	18	Grants payable		18	10,693
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
- 1	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
so l	22	Loans and other payables to current and former officers, directors,			
i i		trustees, key employees, highest compensated employees, and			
Liabilities		disqualified persons. Complete Part II of Schedule L		22	
"	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
	25	parties, and other liabilities not included on lines 17-24). Complete Part X		1.0	
		of Schedule D		25	7,500
	26	Total liabilities. Add lines 17 through 25	23,218	26	19,636
\rightarrow	20	Organizations that follow SFAS 117 (ASC 958), check here			
S		complete lines 27 through 29, and lines 33 and 34.			
20	27	Unrestricted net assets	1,384,730	27	1,505,926
alai	27	Temporarily restricted net assets	421,050	28	353,187
m I	28	Permanently restricted net assets		29	
5	29	Organizations that do not follow SFAS 117 (ASC 958), check here	7 10 5 10 5		
F		complete lines 30 through 34.			
S	22	Capital stock or trust principal, or current funds		30	
Net Assets or Fund Balances	30	Paid-in or capital surplus, or land, building, or equipment fund		31	
Y.	31	Retained earnings, endowment, accumulated income, or other funds		32	
Ne	32	Total net assets or fund balances	1,805,780	33	1,859,11
12000	33	Total liabilities and net assets/fund balances		34	1,878,749
	34	total liabilities and net assets/fully balances	1,020,550		Form 990 (201

Form	1990 (2014) Petfinder Foundation	87-0694	641		Pa	age 12			
Pai	rt XI Reconciliation of Net Assets					-			
	Check if Schedule O contains a response or note to any line in this Part XI								
1	Total revenue (must equal Part VIII, column (A), line 12)	. 1		1,3	68,4	104			
2	Total expenses (must equal Part IX, column (A), line 25)	. 2		1,3	15,0)71			
3	Revenue less expenses. Subtract line 2 from line 1								
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	. 4	1,805,7			/80			
5	Net unrealized gains (losses) on investments	- 5							
6	Donated services and use of facilities	6							
7	Investment expenses	. 7							
8	Prior period adjustments	8							
9	Other changes in net assets or fund balances (explain in Schedule O)	. 9				0			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line								
	33, column (B))	- 10		1,8	59,1	L13_			
Pai	rt XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII					L			
			_		Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					5 5			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				120				
	Schedule O.								
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X			
	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:					1			
	Separate basis Consolidated basis Both consolidated and separate basis								
b	Were the organization's financial statements audited by an independent accountant?			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:								
	X Separate basis Consolidated basis Both consolidated and separate basis								
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight								
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		· · _:	2c		X			
	If the organization changed either its oversight process or selection process during the tax year, explain in								
	Schedule O.								
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in								
	the Single Audit Act and OMB Circular A-133?		:	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			3b					
EEA			F	orm	990 (2014)			

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.

2014

OMB No. 1545-0047

Open to Public

Department of the Treasury

► Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Internal Revenue Service Employer identification number

Inspection

ame of the	e organization					27 0504643			
	der Foundation	21 1 (All	i-ations must so	malata th	nie nart \	See instructions			
Part I	Reason for Public Charity	Status (All org	ganizations must co	implete ti	iis part.	Oce mondone			
he orga	nization is not a private foundation beca	use it is: (For lines	1 through 11, check only	one box.)	A 1/11				
1 🔲	A church, convention of churches, or as			1 170(0)(1)(A)(I).				
2 🗌	A school described in section 170(b)(1	I)(A)(ii). (Attach So	chedule E.)		e e				
3	A hospital or a cooperative hospital ser	tal or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).							
4	A medical research organization opera	ted in conjunction	with a hospital described	in section	170(b)(1)(A)(III). Enter the			
	hospital's name, city, and state:					Least described in			
5	An organization operated for the benef		niversity owned or opera	ted by a gov	ernmenta/	i unit described in			
	section 170(b)(1)(A)(iv). (Complete Pa	art II.)		70/1-1/41/41/					
6	A federal, state, or local government or	governmental uni	ental unit described in section 170(b)(1)(A)(v).						
7 X	An organization that normally receives			emmentai t	Init of Iron	Title general public			
1500	described in section 170(b)(1)(A)(vi).	(Complete Part II.)							
8	A community trust described in section	n 170(b)(1)(A)(vi).	(Complete Part II.)			robin food, and gross			
9	An organization that normally receives	: (1) more than 33	1/3% of its support from	contribution	ns, membe	ership lees, and gross			
	receipts from activities related to its ex	empt functions - si	ubject to certain exception	ins, and (2)	no more u	m husinesses			
	support from gross investment income	and unrelated bus	siness taxable income (le	ess section	off tax) if	om businesses			
_	acquired by the organization after June	30, 1975. Sec 36	ection 509(a)(2). (Compl	ete Part III.)	0(2)(4)				
10 📙	An organization organized and operate	ed exclusively to te	est for public safety. See	the function	e of orto	carry out the purpose	es of		
11 📙	An organization organized and operate	ed exclusively for t	ne benefit of, to perform	ne function	13 01, 01 to	section 509(a)(3)	Check		
	one or more publicly supported organia	zations described	in section 509(a)(1) of s	ection 303	late lines	11e 11f and 11g	50000000 I		
	the box in lines 11a through 11d that d	escribes the type of	of supporting organization	manu comp	ganization	(e) typically by giving	r.		
а	Type I. A supporting organization	operated, supervis	sed, or controlled by its s	upported of	garlization	custoes of the suppor	tina		
	the supported organization(s) the	power to regularly	appoint or elect a major	ty of the un	ectors or ti	usices of the suppor	9		
	organization. You must complete	Part IV, Sections	A and B.		tad araani	ration(e) by having			
b	Type II. A supporting organization	supervised or cor	itrolled in connection with	n its suppor	ed organia	callon(s), by having	4		
	control or management of the sup	porting organization	on vested in the same pe	rsons mai c	COLLEGE OF I	nanage the supported	7		
	organization(s). You must compl	ete Part IV, Section	ons A and C.	Camaratta	and funct	ionally intograted with	1		
C	Type III functionally integrated.	A supporting orga	nization operated in conf	ection with	A D and	E	',		
	its supported organization(s) (see	instructions). You	must complete Part IV	, Sections	A, D, and	E. 	(e)		
d	Type III non-functionally integra	ated. A supporting	organization operated in	connection	with its st	t and an attentivener	(3)		
	that is not functionally integrated.	The organization of	generally must satisfy a c	istribution i	equiremen	it and an attentivenes	55		
	requirement (see instructions). You	ou must complete	Part IV, Sections A an	d D, and Pa	art V.	Torall Time III			
е	Check this box if the organization	received a written	determination from the	RS that it is	a Type I,	Type II, Type III			
	functionally integrated, or Type III	non-functionally in	ntegrated supporting orga	anization.					
f	Enter the number of supported organ	izations							
g	Provide the following information about	ut the supported o		T	101100000000000000000000000000000000000		(vi) Amount of		
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9	(iv) Is the or		(v) Amount of monetary support (see	other support (see		
			above or IRC section	docum		instructions)	instructions)		
			(see instructions))	V	No				
				Yes	No				
(A)					7	- 1			
(A)									
(B)									
(6)									
(C)									
(0)									
(D)									
(D)				-					
(E)									
(E)									
					E TRY H				
Total			Tax state of the last of the l				In A /Form 990 or 990-F7) 2		

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,807,252	7,069,885	2,532,306	1,478,901	1,359,201	16,247,545
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge			Ex			
4	Total. Add lines 1 through 3	3,807,252	7,069,885	2,532,306	1,478,901	1,359,201	16,247,545
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount	- 1					
	shown on line 11, column (f)						8,562,135
6	Public support. Subtract line 5 from line 4 · ·						7,685,410
	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
8	Amounts from line 4	3,807,252	7,069,885	2,532,306	1,478,901	1,359,201	16,247,545
	sources	7,393	1,443	7,393	4,230	9,203	29,662
9	Net income from unrelated business activities, whether or not the business is regularly carried on			l			
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10 -						16,277,207
12	Gross receipts from related activities, etc. (s	ee instructions)				12	
13	First five years. If the Form 990 is for the or organization, check this box and stop here			, or fifth tax year as	s a section 501(c)(3)	▶□
	tion C. Computation of Public Su			0)			
14 15	Public support percentage for 2014 (line 6, c Public support percentage from 2013 Sched			r))			47.22 %
16a	33 1/3% support test - 2014. If the organiza						43.95 %
iva	box and stop here. The organization qualified						▶ 🔯
b	33 1/3% support test - 2013. If the organiza	visite di la companya					
-	check this box and stop here . The organizar						▶ □
17a	10%-facts-and-circumstances test - 2014.						_
500	10% or more, and if the organization meets						
	Part VI how the organization meets the "fact				5000년에 아이는 아이는 아이들이 모아가 되었다.		
	organization						▶ □
b	10%-facts-and-circumstances test - 2013.						
	15 is 10% or more, and if the organization m	A CONTRACTOR OF THE PROPERTY O		A STATE OF THE PARTY OF THE STATE OF THE STA			
	Explain in Part VI how the organization mee					cly	
	supported organization						▶ 🔲
18	Private foundation. If the organization did r	not check a box on	line 13, 16a, 16b, 1	17a, or 17b, check	this box and see		572
	instructions				*** * * *** *		▶ 🔲

Schedule A (Form 990 or 990-EZ) 2014 Part III Support Sch 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.)

Se	ction A. Public Support	,	to tooto notog b	orom, produce	oompioto i air	,	
Cal	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus. under sec 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5				-		
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						
Se	ction B. Total Support		1	N - T- 11 - C - C - C - C - C - C - C - C - C	4		
Cal	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14 Se	First five years. If the Form 990 is for the organization, check this box and stop here ction C. Computation of Public Su						▶□
15	Public support percentage for 2014 (line 8, col	and the same of the last of the same of the same of))		. 15	%
16	Public support percentage from 2013 Schedul	e A, Part III, line	15	56,5		. 16	%
Se	ction D. Computation of Investmen						
17	Investment income percentage for 2014 (line 1			2.22	* * * * * * * * * * *		%
18	Investment income percentage from 2013 Sch	an and a S				- 18	%
	33 1/3% support tests - 2014. If the organiza 17 is not more than 33 1/3%, check this box at	nd stop here. Th	ne organization qua	ifies as a publicly	supported organiz	ation · · · · ·	▶□
22127	33 1/3% support tests - 2013. If the organizatine 18 is not more than 33 1/3%, check this be	ox and stop here	. The organization	qualifies as a pub	licly supported org	anization	▶□
20	Private foundation. If the organization did no	check a box on	line 14, 19a, or 19b	, check this box a	and see instructions	s	· · · · · > 📙

Schedule B (Form 990, 990-EZ,

Department of the Treasury

Internal Revenue Service

or 990-PF)

Schedule of Contributors

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

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

OMB No. 1545-0047

2014

Employer identification number Name of the organization 87-0694641 Petfinder Foundation Organization type (check one): Section: Filers of: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules [X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file 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 its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Employer identification number

87-0694641 Petfinder Foundation Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (C) (a) Type of contribution **Total contributions** Name, address, and ZIP + 4 No. Person GreaterGood.Org 1 Payroll Noncash 55,737 600 University St Ste 1000 (Complete Part II for noncash contributions.) Seattle, WA 98101 (d) (c) (b) (a) Type of contribution Name, address, and ZIP + 4 Total contributions No. Person 2 Thundershirt Payroll Noncash X 134,272 905 Jackie Robinson Drive (Complete Part II for noncash contributions.) Durham, NC 27701 (d) (b) (a) Total contributions Type of contribution Name, address, and ZIP + 4 No. Person X Orvis 3 Payroll Noncash 36,158 1711 Blue Hills Drive (Complete Part II for noncash contributions.) Roanoke, VA 24012 (c) (b) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person 4 Intervet, Inc. Payroll Noncash 53,640 (Complete Part II for noncash contributions.) Millsboro, DE 19966 (d) (c) (a) Type of contribution Name, address, and ZIP + 4 **Total contributions** No. Person Nestle Purina PetCare Company 5 Payroll Noncash 142,500 Checkerboard Square (Complete Part II for noncash contributions.) Saint Louis, MO 63164 (d) (c) (b) (a) **Total contributions** Type of contribution Name, address, and ZIP + 4 No. Person X 6 Survey Monkey Payroll Noncash 285 Hamilton Ave Ste 500 147,955 (Complete Part II for noncash contributions.) Palo Alto, CA 94301

Schedule B (Form 990, 990-EZ, or 990-PF) (2014) Employer identification number Name of organization 87-0694641 Petfinder Foundation

Part I	Contributors (see instructions). Use duplicate copie		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	Boehringer Ingelheim 2620 N Belt Highway	\$85,365	Person X Payroll Noncash X (Complete Part II for
	Saint Joseph, MO 64506		noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	The KONG Company	\$ 93,958	Person 🏻 Payroll 🗎 Noncash 🛣
	16191 Table Mountain Pkwy Golden, CO 80403	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	Animal Care and Equipment Services 3075 N 75th St No 2 Boulder, CO 80301	\$\$	Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributio
- 1.0			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributio
		\$	Person Payroll Moncash (Complete Part II for noncash contributions)

Name of organization

Petfinder Foundation

Employer identification number 87 - 0694641

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. Part II (c) (a) No. (d) (b) FMV (or estimate) from Date received Description of noncash property given (see instructions) Part I Rescue U Tools 1 12-31-2014 17,017 (c) (a) No. (d) (b) FMV (or estimate) from Date received Description of noncash property given (see instructions) Part I Thundershirts (calming shirts for dogs) 2 12-31-2014 134,272 (c) (a) No. (d) (b) FMV (or estimate) from Date received Description of noncash property given (see instructions) Part I Cat and dog vaccinations 3 12-31-2014 85,365 (c) (a) No. (d) (b) FMV (or estimate) Date received from Description of noncash property given (see instructions) Part I Kong rubber toys, cat treats, and frozen 4 stuffing mix 12-31-2014 93,958 (c) (a) No. (d) (b) FMV (or estimate) from Date received Description of noncash property given (see instructions) Part I Cat carriers called "cat castles" 5 12-31-2014 85,212 (c) (a) No. (d) (b) FMV (or estimate) from Date received Description of noncash property given (see instructions) Part I

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

2014

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name	of the organization	Employer identification number
Pet	finder Foundation	87-0694641
Par		nts.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year · · · · · · · · ·	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised	П. П.
	funds are the organization's property, subject to the organization's exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose	
	conferring impermissible private benefit?	Yes No
Pa		
87	Complete if the organization answered "Yes" to Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (e.g., recreation or education)	
	Protection of natural habitat Preservation of a certified h	istoric structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a co	onservation
	easement on the last day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	
b	Total acreage restricted by conservation easements	· 2b
С	Number of conservation easements on a certified historic structure included in (a)	· 2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a	
	historic structure listed in the National Register	- 2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization	nization during the
	tax year •	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?	ha waar
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during to	ne year
	P	and a
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year	eal .
	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)	/RVi)
8		Yes No
	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense state	
9	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements the	at describes the
	organization's accounting for conservation easements.	at dood look to
Da	rt III Organizations Maintaining Collections of Art, Historical Treasures, or O	ther Similar Assets.
Га	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	
10	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement a	and balance sheet
1a	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in	furtherance of
	public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these ite	ems.
h	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and	balance sheet
b	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in	furtherance of
	public service, provide the following amounts relating to these items:	
	(i) Revenue included in Form 990, Part VIII, line 1	▶ \$
	(ii) Assets included in Form 990, Part X	▶ \$
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain	n, provide the
2	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	25:2
а	Revenue Included in Form 990, Part VIII, line 1	▶ \$
b		▶ \$
	- week and the second of the s	The same of the sa

chedu	ele D (Form 990) 2014 Petfinder Foundati	on					87-06946	41	Page 2
Par	t III Organizations Maintaining Colle	ections of	Art, Histor	ical Tr	easures, or	Othe	er Similar Asse	ets (cont	(inuea)
3	Using the organization's acquisition, accession, and	other records	s, check any of	he follow	wing that are a	significa	ant use of its		
	collection items (check all that apply):	-							
a	Public exhibition	d 🔲 L	oan or exchang						
ь	Scholarly research	e 🗌 🤆	Other						
c	Preservation for future generations					4			
4	Provide a description of the organization's collections	s and explair	how they furth	er the or	ganization's exe	empt pi	urpose in Part		
	XIII.		10 10 10 10 10 10 10 10 10 10 10 10 10 1			200			
5	During the year, did the organization solicit or receive					ar		□ v-	s \square No
	assets to be sold to raise funds rather than to be main		art of the organ	ization's	collection?	* * *	*****	Yes	S NO
Par	t IV Escrow and Custodial Arrangem	ients.	! to Form 00	O Dort	N/ line 0 o	r rone	orted an amoun	t on For	m
	Complete if the organization answer	ered Yes	to Form 99	u, Pan	iv, line 9, 0	i repo	nted an amoun	CONTON	
	990, Part X, line 21.								
1a	Is the organization an agent, trustee, custodian or ot			tions or	other assets no	ot		\ Ye	s \square No
	included on Form 990, Part X?							🗀 16.	3 🔲 140
b	If "Yes," explain the arrangement in Part XIII and con	nplete the to	llowing table:				Amo	unt	
						1c		une	
C	Beginning balance					_			
d	Additions daming the year					1e			
e	Distributions during the year Ending balance			esce di 600 escene		. 1f	_		
f	Did the organization include an amount on Form 990	Dort V line	21 for accrow	or custo	dial account lia			\ Ye	s No
2a	If "Yes," explain the arrangement in Part XIII. Check	here if the o	volanation has l	een pro	vided in Part X	III .			
	rt V Endowment Funds.	TICIC II LIC C	xpiariation ride .	out pro			MARIN TO THE RESERVE		
ı aı	Complete if the organization answ	ered "Yes	" to Form 99	0, Par	t IV, line 10.				
		a) Current year	(b) Prior		(c) Two years b	ack	(d) Three years back	(e) Four y	ears back
10	Beginning of year balance	a) Garein year	(2)						
1a	Contributions								
b	Net investment earnings, gains, and								
С	losses · · · · · · · · · · · · · · · · · ·								
ч	Grants or scholarships								
e	Other expenditures for facilities and		11/0/25						
	programs								The same of the same
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the current year	ar end baland	ce (line 1g, colu	mn (a)) h	neld as:				
а	Board designated or quasi-endowment	%							
b	Permanent endowment > %								
С	Temporarily restricted endowment	%							
	The percentages in lines 2a, 2b, and 2c should equa	al 100%.							
3a	Are there endowment funds not in the possession of	f the organiz	ation that are h	eld and a	administered fo	r the		Г	
	organization by:								Yes No
	(i) unrelated organizations							- 3a(i)	
	(ii) related organizations							- 3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations listed	as required	on Schedule R'					. 3b	
4	Describe in Part XIII the intended uses of the organ	ization's end	owment funds.						
Pa	rt VI Land, Buildings, and Equipmen	it.		00 5	uk IV / II.u. = 4.4	. 0-	Earm OOA Da	rt V lina	10
	Complete if the organization answ	vered "Yes	s" to Form 9						
	Description of property	87.05.00	or other basis	(b) Cost	or other basis		Accumulated depreciation	(d) Book	k value
		(in)	vestment)		(other)	0	rop/eciation		
1a	Land	•							
b	Buildings	•							
С	Leasehold improvements						0.015		0 511
d	Equipment	· ·			4,828		2,317		2,511
e			1 V 1	\ U 4*	20.1				2,511
Tota	al. Add lines 1a through 1e. (Column (d) must equal f	-orm 990, Pa	art A. column (B), line 10	10.)				e, JII

	Complete if the organization answere	d "Yes" to Form 990, Par	t IV, line 11b. See Form 990, F	art X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market va	lue
1) Financial				
Closely-he	eld equity interests			
 Other 				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)	Design of the second of the se			
Part VIII	b) must equal Form 990, Part X, col. (B) line 12.) Investments - Program Related. Complete if the organization answere			
	(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market va	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	(b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets. Complete if the organization answer	ed "Yes" to Form 990, Pa	rt IV, line 11d. See Form 990,	Part X, line 15.
AT 10 11 11 11 11 11 11 11 11 11 11 11 11		Description		(b) Book value
(1) Roui	ty investment			223,14
(2)	c) an oblination			
(3)				
(4)				
(5)		1		
(6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col. (B) line 15	5.)		223,14
Part X	Other Liabilities. Complete if the organization answer line 25.		art IV, line 11e or 11f. See Forn	n 990, Part X,
1.	(a) Description of liability	(b) Book value		
	al income taxes			
	odial liabilities (pass-thru)	7,500		

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Custodial liabilities (pass-thru)	7,500
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	7,500

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

Schedu		7-0694	
Par	TXI Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return	1.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	1,368,404
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments 2a		
b	Donated services and use of facilities		
c	Recoveries of prior year grants	2 1	
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d · · · · · · · · · · · · · · · · · ·	2e	
3	Subtract line 2e from line 1	3	1,368,404
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
C	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,368,404
Par	t XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Ret	turn.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	1,315,071
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d · · · · · · · · · · · · · · · · · ·	2e	
3	Subtract line 2e from line 1	3	1,315,071
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,315,071
Pa	rt XIII Supplemental Information.		
Prov	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV, lines 1b and 2b; Part V, line 4; P	art X, line	
2; Pa	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.		
01	. Footnote for uncertain tax position under FIN 48 (Part X)	
Man	agement of the Foundation considers the likelihood of changes by taxing author	rities	in
its	filed tax returns and recognizes a liability for or discloses potential sign	nificar	nt
A STATE OF THE STA			
cha	nges if management believes it is more likely than not for a change to occur,	inclu	ıding
cha	nges to the organization's status as a not-for-profit entity. Management be	Lieves	that
the	Foundation met the requirements to maintain its tax-exempt status and has no	incor	me
sub	ject to unrelated business income tax, therefore, no provision for income tax	kes has	s
bee	n provided in these financial statements.		

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Attach to Form 990. Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public Inspection

Employer identification number 87-0694641

		ount of the grants of ass	istance, the grantees' elig				X Yes N
	nts or assistance?					TABLE IS IN BURNER IN M	
OCE	edures for monitorin	g the use of grant funds	in the United States.	Olata if the a	respiration encurered	"Vee" to Form 99	0
nc	e to Domestic O	rganizations and Do	omestic Government	s. Complete il trie c	is pooded	1 163 10 1 01111 00	0,
pie	ent that received r		rt II can be duplicated	ir additional space	(f) Method of valuation	(g) Description of	(h) Purpose of gran
	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(book, FMV, appraisal, other)	non-cash assistance	or assistance
	20-4444813	501c3	90,000		-		Program operations
Ē	75-6000508	501c3		19,225	fair market	program supplies	program supplies
	20-4846675	501c3		18,829	fair market value	Truck	program operations
-	59-6000856	501c3		17,375	fair market value	program supplies	program supplies
У	63-1149326	501c3		15,075	fair market value	program supplies	program supplies
0	43-0699783	501c3	16,000				Program operations
	86-6000543	501c3		17,157	fair market value	program supplies	program supplies
	45-0551967	501c3	10,000				program operations
S	92-0178028	501c3	9,000				Program operations
S	58-2440385	501c3		7,690	fair market	program supplies	program supplies

the Instructions for Form 990.

Schedule I (Form 990) (2014)

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

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

OMB No. 1545-0047

Employer identification number

2014

Open to Public Inspection

	Grants and Ass			71-184 F H			
		ount of the grants or ass	istance, the grantees' eli	gibility for the grants of	r assistance, and		□Yes □N
	ants or assistance?						Lies Lin
oro	cedures for monitorin	g the use of grant funds	in the United States.	t- Campulata if the	rappization answered	"Voe" to Form 99	0
an	ce to Domestic C	rganizations and Do	mestic Government	ts. Complete if the t	organization answered	i res to ronn 99	o,
cip	ent that received i	more than \$5,000. Pa			is needed.	(g) Description of	the Discourse of exempt
	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	non-cash assistance	(h) Purpose of grant or assistance
	35-0989082	501c3		7,690	fair market value	program supplies	program supplies
				6,030	fair market	program supplies	program supplies
_	20-3595457	501c3		6,030	value	Buppires	Duppiros
	47-0378997	501c3		5,250	fair market	program supplies	program supplies
ri					- m		
	85-0398197	501c3		5,250	fair market value	program supplies	program supplies
1	86-0112798	501c3		5,250	fair market value	program supplies	program supplies
5	38-1358206	501c3	40,000		1		Program operations
	and government orga	nizations listed in the line	1 table				

tion. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. Lines (Part I, line 2) following procedure in place to ensure that grants funds are used in the proper way based on Lion process, applying organizations must agree to submit a final grant report on how the granted List were helped, what specifically the funds were spent on, etc. This grant report must include at to ensure that the funds were spent in the correct way. Lard letter, which is mailed along with the grant check, grantees are notified that the funds are attend in their application. It also states that cashing of the grant check constitutes acceptance tions listed in the letter. Stated again in each grant award letter.		(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
following procedure in place to ensure that grants funds are used in the proper way based on ton process, applying organizations must agree to submit a final grant report on how the granted as were helped, what specifically the funds were spent on, etc. This grant report must include as to ensure that the funds were spent in the correct way. and letter, which is mailed along with the grant check, grantees are notified that the funds are ated in their application. It also states that cashing of the grant check constitutes acceptance tions listed in the letter.			1			
following procedure in place to ensure that grants funds are used in the proper way based on on process, applying organizations must agree to submit a final grant report on how the granted is were helped, what specifically the funds were spent on, etc. This grant report must include to ensure that the funds were spent in the correct way. and letter, which is mailed along with the grant check, grantees are notified that the funds are ated in their application. It also states that cashing of the grant check constitutes acceptance cions listed in the letter.						
following procedure in place to ensure that grants funds are used in the proper way based on on process, applying organizations must agree to submit a final grant report on how the granted were helped, what specifically the funds were spent on, etc. This grant report must include to ensure that the funds were spent in the correct way. In all of the grant check, grantees are notified that the funds are ted in their application. It also states that cashing of the grant check constitutes acceptance items listed in the letter.						
collowing procedure in place to ensure that grants funds are used in the proper way based on on process, applying organizations must agree to submit a final grant report on how the granted as were helped, what specifically the funds were spent on, etc. This grant report must include to ensure that the funds were spent in the correct way. In all of the grant check, grantees are notified that the funds are the din their application. It also states that cashing of the grant check constitutes acceptance items listed in the letter.						
following procedure in place to ensure that grants funds are used in the proper way based on on process, applying organizations must agree to submit a final grant report on how the granted as were helped, what specifically the funds were spent on, etc. This grant report must include to ensure that the funds were spent in the correct way. and letter, which is mailed along with the grant check, grantees are notified that the funds are used in their application. It also states that cashing of the grant check constitutes acceptance sitions listed in the letter.						
s were helped, what specifically the funds were spent on, etc. This grant report must include to ensure that the funds were spent in the correct way. And letter, which is mailed along with the grant check, grantees are notified that the funds are sted in their application. It also states that cashing of the grant check constitutes acceptance cions listed in the letter.				that grants fun	ds are used in the p	roper way based on
to ensure that the funds were spent in the correct way. In a letter, which is mailed along with the grant check, grantees are notified that the funds are sted in their application. It also states that cashing of the grant check constitutes acceptance sions listed in the letter.						
and letter, which is mailed along with the grant check, grantees are notified that the funds are noted in their application. It also states that cashing of the grant check constitutes acceptance cions listed in the letter.						report must include
tions listed in the letter.		nat the rund				
	s to ensure t					ed that the funds are
stated again in each grant award letter.	s to ensure t	hich is mail	ed along with	the grant check,	grantees are notifi	
	s to ensure t ard letter, w ated in their	which is mail	ed along with	the grant check,	grantees are notifi	

r Foundation

87-0694641

Page 2

Schedule I (Form 990) (2014)

undation				110/ II to Form 000	87-0694641 Par
	mestic Individ space is neede		e organization ans	wered "Yes" to Form 990), Part IV, line 22.
radational	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
				=	
				1	
n. Provide	the information	required in Part I, I	ne 2, Part III, colun	nn (b), and any other add	ditional information.
mplete th	is report.	After the report	ing deadline is	past, groups who ha	ve not complied are
still do	not comply,	a third notice w	hich indicates	that if they do not	submit their grant
o return	the granted	funds and will n	ot be eligible	for future grants fr	om the Petfinder

Schedule I (Form 990) (2014)

SCHEDULE L

Transactions With Interested Persons

(Form 990 or 990-EZ)

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, of Form 990-EZ, Part V, line 38a or 40b.

OMB No. 1545-0047 2014

Department of the Treasury

Attach to Form 990 or Form 990-EZ.

Open to Public

► Information about Schedule L (Form 990 or 990EZ) and its instructions is at www.irs.gov/form990. Inspection Internal Revenue Service Name of the organization 87-0694641 Petfinder Foundation Excess Benefit Transactions (section (501(c)(3), section 501(c)(4), and 501(c)(29) organizations only). Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (d) Corrected? (b) Relationship between disqualified person and (c) Description of transaction 1 (a) Name of disqualified person Yes No organization (1) (2) (3) Enter the amount of tax incurred by the organization managers or disqualified persons during the year Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Loans to and/or From Interested Persons. Part II Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. (h) Approved (i) Written (f) Balance due (g) In default? (d) Loan to or (e) Original (c) Purpose of (a) Name of interested person (b) Relationship agreement? by board or from the principal amount with organization loan organization? committee? No Yes No Yes Yes No From To (1) (3) (4) (5)Total Grants or Assistance Benefiting Interested Persons. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (d) Type of assistance (b) Relationship between interested (c) Amount of assistance (e) Purpose of assistance (a) Name of interested person person and the organization (1) (2) (3) (4)

(5)

EEA

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz	zati
				Yes	T
			Provided legal &		T
b Rauh	Board Secretary	10,818	registration services		
					+
i e					+
					1
/ Supplemental Information	n				
Provide additional informat	ion for responses to questions	on Schedule L (se	e instructions).		_
					-
					_
	1000				
	15			_	
					_
					_
					_
					_
					_
			0		

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

2014

Department of the Treasury Internal Revenue Service

Open to Public Inspection

▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990. Employer identification number Name of the organization 87-0694641 Petfinder Foundation Types of Property Part I (d) (c) (a) (b) Noncash contribution Method of determining Number of contributions or Check if amounts reported on noncash contribution amounts Form 990, Part VIII, line 1g items contributed applicable Art - Works of art Art - Historical treasures 3 Art - Fractional interests Books and publications Clothing and household 5 fair market value 134,272 goods X Cars and other vehicles 6 Boats and planes 7 Intellectual property 8 9 Securities - Publicly traded 10 Securities - Closely held stock - -11 Securities - Partnership, LLC, or trust interests Securities - Miscellaneous . . . 12 13 Qualified conservation contribution - Historic structures Qualified conservation contribution - Other Real estate - Residential 15 Real estate - Commercial 16 17 Real estate - Other 18 Collectibles · · · · · · · · · · Food inventory 19 fair market value 23 85,365 20 Drugs and medical supplies . . . x Taxidermy 21 Historical artifacts 22 23 Scientific specimens 24 Archeological artifacts 85,212 fair market value 79 25 Other (Cat Castle fair market value 93,958 26 Other ▶(Toys, cat X 110 fair market value 29 16,368 27 Other Dog beds X 17,018 fair market vlaue 28 Other ▶(Rescue U t x Number of Forms 8283 received by the organization during the tax year for contributions for 29 which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required 30a X to be used for exempt purposes for the entire holding period? b If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any non-standard 31 contributions? X 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash X b If "Yes," describe in Part II. If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,

describe in Part II.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

2014

Open to Public Inspection

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

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

Employer identification number

Petfinder Foundation 87-0694641
01. Form 990 governing body review (Part VI, line 11)
Each board member will review the 990 before it is filed with the IRS. The Executive
Director will supply a copy of the drafted 990 (via email or mail) to each board member
once complete. Each board member will review the 990 and respond with any comments or
questions within a one-week time period. After the board reviews and the majority votes
(four votes) to approve it, it will be signed by an authorized board member and submitted
to the IRS.
02. Conflict of interest policy compliance (Part VI, line 12c)
To ensure that Petfinder Foundation's Conflict of Interest Policy is followed, board
members are asked to do the following:
1) Complete a new Conflict of Interest form at annual Petfinder Foundation Board
meetings,
2) To inform the Board and Executive Director of any new jobs or relationships within the
animal welfare community immediately and
3) To be committed to the Petfinder Foundation and ensure that no contacts or
relationships made as a board member will be used for personal or professional gain
outside the Petfinder Foundation.
03. CEO, executive director, top management comp (Part VI, line 15a)
The Petfinder Foundation's Board of Directors has conducted research to determine if the
compensation of the Executive Director of the Foundation is within widely accepted
industry standards. The conclusion of the Board is that the Executive Director's
compensation is not only well within widely accepted industry standards, but also slightly
below industry standards for a Foundation the size of Petfinder Foundation.