#### Form **990**

## **Return of Organization Exempt From Income Tax**

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

OMB No. 1545-0047

2016

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

<u>A</u>	For t	he 2016 calend	lar year, or tax year beginning , 2016, and e	nding	, 20					
В	Check	if applicable:	C Name of organization Petfinder Foundation		D Employer identification no.					
	Addres	s change								
	Name	change								
	Initial r	eturn	E Telephone number (520) 207 - 0626							
$\overline{\Box}$	Final re	eturn/terminated	4729 E Sunrise Drive  City or town, state or province, country, and ZIP or foreign postal code	119	1,293,294					
П	Amend	ed return	Tucson, AZ 85718		G Gross réceipts\$					
Ħ		ition pending	F Name and address of principal officer: Toni Morgan	H(a) Is this a group ret						
_	•	, ,	Same as C above	H(b) Are all subordi						
ī	Tax-ex	empt status:	501(c)(3)	<del></del>	ach a list. (see instructions)					
J	Websi		petfinderfoundation.com	H(c) Group exemp	` ` ` `					
ĸ	Form c	f organization:			legal domicile: AZ					
Pá	art I	Summar		1 0.0.0 0	Togal Collinois.					
	1	Briefly descr	ibe the organization's mission or most significant activities: To prevent the	euthanasia of	adoptable pets					
•			ort animal welfare groups to this end.	<u> </u>	- daoptable perb					
ű			The second secon							
rna										
) ve	2	Check this b	ox ▶ ☐ if the organization discontinued its operations or disposed of more than 25%	of its net assets.						
ŏ	3		oting members of the governing body (Part VI, line 1a)	1	3   6					
ەق س	4		ndependent voting members of the governing body (Part VI, line 1b)	<b>⊢</b>	4 6					
itie	5		r of individuals employed in calendar year 2016 (Part V, line 2a)		5 3					
Activities & Governance	6		r of volunteers (estimate if necessary)	<b>├</b>	6					
	7		ed business revenue from Part VIII, column (C), line 12	<u> </u>	7a 0					
	1		d business taxable income from Form 990-T, line 34	<u> </u>	7b 0					
			The state of the s	Prior Year	Current Year					
Revenue	8	Contribution	s and grants (Part VIII, line 1h)	1,370,4						
	- 1		vice revenue (Part VIII, line 2g)	1,370,5	1,275,207					
	10		ncome (Part VIII, column (A), lines 3, 4, and 7d)		12 216					
	11		ue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		383 13,316					
ш.	12		e - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	(2,7						
-	13		similar amounts paid (Part IX, column (A), lines 1-3)	1,368,						
	14		to or for members (Part IX, column (A), line 4)	912,	937,981					
	15		er compensation, employee benefits (Part IX, column (A), lines 5-10)	000	250 207 507					
es	16		fundraising fees (Part IX, column (A), line 11e)	200,3	359 207,597					
eus	'				0					
Expenses	17		sing expenses (Part IX, column (D), line 25)   79,661  ses (Part IX, column (A), lines 11a-11d, 11f-24e)							
ш	18		es. Add lines 13-17 (must equal Part IX, column (A), line 25)	169,0						
	19		s expenses. Subtract line 18 from line 12	1,281,9						
$\overline{}$	ses	1 CVC I I I C I C I	s expenses. Subtract line to normalite 12	86,1						
is o	<u> 20</u>	Total accore	(Part X, line 16)	Beginning of Current Yo						
éssi	21		is (Part X, line 26)	1,951,2						
Net Assets	22		r fund balances. Subtract line 21 from line 20	6,0						
	irt II		re Block	1,945,2	1,967,847					
constitue;			clare that I have examined this return, including accompanying schedules and statements, and to the best of my	knowledge and belief it i	s					
true	, correc	t, and complete. De	claration of preparer (other than officer) is based on all information of which preparer has any knowledge.	miemougo una ponor, m						
Sig	ın	Signatur	e of officer		Date					
He	re	Toni	Morgan, Executive Director							
*	. •	,	print name and title	- ****						
			Tour							
Pa	id	1		_	if PTIN					
	par			self-employed	P01607578					
	e On		Semiler 6 Fillips CFR Finc	Firm's EIN						
		rimis addres		Phone no.						
Mar	tho !	-l	Tucson AZ 85711		0-247-7087					
ivid	uie l	ง นเธยนธร เกิเร	return with the preparer shown above? (see instructions)		· · · · · · · X Yes					

improvements to the animal shelters and property, animal transport and housing equipment allocated for use in the event of a disaster, file and records management systems, and training for staff and/or volunteers who are critical responders for the organization during an emergency.

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

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

6) Petfinder Foundation Checklist of Required Schedules Part IV

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A · · · · · · · · · · · · · · · · · ·	. 1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
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,	_		
_		. 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	_		37
-		. 6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes." complete Schedule D. Part II	7		v
	the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		X
8	complete Schedule D, Part III	. 8		v
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	. 0		X
9	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			- 21
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	- 4		
	VII, VIII, IX, or X as applicable.			
а	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		Χ
С	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		Χ
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	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Χ
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	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	-12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	40:		7.7
12	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		X
14a b	Did the organization maintain an onice, employees, or agents outside or the Onited States?	144		Λ
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
-	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Χ
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III · · · · · · · · · · · · · · · · ·	· 19		Χ

6) Petfinder Foundation
Checklist of Required Schedules (continued) Part IV

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Χ
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Χ	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Χ
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Χ
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	- 24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	· 25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete</i>			3.7
	Schedule L, Part IV	- 28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	20-	3.7	
20	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	X	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	20		v
24	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,  Part I	. 31		v
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes,"	. 31		X
32	complete Schedule N, Part II	. 32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	. 32		
55	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			21
0-7	or IV, and Part V, line 1 · · · · · · · · · · · · · · · · · ·	. 34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			- 21
-	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization?// "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	- 37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	Х	
			200 "	20.40

# Form 990 (2016) Petfinder Foundation Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Χ	
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<u>X</u>
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	. 4a		<u>X</u>
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
_	(FBAR).			3.5
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<u>X</u>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			37
<b>L</b>	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		<u>X</u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	ر <sub>ا</sub>		
7		6b		
7	Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
а	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	- 10		
·	required to file Form 8282? · · · · · · · · · · · · · · · · · · ·	. 7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Χ
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
1	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year · · · · · · · · 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u>X</u>
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

6) Petfinder Foundation 87-0694641 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI

To respond to mice 2 through the bolow, and for a me
response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.
Check if Schedule O contains a response or note to any line in this Part VI

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year ••••••• 1a 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.			
b	Enter the number of voting members included in line 1a, above, who are independent • • • • • • • • • • • • • • • • • • •			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		_X_
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		_X_
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body? • • • • • • • • • • • • • • • • • • •	- 8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
0	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		_X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		_X_
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	37	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b 10-	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	40-	37	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	422	v	
13	describe in Schedule O how this was done  Did the organization have a written whistleblower policy?	12c	X	
	Did the organization have a written document retention and destruction policy?	14		
14 15	Did the process for determining compensation of the following persons include a review and approval by	14	X	
13	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	21	X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	.55		22
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	· 16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	'		
17	List the states with which a copy of this Form 990 is required to be filed Arizona			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)			
	available for public inspection. Indicate how you made these available. Check all that apply.			
	☐ Own website ☐ Another's website ☐ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
	financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	The Corporation (520)207-0626, 4729 E Sunrise Drive No 119, Tucson, AZ 85718			

Form	aan	(201	6)
FUIIII	220	IZU	O1

Petfinder Foundation

87-0694641

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## Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

- **1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Pos eck m	rson i	ha both a Highest compensated employee	n	(D)  Reportable compensation from the organization (W-2/1099-MISC)	(E)  Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Betsy Saul	5.00_		Ф			ated				
Chairman and Treasurer		Χ		X				0	0	0
(2) Jared Saul	5.00									
President		X		X				0	0	0
(3) Rob Rauh	5 .00_									
Secretary		X		X				0	0	0
(4) Amanda Sumner	5.00									
Vice-President		X		X				0	0	0
(5) Jim Morris  Board Member	5.00_	Х						0	0	0
(6) Gregory Hesterberg Board Member	5.00_	Х						0	0	0
(7) Toni Morgan Executive Director				Х	Х			74,083		0
(8)								, 1, 000	<u> </u>	
<u>(9)</u>										
<u>(10)</u>										
<u>(11)</u>										
<u>(12)</u>										
<u>(13)</u>										
<u>(14)</u>										

Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
	(A) Name and title	(B)  Average hours per week (list any	er officer and a director/trustee) compensation compensation from					Reportable compensation from	( <b>F</b> ) Estimated amount of other				
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	compensation from the organization and related organizations		n d	
<u>(15)</u>													
<u>(16)</u>													
<u>(17)</u>													
<u>(18)</u>													
<u>(19)</u>													
<u>(20)</u>													
<u>(21)</u>													
<u>(22)</u>													
<u>(23)</u>													
<u>(24)</u>													
<u>(25)</u>													
1b c	Sub-total	on A · ·						<b>&gt;</b>					
d	Total (add lines 1b and 1c)							,	74,083 than \$100,000 of				0
	reportable compensation from the organization									0		Yes	No
3	Did the organization list any <b>former</b> officer, director, employee on line 1a? <i>If</i> "Yes," <i>complete Schedule</i> 3		•			•	•		pensated		3	100	X
4	For any individual listed on line 1a, is the sum of reportanization and related organizations greater than	oortable com	pensat	tion	and	othe	r com	pens	ation from the				21
	individual				٠.						4		Х
5	Did any person listed on line 1a receive or accrue of for services rendered to the organization? If "Yes,"	•		•			•				5		X
Secti	on B. Independent Contractors												
1	Complete this table for your five highest compensation from the organization. Report compeyear.												
	(A) Name and business address								(B) Description of	services		(C) ensation	า
	and plantous didition												
2	Total number of independent contractors (including received more than \$100,000 of compensation from				liste	d ab	ove) v	who					

Page 8

#### Petfinder Foundation Statement of Revenue Part VIII

		Check if Schedule O contains a response or r	note to any line in th	is Part VIII • •			<u> </u>
				(A) Total revenue	(B)  Related or exempt function revenue	(C) Unrelated business revenue	(D)  Revenue excluded from tax under sections 512-514
" v	1a	Federated campaigns 1a					
anta	b	Membership dues 1b					
Contributions, Gifts, Grants and Other Similar Amounts	c	Fundraising events 1c					
iifts Iar/	d	Related organizations 1d					
s, iii.	e	Government grants (contributions) 1e					
io S	f	All other contributions, gifts, grants,					
oth in		and similar amounts not included above <b>1f</b>	1,275,207				
ng gr	g	Noncash contributions included in lines 1a-1f: \$					
ŭ®	h	Total. Add lines 1a-1f		1,275,207			
			Business Code				
Program Service Revenue	2a						
eve	b						
Se F	С						
Serv	d						
E	е						
70gr	f	All other program service revenue					
ā	g	Total. Add lines 2a-2f					
	3	Investment income (including dividends, interest and other similar amounts)		13,316			13,316
	4	Income from investment of tax-exempt bond pro-	ceeds				
	5	Royalties					
		(i) Real	(ii) Personal				
	6a	Gross rents					
	b	Less: rental expenses · · · ·					
	c Rental income or (loss) · · ·						
	d	Net rental income or (loss)					
	7a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory					
	b	Less: cost or other basis and sales expenses					
	ء ا	Gain or (loss)		-			
		Net gain or (loss)					
e	l	Gross income from fundraising					
enue		events (not including \$					
Zev		of contributions reported on line 1c).					
Other Re		See Part IV, line 18 a					
돨	b	Less: direct expenses b					
-	l						
	l	Gross income from gaming activities.					
		See Part IV, line 19 · · · · · · · a					
	b	Less: direct expenses b					
	l	Net income or (loss) from gaming activities					
		Gross sales of inventory, less returns and allowances					
	b	Less: cost of goods sold b					
	l	Net income or (loss) from sales of inventory • •					
		Miscellaneous Revenue	Business Code				
	11a	Gain on equity inv.	900099	4,771			4,771
	b						
	С						
	d	All other revenue					
	е	Total. Add lines 11a-11d	<del></del>	4,771			
	12	Total revenue. See instructions		1,293,294	0	0	18,087

# Form 990 (2016) Petfinder Foundation Part IX Statement of Functional Expenses

		her organizations musi	

	Check if Schedule O contains a response or note to	any line in this Part IX			
Do r	not include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
8b, 9	9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	937,981	937,981		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	74,083	41,896	5,740	26,447
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	117,166	66,261	9,077	41,828
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	16,348	8,991	1,308	6,049
11	Fees for services (non-employees):				
а	Management				
b	Legal	2,940	2,675	265	
С	Accounting	27,089	23,385	2,232	1,472
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17 •				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.) • •				
12	Advertising and promotion				
13	Office expenses	17,204	10,493	5 <b>,</b> 687	1,024
14	Information technology	5,001	3,001	500	1,500
15	Royalties				
16	Occupancy				
17	Travel	2,388	1,648	740	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest · · · · · · · · · · · · · · · · · · ·				
21	_ · · · · · · · · · · · · · · · · · · ·		100		
22	Depreciation, depletion, and amortization	610	189	305	116
23	Other expenses. Itemize expenses not covered	3,920	470	3,293	157
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.)				
•	` ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	00 345	00 245		
a	Program supplies	90,345	90,345	2 000	1 005
b c	Dues and registrations	10,039	7,026	2,008	1,005
d					
u e	All other expenses	1 145	401	601	63
25	Total functional expenses. Add lines 1 through 24e	1,145 1,306,259	481 1,194,842	601 31,756	63 79,661
26	Joint costs. Complete this line only if the	1,300,239	1,174,044	31,/30	/9,001
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here    Lif following SOP 98-2 (ASC 958-720)				

### Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments	1,469,269	2	955,015
	3	Pledges and grants receivable, net	239,665	3	239,856
	4	Accounts receivable, net	15,825	4	2,860
	5	Loans and other receivables from current and former officers, directors,		4	
	3	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		3	
	0	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
sts	7	Inventories for sale or use		8	
Assets	8	Prepaid expenses and deferred charges	2 025	9	1 (10
⋖	9	· · · · · · · · · · · · · · · · · · ·	3,037	9	1,619
	10a	Land, buildings, and equipment: cost or			
	h	other basis. Complete Part VI of Schedule D · · · · 10a 4,358  Less: accumulated depreciation · · · · · · · · · · 10b 3,046	1 000	10c	1 210
	b 44	Less: accumulated depreciation	1,922		1,312
	11	Investments - other securities. See Part IV, line 11	1,155	11	543,394
	12 13	Investments - program-related. See Part IV, line 11		13	
		Intangible assets		14	
	14	Other assets. See Part IV, line 11	222 425	15	205 150
	15 16		220,407		225,178
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,951,280	16	1,969,234
	17 18	Grants payable	6,033	17 18	1,387
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
w	22	Loans and other payables to current and former officers, directors,		-	
Liabilities	22	trustees, key employees, highest compensated employees, and			
iiqi		disqualified persons. Complete Part II of Schedule L		22	
Li	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			
	20	parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	6,033	26	1,387
		Organizations that follow SFAS 117 (ASC 958), check here	0,033		1,307
Se		complete lines 27 through 29, and lines 33 and 34.			
nce	27	Unrestricted net assets	1,768,620	27	1,833,057
ala	28	Temporarily restricted net assets	176,627	28	134,790
d B	29	Permanently restricted net assets	1707027	29	131/750
Fun		Organizations that do not follow SFAS 117 (ASC 958), check here			
orl		complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
SS	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
ž	33	Total net assets or fund balances	1,945,247	33	1,967,847
	34	Total liabilities and net assets/fund balances	1,951,280	34	1,969,234

Form	1990 (2016) Petfinder Foundation 8	7-06946	41	P	age 12
Pa	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,	293,	294
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,	306,	259
3	Revenue less expenses. Subtract line 2 from line 1	3		(12,	965)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,	945,	247
5	Net unrealized gains (losses) on investments	5		35,	565
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				
	$\sim$	- 10	1,	967,8	847
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990:   Cash   Accrual   Other	_			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		- 2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		- 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:				
	∑ Separate basis				
С	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	Х	
	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		Х
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

Form 990 (2016)

#### **SCHEDULE A**

## **Public Charity Status and Public Support**

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

OMB No. 1545-0047 2016

87-0694641

Open to Public Inspection

(Form 990 or 990-EZ)

Petfinder Foundation

Attach to Form 990 or Form 990-EZ. Department of the Treasury Internal Revenue Service Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization Employer identification number

Pa	rt I	Reason for Public Charity	y Status (All or	rganizations must c	omplete	this par	t.) See instructio	ns.	
he	orga	nization is not a private foundation bec	ause it is: (For line	s 1 through 12, check on	ly one box	.)			
1		A church, convention of churches, or	association of chur	rches described in <b>sectio</b>	n 170(b)(	I)(A)(i).			
2		A school described in section 170(b)	(1)(A)(ii). (Attach S	Schedule E (Form 990 or	990-EZ).)				
3		A hospital or a cooperative hospital se	ervice organization	described in section 17	0(b)(1)(A)	iii).			
4		A medical research organization oper	ated in conjunction	n with a hospital describe	d in section	n 170(b)(	I)(A)(iii). Enter the		
	_	hospital's name, city, and state:	•	•			, , ,		
5	П	An organization operated for the bene	efit of a college or u	university owned or opera	ated by a g	overnmen	tal unit described in		
	_	section 170(b)(1)(A)(iv). (Complete F			, ,				
6	П	A federal, state, or local government	•	nit described in section 1	70(b)(1)(A	۸)(v).			
7	X	An organization that normally receive	•				m the general public		
		described in section 170(b)(1)(A)(vi)	•				5 1		
8	П	A community trust described in <b>section</b>							
9	Ħ	An agricultural research organization		` '	ated in con	iunction w	ith a land-grant collec	ae	
-		or university or a non-land-grant colle						<b>9</b> -	
		university:	99 (-		, -	,,	<b>g</b>		
0	П	An organization that normally receive	s: (1) more than 33	3 1/3% of its support from	contributi	ons memb	pership fees, and gro	ss	
		receipts from activities related to its e	` '						
		support from gross investment incom-	•		,				
		acquired by the organization after Jur		,		,	Tom Buomococo		
1	П	An organization organized and operation				•			
2	Ħ	An organization organized and opera	•	•			o carry out the purpo	ses	
_	ш	of one or more publicly supported org	•	•					
		Check the box in lines 12a through 12							
	а	Type I. A supporting organization						•	
	а	the supported organization(s) the	•	·		•	. ,	19	
		• • • • • • • • • • • • • • • • • • • •			ity of the u	i ectors or	il usices of the		
	h	supporting organization. <b>You mu</b> : <b>Type II.</b> A supporting organization	-		a ita aunna	rtod organ	ization(s) by baying		
	b		•				. , , ,	-d	
		control or management of the sup		•	isons mai	CONTROLO	manage the support	au au	
	_	organization(s). You must comp			antina witl	and fund	tionally intograted wi	+la	
	С	Type III functionally integrated.		·				tn,	
		its supported organization(s) (see		· · · · · · · · · · · · · · · · · · ·				(-)	
	d	Type III non-functionally integra						` '	
		that is not functionally integrated.	-			•	nt and an attentivene	ess	
		requirement (see instructions). Yo	<u>-</u>				- u - uu		
	е	Check this box if the organization				s a Type I,	Type II, Type III		
		functionally integrated, or Type III	•	itegrated supporting orga	inization.			ı	
	Ť	Enter the number of supported organ							
	g	Provide the following information about		ľ					
	(i	) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the o	rganization r governing	(v) Amount of monetary support (see	(vi) Amou other suppo	
				above (see instructions))	docum		instructions)	instructi	*
						N1 -			
					Yes	No			
A)									
B)									
C)									
_									
D)									
E)									
ota	I								

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

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

Sec	tion A. Public Support	·		·	·	ŕ			
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	<b>(b)</b> 2013	(c) 2014	( <b>d)</b> 2015	(e) 2016	<b>(f)</b> Total		
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,532,306	1,478,901	1,359,201	1,370,461	1,275,207	8,016,076		
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf								
3	The value of services or facilities furnished by a governmental unit to the organization without charge								
4	<b>Total.</b> Add lines 1 through 3	2,532,306	1,478,901	1,359,201	1,370,461	1,275,207	8,016,076		
5	The portion of total contributions by								
	each person (other than a								
	governmental unit or publicly								
	supported organization) included on								
	line 1 that exceeds 2% of the amount								
	shown on line 11, column (f)						2,011,672		
6	Public support. Subtract line 5 from line 4 • •						6,004,404		
	tion B. Total Support								
	ndar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	( <b>d)</b> 2015	<b>(e)</b> 2016	(f) Total		
7	Amounts from line 4 Gross income from interest, dividends.	2,532,306	1,478,901	1,359,201	1,370,461	1,275,207	8,016,076		
8	payments received on securities loans, rents, royalties and income from similar sources	7,393	4,230	9,203	383	13,316	34,525		
9	Net income from unrelated business activities, whether or not the business is regularly carried on	,,,,,	- <b>,</b> -0 -	,,,,,,		==,==	52,525		
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 .						8,050,601		
12	Gross receipts from related activities, etc. (s	see instructions)				12			
13	First five years. If the Form 990 is for the organization, check this box and stop here						▶ □		
	tion C. Computation of Public Su								
14	Public support percentage for 2016 (line 6,		-				74.58 %		
15	Public support percentage from 2015 Scheo						54.66 %		
16a	33 1/3% support test - 2016. If the organiz						▶ 55		
	box and <b>stop here</b> . The organization qualifi						▶ 🗓		
b	33 1/3% support test - 2015. If the organiz						. □		
47-	this box and <b>stop here</b> . The organization qu								
17a	<b>10%-facts-and-circumstances test - 2016.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in								
	Part VI how the organization meets the "factorganization		_				▶ □		
h									
b	<b>10%-facts-and-circumstances test - 2015</b> 15 is 10% or more, and if the organization n	•				IIG			
	Explain in Part VI how the organization mee				-	cly			
	supported organization			-		-	▶ □		
18	Private foundation. If the organization did						<i></i>		
	instructions						▶ □		

87-0694641

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513 •						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	<b>Total.</b> Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons · · · · ·						
	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						
Sec	ction B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	<b>(e)</b> 2016	(f) Total
9	Amounts from line 6 · · · · · · · · · · · ·		(3) 2010	(6) 2511	(4) 2010	(6) 2010	(i) rotal
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	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	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.) • • • • • • • • • • • • • • • • • • •						
	<b>First five years</b> . If the Form 990 is for the or organization, check this box and <b>stop here</b>	<u> </u>					▶ 📋
Sec	ction C. Computation of Public Su	upport Percen	itage				
15		* *	•	f))		15	%
16	Public support percentage from 2015 Sched					16	<u>%</u>
	ction D. Computation of Investme						
17	Investment income percentage for 2016 (line		•	( //		17	%
18	Investment income percentage from 2015 Sc	chedule A, Part III,	line 17 • • • •			18	%
19a	<b>33 1/3% support tests - 2016.</b> If the organiz 17 is not more than 33 1/3%, check this box						▶ □
	33 1/3% support tests - 2015. If the organization line 18 is not more than 33 1/3%, check this	box and stop here	. The organization	qualifies as a pub	licly supported orga	anization	▶ □
20	<b>Private foundation.</b> If the organization did n	or check a box on	iiile 14, 19a, or 19t	o, check this box a	nu see instructions		

Schedule A (Form 990 or 990-EZ) 2016 Petfinder Foundation 87-0694641 Page 4

#### Part IV Su

#### **Supporting Organizations**

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

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?
  If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
  - **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI**.
  - **c** Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
-			
	3a		
	3b		
`	SD		
)	3с		
	30		
	4a		
	-Tu		
	4b		
	4c		
•			
	5a		
	5b		
	5c		
	6		
	7		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	10b		
e A (F	orm 990	or 990	-EZ) 2016

Pai	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations		•	
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part</b>			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
	J. 11 0 0		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
	<i>y</i>		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
2	organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in <b>Part VI</b> how</i>			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	struc	tions	) <i>:</i>
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity	(see i	nstruc	tions).
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	, , , , , , , , , , , , , , , , , , , ,			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	Type III Non-Functionally Integrated 509(a)(3) Supporting Or			
1	Check here if the organization satisfied the Integral Part Test as a qualifying			•
	instructions. All other Type III non-functionally integrated supporting organic	zation	is must complete Section	
Sec	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
co	ollection of gross income or for management, conservation, or			
	aintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	structions for short tax year or assets held for part of year):			
	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other			
	actors (explain in detail in <b>Part VI</b> ):			
	Acquisition indebtedness applicable to non-exempt-use assets	2		
	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,	+++		
	ee instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
<del>-6</del>	Multiply line 5 by .035	6		
<del>-</del> 7	Recoveries of prior-year distributions	7		
<del>-</del> 8	Minimum Asset Amount (add line 7 to line 6)	8		
	tion C - Distributable Amount	1		Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
-	nergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally		rated Type III supportin	g organization (see
	instructions).	3	71 11	· ·

EEA Schedule A (Form 990 or 990-EZ) 2016

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Pai	t V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	izations (continued)	71011			
Sec	tion D - Distributions	, ,,	, ,	Current Year			
1							
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported					
	organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purpose	es of supported organiza	tions				
4	Amounts paid to acquire exempt-use assets						
5	Qualified set-aside amounts (prior IRS approval required)						
6	Other distributions (describe in <b>Part VI</b> ). See instructions.						
7	<b>Total annual distributions.</b> Add lines 1 through 6.						
8	Distributions to attentive supported organizations to which th	e organization is respon	sive				
	(provide details in Part VI). See instructions.						
9	Distributable amount for 2016 from Section C, line 6						
10	Line 8 amount divided by Line 9 amount						
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016			
	Distributable amount for 2016 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2016						
	(reasonable cause required - explain in Part VI). See						
	instructions.						
_3	Excess distributions carryover, if any, to 2016:						
a							
b							
	From 2013						
	From 2014						
	From 2015						
	<b>Total</b> of lines 3a through e						
	Applied to underdistributions of prior years						
	Applied to 2016 distributable amount						
<u>_i</u>	Carryover from 2011 not applied (see instructions)						
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.						
4	Distributions for 2016 from						
	Section D, line 7: \$						
	Applied to underdistributions of prior years						
	Applied to 2016 distributable amount						
<u>C</u>	Remainder. Subtract lines 4a and 4b from 4.						
5	Remaining underdistributions for years prior to 2016, if						
	any. Subtract lines 3g and 4a from line 2. For result						
	greater than zero, explain in Part VI. See instructions.						
6	Remaining underdistributions for 2016. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2017. Add lines 3j						
	and 4c.						
8_	Breakdown of line 7:						
a							
	Excess from 2013						
	Excess from 2014						
d	Excess from 2015						

e Excess from 2016

. . . .

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

#### Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

## **Schedule of Contributors**

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

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

OMB No. 1545-0047

2016

Employer identification number

Petfinder Foundation 87-0694641							
Organi	Organization type (check one):						
Filers	of:	Section:					
Form 9	90 or 990-EZ	501(c)( 3 ) (enter number) organization					
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation					
		527 political organization					
Form 9	90-PF	501(c)(3) exempt private foundation					
		4947(a)(1) nonexempt charitable trust treated as a private foundation					
		501(c)(3) taxable private foundation					
Check	if your organization is cove	red by the <b>General Rule</b> or a <b>Special Rule</b> .					
	Only a section 501(c)(7), (8	), or (10) organization can check boxes for both the General Rule and a Special F	Rule. See				
Genera							
	· ·	Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling perty) from any one contributor. Complete Parts I and II. See instructions for determinents.	•				
Specia	ıl Rules						
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. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year						
990-EZ	z, or 990-PF), but it <b>must</b> a	t covered by the General Rule and/or the Special Rules doesn't file Schedule B (Inswer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990, that it doesn't meet the filing requirements of Schedule B (Form 990, 990, F7)	rm 990-EZ or on its				

Name of organization Employer identification number
Petfinder Foundation 87-0694641

Contributors (See instructions). Use duplicate copies of Part I if additional space is needed. Part I (b) (d) (a) (c) Νo. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person 1 Orvis **Payroll** Noncash 1711 Blue Hills Drive 51,603 (Complete Part II for Roanoke, VA 24012 noncash contributions.) (b) (d) (a) (c) Νo. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person 2 Nestle Purina PetCare Company **Payroll** Noncash X 383,049 One Checkerboard Square (Complete Part II for noncash contributions.) Saint Louis, MO 63164 (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person 3 Survey Monkey **Payroll** Noncash 124,353 101 Lytton Avenue (Complete Part II for noncash contributions.) Palo Alto, CA 94301 (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 Person X 4 Build-A-Bear **Payroll** П Noncash 1954 Innerbelt Business Center Dr 209,273 (Complete Part II for noncash contributions.) Saint Louis, MO 63114 (b) (c) (d) (a) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution Person Χ 5 GlobalInc **Pavroll** Noncash 1110 Vermont Ave NW Ste 550 27,280 (Complete Part II for noncash contributions.) Washington, DC 20005 (d) (a) (b) (c) Total contributions Type of contribution Name, address, and ZIP + 4 No. Person Χ 6 mGiving **Payroll** Noncash 7000 E Belleville Ave Ste 220 94,675 (Complete Part II for noncash contributions.) Englewood, CO 80111

Name of organization Employer identification number
Petfinder Foundation 87-0694641

Contributors (See instructions). Use duplicate copies of Part I if additional space is needed. Part I (a) (b) (d) (c) Νo. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person 7 Bernina of America **Payroll** Noncash 30,000 3702 Prairie Lake Ct (Complete Part II for Aurora, IL 60504 noncash contributions.) (b) (d) (a) (c) Νo. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution **Total contributions** No. Name, address, and ZIP + 4 Person **Payroll** Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person **Payroll** Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution **Person Payroll** Noncash (Complete Part II for noncash contributions.) (d) (a) (b) (c) Name, address, and ZIP + 4 Total contributions Type of contribution No. Person **Payroll** Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number
Petfinder Foundation 87-0694641

Noncash Property (See instructions). Use duplicate copies of Part II if additional space is needed. Part II (a) No. (c) (b) (d) from **FMV** (or estimate) Description of noncash property given Date received Part I (See instructions) Friskies Party Mix treats 2 57,049 12-31-2016 (a) No. (c) (d) (b) from FMV (or estimate) Description of noncash property given **Date received** Part I (See instructions) (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (See instructions) (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (See instructions) (a) No. (c) (d) from FMV (or estimate) Description of noncash property given Date received Part I (See instructions) (a) No. (c) (d) (b) from FMV (or estimate) **Date received** Description of noncash property given Part I (See instructions)

### **Supplemental Financial Statements**

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

2016

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
Pa	TI Organizations Maintaining Donor Advi	sed Funds or Otl	ner Similar Funds or Ac	counts.
	Complete if the organization answered "Y	es" on Form 990,	Part IV, line 6.	
		(a) Dor	or 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 advis-	ors in writing that the	assets held in donor advise	d
	funds are the organization's property, subject to the organization	ganization's exclusive	e legal control?	
6	Did the organization inform all grantees, donors, and d	onor advisors in writi	ng that grant funds can be u	sed
	only for charitable purposes and not for the benefit of t	he donor or donor ad	visor, or for any other purpor	se
	conferring impermissible private benefit?			· · · · · · · · · · · ·
Pa	t II Conservation Easements.			
	Complete if the organization answered "	Yes" on Form 990	, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the org	anization (check all t	hat apply).	
	Preservation of land for public use (e.g., recreation	or education)	Preservation of a histo	rically important land area
	Protection of natural habitat		Preservation of a certif	fied historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a	qualified conservation	on contribution in the form of	f a conservation
	easement on the last day of the tax year.			Held at the End of the Tax Year
а				
b	Total acreage restricted by conservation easements			
С	Number of conservation easements on a certified history	ric structure included	l in (a)	· · · 2c
d	Number of conservation easements included in (c) acc			
	historic structure listed in the National Register • • •			· · · 2d
3	Number of conservation easements modified, transferr	ed, released, extingu	iished, or terminated by the	organization during the
	tax year •			
4	Number of states where property subject to conservation			
5	Does the organization have a written policy regarding t			
_	violations, and enforcement of the conservation easem			· · · · · · · · · · · · · · · · · · ·
6	Staff and volunteer hours devoted to monitoring, inspe	cting, handling of vio	lations, and enforcing conse	rvation easements during the year
_				
7	Amount of expenses incurred in monitoring, inspecting	, nandling of violation	ns, and enforcing conservation	on easements during the year
		J) _L£;_£.4L	ifti 470/l	L\/4\/D\/;\
8	Does each conservation easement reported on line 2(of and section 170(h)(4)(B)(ii)?			n)(4)(B)(I) · · · · · · · · · · · · · □ Yes □ No
0				
9	In Part XIII, describe how the organization reports cons balance sheet, and include, if applicable, the text of the		•	•
	organization's accounting for conservation easements.	•	IIIZALIOITS IIIIAITCIAI SIAIEITIETI	its that describes the
Pa	t III Organizations Maintaining Collection		storical Treasures, o	r Other Similar Assets.
- 0.	Complete if the organization answered			
1a	If the organization elected, as permitted under SFAS 1			ent and balance sheet
	works of art, historical treasures, or other similar asset			
	public service, provide, in Part XIII, the text of the footr	•		
b	If the organization elected, as permitted under SFAS 1			
	works of art, historical treasures, or other similar asset	, , ,		
	public service, provide the following amounts relating to		•	
	(i) Revenue included on Form 990, Part VIII, line 1			▶ \$
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, histori			
	following amounts required to be reported under SFAS			
а	Revenue included on Form 990, Part VIII, line 1			▶ \$
b	Assets included in Form 990, Part X			

Part III   Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)	Schedu	ule D (Form 990) 2016 Petfinder Founda						87-069			age 2
a   Politic exhibition   d   Loan or exchange programs   b   Scholarly research   a   Other   c   Peterviole a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII  5 During the year, did the organization scollections and explain how they further the organization's exempt purpose in Part XIII  5 During the year, did the organization analyse for receive donations of art, historical treasures, or other animilar assets to be sold to raise funds after than to be maintened as part of the organization's collection?  Fart IV Escrow and Custodial Arrangements.  Complete if the organization analysement's Complete if the organization analysement in Part XIII and complete the following table:  1	Par	t III Organizations Maintaining Co	ollections of A	rt, Histo	rical Tr	easures,	or Oth	er Similar A	ssets (co	ontinu	ed)
a   Public exhibition   d   Loan or exchange programs   b   School yresearch   Preservation for future generations   c   Preservation for future generations   d   Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.  5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to ruise funds rather than to be maintained as part of the organization's collection?	3	Using the organization's acquisition, accession, a	ind other records, c	heck any of	the follow	ving that are	a signific	ant use of its			
a   Public exhibition   d   Loan or exchange programs   b   School yresearch   Preservation for future generations   c   Preservation for future generations   d   Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.  5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to ruise funds rather than to be maintained as part of the organization's collection?											
b	а	Public exhibition	<b>d</b> ☐ Loai	n or exchan	ge progra	ams					
c   Preservation for future generations	b	Scholarly research									
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.	С	<u>,</u>	_	-							
XIII   Survey   The year, did the organization solicit or receive denations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	4		ions and explain ho	w thev furth	ner the ord	ganization's	exempt p	ourpose in Part			
Surring the year, did the organization solicil or receive donalions of art, historical treasures, or other similar assets to be sold to raise funds other than to be maintained as part of the organization?   Surrival			'	,	`	,		•			
assets to be sold to raise funds rather than to be maintained as part of the organization's collection?    Part IV   Escrow and Custodial Arrangements.   Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.    1a   Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?   Yes   No   If Yes," explain the arrangement in Part XIII and complete the following table:	5		eive donations of a	rt historical	treasures	s or other sir	milar				
Eart   V   Escrow and Custodial Arrangements.	•								П	Yes	Пис
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?    Ves	Par			or the organ	nzationio	conconcir.				.00 [	<u> </u>
990, Part X, line 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  b If "Yes," explain the arrangement in Part XIII and complete the following table:  C Beginning balance  c Beginning balance  d Additions during the year  1d				n Form 9	90 Pari	t IV line 9	or rer	orted an am	ount on F	orm	
1a Is the organization an agent, frustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  b If "Yes," explain the arrangement in Part XIII and complete the following table:  C Beginning balance  d Additions during the year  1 to  1 Ending balance  1 If    2 Distributions during the year  1 If    2 Distributions include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  1 If "Yes "explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII  Part V		•	3.7.0.0u 100 0.		oo, . a.	,	, 0 0	ortog arrain	ount on i	<b>U</b> 1111	
Included on Form 990, Part X?  If "Yes," explain the arrangement in Part XIII and complete the following table:    Comparison	10		r other intermediar	for contribu	ıtiono or a	ather eceste	not				
b If "Yes," explain the arrangement in Part XIII and complete the following table:    C   Beginning balance	Та								П,	v I	П.
c Beginning balance d Additions during the year e Distributions during the year 1		,							🗆	res	NC
c Beginning balance d Additions during the year  f Ending balance 1 to 1 bitshibutions during the year  f Ending balance 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  b If Yes,* explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII  Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Beginning of year balance   (a) Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years back	р	If "Yes," explain the arrangement in Part XIII and	complete the follow	ing table:				1 .			
d Additions during the year  Distributions during the year shall be about the argument in the argument in the argument back.  Distributions during the year shall be argument back.  Distributions during the year shall back.  Distributions during the year shall back.  Distributions during the year shall back.  Distributions during the year shall.  Distributions during the year shall back.  Distributions during the year shall.  Distributions during the year shall back.  Distributions during the year shall back.  Distributions during the year shall.  Distributions during the year sh							-		mount		
e Distributions during the year   16	С	3 3					_	+			
f Ending belance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?   Yes   Nt   If "Yes" explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.  Part V Endowment Funds.  Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  1a Beginning of year balance   (a) Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years ba	d							+			
Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	е							_			
B   If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII	f	-									_
Part V   Endowment Funds.   Complete if the organization answered "Yes" on Form 990, Part IV, line 10.	2a	-					•		□ ,	Yes	∐ No
Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Complete if the organization answered "Yes" on Form 990, Part IV, line 10.			ck here if the expla	nation has	been prov	ided on Part	t XIII				
(a) Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years back	Par										
Beginning of year balance  b Contributions  c Net investment earnings, gains, and losses  d Grants or scholarships  e Other expenditures for facilities and programs  f Administrative expenses  g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment  b Permanent endowment  c Temporarily restricted endowment  m the percentages in lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations  (ii) related organizations  b if 'Yes' on 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildlings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Describe of property  (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation  b Buildings  c Leasehold improvements  d Equipment  4,358 3,046 1,312  e Other		Complete if the organization ans	swered "Yes" o	n Form 9	90, Par	t IV, line 1	0.				
b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance  Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  Board designated or quasi-endowment  Permanent endowment  Mermanent endowment  Mermanent endowment Mermanent endowment  Mermanent endowment Mermanent endowment  Mermanent endowment Mermanent endowment  Mermanent endowment Mermanent endowment  Mermanent endowment Mermanent endowment Mermanent endowment funds not in the possession of the organization that are held and administered for the organization by:  Mermanent endowment funds not in the possession of the organization that are held and administered for the organization by:  Mermanent endowment funds not in the possession of the organization that are held and administered for the organization by:  Mermanent endowment funds not in the possession of the organization that are held and administered for the organization by:  Mermanent endowment funds not in the possession of the organization that are held and administered for the organization by:  Mermanent endowment funds not in the possession of the organization that are held and administered for the organization by:  Mermanent endowment funds not in the possession of the organization that are held and administered for the organization by:  Mermanent endowment funds not in the possession of the organization that are held and administered for the organization again;  Mermanent endowment funds not in the possession of the organization administered for the organization again;  Mermanent endowment funds not in the possession of the organization administered for the organization again;  Mermanent endowment endowment funds not in the possession of the organization administered for the organization again;  Mermanent endowment endowment funds not in the possession of the organization again;  Mermanent endowment endowment endowment funds not in			(a) Current year	(b) Prior	year	(c) Two years	s back	(d) Three years bad	ck (e) Fou	ır years b	ack
c Net investment earnings, gains, and losses	1a										
Iosses   Carants or scholarships   Carants	b	Contributions									
d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment b Permanent endowment \( \bullet \) % The percentages in lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI  Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (other) (iii) related organization (d) Book value depreciation  1a Land  b Buildings  c Leasehold improvements d Equipment 4,358 3,046 1,312 e Other	С	Net investment earnings, gains, and									
e Other expenditures for facilities and programs  f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment b Permanent endowment		losses									
programs  f Administrative expenses g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment b Permanent endowment	d	Grants or scholarships									
programs  f Administrative expenses g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment b Permanent endowment	е	Other expenditures for facilities and									
g End of year balance											
g End of year balance	f	· ·									
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment											
a Board designated or quasi-endowment   b Permanent endowment	_		ear end balance (li	ne 1a colui	mn (a)) he	eld as:	I		I		
b Permanent endowment	_ a		•		(۵//						
c Temporarily restricted endowment   The percentages in lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations	h										
The percentages in lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations  (ii) related organizations  b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  (b) Cost or other basis (c) Accumulated depreciation  (d) Book value  to Leasehold improvements  c Leasehold improvements  d Equipment  e Other			0/2								
Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations (ii) related organizations  If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other) (investment)  (b) Cost or other basis (other) (other)  Buildings  C Leasehold improvements  d Equipment  Other  Other	·		<del></del>								
organization by:  (i) unrelated organizations  (ii) related organizations  (iii) related organization  (iii) related	20		•	that are h	old and ac	Iministered f	or the				
(ii) unrelated organizations (iii) related organizations (ii) related organizations (ii) related organizations (iii) related organizations (iv) related organization asking (iv) asking (iv) asking (iv) asking (iv) cost or other basis (iv) cost or other basis (ot) Accumulated depreciation (iv) asking (iv) related organization asking (iv) asking (iv) cost or other basis (ot) Accumulated depreciation (iv) cost or other basis (ot) Accumulated depreciation (iv) Book value (iv) Book	Sa		i oi tile organizatioi	i tilat ale lit	eiu ariu au	illillistered i	or trie			Vaa	Na
(ii) related organizations  b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other)  (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value  to Buildings  c Leasehold improvements  d Equipment  4,358  3,046  1,312  e Other		-							2-(1)	_	NO
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value  (d) Book value  to Buildings  c Leasehold improvements  d Equipment  4,358  3,046  1,312  e Other		•									
4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other)  (investment)  (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value  (d) Book value  4,358  3,046  1,312  e Other		( )								4	
Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other)  (investment)  (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value  (e) Cost or other basis (other)  (other		( )	•		?				· · 3b		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other)  (investment)  (inv				ent funds.							
Description of property  (a) Cost or other basis (other)  (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value  (e) Property  (f) Cost or other basis (other)  (other)  (I) Accumulated depreciation  (I) Book value	Par			_ ^	00 0	. 15 7 12 - 4	4 0	E 000	D ( ) ( )	40	
tall Land         (investment)         (other)         depreciation           b Buildings         C Leasehold improvements         4,358         3,046         1,312           e Other         Other         4,358         3,046         1,312		Complete if the organization ans	swered "Yes" oi	n Form 9	90, Par	t IV, line 1	1a. Se	e Form 990,	Part X, IIr	<u>10.</u>	
1a Land          b Buildings          c Leasehold improvements          d Equipment          e Other		Description of property	(a) Cost or other	er basis	(b) Cost or	r other basis	(c)	Accumulated	(d) Boo	ok value	
b Buildings			(investme	ent)	(0	other)	de	epreciation			
c Leasehold improvements         4,358         3,046         1,312           e Other         1,312         1,312         1,312         1,312	1a	Land									
d Equipment	b	Buildings									
e Other · · · · · · · · · · · · · · · · · · ·	С	Leasehold improvements									
<b>e</b> Other	d	Equipment				4,358		3,046		1,3	312
	е	Other									
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)	Total	. Add lines 1a through 1e. (Column (d) must equa	I Form 990, Part X,	column (B)	, line 10c.	.)				1,3	312

ı	Part VII	Investments	- Other Securities.

Complete if the organization answered "Ye	s" on Form 990, Part IV, line	11b. See Form 990, Part X, line 12
---	-------------------------------	------------------------------------

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII Investments Program Polated		

Investments - Program Related.

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

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

Other Assets. Part IX

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

(a) Description	(b) Book value
(1) Equity investment	225,178
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	225,178

Part X Other Liabilities.

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

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

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

	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	Potu	rn Faye 4
ı a	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	itetu	111.
1	Total revenue, gains, and other support per audited financial statements	1	1,328,859
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d · · · · · · · · · · · · · · · · · ·	2e	35,565
3	Subtract line 2e from line 1 · · · · · · · · · · · · · · · · · ·	3	1,293,294
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.)		
С	Add lines 4a and 4b · · · · · · · · · · · · · · · · · ·	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,293,294
Pa	Reconciliation of Expenses per Audited Financial Statements With Expenses p	oer R	eturn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	1,306,259
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities		
b	Prior year adjustments		
C			
d	Other (Describe in Part XIII.)         2d           Add lines 2a through 2d         2d		
e	Subtract line 2e from line 1	2e	
3		3	1,306,259
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)		
_	Add lines <b>4a</b> and <b>4b</b>	4c	
5 Dai	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  **T XIII Supplemental Information.	5	1,306,259
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b;	rt V lin	
	rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	ιι Λ, III I	C
۷, ۱۵	Tr. Al, lines 2d and 4b, and 1 art All, lines 2d and 4b. Also complete this part to provide any additional information.		
01	Footnote for uncertain tax position under FIN 48 (Part X	)	
<u> </u>	resolute for ancerearn can population ander the to (tale a	,	
Man:	agement of the Foundation considers the likelihood of changes by taxing author	ritie	as in
.10111	research of the foundation complately the finelihood of changes by taking author		.5 111
its	filed tax returns and recognizes a liability for or discloses potential sign:	ifica	int
chai	nges if management believes it is more likely than not for a change to occur,	incl	uding
	<u> </u>		
cha	nges to the organization's status as a not-for-profit entity. Management bel:	ieves	that
the	Foundation met the requirements to maintain its tax-exempt status and has no	inco	ome
sub	ject to unrelated business income tax, therefore, no provision for income tax	es ha	ıs
bee	n provided in these financial statements.		

EEA Schedule D (Form 990) 2016

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

OMB No. 1545-0047 2016

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Name of the organization

Petfinder Foundation						87-0694641	
Part I General Information on	<b>Grants and Ass</b>	istance					
Does the organization maintain records to	substantiate the am	ount of the grants or ass	istance, the grantees' el	igibility for the grants o	or assistance, and		
the selection criteria used to award the gr	ants or assistance?						- ∑Yes □No
2 Describe in Part IV the organization's prod	cedures for monitorin	g the use of grant funds	in the United States.				
Part II Grants and Other Assistan	ce to Domestic O	rganizations and Do	mestic Governmen	ts. Complete if the	organization answered	"Yes" on Form	
990, Part IV, line 21, for any r							
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) Adopt-A-Pet							
PO Box 865							20th
Moorhead, MN 56561	45-0404057	501c3	10,000				Anniversary
(2) Anderson Animal Shelter							Build A Bear
1000 S La Fox							Humane
South Elgin, IL 60177	36-6164626	501c3	7,500				Education
(3) Angels Among Us Pet Rescue,							
2402 Abbey Ct.							20th
Alpharetta, GA 30004	27-1228232	501c3	10,000				Anniversary
(4) Animal Care Centers of NY (							
11 Park Place, Suite 805							Play Yard
New York, NY 10007	13-3788986	501c3	10,000				Renovation
(5)Animal Refuge Center, Inc.							
185 Basham Trail, PO Box 400							20th
Vine Grove, KY 40175	61-1180397	501c3	10,000				Anniversary
(6) Animal Rescue League of Iow							
5452 NE 22nd Street							20th
De Moines, IA 50313	42-0680427	501c3	10,000				Anniversary
(7)Arizona Humane Society							Build A Bear
1521 W Dobbins Road							Humane
Phoenix, AZ 85041	86-0135567	501c3	7,500				Education
(8) Ashland Animal Rescue Fund							
PO Box 790							20th
Ashland, KY 41105	27-0163309	501c3	10,000				Anniversary
(9) Bond County Humane Society							
1403 S. Fourth Street							20th
Greenville, IL 62246	37-1470493	501c3	10,000				Anniversary
(10Bunny World Foundation							
4470 W. Sunset Blvd., 482							20th
Los Angeles, CA 90027	26-3792479	501c3	10,000				Anniversary
2 Enter total number of section 501(c)(3) ar	nd government organ	izations listed in the line	1 table			>	
3 Enter total number of other organizations	-				<u>.</u>	▶ ¯	

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

es" on Form 990, Part IV, line 21 or 22.
Form 990.

Open to Pub

Department of the Treasury
Internal Revenue Service
Name of the organization

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

2016
Open to Public Inspection

Employer identification number

OMB No. 1545-0047

Petfinder Foundation						87-0694641	-
Part I General Information on	<b>Grants and Assi</b>	stance					
Does the organization maintain records to	substantiate the amo	ount of the grants or assis	stance, the grantees' e	ligibility for the grants o	r assistance, and		
the selection criteria used to award the gr	ants or assistance?						· Yes No
2 Describe in Part IV the organization's prod	cedures for monitoring	the use of grant funds in	n the United States.				
Part II Grants and Other Assistan	ce to Domestic O	rganizations and Do	mestic Governmen	its. Complete if the	organization answered	d "Yes" on Form	
990, Part IV, line 21, for any i	recipient that receiv	ed more than \$5,000	. Part II can be dupl	icated if additional s	pace is needed.		
1 (a) Name and address of organization or government	( <b>b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) Burlington County Animal Al							
7 Pioneer Lane							20th
Willingboro, NJ 08046	22-3691757	501c3	10,000				Anniversary
(2) Cache Humane Society 2370 W 200 N							Build A Bear Humane
Logan, UT 84321	51-0187825	501c3	7,500				Education
(3) Catskill Animal Sanctuary							Build A Bear
316 Old Stage Rd							Humane
Saugerties, NY 12477	14-1827972	501c3	7,500				Education
(4) Center Valley Animal Rescue							
11900 Center Road							20th
Quilcene, WA 98376	45-0477994	501c3	10,000				Anniversary
(5) Cleburne Animal Services							
PO Box 677							20th
Cleburne, TX 76033	75-6000490	501c3	10,000				Aniversary
(6) Dallas Animal Services							
1818 N. Westmoreland Rd.							20th
Dallas, TX 75212	75-6000508	501c3	10,000				Anniversary
(7) Faithful Friends Animal Soc							Build A Bear
12 Germay Drive							Humane
Wilmington, DE 19804	51-0410508	501c3	7,500				Education
(8) Forgotten Felines and Fidos							
PO Box 62							20th
Germansville, PA 18053	23-2851240	501c3	10,000				Anniversary
(9) Frances R Willis SPCA							
136 Four Paws Lane							20th
Summerville, SC 29483	57-0620182	501c3	10,000				Anniversary
(10) Friends of Pima Animal Care							
PO Box 85370							20th
Tucson, AZ 85745	47-4160770	501c3	10,000				Anniversary
2 Enter total number of section 501(c)(3) ar	-					<del>-</del>	
3 Enter total number of other organizations	listed in the line 1 tab	le					

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

OMB No. 1545-0047 2016 Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

Petfinder Foundation						87-0694641	
Part I General Information on	<b>Grants and Ass</b>	istance					
Does the organization maintain records to	substantiate the am	ount of the grants or ass	istance, the grantees' el	ligibility for the grants o	r assistance, and		
the selection criteria used to award the gr	ants or assistance?						- ☐Yes ☐No
2 Describe in Part IV the organization's prod	cedures for monitorin	g the use of grant funds	in the United States.				
Part II Grants and Other Assistan	ce to Domestic O	rganizations and Do	mestic Governmen	ts. Complete if the	organization answered	l "Yes" on Form	
990, Part IV, line 21, for any r	recipient that recei	ved more than \$5,000	D. Part II can be dupl	icated if additional s	pace is needed.		
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) Friendship Animal Protectiv							
8303 Murray Ridge Road							20th
Elyria, OH 44035	34-6529498	501c3	10,000				Anniversary
(2) Henricks County Humane Soci							Build A Bear
3033 East Main Street	25 1204520	F012					Humane
Danville, IN 46122	35-1384739	501c3	7,500				Education
(3) Hilaroo Foundation							All Star Dog
9200 Sunset Blvd. Ste. 600	47 2200822	E01 = 3	47 074				Rescue
Los Angeles, CA 90069	47-2390832	501c3	47,074				Celebration
(4) Humane Society Adoption Ctr							Di ma mb an
920 Freight Drive	72-0741061	E01a2	F 000				Disaster relief
Monroe, LA 71203	72-0741061	501c3	5,000				relier
(5) Humane Soc. of Kandiyohi & P.O. Box 709							20th
Willmar, MN 56201	41-1508862	501c3	10,000				Anniversary
(6) Humane Society of Pinellas	41-1308862	50163	10,000				Build A Bear
3040 St Road 590							Humane
Clearwater, FL 33759	59-0781650	501c3	7,500				Education
(7) Humane Society of the Ohio	39-0701030	50103	7,300				Educación
90 Mt. Tom Road							20th
Marietta, OH 45750	31-4393873	501c3	10,000				Anniversary
(8) Humane Society of West Mich	31 1333073	30103	10,000			+	Build A Bear
3077 Wilson Dr NW							Humane
Grand Rapids, MI 49534	38-1360926	501c3	7,500				Education
(9)Lapcats	00 2000220		7,7000			<del> </del>	
8260 Brianna Ct							20th
Sacramento, CA 95829	47-3066321	501c3	10,000				Anniversary
(10 Last Hope Animal Rescue							Build A Bear
1823 16th Ave SW							Humane
Cedar Rapids, IA 52404	20-1791718	501c3	7,500				Education
2 Enter total number of section 501(c)(3) ar	nd government organ	izations listed in the line	1 table • • • • • • • • • • • • • • • • • • •			<del> </del>	1
3 Enter total number of other organizations	•					▶ ¯	

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

OMB No. 1545-0047 2016 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization  Petfinder Foundation						Employer identification 87-0694641	
Part I General Information on	Grants and Ass	istance				1 07 0031012	•
Does the organization maintain records to			istance the grantees' e	ligibility for the grants of	or assistance and		
the selection criteria used to award the gr		=	=				. Yes No
2 Describe in Part IV the organization's pro-							
Part II Grants and Other Assistan		<u> </u>		ots Complete if the	organization answered	1 "Yes" on Form	
990, Part IV, line 21, for any						7 103 0111 01111	
1 (a) Name and address of organization	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of non-	(f) Method of valuation	(g) Description of	(h) Purpose of grant
or government	(5) =	(if applicable)	grant	cash assistance	(book, FMV, appraisal, other)	noncash assistance	or assistance
(1)Liberty Humane Society			-		Other)	+	Build A Bear
235 Jersey City Blvd							Humane
Jersey City, NJ 07305	22-3585263	501c3	7,500				Society
(2)Little Shelter Animal Rescu			-			+	Build A Bear
33 Warner Road							Humane
Huntington, NY 11743	11-6000821	501c3	7,500				Society
(3)Lollypop Farm							
99 Victor Road							Build A Bear
Fairport, NY 14450	16-0743047	501c3	7,500				Education
(4) Lynchburg Humane Society							Build a Bear
1211 Old Graves Mill Road							Humane
Lynchburg, VA 24502	54-0570901	501c3	7,500				Education
(5) Mazie's Mission							All Star Dog
307 Main St., Suite 135							Rescue
Frisco, TX 75034	27-0571618	501c3	5,000				Celebration
(6) Montclair Township Animal S							
77 North Willow Street							Disaster
Montclair, NJ 07042	45-4506433	501c3	10,000				relief
(7) Montgomery Humane Society							
1150 John Overton Dr							20th
Montgomery, AL 36110	63-0351564	501c3	10,000				Anniversary
(8) MSPCA Boston Animal Care &							
350 S Huntington Ave							20th
Jamaica Plain, MA 02130	04-2103597	501c3	10,000				Anniversary
(9) Nebraska Humane Society							Build A Bear
8929 Fort Street							Humane
Omaha, NE 68134	47-0378997	501c3	7,500				Education
(10PAWS - Panhandle Animal Wel							Build A Bear
752 Lovejoy Road							Humane
Fort Walton Beach, FL 32548	59-0815515	501c3	7,500				Education
2 Enter total number of section 501(c)(3) ar	nd government organ	izations listed in the line	1 table			▶	
3 Enter total number of other organizations	listed in the line 1 tal	ole				▶ ¯	

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

uals in the United States
es" on Form 990, Part IV, line 21 or 22.
Form 990.

2016
Open to Pu

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

Employer identification number

OMB No. 1545-0047

Petfinder Foundation						87-0694641	
Part I General Information on	<b>Grants and Ass</b>	istance				•	
Does the organization maintain records to	substantiate the am	ount of the grants or ass	istance, the grantees' el	igibility for the grants o	r assistance, and		
the selection criteria used to award the gr	ants or assistance?						- Yes No
2 Describe in Part IV the organization's prod	cedures for monitorir	ng the use of grant funds	in the United States.				
Part II Grants and Other Assistan	ce to Domestic C	rganizations and Do	omestic Governmen	ts. Complete if the	organization answered	l "Yes" on Form	
990, Part IV, line 21, for any i							
(a) Name and address of organization     or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) PA Soc Prevention & Cruelty							Build A Bear
350 East Erie Ave.							Humane
Philadelphia, PA 19134	23-1352269	501c3	7,500				Education
(2) Philadelphia Aninal Welfare							Build A Bear
100 N. 2nd Street							Humane
Philadelphia, PA 19106	26-3862631	501c3	7,500				Education
(3) Providence Animal Center							Build A Bear
555 Sandy Bank Road							Humane
Media, PA 19063	23-1440112	501c3	7,500				Education
(4) Rescue from the Hart							All Star Dog
PO Box 8024							Rescue
Van Nuys, CA 91409	46-3015764	501c3	10,000				Celebration
(5) Rocky Mountain Feline Rescu							
2390 S Delaware Street							20th
Denver, CO 80223	84-0862418	501c3	10,000				Anniversary
(6) Humane Society for Seattle/							Build A Bear
13212 SE Eastgate Way							Humane
Bellevue, WA 98005	91-0282060	501c3	7,500				Education
(7) Sled Dog Sanctuary							Build A Bear
57537 South Parks Hwy							Humane
Willow, AK 99688	27-1306868	501c3	7,500				Society
(8) Smiling Dog Rescue							All Star Dog
25010 E, Low Lane							Rescue
Benson, AZ 85602	80-0786599	501c3	5,000				Celebration
(9)St Hubert's Animal Welfare							
P.O. Box 159, 575 Woodland Ave							20th
Madison, NJ 07940	22-1627726	501c3	10,000				Anniversary
(10)Stray Animal Adoption Progr							Build A Bear
4110 Candice Lane							Humane
Cincinnati, OH 45248	61-1333938	501c3	7,500				Education
2 Enter total number of section 501(c)(3) ar	nd government organ	izations listed in the line	1 table			· · · · · · · · · · · · · · · · · · ·	
3 Enter total number of other organizations	listed in the line 1 tal	ble				▶	

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

To Form 990, Part IV, line 21 or 22.

Open to

Department of the Treasury Internal Revenue Service

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

2016
Open to Public Inspection

OMB No. 1545-0047

Name of the organization  Petfinder Foundation						Employer identification 87-0694641	
Part I General Information on	Grants and Ass	istance				1	
1 Does the organization maintain records to	substantiate the am	ount of the grants or ass	istance, the grantees' e	ligibility for the grants o	or assistance, and		
the selection criteria used to award the gr	ants or assistance?						. Yes No
2 Describe in Part IV the organization's pro-	cedures for monitorin	g the use of grant funds	in the United States.				
Grants and Other Assistan 990, Part IV, line 21, for any						I "Yes" on Form	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) The Cat Network, Inc.					Guiory		
PO Box 347228							20th
Miami, FL 33234	65-0597008	501c3	10,000				Anniversary
(2) The Maryland SPCA							Build A Bear
3300 Falls Road							Humane
Baltimore, MD 21211	52-6001558	501c3	7,500				Education
(3) The Pet Rescue Center							Build a Bear
25800 Jeronimo Rd Suite 100							Humane
Mission Viejo, CA 92691	26-1439645	501c3	7,500				Education
(4) Wanderers' Rest Humane Asso							Build a Bear
7138 Sutherland Drive							Humane
Canastota, NY 13032	16-1191312	501c3	7,500				Education
(5) Wyoming County SPCA							
808 Creek Rd							20th
Attica, NY 14011	22-2365422	501c3	10,000				Anniversary
(6)							
(7)							
(8)							
(9)							
(10)							
2 Enter total number of section 501(c)(3) ar	· ·					_	
3 Enter total number of other organizations	listed in the line 1 tal	ole • • • • • • • • • • • • • • • • • • •		· · · · · · · · · · · · · · · · · · ·		<u></u>	

Schedule I (Form 990) (2016)

Petfinder Foundation

87-0694641

Port III | Create and Other Assistance to Democia Individuals Complete if the ergonization answered "Vee" on Form 900 Port IV line 32

Page 2

Part III Grants and Other Assistance to Do		•	e organization ans	wered "Yes" on Form 99	ιυ, Part IV, line 22.
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1					
2					
3					
4					
5					
6					
7					
Part IV Supplemental Information. Provide	the information	required in Part I, li	ne 2, Part III, colum	nn (b), and any other add	ditional information.
01. Monitoring procedures (Par	rt I, line	2)			
Petfinder Foundation has the following	procedure in p	place to ensure	that grants fund	ds are used in the p	roper way based on
grant requirements:					
1) During the grant application process	, applying or	ganizations must	agree to submit	t a final grant repo	rt on how the granted
funds were used, how many pets were help	ped, what spec	cifically the fu	nds were spent o	on, etc. This grant	report must include
documentation of expenditures to ensure	that the fund	ds were spent in	the correct way	<b>7</b> •	
2) In the official grant award letter,	which is mail	led along with t	he grant check,	grantees are notifi	ed that the funds are
restricted to the purpose stated in the	ir application	n. It also stat	es that cashing	of the grant check	constitutes acceptance
of the grant terms and conditions listed	d in the lette	er.			
The reporting requirement is stated aga:	in in each gra	ant award letter	•		

EEA Schedule I (Form 990) (2016)

60-90 days after receiving the grant, awarded groups are notified that their grant report and documentation is due.

Petfinder Foundation 87-0694641

Schedule I (Form 990) (2016)

Page 2

(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(f) Description of noncash assistance
	recipients	cash grant	noncash assistance	FMV, appraisal, other)	
V Supplemental Information. Pr	rovide the information r	equired in Part I,	ine 2, Part III, colun	nn (b), and any other add	litional information.
s are given one week to comple	ete this report. A	fter the report	ting deadline is	past, groups who ha	ve not complied are
a second notice. If they stil	ll do not comply, a	third notice	which indicates	that if they do not	submit their grant
a second notice. If they stil	ll do not comply, a	third notice	which indicates	that if they do not	submit their grant
a second notice. If they stil	ll do not comply, a	third notice	which indicates	that if they do not	submit their grant
a second notice. If they stil	ll do not comply, a	third notice	which indicates	that if they do not	submit their grant
a second notice. If they stil	ll do not comply, a	third notice	which indicates	that if they do not	submit their grant
a second notice. If they stil	ll do not comply, a	third notice	which indicates	that if they do not	submit their grant
a second notice. If they stil	ll do not comply, a	third notice	which indicates	that if they do not	submit their grant
s are given one week to complete a second notice. If they still t, they will be required to relation.	ll do not comply, a	third notice	which indicates	that if they do not	submit their grant

Schedule I (Form 990) (2016)

#### **SCHEDULE L**

#### **Transactions With Interested Persons**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2016

Open To Public Inspection

Employer identification number

	er Foundation								6946					
Part I	Excess Benefit													
	Complete if the	organization a	nswered "Yes"	on For	rm 990,	Part IV, li	ine 25a	or 25b, or Form	1990-	EZ, P	art V,	line 4	0b.	
1 (	a) Name of disqualified pers	on	(b) Relationship between disqualified person and			(a) Description	(c) Description of transaction				(d) Corr	ected?		
- (	a) Name of disqualified person	OII	OI	rganizatior	1			(C) Description	OI transe	iction			Yes	No
(1)														
(0)														
(2)														
(3)														
	r the amount of tax inc	curred by the ord	anization manag	ers or d	isqualifie	d persons	durina th	ne vear						
	r section 4958 · · ·									.▶ \$	6			
3 Ente	r the amount of tax, if	any, on line 2, al	oove, reimbursed	by the	organizat	ion				▶ \$	<del></del>			
Part II	Loans to and/o													
	Complete if the							88a or Form 990	, Part	IV, lin	ne 26;	or if	he	
	organization rep	orted an amo	unt on Form 99	0, Part	t X, line	5, 6, or 2	2.							
(a) Name	e of interested person	(b) Relationship	(c) Purpose of	(d) Lo	oan to or	(e) Original (f) Balance due		(g) In (	(g) In default? (h) Appr		proved	ed (i) Written		
		with organization	loan	from the principal amount organization?			by board o			1 *				
				organ	1						comm	nittee?	iee?	
				То	From				Yes	No	Yes	No	Yes	No
445														
(1)														
(2)														
(2)														
(3)														
(0)														
(4)														
(5)														
Total · ·							▶ \$	6						
Part III	Grants or Ass													
	Complete if the	organization	answered "Yes	" on Fo	orm 990	, Part IV,	line 27.							
(a) Na	me of interested person	(b) Relations	hip between interested	d (c	) Amount of	assistance	(0	i) Type of assistance		(е	) Purpos	se of ass	istance	
		person a	and the organization											
(1)														
(0)														
(2)							-		-+					
(3)														
(3)									$\dashv$					
(4)														

(5)

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing o organization's revenues?	
				Yes	No
			Provided legal &		
(1) Rob Rauh	Board Secretary	7,208	registration services		X
(2)					
(3)					
(3)					
(4)					
(5)					
Part V Supplemental Information		0 1 1 1 1 /			
Provide additional informa	tion for responses to questions	s on Schedule L (see	e instructions).		

#### **Noncash Contributions**

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

OMB No. 1545-0047

Open to Public Inspection

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

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

Employer identification number

Petfinder Foundation 87-0694641 Types of Property Part I (c) (d) (a) (b) Noncash contribution Check if Number of contributions or Method of determining amounts reported on items contributed applicable Form 990, Part VIII, line 1g noncash contribution amounts 1 Art - Works of art . . . . 2 Art - Historical treasures . . . . 3 Art - Fractional interests . . . . Books and publications . . . . . 4 5 Clothing and household goods . . . . . . . . . . . . . 6 Cars and other vehicles . . . . 7 Boats and planes . . . . . . . 8 Intellectual property . . . . . . 9 Securities - Publicly traded - - - -10 Securities - Closely held stock - -Securities - Partnership, LLC, 11 or trust interests . . . . . . . 12 Securities - Miscellaneous . . . 13 Qualified conservation contribution - Historic 14 Qualified conservation contribution - Other . . . . . . Real estate - Residential . . . . 15 16 Real estate - Commercial . . . . 17 Real estate - Other . . . . . . 18 Collectibles . . . . . . . . . . . . 19 Food inventory . . . . . . . . 20 Drugs and medical supplies . . . 21 Taxidermy . . . . . . . . . . . . 22 Historical artifacts . . . . . . 23 Scientific specimens . . . . . 24 Archeological artifacts . . . . . 25 Other ▶(Cat/dog treats) 17 57,049 x fair market value 26 Other ►(Dog beds х 310 16,368 fair market value 27 Other ▶(Dog toys Х 1,210 16,927 fair market value Other ►( 28 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 Yes No During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 30a 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required Χ 30a b If "Yes," describe the arrangement in Part II. 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? Χ 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash Χ ∙32a If "Yes." describe in Part II.

If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

33

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.

► Attach to Form 990 or 990-EZ.

Department of the Treasury
Internal Revenue Service
Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number
Petfinder Foundation 87-0694641

or. Form 550 governing body review (rare vi, rime ir)
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.

Schedule O (Form 990 or 990-EZ) (2016) Page 2

Employer identification number Name of the organization Petfinder Foundation 87-0694641 04. Form 990 availability to public (Part VI, line 18) The 990 is available to the public via our website as well as uploaded to the various charity monitoring wesites like Charity Navigator and Guidestar.org. All documents are available upon request. 05. Governing documents, etc, available to public (Part VI, line 19) Financial statements are available to the public via our website as well as uploaded to the various charity monitoring wesites like Charity Navigator and Guidestar.org. All documents are available upon request. 06. General explanation attachment Part III Line 4a (Statement of Program Accomplishments - Quality of Life): >Orvis Animal Care Grants: Thanks to a generous matching donation campaign from the Orvis Company the Petfinder Foundation was able to provide general animal care grants to help support shelter and rescue group's dog adoption efforts in a positive way. >Dog Enrichment Grants: The Petfinder Foundation is working with KONG to provide enrichment toys and products to shelters and adopters across the country. The Kong Company joins the Petfinder Foundation in the belief that by providing enrichment toys to shelter pets, you stimulate their mind, making them more adoptable. >Adoption Options in Action Grants: The Petfinder Foundation Adoption Options in Action grant is available to Petfinder members who attended an Adoption Options conference in 2016 and need financial assistance in order to implement the programs or practices

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Employer identification number Name of the organization Petfinder Foundation 87-0694641 presented at the conference, which are focused around the placement, promotion and behavior of homeless pets. >Emergency Medical Grants: The Petfinder Foundation Emergency Medical grant program is to assist Petfinder members who are caring for a pet that needs special veterinary care in order to become adoptable. Grants from this program can be used to cover expenses that fall outside of normal day to day vet services like spay/neuter, vaccines or routine exams, such as emergency surgery, dental work, etc. for one single pet. >The All-Star Dog Rescue Spectacular Grants: For the past two years the Petfinder Foundation has been the designated charity for a dog rescue focused TV special. Grants from the All-Star Dog Rescue Celebration program are general animal care grants that are used help support shelter and rescue group's dog rescue adoption efforts in a positive way. >Play Yard Renovation Grants: Play Yard Renovation Grants will be given to shelters that have completed or are scheduled to complete play-group training seminars conducted by Dogs Playing for Life. Grant funds must be used to construct or improve play yards to bring them into compliance with DPFL's recommendations. This grant program is part of our commitment to enhancing shelter dogs' quality of life by allowing them to engage in natural social behaviors. >Susie's Senior Dogs Grants: Susie's Senior Dogs grants are intended to help facilitate the adoption of senior dogs in the care of Petfinder-member shelters and rescue groups. This grant is available by invitation only. Grants of up to \$1,000 may be used to promote the adoption of a specific dog by funding one or more of the following: The dog's adoption fee; transportation to an approved adopter, and/or necessary medication for the duration

Schedule O (Form 990 or 990-EZ) (2016)
Page 2

Name of the organization	Employer identification number
Petfinder Foundation	87-0694641
of the dog's lifetime.	
Part III Line 4a (Statement of Program Accomplishments - Other Programs):	
Additional grants awarded are:	
>Sponsor A Pet: The Sponsor A Pet program encourages Petfinder.com visitors	to help
homeless pets by sponsoring the cost of their shelter and care until they f	ind a forever
home. When someone has found a homeless pet that has touched their heart bu	t they are
unable to provide that pet their forever home this program gives them a way	to help.
Donations are collected by the Petfinder Foundation and kept for the design	ated shelter.
Once a quarter, these donations are distributed to the shelter, less 10 per	cent for
administrative fees.	
>Youth Humane Education Grants: This grant was made possible by Build a Bea	r Workshop and
the Build a Bear Workshop Foundation who join us in the belief that there i	s nothing more
	7
important than educating and inspiring the next generation to care for and	love pets at an
early age. Grants from this program will help fund existing humane education	n programs for
kids ages 6-14 to organizations with a proven track records in teaching you	ing people about
kindness and compassion toward pets.	