Form	90
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Return of Organization Exempt From Income Tax

OMB No. 1545-0047

nder section 501(c).	. 527. or 494	17(a)(1) of the	Internal Revenue	Code (except	t private foundations

2017

			 Do not enter social security numbers on this form as it may be maintenance of the social security numbers. 		,	Open to P	ublic
		the Treasury	 Go to www.irs.gov/Form990 for instructions and the latest infor 			Inspecti	
	_	ue Service	, 20	<u></u>			
			ar year, or tax year beginning , 2017, and en C Name of organization Petfinder Foundation	iding	5	Employer identific	ation no.
<u></u>		applicable:	87-0694641				
	ddress (-	Doing business as	Room/suite		Telephone number	
Ē	lame chi	-	Number and street (or P.O. box if mail is not delivered to street address)				
=	nitial retu		4729 E Sunrise Drive	119		(520)207-06	20
F		m/terminated	City or town, state or province, country, and ZIP or foreign postal code			Gross receipts	500
—	mendec		Tucson, AZ 85718			<u>\$ 1,434,</u>	
	pplicatio	on pending	F Name and address of principal officer: Toni Morgan			subordinates? Yes	
		57	Same as C above	H(b) Are all subon			∐ No
			501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527			list. (see instructions)	
	Vebsite:	F -1	r.petfinderfoundation.com	H(c) Group exen		á r	
_				003 M State	of legal	domicile: AZ	<u> </u>
Pa		Summar					
	1	•	ibe the organization's mission or most significant activities: <u>To prevent the e</u>	euthanasia o	fac	loptable pet	ts
e		and supp	ort animal welfare groups to this end.				
anc							<u>.</u>
Activities & Governance							
Š	2		ox I if the organization discontinued its operations or disposed of more than 25% of	fits net assets.		1	
ഗ	3		oting members of the governing body (Part VI, line 1a)		3		6
sa	4	Number of ir	dependent voting members of the governing body (Part VI, line 1b)		4		6
viti	5	Total numbe	r of individuals employed in calendar year 2017 (Part V, line 2a)		5		3
cti	6	Total numbe	r of volunteers (estimate if necessary)		6		
٩	7a	Total unrelat	ed business revenue from Part VIII, column (C), line 12		7a		0
	b	Net unrelate	d business taxable income from Form 990-T, line 34		7b		0
				Prior Year		Current Yea	<u>r</u>
	8	Contribution	s and grants (Part VIII, line 1h)	1,275	,207	1,44	1,239
ene	9	Program ser	vice revenue (Part VIII, line 2g)				0
Revenue	10	Investment i	ncome (Part VIII, column (A), lines 3, 4, and 7d)	13	,316	1	L5,854
Ř	11	Other reven	ue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4	,771	(2	22, <u>504</u>)
	12	Total revenu	e - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,293	,294	1,43	34,589
	13	Grants and s	similar amounts paid (Part IX, column (A), lines 1-3)	937	,981	66	57,648
	14	Benefits paid	to or for members (Part IX, column (A), line 4)				0
	15	Salaries, oth	er compensation, employee benefits (Part IX, column (A), lines 5-10)	207	,597	21	10,643
Expenses	16a		fundraising fees (Part IX, column (A), line 11e)				0
en en	b	Total fundrai	sing expenses (Part IX, column (D), line 25) 🕨 81,011		•		
Ä	17	Other expen	ses (Part IX, column (A), lines 11a-11d, 11f-24e)	160	,681	56	51,397
_	18	Total expense	ses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,306		i	39,688
	19		s expenses. Subtract line 18 from line 12		,965	1	(5,099)
	-			Beginning of Current		End of Year	
Net Assets or	20	Total assets	(Part X, line 16)	1,969		2,00	08,426
Asse	21		es (Part X, line 26)		,387		2,643
Vet /	22		or fund balances. Subtract line 21 from line 20	1,967			05,783
	rt II		Ire Block		<u>,</u>	<u> </u>	
Und	er penal	ties of perjury, I de	clare that I have examined this return, including accompanying schedules and statements, and to the best of my kr	nowledge and belief, it i	s		
true,	correct,	and complete. De	claration of preparer (other than officer) is based on all information of which preparer has any knowledge.	*** * ***			
Sig	n	Signatu	re of officer		Date		
Hei		Toni	Morgan, Executive Director				
	v		print name and title				
		1		Check X	if I	PTIN	
Pai	Ч			self-employe	1	P01607578	
	pare			Firm's EIN	<u>~ L</u>	F0100/5/8	
	e On		Jennifer J Phillips CPA PLL				
03		Y Firm's addre		Phone no.		47-7087	
Mari	the ID		Tucson AZ 85711		<u></u> 2	47-7087 •••X Yes	No
way	une IR	S discuss this	return with the preparer shown above? (see instructions)			· · · [2] 162	

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Form	1990 (2017) Petfinder Foundation	87-0694641	Page 2
Pa	rt III Statement of Program Service Accomplishments		_
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	
1	Briefly describe the organization's mission:		
	To prevent the euthanasia of adoptable pets and support animal welfare groups	to this end	l .
2	Did the organization undertake any significant program services during the year which were not listed on the		
2	prior Form 990 or 990-EZ?	🗌 Yes	x No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
	services?	🗌 Yes	x No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured to	у	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	̈́S,	
	the total expenses, and revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 1,112,940 including grants of \$ 470,678) (Revenue	\$)
	Quality of Life programs - See Attached PDF.		
4b	(Code:) (Expenses \$ 126,726 including grants of \$ 122,000) (Revenue	\$)
	Disaster relief program - See Attached PDF.		
4c	(Code:) (Expenses \$ 82,842 including grants of \$ 74,970) (Revenue	\$)
	Other programs - See Attached PDF.	•	/
4d	Other program services (Describe in Schedule O.)		
<u> </u>	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 1,322,508		

Pai	t IV Checklist of Required Schedules		-
			Yes
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	X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		
	candidates for public office? If "Yes," complete Schedule C, Part I	3	
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	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,		
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,		
	Part III • • • • • • • • • • • • • • • • •	5	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors		
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If		
	"Yes," complete Schedule D, Part I	6	
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	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"		
	complete Schedule D, Part III · · · · · · · · · · · · · · · · ·	8	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a		
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or		
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted		
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,		
	VII, VIII, IX, or X as applicable.		
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	X
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	
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	
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		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	
f			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		
	Schedule D, Parts XI and XII	12a	X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If		
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,		
	fundraising, business, investment, and program service activities outside the United States, or aggregate	4.44	
4 5	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	4-	
40	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	40	
47	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	4-	
40	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	40	
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II · · · · · · · · · · · · · · · · · ·	18	1

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?

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No

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Form 990 (2017)

Petfinder Foundation

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Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Х	
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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
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? <i>If "Yes," answer lines 24b</i>			
	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):			37
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		<u>X</u>
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete</i>	001		37
		28b		_X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)		37	
~~	was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	~~		37
24	conservation contributions? If "Yes," complete Schedule M	30		<u>X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	24		37
22	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	31		X
32	complete Schedule N, Part II	32		v
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		X
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		v
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33		X
34	or IV, and Part V, line 1 · · · · · · · · · · · · · · · · · ·	34		v
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	30d		
b	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
26		350		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," <i>complete Schedule R, Part V, line</i> 2	26		v
27		36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R</i> ,			
		37		v
29	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	31		<u>X</u>
38	19? Note. All Form 990 filers are required to complete Schedule O.	38	v	
	13: NULE. AIL I UTITI 30 ITIES ALE TEQUIEU LO CUMPIELE OCHEQUIE O.	30	Х	

Form 990 (2017)

Form	990 (2017) Petfinder Foundation 87-06946	41	P	age 5
Pa	rt 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 1a 2			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 3			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
-	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		X
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>	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	4		v
h	account)?	4a		X
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			
50	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
5a b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	50 50		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
ou	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
-	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year ••••••••••••••••••••••••••••••••••••			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	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		
10	Section 501(c)(7) organizations. Enter:			
a	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 10b			
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
a b	Gross income from members or shareholders			
b	against amounts due or received from them.) ••••••••••••••••••••••••••••••••••••			
12a	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	120		
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		
u	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans 			
с	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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Pa	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a	"No"		
	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			• X
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 <u>6</u>	4		
	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 1b 6			
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		Х
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		Х
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		Х
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			
800	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
40-	Did the ensemination have been been shown as a filleter 2	40-	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,	104		
44.0	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	v	
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 120	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	120	v	
12a	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a 12b	X X	
b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120		
L		120	v	
12	describe in Schedule O how this was done	12c 13	X X	
13 14	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?	14	X	
		14		
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
2		150	v	
a b	The organization's CEO, Executive Director, or top management official	15a 15b	X	Х
U	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	150		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
Toa	with a taxable entity during the year?	16a		v
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	104		Х
b				
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	16b		
Sec	organization's exempt status with respect to such arrangements?	100		
17 18	List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)			
18	available for public inspection. Indicate how you made these available. Check all that apply.			
40	X Own website Another's website X 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			
20	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 990 (201	7) Petfinder Foundation	87-0694641	Page 7						
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Con Independent Contractors	npensated Employee	s, and						
	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								
	Ia 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.

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

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

				(C)					
(A)	(B)	(do r	not ch		sition	nan one		(D)	(E)	(F)
Name and Title	Average	box,	unles	ss per	son is	s both ar		Reportable	Reportable	Estimated
	hours per week (list any	offic	er and	d a dir	ector	/trustee)		compensation from	compensation from related	amount of other
	hours for related	9 5	=	0	2	₫т	Ţ	the organization	organizations (W-2/1099-MISC)	compensation from the
	organizations	divid.	stitut	Officer	Key employee	ighes nploy	Former	(W-2/1099-MISC)	(W-2/1000-WICC)	organization
	below dotted line)	ual tri	ional		nploy	t con/				and related organizations
	,	Individual trustee or director	Institutional trustee		ee	Highest compensated employee				
			ĕ			sated				
(1) Betsy Saul										
(1) Betsy Saul Chairman and Treasurer	<u> </u>	Х		x				0	0	o
(2) Jared Saul	5.00									
President		Х		Х				0	0	0
(3) Rob_Rauh	5.00									
Secretary		Х		X				0	0	0
(4) Amanda Sumner	<u>5.00</u>	37						-		
Vice-President	F 00	Χ		X				0	0	0
(5) Jim Morris Board Member	5.00	Х						0	0	0
(6) Gregory Hesterberg	5.00									
Board Member		Х						0	0	0
(7) Toni_Morgan Executive Director	40.00			x	х			74,291	0	0
(8)				- 23	- 21			/4,291	0	<u>0</u>
<u></u>										
<u>(9)</u>										
<u>(10)</u>										
<u>(11)</u>										
(4.2)										
<u>(12)</u>										
(13)										
<u>(14)</u>										

	90 (2017)	Petfinder Foundatio									87-069464	1 Page 8
Part	VII Sectio	on A. Officers, Directors, Trustees,	Key Employ	/ees, a	Ind I			Comp	oens	ated Employees	(continued)	
						(C Posi						
		(A)	(B)	(do n	ot che			nan one		(D)	(E)	(F)
		Name and title	Average hours per					both an		Reportable compensation	Reportable compensation from	Estimated amount of
			week (list any					trustee)		from	related	other
			hours for	Individual trustee or director	Insti	Officer	Key employee	Highest compensated employee	Former	the	organizations	compensation
			related organizations	recto	Institutional	Ĕ	emp	est o	ler	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
			below dotted	r f	nal t		loye	eom		(and related
			line)	stee	trustee		ð	pens				organizations
					ě			atec				
<u></u>												
<u>(15)</u>												
(16)												
<u>(</u> 1 <u>6</u>)												
(17)												
<u> </u>												
(18)												
			[
<u>(19)</u>			L									
<u>(20</u>)												
<u></u>												
<u>(21)</u>												
(22)												
<u>(22</u>)												
(23)												
<u>,</u> /												
(24)												
(25)			L									
1b	0.0.0 10.00.				• •	• •	• •	• • •	►			
С		ntinuation sheets to Part VII, Sectio		• • •	•••	•••	• •	• • •	►			
d		es 1b and 1c) • • • • • • • • • • • • • • • • • • •								74,291	0	0
2		f individuals (including but not limited	to those liste	d abov	ve) w	/ho r	ecei	ived m	ore	than \$100,000 of		
	reportable com	pensation from the organization									0	Veg Ne
3	Did the organiz	zation list any former officer, director	or tructoo	iov om	nlov	~~ /	or bi	aboet	com	noncated	Г	Yes No
5	-	ne 1a? If "Yes," complete Schedule		•	• •			-				3 X
4		ual listed on line 1a, is the sum of rep									l l	
•	-	nd related organizations greater than										
	-					•						4 X
5		n listed on line 1a receive or accrue co									t	
•		ndered to the organization? If "Yes,"			-			-				5 X
Secti		endent Contractors									I	
1	Complete this t	table for your five highest compensate	ed independe	nt con	tracte	ors t	hat	receive	ed m	ore than \$100,000	of	
	compensation f	from the organization. Report comper	nsation for the	e calen	idar :	year	enc	ling wi	th or	within the organiza	ation's tax	
	year.											
		(A)								(B)		(C)
		Name and business address								Description of	services	Compensation
										+		
										1		
2	Total number of	f independent contractors (including b	out not limited	to tho	se li	sted	abc	ove) wł	no			

	•	(0		
received more than	\$100.000 of cc	propensation from	n the organization	

Form 99		,	ı			87-06946	41 Page 9
Part V	VIII	Statement of Revenue					
		Check if Schedule O contains a response or ne	ote to any line in this				
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
	1a	Federated campaigns 1a					
ants unts	b	Membership dues • • • • • • • • • • • • • • • • • • •					
ng G	c	Fundraising events 1c					
àifts ar A	d	Related organizations 1d]			
imil O	е	Government grants (contributions) •• 1e					
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts, grants,					
Oth		and similar amounts not included above 1f	1,441,239				
Sont	g	Noncash contributions included in lines 1a-1f: \$	484,027				
	h	Total. Add lines 1a-1f	<u> </u>	1,441,239			
۵			Business Code				
enue	2a						
Rev	b						
Program Service Revenue	С						
	d						
gram	e						
Proç		All other program service revenue					
		Total. Add lines 2a-2f	•••••				
	3	Investment income (including dividends, interest, and other similar amounts)	•	15 954			15 054
	4	Income from investment of tax-exempt bond proce		15,854			15,854
	5	Royalties					
	1	(i) Real	(ii) Personal				
	6a	Gross rents	(II) Personal	-			
		Less: rental expenses • • • •		-			
		Rental income or (loss)		-			
		Net rental income or (loss)	· · · · · · · •				
		Gross amount from sales of (i) Securities	(ii) Other				
	1	assets other than inventory		1			
	Ь	Less: cost or other basis					
		and sales expenses • • • •					
	c	Gain or (loss)					
	d	Net gain or (loss)	<u> •</u>				
Iue	8a	Gross income from fundraising					
ven		events (not including \$					
Other Revenue		of contributions reported on line 1c).					
her		See Part IV, line 18 • • • • • • • • • • • • a		-			
ð		Less: direct expenses b					
		Net income or (loss) from fundraising events	· · · · · · · •				
	9a	Gross income from gaming activities.					
		See Part IV, line 19 • • • • • • • • a		-			
		Less: direct expenses b	L				
		Net income or (loss) from gaming activities • •					
	10a	Gross sales of inventory, less returns and allowances a					
	h			-			
		Less: cost of goods sold b					
		Net income or (loss) from sales of inventory • • • Miscellaneous Revenue	Business Code				
	11a	Loss on equity inv.	900099	(22,504)			(22 504)
	b	TOBB OIL EMAILY THAT	300033	(22,304)	,		(22,504)
	c b						
		All other revenue					
		Total. Add lines 11a-11d		(22,504)			
		Total revenue. See instructions		1,434,589	0	0	(6,650)

	ot include amounts reported on lines 6b, 7b,	(A)			
,	b, and 10b of Part VIII.	Total expenses	(B) Program service	(C) Management and	(D) Fundraising
'	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
	and domestic governments. See Part IV, line 21	667,648	667 649		
2	Grants and other assistance to domestic	667,648	667,648		
2					
•	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 Benefits paid to or for members				
4 5	· · · · · · · · · · · · · · · · · · ·				
5	Compensation of current officers, directors,	F 4 000	40,000	5 (70)	0.6 . 61 .
6	trustees, and key employees	74,292	42,000	5,679	26,613
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
-	persons described in section 4958(c)(3)(B)	100.000	CE 005		
7	Other salaries and wages	120,082	67,887	9,179	43,016
8	Pension plan accruals and contributions (include				
•	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
0	Payroll taxes	16,269	9,111	1,301	5,857
1	Fees for services (non-employees):				
a	Management				
b		2,076	1,889	187	
C	Accounting	27,713	23,924	2,283	1,506
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f					
g	Other. (If line 11g amount exceeds 10% of line 25, column				
_	(A) amount, list line 11g expenses on Schedule O.)				
2	Advertising and promotion				
3	Office expenses	27,928	14,856	11,465	1,607
4	Information technology	3,813	2,288	381	1,144
5	Royalties · · · · · · · · · · · · · · · · · · ·				
6					
7	Travel	1,435	990	445	
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
0					
1	Payments to affiliates				
2	Depreciation, depletion, and amortization • • • • • •	542	168	271	103
3	Insurance	2,935	352	2,466	117
4	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	Program supplies	484,027	484,027		
b	Dues and registrations	9,924	6,946	1,985	993
с					
d					
е	All other expenses	1,004	422	527	55
5	Total functional expenses. Add lines 1 through 24e	1,439,688	1,322,508	36,169	81,011
6	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here				

Form 990 (2017) Petfinder Foundation Part X Balance Sheet

Page 11

Part	X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			[
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	955,015	1	1,025,955
	2	Savings and temporary cash investments	239,856	2	240,048
	3	Pledges and grants receivable, net	2,860	3	7,078
	4	Accounts receivable, net	•	4	•
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
		organizations (see instructions). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
ets	8	Inventories for sale or use		8	
Assets	9	Prepaid expenses and deferred charges	1,619	9	929
4	10a	Land, buildings, and equipment: cost or	1,019		525
	IVa	other basis. Complete Part VI of Schedule D · · · · 10a 4,358			
	b	Less: accumulated depreciation	1,312	10c	770
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11	543,394	12	591,908
	12	Investments - program-related. See Part IV, line 11		12	
				13	
	14				
	15	Other assets. See Part IV, line 11	225,178	15	141,738
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,969,234	16	2,008,426
	17	Accounts payable and accrued expenses	1,387	17	2,643
	18	Grants payable		18	
	19			19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
les	22	Loans and other payables to current and former officers, directors,			
		trustees, key employees, highest compensated employees, and			
Liabilities		disqualified persons. Complete Part II of Schedule L		22	
-	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		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	1,387	26	2,643
		Organizations that follow SFAS 117 (ASC 958), check here 🛛 🕨 🔟 and			
ces		complete lines 27 through 29, and lines 33 and 34.			
anc	27	Unrestricted net assets	1,833,057	27	1,918,603
Ба	28	Temporarily restricted net assets	134,790	28	87,180
pa	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here			
۲ ۵		complete lines 30 through 34.			
ers	30	Capital stock or trust principal, or current funds		30	
222	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
et /	32	Retained earnings, endowment, accumulated income, or other funds		32	
Ż	33	Total net assets or fund balances	1,967,847	33	2,005,783
	34	Total liabilities and net assets/fund balances	1,969,234	34	2,008,426

Form 990 (2017)

EEA

Form		7-0694641	L	Pa	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	1,4	34,5	589
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,4	139,6	688
3	Revenue less expenses. Subtract line 2 from line 1	3		(5,0	099)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,9	67 , 8	847
5	Net unrealized gains (losses) on investments	5		43,0	035
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B)) ••••••••••••••••••••••••••••••••••	10	2,0	05,3	783
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u>· 🗌</u>
				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	Х	
	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 🗌 Consolidated basis 🗌 Both consolidated and 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		3b		
EEA			Form	990 (2	2017)

SCH	ED	UL	E	Α

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

2017

tensor the experience thereal the sector of	•	epartment of the Treasury Attach to Form 990 or Form 990-EZ. Open to Public								
				•	Go to www.irs.go	v/Form990 for instructi	ons and t	he latest i	nformation.	Inspection
Part II Rescont for Public Charty Status (AII organizations must complete this part.) See instructions. The organization in a privite foundation beauxe it it: (C form les 1 though 12, check only not box).) A church, convention of durutes, or association of churches described in section 170(b)(1)(A)(i). A church convention of durutes, or association of churches described in section 170(b)(1)(A)(ii). A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). Enter the hospital service organization described in section 170(b)(1)(A)(iii). Enter the hospital service organization described in section 170(b)(1)(A)(V). A no capanization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(V). A no capanization that commit preverives a substantial part of its support from a governmental unit described in section 170(b)(1)(A)(V). A nonput the section 170(b)(1)(A)(V). Rescription is association in section 170(b)(1)(A)(V). A nonput the section 170(b)(1)(A)(V). Compute Part II.) A nonput the section 170(b)(1)(A)(V). Compute Part II.) A comparization description in section 170(b)(1)(A)(V)(C). Rescription and the section 170(b)(1)(A)(V). Rescription and the section 170(b)(1)(A)(V)(C). Rescription and the secontention 170(b)(1)(A)(V)(C). Rescrip	Name	of the	e organization						Employer identifie	cation number
The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A chool described in section 170(b)(11(A)(b)). (Altach Schedule E, (Form 950 or 1500-E2.)) A chool described in section 170(b)(11(A)(b)). (Altach Schedule E, (Form 950 or 1500-E2.)) A chool of a cooperative hexplails arrive corganization described in section 170(b)(11(A)(b)). A madpit is action or approximation operated in conjunction with a hospital described in section 170(b)(11(A)(b)). A madpit altach operated for the barefit of a college or university owned or operated by a governmental unit described in section 170(b)(11(A)(b)). A magnization operated for the barefit of a college or university owned or operated by a governmental unit described in section 170(b)(11(A)(b)). A magnization perated for the barefit of a college or university or anon-hand-grant college or university or anon-hand-grant college of agriculture (see instructions). Enter the name, city, and state of the localization through 12(A)(b)(A)(b)(A)(c)(c)operated in conjunction with a land-grant college or university or anon-hand-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university or anon-hand-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university or anochand-grant college of agriculture (see instructions). Enter the name city, and state of the college or university or anochand-grant college of agriculture (see instructions). Enter the name city, and state of the college or university or anochand-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university or anochand-grant college of agriculture (see instructions). Enter the name city and state of the college or university or anochand-grant college of agriculture (see instructions). Enter the name city and state of the college or university or anochand-grant college of agriculture (see instructions). State or the state of	Pet	fin								
1 A church, convention of hurches, or association of hurches described in section 170(b)(1/(A)(b)). 2 A shoppial or a cooperative hospial service organization described in section 170(b)(1/(A)(ii)). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1/(A)(ii)). Enter the hospital stance, city, and state: 5 An organization operated for the banefit of a college or university owned or operated by a governmental unit described in section 170(b)(1/(A)(V). 7 An organization to prove the organization for organization or governmental unit described in section 170(b)(1/(A)(V). 7 An organization the romally receives a subtantial part of the support from a governmental unit of nom the general public described in section 170(b)(1/(A)(V). Complete Part II.) 8 A commuly trust described in section 170(b)(1/(A)(V). Complete Part II.) 9 An arginalization that romally receives: (1) more than 33 (3% of its support from acohieutions, membersite feas, and goas receipts from acohieutions for momely and and aperated exclusively for the therm is the fact of sole(A). 11 An organization approximation and portaled exclusively for the torein for fact of sole(A). 12 An organization the romally receives: (1) more than 33 (3% of its support for a governmental unit of the support of a give and the sole sole(A). 13 An organization the romally receives: (1) rome than 33 (3% of its support of the acong sole (1) to sole (1). 14	Pa	rt I	Reason	for Public Charit	y Status (All o	rganizations must c	omplete	this par	t.) See instructio	ns.
2 A school described in section 770(b)(1)(A)(0). (Attach Schodule E (Form 990 or 990-E2).) 3 A hopbil ar accoparate horganization described in section 770(b)(1)(A)(0). Enter the happidia name, dy, and state: 4 A medical research organization described in section 770(b)(1)(A)(0). Enter the happidia name, dy, and state: 5 An anguitzation operated for a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(V). (Complete Part II.) 6 A description action of the schole for 16 or a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(V). 7 M An organization that normally receives a substantial part of its support from a governmental unit described in section 170(b)(1)(A)(V). 8 A community tract described in section 170(b)(1)(A)(V). (Complete Part II.) 9 An argunization description for the support from combinations, membership fees, and gross receipts from activities related to its exempt functions. Subject to cartain exceptions, and (2) on one than 33 (3% of its support from combinations, membership fees, and gross receipts from activities related to be seentific for 100(b)(1)(A)(V). 11 An organization description section 590(c)(2). Complete Part II.) 12 An organization description section 590(c)(2). Complete Part II.) 13 An organization description section 590(c)(2). Complete Part II.) 14 An organization description section 590(c)(2). Complete Part II.Sectio	The o	orga	nization is not a	private foundation beca	ause it is: (For lines	1 through 12, check only	one box.)			
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For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

	ule A (Form 990 or 990-EZ) 2017 Petf	inder Founda	tion			87-0694641	. Page 2
Pa							
	(Complete only if you chec						under
	Part III. If the organization	fails to qualify ເ	under the tests	listed below, p	lease complete	e Part III.)	
	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1,478,901	1,359,201	1,370,461	1,275,207	1,441,239	6,925,009
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	Total. Add lines 1 through 3	1,478,901	1,359,201	1,370,461	1,275,207	1,441,239	6,925,009
5	The portion of total contributions by	_/ _/ 0/20_	_/00//_0_		_/_:	_//_	
	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)						2,517,922
6	Public support. Subtract line 5 from line 4 • •						4,407,087
	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	1,478,901	1,359,201	1,370,461	1,275,207	1,441,239	6,925,009
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from						
	similar sources	4,230	9,203	383	13,316	15,584	42,716
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
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						6,967,725
12	Gross receipts from related activities, etc. (s	ee instructions)				12	
13	First five years. If the Form 990 is for the o		second third fourth	n or fifth tax vear a	as a section $501(c)$	(3)	
	organization, check this box and stop here						▶∏
Sec	tion C. Computation of Public Su						
14	Public support percentage for 2017 (line 6, c	olumn (f) divided b	y line 11, column (f))		14	63.25 %
15	Public support percentage from 2016 Sched	ule A, Part II, line 1	4			15	74.58 %
16a	33 1/3% support test - 2017. If the organiz	ation did not check	the box on line 13	, and line 14 is 33 $^{\prime}$	1/3% or more, che	ck this	
	box and stop here. The organization qualifi	es as a publicly su	pported organizatio	on			🕨 🕅
b	33 1/3% support test - 2016. If the organiz	ation did not check	a box on line 13 o	r 16a, and line 15 i	s 33 1/3% or more	, check	
	this box and stop here. The organization qu	ualifies as a publicl	y supported organi	zation • • •			🕨 🔲
17a	10%-facts-and-circumstances test - 2017	. If the organization	n did not check a b	ox on line 13, 16a,	or 16b, and line 14	l is	
	10% or more, and if the organization meets	the "facts-and-circ	umstances" test, cl	neck this box and s	stop here. Explain	in	
	Part VI how the organization meets the "fact	s-and-circumstance	es" test. The organi	zation qualifies as a	a publicly supporte	d	_
	organization • • • • • • • • • • • • • • • • • • •					•••••	🕨 🔲
b	10%-facts-and-circumstances test - 2016	. If the organization	n did not check a b	ox on line 13, 16a,	16b, or 17a, and li	ne	
	15 is 10% or more, and if the organization n	neets the "facts-an	d-circumstances" te	est, check this box	and stop here.		
	Explain in Part VI how the organization meet	ts the "facts-and-cir	cumstances" test.	Γhe organization qι	ualifies as a publicly	/	_
							► 📋
18	Private foundation. If the organization did						
	instructions					•••••	🕨 📋

Schedule A (Form 990 or 990-EZ) 2017

EEA

-		inder Founda				87-0694641	Page 3
Pa	art III Support Schedule for Org						
	(Complete only if you chec						Part II.
_	If the organization fails to q	ualify under th	e tests listed b	pelow, please c	omplete Part II	.)	
Se	ction A. Public Support		1	1			
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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	Total. 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 Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6						
10a	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	Total support. (Add lines 9, 10c, 11, and 12.) • • • • • • • • • • • • • • • • • • •						
	First five years. If the Form 990 is for the or organization, check this box and stop here	• • • • • • • • •				(3)	· · · · ► 🗌
Se	ction C. Computation of Public Su	pport Percen	tage				
15	Public support percentage for 2017 (line 8, co	• • •		f))		15	%
16	Public support percentage from 2016 Schedu					16	%
Se	ction D. Computation of Investme						
17	Investment income percentage for 2017 (line						%
18	Investment income percentage from 2016 So	chedule A, Part III,	line 17 • • • •			18	%
19a	33 1/3% support tests - 2017. If the organiz 17 is not more than 33 1/3%, check this box						▶□
	33 1/3% support tests - 2016. If the organiz line 18 is not more than 33 1/3%, check this	box and stop her e	e. The organization	n qualifies as a put	olicly supported org	anization • • • •	
20	Private foundation. If the organization did n	ot check a box on	line 14, 19a, or 19)b, check this box a	and see instruction	s	••••▶∐

	e A (Form 990 or 990-EZ) 2017 Petfinder Foundation 87-06	94641	Р	age 4
Part			_	
	(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete only if you checked a box in line 12 on Part I.			
	and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I		е	
0	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complet	e Part V.)		
Sect	ion A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing		Tes	No
•	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.	1		
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	d		
	organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answ			
	(b) and (c) below.	3a		
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.	3b		
с	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(E)		
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
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.	4a		
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.	4b		
С	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.	4c		
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).	5a		
h	Type I or Type II only. Was any added or substituted supported organization part of a class already	Ja		
Ň	designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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.	6		
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).	7		
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).	8		
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 .	9a		
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 .	9b		
С	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 .	9c		
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	10		
L-	supporting organizations)? If "Yes," answer 10b below.	10a		
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)	404		
EEA	determine whether the organization had excess business holdings.)	10b le A (Form 990		

	ule A (Form 990 or 990-EZ) 2017 Petfinder Foundation 87-06946	<u>+1</u>	P	'age 5
Pa	rt IV Supporting Organizations (continued)		Vaa	No
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
u	below, the governing body of a supported organization?	11a		
h	A family member of a person described in (a) above?	11b		
	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		100	
-	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			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			
			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			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	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			
<u></u>	supported organizations played in this regard.	3		
<u>3ec</u>	tion E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (se	o inotru	-	<u></u>
'a	The organization satisfied the Activities Test. Complete line 2 below.	emsuu	cuons	<i>.</i>
a b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
	The organization supported a governmental entity. Describe in Part VI how you supported a government entity.	tity (soo	inotru	otione)
с 2	Activities Test. Answer (a) and (b) below.	ny (see i	Yes	No No
ے a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		163	
a	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		
h	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	20		
b	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 position that its supported organization(s) would have engaged in these	25		
2		2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
	a deces of each of the supported organizations? Frome details in Fart VI.	Ja		

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.

instructions. All other Type III non-functionally integrated supporting organi	zatior	ns must complete Secti	ons A through E.
ection 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			
collection of gross income or for management, conservation, or			
maintenance 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		
ection B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
	7		
 7 Recoveries of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) 	8		
ection C - Distributable Amount			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			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally-		ated Type III supporting	organization (see

Petfinder Foundation

Schedule A (Form 990 or 990-EZ) 2017

EEA

Schedule A (Form 990 or 990-EZ) 2017

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Schedule A (Form 990 or 990-EZ) 2017 Petfinder Foundation		87-069	4641 Page 7
Part V Type III Non-Functionally Integrated 509(a)	(3) Supporting Organi	zations (continued)	
Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accomplish exe	mpt purposes		
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 purpos	es of supported organizati	ons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval required)			
6 Other distributions (describe in Part VI). See instructions.			
7 Total annual distributions. Add lines 1 through 6.			
8 Distributions to attentive supported organizations to which the	ne organization is respons	ive	
(provide details in Part VI). See instructions.			
9 Distributable amount for 2017 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-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017			
(reasonable cause required - explain in Part VI). See			
instructions.			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from			
Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
 5 Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h			
and 4b from line 1. For result greater than zero, explain in			
Part VI. See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j and 4c.			
8 Breakdown of line 7:			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

EEA

Schedule A (Form 990 or 990-EZ) 2017 Page 8 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part Part VI 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

Petrinder Foundation

Schedule of Contributors

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

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

Employer identification number

87-0694641

OMB No. 1545-0047

2017

Organization	type	(check one):
organization	.,		<i>.</i>

Filers of:	Section:
Form 990 or 990-EZ	501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

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

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. EEA

Schedule B (Form 990, 990-EZ, or 990-PF) (2017	7)
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Page	2

Name of organization
Petfinder Foundation

Employer identification number 87-0694641

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
1	Nestle Purina PetCare Company One Checkerboard Square Saint Louis, MO 63164	\$ <u>50,752</u>	Person Image: Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
2	Survey Monkey 101 Lytton Avenue Palo Alto, CA 94301	\$ <u>77,019</u>	Person X Payroll I Noncash I (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
3	Build-A-Bear 1954 Innerbelt Business Center Dr Saint Louis, MO 63114	\$ <u>209,758</u>	Person X Payroll I Noncash I (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
	Estate of Felicia Zeiger 1600 Valejo St. Apt. 1 San Francisco, CA 94123	\$191,100	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
5	Jet.com 221 River St. Hoboken, NJ 07030	\$ <u>440,787</u>	Person X Payroll I Noncash X (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for pagagab contributions)			

noncash contributions.)

Name of or	ganization r Foundation	Emple	oyer identification number 87-0694641		
Part II	Noncash Property (see instructions). Use duplicate copie	es of Part II if additional sp			
(a) No. from Part I	(b) Description of noncash property given			sh property given FMV (or estimate)	
	Pet food	_			
5		\$440,787	06-30-2017		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(C) FMV (or estimate) (See instructions)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received		
		\$			

Page 3

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

SCH	EDULE D	Supplemental Financial Statements	OMB No. 1545-0047		
		 Complete if the organization answered "Yes" on Form 990, 	2017		
-	Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.		2017		
Depart	Department of the Treasury Attach to Form 990.		Open to Public		
	Internal Revenue Service Form990 for instructions and the latest information.				
	of the organization		bloyer identification number		
Pet	finder For		87-0694641		
Fa		tions Maintaining Donor Advised Funds or Other Similar Funds or Accounts. if the organization answered "Yes" on Form 990, Part IV, line 6.			
	Complete) Funds and other accounts		
1	Total number at en	d of year · · · · · · · · · · ·			
2		f contributions to (during year) .			
3		f grants from (during year)			
4	Aggregate value at	tend of year			
5	Did the organizatio	n inform all donors and donor advisors in writing that the assets held in donor advised			
	funds are the orgar	nization's property, subject to the organization's exclusive legal control?	· · · · · · · · · · · · · · · Yes 🗌 No		
6	Did the organizatio	n inform all grantees, donors, and donor advisors in writing that grant funds can be used			
	only for charitable p	purposes and not for the benefit of the donor or donor advisor, or for any other purpose			
Der	<u> </u>	ssible private benefit?	···· Yes 🗌 No		
Pa		vation Easements.			
		e if the organization answered "Yes" on Form 990, Part IV, line 7.			
1		ervation easements held by the organization (check all that apply).	tent land area		
	Protection of na	f land for public use (e.g., recreation or education)			
	Preservation of				
2		through 2d if the organization held a qualified conservation contribution in the form of a conservatio	n		
-		ast day of the tax year.	Held at the End of the Tax Year		
а		nservation easements			
b		icted by conservation easements			
c	-	vation easements on a certified historic structure included in (a)			
d		vation easements included in (c) acquired after 7/25/06, and not on a			
		sted in the National Register			
3		ration easements modified, transferred, released, extinguished, or terminated by the organization d	luring the		
	tax year 🕨				
4	Number of states w	vhere property subject to conservation easement is located			
5	Does the organizat	tion have a written policy regarding the periodic monitoring, inspection, handling of			
	violations, and enfo	prcement of the conservation easements it holds?	· · · · · · · · · · · · · · · · · · ·		
6	Staff and volunteer	hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easem	ents during the year		
	<u>►</u>	_			
7		es incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements	during the year		
-	►\$				
8		vation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)			
•	and section 170(h)				
9		be how the organization reports conservation easements in its revenue and expense statement, and			
		I include, if applicable, the text of the footnote to the organization's financial statements that describ punting for conservation easements.	bes the		
Pa		zations Maintaining Collections of Art, Historical Treasures, or Other Si	imilar Assets		
· •		te if the organization answered "Yes" on Form 990, Part IV, line 8.			
1a	-	elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance	ce sheet		
		ical treasures, or other similar assets held for public exhibition, education, or research in furtherance			
		vide, in Part XIII, the text of the footnote to its financial statements that describes these items.			
b		elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance st	heet		
	-	ical treasures, or other similar assets held for public exhibition, education, or research in furtherance			
		vide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1 · · · · · · · · · · · · · · · · · ·				
		d in Form 990, Part X · · · · · · · · · · · · · · · · · ·			
2	If the organization r	received or held works of art, historical treasures, or other similar assets for financial gain, provide t	the		
		required to be reported under SFAS 116 (ASC 958) relating to these items:			
а	Revenue included	on Form 990, Part VIII, line 1	· · ▶\$		
b	Assets included in	Form 990, Part X	▶\$		
F		on Act Nation, and the Instructions for Form 000			

	ule D (Form 990) 2017 Petfinder Found					87-069		Page 2
Par	t III Organizations Maintaining (Collections of A	rt, Historical	Treasures,	or Othe	er Similar As	sets (co	ontinued)
3	Using the organization's acquisition, accession,	and other records, ch	eck any of the follo	wing that are a	significan	t use of its		
	collection items (check all that apply):	_						
а	Public exhibition	d 📙 Loa	n or exchange prog	grams				
b	Scholarly research	e 🗌 Oth	er					
С	Preservation for future generations							
4	Provide a description of the organization's collect	tions and explain how	w they further the o	rganization's e>	empt purp	pose in Part		
	XIII.							
5	During the year, did the organization solicit or re-	ceive donations of art	t, historical treasure	es, or other sim	ilar			
	assets to be sold to raise funds rather than to be		of the organization's	collection?			<u>ים</u>	Yes 🗌 No
Par	t IV Escrow and Custodial Arrange						_	
	Complete if the organization ar	nswered "Yes" or	n Form 990, Pa	art IV, line 9,	or repo	orted an amou	int on ⊢c	rm
	990, Part X, line 21.							
1a	Is the organization an agent, trustee, custodian of						_	_
)						י∐ .	Yes 🗌 No
b	If "Yes," explain the arrangement in Part XIII and	I complete the following	ng table:			1		
						An	nount	
С	Beginning balance					_		
d	Additions during the year							
е	Distributions during the year							
f	Ending balance				-			
2a	Did the organization include an amount on Form				•		_	
b	If "Yes," explain the arrangement in Part XIII. Ch	eck here if the explar	nation has been pro	ovided on Part 2	- KIII			•••
Par	t V Endowment Funds.	owarad "Vaa" ar		ort IV line 1	h			
	Complete if the organization ar	1	1					
		(a) Current year	(b) Prior year	(c) Two year	s back	(d) Three years back	(e) Fou	ir years back
1a	Beginning of year balance							
b	Contributions							
С	Net investment earnings, gains, and							
	losses						_	
d	Grants or scholarships						_	
е	Other expenditures for facilities and							
	programs						_	
f	Administrative expenses						_	
g	End of year balance	<u></u>						
2	Provide the estimated percentage of the current			neld as:				
a	Board designated or quasi-endowment	%						
b	Permanent endowment %	0/						
С	Temporarily restricted endowment	%						
•	The percentages on lines 2a, 2b, and 2c should		4 4 1					
3a	Are there endowment funds not in the possessio	on of the organization	that are held and a	administered for	the			Vec No
	organization by:						2(1)	Yes No
	(i) unrelated organizations						· 3a(i)	
L	(ii) related organizations						- 3a(ii)	<u>├──</u>
b	If "Yes" on 3a(ii), are the related organizations lis Describe in Part XIII the intended uses of the org	•					- 3b	
Par	t VI Land, Buildings, and Equipm							
1 0	Complete if the organization ar		Form 990 Pa	art IV line 11	a. See	Form 990 P:	art X line) 10
	Description of property	(a) Cost or othe		st or other basis				ok value
	Description of property	(a) Cost or othe (investme		(other)		preciation	(u) Boo	in value
	Land			. /				
b	Buildings							
c	Leasehold improvements							
d	Equipment			4,358		3,588		770
u e	Other			7,330		3,300		//0
_	Add lines 1a through 1e. (Column (d) must equ	ual Form 990 Part X	 . column (R)_line_1	0c.) ••••				770
						-		,,,,

Schedule D (Form 990) 2017

Schedule D (Form		lation	87-06946	5 41 Page 3
Part VII	Investments - Other Securities.	d "Vee" op Ferm 000 D	art IV/ line 11h See Form 000 D	art V line 10
	Complete if the organization answere			art X, line 12.
	 (a) Description of security or category (including name of security) 	(b) Book value	(c) Method of valuation: Cost or end-of-year market valu	e
(1) Financial	derivatives			
	eld equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F) (G)				
(H)				
) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related.			
	Complete if the organization answere	d "Yes" on Form 990, Pa	art IV, line 11c. See Form 990, Pa	art X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation:	
			Cost or end-of-year market valu	e
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8) (9)				
-	where the second s			
Part IX	b) must equal Form 990, Part X, col. (B) line 13.)			
	Complete if the organization answere	d "Yes" on Form 990. Pa	art IV. line 11d. See Form 990. Pa	art X. line 15.
		Description	, ,	(b) Book value
(1) Equit	y investment	·		141,738
(2)				-
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line 15 Other Liabilities.	5.)		141,738
Part X	Complete if the organization answere	d "Vos" on Form 000 D	art IV/ line 11e or 11f See Form (00 Port V
	line 25.			50, Fart A,
1.	(a) Description of liability	(b) Book value	_	
	income taxes			
(2)			_	
(3)			_	
(4)			_	
(5)				
(6)				
(7)				
(8)				
<u>(9)</u>	N must squal Form 000, Port X, sol. (P) line 25)			
	n) must equal Form 990, Part X, col. (B) line 25.)	I of the footnote to the organize	tion's financial statements that reports the	
 LIAUIILY IOF 	uncentain las positions. In Fait Alli, provide the tex	a or the roothole to the organiza	auon o imanoiai statemento triat reports tre	

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

-		7-0694641	Page 4			
Pa	Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.					
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total revenue, gains, and other support per audited financial statements	1	1,477,624			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments 2a 43,035					
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	43,035			
3	Subtract line 2e from line 1	3	1,434,589			
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	1,434,589			
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses p	er Return.				
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total expenses and losses per audited financial statements	1	1,439,688			
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities					
b	Prior year adjustments					
С	Other losses					
d	Other (Describe in Part XIII.) · · · · · · · · · · · · · · · · · · ·					
е	Add lines 2a through 2d	2e				
3	Subtract line 2e from line 1 • • • • • • • • • • • • • • • • • • •	3	1,439,688			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b · · · · · · · · 4a					
b	Other (Describe in Part XIII.) ••••••••••••••••••••••••••••••••••					
С	Add lines 4a and 4b	4c				
5	Total expenses. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 18.</i>)	5	1,439,688			
Pa	rt XIII Supplemental Information.					

Provide 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 X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE I	G	rants and Othe	r Assistance to	Organization	IS,	F	OMB No. 1545-0047			
(Form 990)	Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.									
Department of the Treasury	Comple	ete if the organization a	Attach to Form 990.	m 990, Part IV, line 21	or 22.		Open to Public			
Internal Revenue Service		Go to www.irs.	.gov/Form990 for the la	atest information.			Inspection			
Name of the organization						Employer identification	n number			
Petfinder Foundation						87-0694641				
Part I General Information of	n Grants and Ass	istance								
1 Does the organization maintain records	to substantiate the amo	ount of the grants or assis	stance, the grantees' elig	ibility for the grants or	assistance, and					
the selection criteria used to award the	grants or assistance?						· XYes No			
2 Describe in Part IV the organization's pl	ocedures for monitoring	g the use of grant funds ir	n the United States.							
Part II Grants and Other Assista	ance to Domestic C	Organizations and Do	omestic Governmer	nts. Complete if the	organization answered	d "Yes" on Form				
990, Part IV, line 21, for an										
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		(if applicable)	grant	cash assistance	(book, FMV, appraisal, other)	noncash assistance	or assistance			
(1) APA Adoption Center										
1705 South Hanley							2017 Purina			
Saint Louis, MO 63114	43-0699783	501c3	7,700				Adoption			
(2) Humane Society of Greater	м									
16101 West Dixie Highway										
North Miami Beach, FL 33160	59-0711176	501c3	10,000				Irma Disaster			
(3) Humane Society of Missouri										
1201 Macklind							2017 Purina			
Saint Louis, MO 63110	43-0652638	501c3	15,050				Adoption			
(4) Humane Society of Puerto R	i l									
PO Box 2387							Maria			
Guaynabo, PR 00970	66-0329776	501c3	20,000				Disaster			
(5) Humane Society of Summit Co	b						Grant from			
7996 Darrow Rd. Ste 30							the Mitchell			
Twinsburg, OH 44087	23-7060744	501c3	12,500				Fromm			
(6) SAFE Animal Shelter										
PO Box 1706										
Middleburg, FL 32050	59-3054559	501c3	10,000				Irma Disaster			
(7) SPCA of Brazoria County										
PO Box 3291							Harvey			
Lake Jackson, TX 77566	23-7404451	501c3	5,000				Disaster			
(8)										
(9)						1	1			
\-/										
(10)						1	1			
()										
2 Enter total number of section 501(c)(3)	I and government organi	I zations listed in the line 1	table			 ▶	1			
3 Enter total number of other organization										

Part III Grants and Other Assistance to Do Part III can be duplicated if additional			e organization ans	wered "Yes" on Form 99	00, 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	t I, line	2)			
The Petfinder Foundation has the followi	ng procedure	in place to ensu	re that granted	funds are used in t	he proper way based
on the grant requirements:					
1) During the grant application process	applying orga	nizations must a	gree to submit a	a final grant report	on how the granted
funds were used, how many pets were help	ed, what spec	ifically the fun	ds were spent or	n, etc. This grant re	eport must including
documentation of expenditures to ensure	that the fund	s were spent in	the correct way		
2) In the official grant award letter, w	hich is maile	d along with the	grant check, gi	rantees are notified	that the funds are
restricted to the purpose stated in their	r application	. It also states	that cashing of	f the grant check co	nstitutes acceptance
of the grant terms and conditions listed	in the lette	r. The r	eporting require	ement is stated again	n in each grant award
letter.					

3) 60-90 days after receiving the grant, awarded groups are notified that their grant report and

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1

Page **2**

Part III Grants and Other Assistance to Do Part III can be duplicated if additional		-	e organization ans	wered "Yes" on Form 99	0, 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, lir	ne 2; Part III, colum	n (b); and any other ad	ditional information.
documentation is due. Groups are given o	one week to co	mplete this repo	rt. After the re	eporting	
deadline has passed groups who have not	complied are	sent a second no	tice, if they st	ill do not	
comply they are sent a third notice which	h indicates t	hat if they do n	ot submit their	grant report	
they will be required to return the gran	ted funds and	will not be elig	gible for future	e grants from	
the Petfinder Foundation.					

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SCHEDULE L	1
(Form 990 or 990-EZ)	Complete if the org

Department of the Treasury

Fransactions With Interested Persons

ganization 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.

OMB No. 1545-0047

2017

Attach to Form 990 or Form 990-EZ.

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

Open To Public Inspection

Internal R	Revenue Service	🕨 Go t	o www.irs.gov/F	orm990	for instr	ructions and the	latest infor	mation.				Inspe	ction	
Name of	the organization							Employ	er ident	ification	n numbe	e r		
Petfi	nder Foundat	ion						87-0	6946	41				
Part	I Excess B	enefit Transaction	s (section 501)	(c)(3), s	ection 5	501(c)(4), and 5	01(c)(29)	organiz	ation	s only).			
	Complete	if the organization a	inswered "Yes"	on Forr	n 990, l	Part IV, line 25a	or 25b, or	Form §	990-E	Z, Pa	rt V, li	ne 40	b.	
1	()) () () () () () () () () () (~ .	(b) Relationship bet	tween disqu	ualified pers	son and	() 5					(d) Corrected		
	(a) Name of disquali	lied person	0	organization			(c) Description of transaction					Yes	No	
(1)														
(2)														
(-)														
(3)						l								
		tax incurred by the org	•		•		-							
-									• • •					
3 E	inter the amount of	tax, if any, on line 2, at	ove, reimbursed	by the or	ganizatio	on			• • •	▶ ⊅				
Part	II Loans to	and/or From Intere	stad Parsons											
i uit		if the organization a			n 990-E	Z. Part V. line 3	88a or Forr	n 990.	Part l'	V. line	26: c	or if th	е	
		on reported an amo						,		.,	, -			
(0)	Name of interested perso	on (b) Relationship	(c) Purpose of	(d) 0	an to or	(e) Original	(f) Baland	se due	(a) In (lefault?	(h) An	proved	(i) Wi	ritton
(a)	Name of interested perso	with organization	loan	,	n the	principal amount	(I) Dalario		(9)		by boa		agreer	
				organi	ization?						comm	ittee?		
				То	From				Yes	No	Yes	No	Yes	No
(1)														
(2)														
												1		

(3)													
(4)													
(5)													
Total▶ \$													
Part III Grants or Assistance Benefiting Interested Persons.													
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.													
(a) Name of interested person	(b) Relationship between interested person and the organization		(c)	(c) Amount of assistance		(d) Type of assistance			(e) Purpose of assistance				
(1)													
(2)													
(3)													

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2017

EEA

(4)

(5)

Schedule L (Fo	rm 990 or 990-EZ) 2017 Petfinder Foundation
Part IV	Business Transactions Involving Interested Persons.

Complete if the organization an	swered "Yes" on Form 99	0, Part IV, line 28a, 2	28b, or 28c.		
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction		aring of ation's uues?
				Yes	No
			Provided legal &		
(1) Rob Rauh	Board Secretary	6,324	registration services		Х
_ (2)					
_ (3)					
(4)					
(5)					

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

SCHEDULE M (Form 990)

Name of the organization

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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

Attach to Form 990.

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

2017 **Open to Public** Inspection

Employer identification numbe

	finder Foundation				87-0694641		
Pa	rt I Types of Property						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of det noncash contribut	-	unts
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications • • • • •						
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 • •						
11	Securities - Partnership, LLC,						
	or trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation						
	contribution - Historic						
	structures						
14	Qualified conservation						
	contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial • • • •						
17	Real estate - Other Collectibles						
18 10	Food inventory				+		
19 20	Drugs and medical supplies						
20 21	Taxidermy						
21	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other ►(Dog toys)	x	77	22,384	fair market	value	
26	Other \blacktriangleright (Dog beds)	x	30	20,856	fair market		
27	Other ►(Pet food)	x	3	440,787	fair market		
28	Other ▶()						
29	Number of Forms 8283 received by	the organizati	on during the tax year for cont	ributions for			
	which the organization completed F	orm 8283, Par	t IV, Donee Acknowledgement		29		
						Yes	No
30a	During the year, did the organization	n receive by co	ontribution any property reporte	ed in Part I, lines 1 through			
	28, that it must hold for at least three	e years from th	ne date of the initial contributio	n, and which isn't required			
	to be used for exempt purposes for	the entire hold	ling period?		30)a	Х
b	If "Yes," describe the arrangement in	n Part II.					
31	Does the organization have a gift ac	ceptance poli	cy that requires the review of a	ny nonstandard			
					3	1	X
32a	Does the organization hire or use th	ird parties or r	elated organizations to solicit,	process, or sell noncash			
	contributions?					2a	X
b	If "Yes," describe in Part II.						
33	If the organization didn't report an a	mount in colur	nn (c) for a type of property for	which column (a) is checked,			
	describe in Part II.						

EEA

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service Name of the organization 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. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047
2017
Open to Public
Inspection
Employer identification number

87-0694641

Petfinder Foundation

01. Form 990 governing body review (Part VI, line 11)

Each board member will review the 990 before it is filed with the IRS. The Executive

Director will supply a copy of the drafted 990 (via email or mail) to each board member

once complete. Each board member will review the 990 and respond with any comments or

questions within a one-week time period. After the board reviews and the majority votes

(four votes) to approve it, it will be signed by an authorized board member and submitted

to the IRS.

02. Conflict of interest policy compliance (Part VI, line 12c)

To ensure that Petfinder Foundation's Conflict of Interest Policy is followed, board

members are asked to do the following:

1) Complete a new Conflict of Interest form at annual Petfinder Foundation Board

meetings,

2) To inform the Board and Executive Director of any new jobs or relationships within the

animal welfare community immediately and

3) To be committed to the Petfinder Foundation and ensure that no contacts or

relationships made as a board member will be used for personal or professional gain

outside the Petfinder Foundation.

03. CEO, executive director, top management comp (Part VI, line 15a)

The Petfinder Foundation's Board of Directors has conducted research to determine if the

compensation of the Executive Director of the Foundation is within widely accepted

industry standards. The conclusion of the Board is that the Executive Director's

compensation is not only well within widely accepted industry standards, but also slightly

below industry standards for a Foundation the size of Petfinder Foundation.

Employer identification number 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.

Quality of Life programs – The Petfinder Foundation believes that by helping to improve the quality of life for pets while they are in shelters or with a rescue group they will be happier, healthier and more adoptable. Grants in this category include enrichment products, training, pet food, vaccines, sheltering, and general operating grants.

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 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.

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 <u>Dogs Playing for Life</u>. 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.

Play Group Training Grants: Play Group Training Grants are awarded to shelters to cover the cost of attending a Mentorship program conducted by Dogs Playing for Life. DPFL Mentorship programs help teach shelter personnel and volunteers DPFL methods for conducting safe and productive dog play groups. The program also helps attendees advance their skills as handlers and trainers, with a better understanding of canine behavior so that they can enhance quality of life for the animals as well as save more lives. Grant funds MUST be used to cover the tuition cost of attending a Dogs Playing for Life Mentorship session.

Senior Dogs Grants: Senior Dogs grants are intended to help facilitate the adoption of senior dogs in the care of Petfinder-member shelters and rescue groups. 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 of the dog's lifetime.

Disaster relief program – The Petfinder Foundation is committed to assisting animal adoption organizations with Disaster relief and recovery. Funds are used to offer animal-related resources and

assistance during and after significant natural or man-made disasters. The Petfinder Foundation awards grants to provide emergency equipment or supplies, physical 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.

Other programs – The Foundation works with its corporate partners and funders to offer needed in-kind supplies or educational tools to Petfinder.com members, as well as grants in the forms of providing assistance for daily operations and care of pets and promoting adoption and transportation needs. 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 find a forever home. When someone has found a homeless pet that has touched their heart but 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 designated shelter. Once a quarter, these donations are distributed to the shelter, less 10 percent for administrative fees.

Youth Humane Education Grants: This grant was made possible by Build a Bear Workshop and the Build a Bear Workshop Foundation who join us in the belief that there is nothing more 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 programs for kids ages 6-14 to organizations with a proven track records in teaching young people about kindness and compassion toward pets.