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Form **990-PF**

Department of the Treasury Internal Revenue Service

Return of Private Foundation

or Section 4947(a)(1) Nonexempt Charitable Trust

Treated as a Private Foundation

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0052

2009

Use the IRS label. Otherwise, print Amended return Address change A Employer identification A Employer identification 27- Otherwise, print Number and street (or P.O. box number if mail is not delivered to street address) Room/suite B Telephone number (se	e page 10 of the instructions) -612-3643 on is pending, check here ons, check here
Use the IRS label. Otherwise, print Name of foundation Healthy Paws Foundation 27- Otherwise, print Number and street (or P.O. box number if mail is not delivered to street address) Room/suite B Telephone number (se	e page 10 of the instructions) -612-3643 on is pending, check here ons, check here
Use the IRS label. Healthy Paws Foundation 27- Otherwise, Number and street (or P.O. box number if mail is not delivered to street address) Room/suite B Telephone number (se	e page 10 of the instructions) -612-3643 on is pending, check here ons, check here
label. Healthy Paws Foundation 27- Otherwise, Number and street (or P.O. box number if mail is not delivered to street address) Room/suite B Telephone number (se	e page 10 of the instructions) -612-3643 on is pending, check here ons, check here . ons meeting the 85% test,
print	on is pending, check here ons, check here ons meeting the 85% test,
print lease pour pr	on is pending, check here ons, check here ons meeting the 85% test,
or type. 8460 Benotho Place 206	ons, check here > ons meeting the 85% test,
See Specific City or town, state, and ZIP code	ons, check here
Instructions. Mercer Island, WA 98040 D 1. Foreign organization	ons meeting the 85% test,
H Check type of organization: Section 501(c)(3) exempt private foundation 2 Foreign organization:	
Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation check here and at	•
I Fair market value of all assets at J Accounting method: Cash Accrual E If private foundation section 507(b)(1)(A),	status was terminated under
and of your form Dart II and (a)	a 60-month termination
line 16) ► \$ 1,395 (Part I, column (d) must be on cash basis.) under section 507(b)	
Part I Anchoic of Poyonus and Exposes (the total of	(d) Disbursemen
amounts in columns (b), (c), and (d) may not necessarily equal expenses per (b) Net investment (c) Adju	sted net for chantable purposes
the amounts in column (a) (see page 11 of the instructions).)	(cash basis only
1 Contributions, gifts, grants, etc., received (attach schedule) 30,000	
2 Check ▶☐ if the foundation is not required to attach Sch. B	
3 Interest on savings and temporary cash investments	
4 Dividends and interest from securities	
5a Gross rents	
b Net rental income or (loss)	
b Gross sales price for all assets on line 6a	
7 Capital gain net income (from Part IV, line 2)	
- O Net short term capital gain	VFD
	O
10a Gross sales less returns and allowances 5	(O)
b Less: Cost of goods sold	2011 0
c Gross profit or (loss) (attach schedule)	<u> </u>
11 Other modelle (attack consecutor)	
, , , , , , , , , , , , , , , , , , , ,	. U
13 Compensation of officers, directors, trustees, etc.	
14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees (attach schedule)	
5 15 Pension plans, employee benefits	
c Other professional fees (attach schedule)	
C Other professional fees (attach schedule) 17 Interest 18 Taxes (attach schedule) (see page 14 of the instructions) 19 Depreciation (attach schedule) and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses (attach schedule) 24 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid	
18 Taxes (attach schedule) (see page 14 of the instructions)	
19 Depreciation (attach schedule) and depletion	
20 Occupancy	1,2
21 Travel, conferences, and meetings	1,2
22 Printing and publications	21,7
50 23 Other expenses (attach schedule)	21,1
24 Total operating and administrative expenses. Add lines 13 through 23	22,9
7.00 mics to unough 25	
25 Contributions, gifts, grants paid	22.0
26 Total expenses and disbursements. Add lines 24 and 25 28,605	22,9
27 Subtract line 26 from line 12:	
a Excess of revenue over expenses and disbursements 1,395	
b Net investment income (if negative, enter -0-) .	1 205
c Adjusted net income (if negative, enter -0-)	1,395

Ear Drivery Ast and Denominal Deduction Ast Motion and none 20 of the instructions

Part II Balance		Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End		l of year		
		should be for end-of-year amounts only (See instructions.)	(a) Book Value	(b) Book Valu	e	(c) Fair Market Value		
	1.	Cash—non-interest-bearing	0	-	1,395	1,395		
	2	Savings and temporary cash investments						
	3	Accounts receivable ▶						
		Less: allowance for doubtful accounts ▶						
	4	Pledges receivable ▶						
		Less: allowance for doubtful accounts ▶						
	5	Grants receivable						
	6	Receivables due from officers, directors, trustees, and other						
		disqualified persons (attach schedule) (see page 16 of the						
		instructions)						
Assets	7	Other notes and loans receivable (attach schedule) ▶		- ,				
		Less: allowance for doubtful accounts ▶						
	8	Inventories for sale or use						
\S	9	Prepaid expenses and deferred charges						
•	10a	Investments—U.S. and state government obligations (attach schedule)						
	b	Investments—corporate stock (attach schedule)				<u> </u>		
	С	Investments—corporate bonds (attach schedule)						
	11	Investments—land, buildings, and equipment: basis ▶			_			
		Less: accumulated depreciation (attach schedule) ▶						
	12	Investments—mortgage loans						
	13	Investments—other (attach schedule)						
	14	Land, buildings, and equipment: basis ▶			_			
		Less: accumulated depreciation (attach schedule) ▶				<u>-</u>		
	15	Other assets (describe ▶)						
	16	Total assets (to be completed by all filers—see the						
		instructions. Also, see page 1, item l)	0		1,395	1,395		
	17	Accounts payable and accrued expenses						
Ø	18	Grants payable						
itie	19	Deferred revenue						
Ē	20	Loans from officers, directors, trustees, and other disqualified persons						
Liabilities	21	Mortgages and other notes payable (attach schedule)						
	22	Other liabilities (describe ►)		<u> </u>				
	23	Total liabilities (add lines 17 through 22)	0	! 	0			
		Foundations that follow SFAS 117, check here >						
ces		and complete lines 24 through 26 and lines 30 and 31.			4 005			
Ĕ	,	Unrestricted			1,395			
<u>a</u>	25	Temporarily restricted						
8	26	Permanently restricted		.==				
Net Assets or Fund Balan		Foundations that do not follow SFAS 117, check here ► □ and complete lines 27 through 31.						
Ē	27	Capital stock, trust principal, or current funds						
ō	27 28	Paid-in or capital surplus, or land, bldg., and equipment fund						
ets	29	Retained earnings, accumulated income, endowment, or other funds						
Ŝ	30	Total net assets or fund balances (see page 17 of the		-				
t A	••	instructions)			1,395			
Ž	31	Total liabilities and net assets/fund balances (see page 17		-	.,,,,,,			
		of the instructions)	o		1,395			
Pa	rt III	Analysis of Changes in Net Assets or Fund Balances	•					
1	Tota	Il net assets or fund balances at beginning of year-Part II, colu	mn (a), line 30 (mus	st agree with				
		-of-year figure reported on prior year's return)			1	0		
2	2 Ente	er amount from Part I, line 27a			2_	1,395		
3		er increases not included in line 2 (itemize)			3			
4		lines 1, 2, and 3			4	1,395		
5					5			
_6	Tota	reases not included in line 2 (itemize) ► Il net assets or fund balances at end of year (line 4 minus line 5)—	Part II, column (b), li	ne 30	6	1,395		

		ne kind(s) of property sold (e.g., real esta use; or common stock, 200 shs. MLC Co		(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr)
1a						
b					<u> </u>	
С						
<u>d</u>						
е	 		1	<u> </u>		<u> </u>
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		r other basis ense of sale		n or (loss) f) minus (g)
<u>a</u>			ļ <u>-</u>			
<u>b</u>						
<u> </u>						
<u>d</u>						
е		<u> </u>	1	10/01/00		
	Complete only for assets she	owing gain in column (h) and owned	T			. (h) gain minus
	(i) F.M.V as of 12/31/69	(j) Adjusted basis as of 12/31/69		ss of col. (i) I. (j), if any		t less than -0-) or rom col. (h))
а						
b						
С						
d			1			
е						
2	Capital gain net income of		, also enter in Pa s), enter -0- in Pa		2	
3	Net short-term capital ga	in or (loss) as defined in section	s 1222(5) and (6	3):		
•		I, line 8, column (c) (see pages				
	If (loss), enter -0- in Part			,	3	
Part	V Qualification Und	der Section 4940(e) for Red	uced Tax on I	Net Investment	t Income	
Vas tl		e section 4942 tax on the distrib t qualify under section 4940(e).			base period?	☐ Yes ☐ N
1	Enter the appropriate am	ount in each column for each ye	ear; see page 18	of the instruction	ns before making a	any entries.
Cale	(a) Base period years indar year (or tax year beginning ii	(b) Adjusted qualifying distribution		(c) of noncharitable-use a	Dis	(d) tribution ratio divided by col. (c))
Ouic	2008	.,				, , , , , ,
	2007					
	2006					
	2005					
	2004					
•						
2	Total of line 1, column (d	0			. 2	
3		for the 5-year base period—di	vide the total on	line 2 by 5, or by		
-		dation has been in existence if				
4	Enter the net value of no	ncharitable-use assets for 2009	from Part X, line	95	. 4	
5	Multiply line 4 by line 3	. 5				
6	Enter 1% of net investme	ent income (1% of Part I, line 27	b)		. 6	·
7	Add lines 5 and 6				. 7	
8	Enter qualifying distributi	ions from Part XII, line 4			. 8	
	If line 8 is equal to or gree Part VI instructions on pa	eater than line 7, check the box	in Part VI, line 1	b, and complete	that part using a	1% tax rate. See

Part \	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the	e inst	ructio	ons)		
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ □ and enter "N/A" on line 1.					
	Date of ruling or determination letter: (attach copy of letter if necessary—see instructions)					
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check					
	here ▶ ☐ and enter 1% of Part I, line 27b					
C						
	Part I, line 12, col. (b)					
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)					
3	Add lines 1 and 2					
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)					
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0					
6	Credits/Payments:		ŀ			
a	2009 estimated tax payments and 2008 overpayment credited to 2009 6a					
þ	Exempt foreign organizations—tax withheld at source 6b					
C	Tax paid with application for extension of time to file (Form 8868) . 6c					
_d	Backup withholding erroneously withheld					
7	Total credits and payments. Add lines 6a through 6d					
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed					
9	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid					
10 11	Enter the amount of line 10 to be: Credited to 2010 estimated tax Refunded 11					
	VII-A Statements Regarding Activities					
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No		
	participate or intervene in any political campaign?	1a		1		
b	400 4 10 10 10 10 10 10 10 10 10 10 10 10 10					
	of the instructions for definition)?					
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials					
	published or distributed by the foundation in connection with the activities.					
С	Did the foundation file Form 1120-POL for this year?					
d	d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:					
	(1) On the foundation. ► \$(2) On foundation managers. ► \$	1 1				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed					
	on foundation managers. ▶ \$	_				
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		✓		
_	If "Yes," attach a detailed description of the activities.					
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		1		
4-		4a		→		
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4b		<u> </u>		
b 5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		1		
5	If "Yes," attach the statement required by General Instruction T.					
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:					
•	By language in the governing instrument, or	}				
	By state legislation that effectively amends the governing instrument so that no mandatory directions that					
	conflict with the state law remain in the governing instrument?	6	1			
7						
8a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the					
	instructions) ▶ Washington					
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General					
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	✓	<u> </u>		
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or					
	4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV on page					
	27)? If "Yes," complete Part XIV	9_	✓	ļ —-		
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	40	1			
	names and addresses	10	٧ .	ı		

Part	VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," attach schedule (see page 20 of the instructions)	11		✓
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before			
	August 17, 2008?	12		✓
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	✓	
	Website address www.healthypawsfoundation.org			
14	The books are in our or y	6-612-3		
	Located at ▶ 8460 Benotho Place Mercer Island, WA ZIP+4 ▶	98040) 	
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here		. 1	▶⊔
Dowl	and enter the amount of tax-exempt interest received or accrued during the year			
Part	VII-B Statements Regarding Activities for Which Form 4720 May Be Required		Yes	No
4	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		169	NO
1a	During the year did the foundation (either directly or indirectly):			
	 (1) Engage in the sale or exchange, or leasing of property with a disqualified person? □ Yes ☑ No (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a 			
	disqualified person?]		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	1		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?		l	
	(5) Transfer any income or assets to a disqualified person (or make any of either available for			
	the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the			
	foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days.)			
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)?	1b		/
	Organizations relying on a current notice regarding disaster assistance check here		ļ	
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that		ļ	_
	were not corrected before the first day of the tax year beginning in 2009?	1c		✓
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			
а	At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and			
	6e, Part XIII) for tax year(s) beginning before 2009?			
	If "Yes," list the years ▶ 20, 20, 20, 20			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)	1 1		
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see page 20 of the instructions.)	^		,
_	·	2b		 -
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ▶ 20, 20, 20, 20	ļ		
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise		Ì	
	at any time during the year?			
b	If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or			
	disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the			
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the			
	foundation had excess business holdings in 2009.)	3ь		1
40	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		1
4a b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			<u> </u>
~	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?	4b		1
) DE	

Page	E

Part	Statements Regarding Activities	TOF W	nich Form	4/20	мау ве н	equire	a (contii	nuea)			
5a	During the year did the foundation pay or incur a	•					П.,				
	(1) Carry on propaganda, or otherwise attempt to(2) Influence the outcome of any specific public		_	•		•		☑ No			
	directly or indirectly, any voter registration dri				-	-	☐ Yes	✓ No			
	(3) Provide a grant to an individual for travel, stu		other similar p	ourpose	es?		Yes	☑ No			
	(4) Provide a grant to an organization other than							_			
	section 509(a)(1), (2), or (3), or section 4940(d							☑ No			
	(5) Provide for any purpose other than religious, purposes, or for the prevention of cruelty to o							⊘ No			
ь	If any answer is "Yes" to 5a(1)-(5), did any of the										
	Regulations section 53.4945 or in a current notice	regardii	ng disaster as	sistanc	e (see page				5b		
Organizations relying on a current notice regarding disaster assistance check here ▶ □											
С	If the answer is "Yes" to question 5a(4), does to because it maintained expenditure responsibility			•				Пма			
	If "Yes," attach the statement required by Regula		_			• •	⊔ tes	∐ No			
6a	Did the foundation, during the year, receive any					emiums					
	on a personal benefit contract?						☐ Yes	✓ No			
b	Did the foundation, during the year, pay premium	ns, dire	ctly or indired	ctly, on	a personal	benefit	contract	?.	6b		<u>✓</u>
7 -	If "Yes" to 6b, file Form 8870.		o a probibitos	l tov ob	altor troppos	tion?	☐ Yes	✓ No			
	At any time during the tax year, was the foundation a If yes, did the foundation receive any proceeds of								7b		
	VIII Information About Officers, Direc									ees,	
	and Contractors										
1	List all officers, directors, trustees, foundation				npensation				structi	ons).	
	(a) Name and address	hou	e, and average rs per week ed to position	(lf not	paid, enter -0-)	emplo	Contribution eyee benefit erred compe	plans	(e) Expe	nse acc allowanc	
	Siadek	Vice- F	President 10	o				0			0
	Benotho Place Mercer Island, WA 98040	Preside									
	Benotho Place Mercer Island, WA 98040	Presidi	eni iv		0			0	i		0
Charl	s Jackson	Sec/Tro	easurer 1		0			0			0
8460	Benotho Place Mercer island, WA 98040										
						ļ					
2	Compensation of five highest-paid employee	s (other	er than thos	e inclu	ded on lir	ie 1—s	ee page	23 of 1	the ins	truction	ons).
_	If none, enter "NONE."	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,									
-	(a) Name and address of each employee paid more than \$50,00	00	(b) Title, and a hours per v devoted to p	veek	(c) Compe	nsation	(d) Contribution (d) Co	benefit deferred	(e) Expe	nse acc allowan	
NONE											
										•	
				_						_	
Total	number of other employees paid over \$50,000 .							. ▶		0	
			<u>-</u> _								

Part	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Enand Contractors (continued)	iployees,
3	Five highest-paid independent contractors for professional services (see page 23 of the instructions). If no	ne, enter "NONE."
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
Total	I number of others receiving over \$50,000 for professional services	0
Par	t IX-A Summary of Direct Charitable Activities	
Lis	t the foundation's four largest direct chantable activities during the tax year. Include relevant statistical information such as the number of partizations and other beneficianes served, conferences convened, research papers produced, etc	Expenses
1	Establishing relationships with selected Pet Adoption and Rescue Groups and offering them free service grants	
	that incorporate the Foundation's " Community Building " program to ultimately increase the number of pets	22,940
	adopted.	
2		
3		· ···
4		
Dar	t IX-B Summary of Program-Related Investments (see page 24 of the instructions)	<u> </u>
	scribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1	control to the largest pregiant located most rained by the terration of the largest pregiant located most rained by	
•		
2		
All	other program-related investments. See page 24 of the instructions.	-
3	outor program rotated invocations. edo page 14 of the includations.	
•		
Tota	I. Add lines 1 through 3	
		Form 990-PF (2009)

Part	See page 24 of the instructions.)	gn tounaa	itions,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	0
b	Average of monthly cash balances	1b	1500
C	Fair market value of all other assets (see page 24 of the instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	1500
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	1500
4	Cash deemed held for charitable activities. Enter 1 1/2 % of line 3 (for greater amount, see page 25 of		
	the instructions)	4	23
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1478
6	Minimum investment return. Enter 5% of line 5	6	74
Part	XI Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private foundations and certain foreign organizations check here ► ✓ and do not complete this part.)	operating	
1	Minimum investment return from Part X, line 6	1	
2a	Tax on investment income for 2009 from Part VI, line 5		
b	Income tax for 2009. (This does not include the tax from Part VI.) 2b		
С	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	
6	Deduction from distributable amount (see page 25 of the instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	
Part	Qualifying Distributions (see page 25 of the instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	22940
b	Program-related investments—total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	<u> </u>
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	22940
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.		
	Enter 1% of Part I, line 27b (see page 26 of the instructions)	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	22940
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating qualifies for the section 4940(e) reduction of tax in those years.	g whether	the foundation

-arτ	Undistributed income (see page 26	or the instructions),		
1	Distributable amount for 2009 from Part XI, line 7	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
2	Undistributed income, if any, as of the end of 2009:				
а	Enter amount for 2008 only		.		_
b	Total for prior years: 20,20,20				
3	Excess distributions carryover, if any, to 2009:				
а	From 2004				
b	From 2005				
c	From 2006				
d					
e	From 2007				
	· · · · · · · · · · · · · · · · · · ·				
f 4	Total of lines 3a through e				
4	line 4: ► \$				
				İ	
а	Applied to 2008, but not more than line 2a.		- 		
D	Applied to undistributed income of prior years				
	(Election required—see page 26 of the instructions)		 		· · · · · · · · · · · · · · · · · · ·
С	Treated as distributions out of corpus (Election				
	required—see page 26 of the instructions) .				
d	Applied to 2009 distributable amount		-		
е	Remaining amount distributed out of corpus				
5	Excess distributions carryover applied to 2009				
	(If an amount appears in column (d), the same				
	amount must be shown in column (a).)		:		
6	Enter the net total of each column as				
	indicated below:				
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5				
þ	Prior years' undistributed income. Subtract				
	line 4b from line 2b				
C	Enter the amount of prior years' undistributed				
	income for which a notice of deficiency has				
	been issued, or on which the section 4942(a)				
	tax has been previously assessed				
d	Subtract line 6c from line 6b. Taxable				
	amount—see page 27 of the instructions .				
е	Undistributed income for 2008. Subtract line				li.
	4a from line 2a. Taxable amount-see page				
	27 of the instructions				
f	Undistributed income for 2009. Subtract lines				
	4d and 5 from line 1. This amount must be				
	distributed in 2010				
7	Amounts treated as distributions out of corpus				
•	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (see page 27 of the				
	instructions)	}			
8	Excess distributions carryover from 2004 not				
	applied on line 5 or line 7 (see page 27 of the				
	instructions)				
9	Excess distributions carryover to 2010.				
_	Subtract lines 7 and 8 from line 6a				
10	Analysis of line 9:				
а	Excess from 2005				
a b	Excess from 2006	1			
C	Excess from 2007	1			
٠.	Excess from 2008	1			
d e	Excess from 2009	1			
T	LAUGOS HUHLAUUS [1	i	i	

VIV Private Operating Foundar	tions (see page	27 of the instruc	tions and Part V	II-A, question 9)			
_				Decembe	er 23,2009		
Check box to indicate whether the four	ndation is a private	operating foundati	ion described in se	ection 🗸 4942(j)(3) or 4942(j)(5)		
	Tax year		Prior 3 years		(e) Total		
investment return from Part X for	(a) 2009	(b) 2008	(c) 2007	(d) 2006	(c) 10a		
each year listed	74	0	0	0	74		
85% of line 2a	63	0	0	0	63		
Qualifying distributions from Part XII, line 4 for each year listed	22940	0	0	0	22940		
Amounts included in line 2c not used directly for active conduct of exempt activities	0				0		
Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c	22940	0	0	0	22940		
Complete 3a, b, or c for the alternative test relied upon:							
"Assets" alternative test-enter:							
(1) Value of all assets							
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)							
of minimum investment return shown in Part X, line 6 for each year listed	49	0	0	0	49		
"Support" alternative test—enter:							
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)							
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)							
(3) Largest amount of support from an exempt organization							
(4) Gross investment income							
				ad \$5,000 or m	ore in assets at		
• •	•						
List any managers of the foundation of before the close of any tax year (but of	who have contribu only if they have co	uted more than 2% ontributed more th	6 of the total cont an \$5,000). (See s	ributions received ection 507(d)(2).)	by the foundation		
					rge portion of the		
	ntity) of which the	foundation has a	10% or greater int	erest.			
Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: Check here ▶ ☑ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see page 28 of the instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.							
The name, address, and telephone no	umber of the perso	on to whom applic	ations should be a	addressed:			
The form in which applications should	d be submitted an	d information and	materials they sho	ould include:	-		
Any submission deadlines:							
Any restrictions or limitations on av	wards, such as b	y geographical ar	reas, charitable fi	elds, kinds of ins	titutions, or other		
	If the foundation has received a ruling foundation, and the ruling is effective for Check box to indicate whether the four Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed	If the foundation has received a ruling or determination foundation, and the ruling is effective for 2009, enter the de Check box to indicate whether the foundation is a private Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed	if the foundation has received a ruling or determination letter that it is a foundation, and the ruling is effective for 2009, enter the date of the ruling. Check box to indicate whether the foundation is a private operating foundate the common part is a private operating foundated income from Part I or the minimum investment return from Part X for each year listed	if the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2009, enter the date of the ruling. Check box to indicate whether the foundation is a private operating foundation described in set. Check the contributed more than 2009 and 10 the ruling income from Part I or the minimum investment return from Part X for each year listed	If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2009, enter the date of the ruling. Check box to indicate whether the foundation is a private operating foundation described in section. Tener the lesser of the adjusted net income from Part I or the minimum incomer from Incomer f		

Part	Part XV Supplementary Information (continued)								
3	Grants and Contributions Paid During t	he Year or Approve	ed for Fut	ure Payment					
	` Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount				
	Name and address (home or business)	or substantial contributor	recipient	Contabation					
а	Paid during the year								
			į						
		:		:					
]						
				}					
				ļ					
	Total			▶ 3a	0				
b	Approved for future payment								
				•					
				1					
		_L	L	<u> </u>					

Pa	LAVI	-A Analysis of Income-Producing Ac	nairies				
Ente	r gros	s amounts unless otherwise indicated.	Unrelated bu	siness income	Excluded by sector	on 512, 513, or 514	Related or exempt
			(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See page 28 of
1	Progr	ram service revenue:					the instructions.)
	a _				 		
	р _				ļ		
	°. –						
	d _		ļ		 		
	e –						
	· =				 		
^	•	ees and contracts from government agencies					
_		bership dues and assessments	-				
3		est on savings and temporary cash investments ends and interest from securities			 		
4 5		ental income or (loss) from real estate:					
9		ebt-financed property		<u> </u>			
		lot debt-financed property					
6		ental income or (loss) from personal property					
7		r investment income					
8		or (loss) from sales of assets other than inventory			†		
9		ncome or (loss) from special events					
10		s profit or (loss) from sales of inventory					
11		r revenue: a					
					L		
	е _						
	Subt	otal. Add columns (b), (d), and (e)					
13	Subt	I. Add line 12, columns (b), (d), and (e)				13	
13 (See	Subte Tota works	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions on page 28 to verify				13	
13 (See Pa	Subte Tota works	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions on page 28 to verify Relationship of Activities to the A	y calculations.)	ent of Exemp	t Purposes		mportantly to the
13 (See Pa	Subte Tota works	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions on page 28 to verify	y calculations.)	ent of Exemp	t Purposes		mportantly to the e page 29 of the
13 (See Pa	Subto Tota works t XV	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions on page 28 to verify Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt	y calculations.)	ent of Exemp	t Purposes		mportantly to the e page 29 of the
13 (See Pa	Subto Tota works t XV	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions on page 28 to verify Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt	y calculations.)	ent of Exemp	t Purposes		mportantly to the e page 29 of the
13 (See Pa	Subto Tota works t XV	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions on page 28 to verify Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt	y calculations.)	ent of Exemp	t Purposes		mportantly to the e page 29 of the
13 (See Pa	Subto Tota works t XV	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions on page 28 to verify Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt	y calculations.)	ent of Exemp	t Purposes		mportantly to the e page 29 of the
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13 (See Pa	Subto Tota works t XV	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions on page 28 to verify Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt	y calculations.)	ent of Exemp	t Purposes		mportantly to the e page 29 of the
13 (See Pa	Subto Tota works t XV	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions on page 28 to verify Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt	y calculations.)	ent of Exemp	t Purposes		mportantly to the e page 29 of the
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13 (See Pa	Subto Tota works t XV	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions on page 28 to verify Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt	y calculations.)	ent of Exemp	t Purposes		mportantly to the e page 29 of the
13 (See Pa	Subto Tota works t XV	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions on page 28 to verify Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt	y calculations.)	ent of Exemp	t Purposes		mportantly to the e page 29 of the
13 (See Pa	Subto Tota works t XV	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions on page 28 to verify Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt	y calculations.)	ent of Exemp	t Purposes		mportantly to the e page 29 of the
13 (See Pa	Subto Tota works t XV	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions on page 28 to verify Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt	y calculations.)	ent of Exemp	t Purposes		mportantly to the e page 29 of the
13 (See Pa	Subto Tota works t XV	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions on page 28 to verify Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt	y calculations.)	ent of Exemp	t Purposes		mportantly to the e page 29 of the
13 (See Pa	Subto Tota works t XV	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions on page 28 to verify Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt	y calculations.)	ent of Exemp	t Purposes		mportantly to the e page 29 of the
13 (See Pa	Subto Tota works t XV	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions on page 28 to verify Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt	y calculations.)	ent of Exemp	t Purposes		mportantly to the e page 29 of the
13 (See Pa	Subto Tota works t XV	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions on page 28 to verify Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt	y calculations.)	ent of Exemp	t Purposes		mportantly to the e page 29 of the
13 (See Pa	Subto Tota works t XV	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions on page 28 to verify Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt	y calculations.)	ent of Exemp	t Purposes		mportantly to the e page 29 of the

		Exempt Or	ganizations								
1	in se			engage in any of the fo section 501(c)(3) organ						Yes	No
а	Tran	sfers from the rep	orting foundation to	o a noncharitable exen	npt organization	of:					
	Transfers from the reporting foundation to a noncharitable exempt organization of: (1) Cash							1a(1)		1	
	(2)	Other assets .							1a(2)		✓
b	Othe	er transactions:									
	(1) 5	Sales of assets to	a noncharitable exe	empt organization .					1b(1)		✓
	(2) F	Purchases of asse	ets from a noncharita	able exempt organizat	on				1b(2)		1
	(3) F	Rental of facilities,	, equipment, or othe	er assets					1b(3)		✓
	(4) F	Reimbursement a	rrangements						1b(4)		✓
	(5) L	oans or loan gua	rantees						1b(5)		✓
				nip or fundraising solic	itations				1b(6)		✓
С				sts, other assets, or pa					1c		✓
d				s," complete the follow					w the	fair m	arket
	valu	e of the goods, o	ther assets, or servi	ices given by the repo	rting foundation	. If the fo	oundation re	eceived less	than	fair m	narket
	valu	e in any transaction	on or sharing arrang	ement, show in colum	n (d) the value o	of the goo	ods, other a	ssets, or se	rvices	recei	ved.
(a) Lin	e no	(b) Amount involved	(c) Name of noncl	hantable exempt organizatio	n (d) Desc	nption of tr	ansfers, transa	ctions, and sha	rng am	angem	ents
											
										_	
	$\neg \neg$										
2a	des	cribed in section !	ectly or indirectly at 501(c) of the Code (c) e following schedule	ffiliated with, or related other than section 501	d to, one or mo (c)(3)) or in secti	ore tax-e ion 527?	xempt orga	nizations · · · [] Yes	s 🗸	No
U	11 T	(a) Name of organ		(b) Type of orga	nization	· · · · ·	(c) Descr	ption of relatio	nship		
		(a) Harrie or organ	III. GALLONI	(a) Type of orge			(5) 2 5 5 5 1	,	-·-/F		
							 				_
				-							
									-		
-											
	Under belief,	penalties of perjury,	I declare that I have example te. Declaration of	mined this return, including preparer (other than taxpaye	accompanying sche	dules and ed on all inf	statements, an formation of wh	d to the best	of my k as any k	nowled	lge and dge.
		COLX	Vackson	2/9///	2/9/// SECRETARY/TREASURER						
ē	Sig	nature of officer of tru	-7/	Date	Title						
Ŧ					Date			Preparer's i	dentifyi	ing	
Sign Here	Paid Preparer's	Preparer's				Check if self-emp	i oloyed ► □	number (see page 30 of t			
		signature	um if A	· · · · · · · · · · · · · · · · · · ·		 	EIN ►				
	"-	Firm's name (or yours if self-employed), address, and ZIP code				Phone no.					
		- and 712 COO9			1						

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No 1545-0047

Employer identification number

20**18**09

Healthy	Paws Foundation					27-0871188		
Organiz	ation type (check one	n type (check one):						
Filers of	•	Sect	tion:					
Form 99	0 or 990-EZ		501(c)(3) (enter number) organization			
			4947(a)(1) nc	onexempt charitable trust not treated as a private for	oundation		
			527 polit	tical	organization			
Form 99	0-PF	V	501(c)(3)	exe	mpt private foundation			
			4947(a)(1) no	onexempt charitable trust treated as a private found	dation		
			501(c)(3)	tax	able private foundation			
General Special	Rule For an organization f property) from any or				D-EZ, or 990-PF that received, during the year, \$5,0 mplete Parts I and II.	000 or more (in money or		
	For a section 501(c)(sections 509(a)(1) an	d 170	D(b)(1)(A)(\	/i), a	g Form 990 or 990-EZ that met the 331/3 % suppor nd received from any one contributor, during the ye mount on (i) Form 990, Part VIII, line 1h or (ii) Form	ear, a contribution of the		
	the year, aggregate of	contri	butions o	f mo	nization filing Form 990 or 990-EZ that received fron tre than \$1,000 for use <i>exclusively</i> for religious, char n of cruelty to children or animals. Complete Parts I,	ritable, scientific, literary, or		
	the year, contribution aggregate to more the year for an exclusive applies to this organ	ns for han \$ ly reli lizatio	r use <i>excli</i> 1,000. If t igious, ch on becaus	<i>usive</i> his t arita e it ı	nization filing Form 990 or 990-EZ that received froely for religious, charitable, etc., purposes, but thes box is checked, enter here the total contributions the etc., purpose. Do not complete any of the part received nonexclusively religious, charitable, etc., co	e contributions did not nat were received during the as unless the General Rule contributions of \$5,000 or more		

Employer identification number Name of organization **Healthy Paws Foundation** 27-0871188 Part I Contributors (see instructions) (a) (d) Name, address, and ZIP + 4 **Aggregate contributions** Type of contribution No. **HEALTHY PAWS PET INSURANCE LLC** \square 1 **Person** П **Payroll** 30,000 Noncash P.O. BOX 50034 (Complete Part II if there is **BELLEVUE, WA 98015** a noncash contribution.) (d) (c) (a) No. Name, address, and ZIP + 4 **Aggregate contributions** Type of contribution Person **Pavroll** П Noncash (Complete Part II if there is a noncash contribution.) (d) (b) (c) (a) **Aggregate contributions** Type of contribution Name, address, and ZIP + 4 No. Person **Payroll** Noncash (Complete Part II if there is a noncash contribution.) (d) (b) (c) (a) Type of contribution No. Name, address, and ZIP + 4 Aggregate contributions Person **Payroll** Noncash (Complete Part II if there is a noncash contribution.) (c) (d) **(b)** (a) Type of contribution **Aggregate contributions** No. Name, address, and ZIP + 4 Person **Payroll** П Noncash (Complete Part II if there is a noncash contribution.) (a) (c) (d) Type of contribution **Aggregate contributions** No. Name, address, and ZIP + 4 Person **Payroll** Noncash (Complete Part II if there is a noncash contribution.)

Name of organization
HEALTHY PAWS FOUNDATION

Employer identification number 27 - 087 118

Part II	Noncash Property (see instructions)	
		\Box

Part II	Noncash Property (see instructions)		
(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
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
			

Healthy Paws Foundation 27-0871188

Part I Line 1 Part VII-A Line 10

Contributions

Healthy Paws Pet Insurance P.O. Box 50034 Bellevue, WA 98015 \$30,000

Part I Line 23

Other Expenses

	\$22,484	\$21,734
telephone	\$121	\$121
Taxes & Licenses	\$750	\$0
Web Design Expense	\$950	\$950
Community Builder	\$1,713	\$1,713
Adoption Group Support	\$18,950	\$18,950
	Column (A)	Column (D)