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DLN: 93493116011156

Form 990

Department of the Treasury

Return of Organization Exempt From Income Tax

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

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

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

OMB No 1545-0047

Open to Public
Inspection

									Inspection
A Fo	r the	2015 ca	endar year, or tax year be	ginning 01-01-2015 $$, and ending 12	2-31-2015				
_		oplicable	C Name of organization Petfinder Foundation				D Empl	oyer id	entification number
Add	ress ch	ange					87-0	6946	41
Nan	ne char	nge	Doing business as						
Inıtı	al retur	'n					E Teleph	one nu	mber
_ Fina		nınated	Number and street (or P O b 4729 E Sunrise Drive	ox if mail is not delivered to street address)	Room/suite	2			
— _{Ame}	ended r	return	City or town state or province	te, country, and ZIP or foreign postal code					
		pending	Tucson, AZ 85718	e, country, and Live of foreign postar code			G Gross	receipt	\$ \$ 1,368,102
		, ,	F Name and address	of principal officer	1	11/->			
			Toni Morgan	or principal officer			Is this a group subordinates?		n for □Yes ▼No
							Are all subord		
							included?		
 r Tax	-exem	pt status	▼ 501(c)(3)) ◀ (insert no)	.7		-		t (see instructions)
J W	ebsite	:⊫ www	petfinderfoundation com			п(С)	Group exemp	tion n	umber 🟲
			Corporation Trust Ass	Cocyption C Other In-		I vos	r of formation 2	002	M State of legal domicile A
	' t I	Sum		ociation) other		L Tea	i oi ioiiiiatioii 2	003	ri State of legal dofficile. Az
				ission or most significant activities					
				ble pets and support animal welfare g	roups to	this end	d		
ჯ	_								
ĕ	_								
Governance	2 0	heck th	s box ► if the organizati	on discontinued its operations or dis	posed of	more th	an 25% of its	neta	ssets
Ģ		THOUR CIT	o box Pj in the organizati	on discontinued his operations of dis	p0000 01		1411 25 70 51 165		
	3 N	lumber o	f voting members of the go	overning body (Part VI, line 1a) .				3	6
<u>କ</u>	4 N	lumber o	f independent voting mem	bers of the governing body (Part VI,	lıne 1b)			4	6
	5 T	otal nun	nber of individuals employe	ed ın calendar year 2015 (Part V, lınd	e 2a) .			5	4
Activities &	6 T	otal nun	nber of volunteers (estimat	te if necessary)				6	
•	7a ⊤	otal unr	elated business revenue fr	om Part VIII, column (C), line 12 .				7a	0
	b Ne	et unrela	ted business taxable incoi	me from Form 990-T, line 34				7b	(
							Prior Year		Current Year
	8	Contril	outions and grants (Part V	III, line 1h)			1,359	,201	1,370,461
를	9 Program service revenue (Part VIII, line 2g)								C
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)						358	383
Ė.	11	Other	revenue (Part VIII, colum	n (A), lines 5, 6d, 8c, 9c, 10c, and 1	1e)		8	,845	-2,742
	12		evenue—add lines 8 throu	gh 11 (must equal Part VIII, column	(A), line		1,368	,404	1,368,102
	13	12)	and cimilar amounts haid	(Part IX, column (A), lines 1-3).			E 2 0	,873	912,511
	13 14		·	Part IX, column (A), line 4)			330	,6 / 3	912,511
	15			nployee benefits (Part IX, column (A)				\dashv	
8	13	5-10)	s, other compensation, en	iployee beliefes (Fare 1x, column (A)), IIIIC3		206	,373	200,359
Expenses	16a	Profes	sional fundraising fees (Pa	art IX, column (A), line 11e)					(
ੜੇ	b	Total fu	ndraising expenses (Part IX, colu	ımn (D), line 25) ▶ 81,339					
	17	Other	expenses (Part IX, columr	n (A), lines 11a-11d, 11f-24e) .			569	,825	169,098
	18	Totale	xpenses Add lines 13-13	7 (must equal Part IX, column (A), lır	ne 25)		1,315	,071	1,281,968
	19	Reveni	ue less expenses Subtrac	t line 18 from line 12			53	,333	86,134
ନୁଷ୍ଟ ଜଣ						Beginr	ning of Current	Year	End of Year
Net Assets or Fund Balances	20	Totala	scats (Part V Juna 16)				1,878	749	1,951,280
A B	21				• •			,636	6,033
55 25	Total liabilities (Part X, line 26)							,113	1,945,247
			ature Block	Trade mie 22 nom mie 20 i i i	• •		1,000	,- + -	1,010,277
Undei my kr	pena owled	Ities of p	erjury, I declare that I havelief, it is true, correct, an	ve examined this return, including ac id complete Declaration of preparer (
		****	**				2016-04-25		
Sign		Signa	ture of officer				Date		
Here		Tonil	Morgan Executive Direc						
			or print name and title						
			nnt/Type preparer's name ennifer J Phillips	Preparer's signature Jennifer J Phillips	Dat 201	te 16-04-25	Check / If	PTIN P016	07578
Pair	Ī	1.0		1	1 20.	23	self-employed	1. 513	

Preparer

Use Only

Firm's name Finnifer J Phillips CPA PLLC

Firm's address ► 5151 E Broadway Blvd Ste 1600

May the IRS discuss this return with the preparer shown above? (see instructions)

Firm's EIN ► 45-5076143

Phone no (520) 247-7087

. ▼Yes □No

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

4e Total program service expenses ► 1,150,007

Other program services (Describe in Schedule O)

4d

	equired Schedules	Required	Checklist of	art IV
--	-------------------	----------	--------------	--------

G. I.	Checkinst of Required Schedules		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
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		No
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		No
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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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		No
.0	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		No
.1	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	Yes	
	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? <i>If "Yes," complete Schedule D, Part VII</i>	11b		No
	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		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
	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		No
.3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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 foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
.5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
.6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
.7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		N o
.8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
.9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
	· · · · · · · · · · · · · · · · · · ·	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
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		No
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? <i>If "Yes," complete Schedule J.</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	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		
	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		No
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		No
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		No
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? <i>If "Yes," complete Schedule L, Part III</i>	27		No
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was	28c	Yes	NO
29	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	Yes	

	990 (2015)			Page 5
Pai	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
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 3			
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	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
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)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	_		
_		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		No
	services provided to the payor?	7a 7b		INO
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to	\vdash		
	file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
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		
9a	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			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
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			
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? Note. See the instructions for additional information the organization must report on Schedule O	125		
h	Enter the amount of reserves the organization is required to maintain by the states	13a		
	in which the organization is licensed to issue qualified health plans			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	14a 14b		140
		,		

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Se	ection A. Governing Body and Management	•		,, .
30	ector A. Governing body and rianagement		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 6			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
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		No
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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
	Did the organization have members of stockholders, or other persons who had the power to elect or appoint one or			NO
<i>7</i> a	more members of the governing body?	7a		No
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		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ıe Cod	e.)
			Yes	No
L0a	Did the organization have local chapters, branches, or affiliates?	10a		Νo
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
l1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
L2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
L3	Did the organization have a written whistleblower policy?	13	Yes	
L4	Did the organization have a written document retention and destruction policy?	14	Yes	
L 5	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?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
L6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure			
L7	List the States with which a copy of this Form 990 is required to be filed AZ			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website. Another's website. Upon request. Cother (explain in Schedule O.)			

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of

interest policy, and financial statements available to the public during the tax year

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

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

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- ♦ List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- ◆ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, or 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

(A) Name and Title	(B) A verage hours per week (list any hours for related	more pers	than on is	one bot	not box h ar or/tr	checl c, unle n office	ess er)	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the	
	organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations	
(1) Betsy Saul Chairman and Treasurer	5 00	x		х				0	0	C	
(2) Jared Saul President	5 00	х		х				0	0	C	
(3) Rob Rauh Secretary	5 00	х		х				0	0	C	
(4) Amanda Sumner	5 00	x		х				0	0	C	
(5) Jim Morris Board Member	5 00	x						0	0	(
(6) Gregory Hesterberg Board Member	5 00	х						0	0	C	
(7) Toni Morgan Executive Director	40 00			х	х			71,041	0	(

t VII	Section A. Officers	Directors,	Trustees,	Kev Emr	olovees	, and Highest	Compensated I	mplovees	(continued
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	(A) Name and Title	(B) A verage hours per week (list any hours	more t	han on is	one l both	oox, an d	heck unless officer stee)		(D) Reportable compensation from the organization (W- 2/1099-MISC)		(E) Reportable compensation from related organizations (W-		(F) Estima mount o compens from t	ted fother ation he
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099	-MISC)	2/1099-MISC)		rganizati relate organiza	ed
1b	Sub-Total				•		-							
c d	Total from continuation sheet Total (add lines 1b and 1c) .	=			٠.	٠.			7	1,041	0			0
2	Total number of individuals (in \$100,000 of reportable compe	cluding but not	limited	to the	ose		d abov	e) w	ho receive	d more th	an			
3	Did the organization list any f o	-				key	emplo	yee,	or highes	t compen	sated employee		Yes	No
_	on line 1a? If "Yes," complete S					•	• •	•				3		Νo
4	For any individual listed on line organization and related organ individual											4		No
5	Did any person listed on line 1 services rendered to the organ			•					_	anızatıon • • •	or individual for	5		No
S	ection B. Independent Co	ntractors												
1	Complete this table for your five compensation from the organization												tax year	
		(A) lame and business						<u> </u>			(B) cription of services		(C) Compen	
												4		

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►

Part V	/++1	Statement of Revenue					_
		Check if Schedule O contains a respo	nse or note to any lir	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
s s	1a	Federated campaigns 1a					
Contributions, Giffs, Grants and Other Similar Amounts	ь	Membership dues 1b	·				
	c	Fundraising events 1c					
ffs, FA	d	Related organizations 1d					
niga Tiga	l e	Government grants (contributions) 1e					
ins,							
ıği e	f	All other contributions, gifts, grants, and similar amounts not included above	1,370,461				
Contributio and Other	g	Noncash contributions included in lines 1a-1f \$	56,971				
ng u	h	Total. Add lines 1a-1f		1,370,461			
ر ه		Total Add Intes 14 17 1 1 1 1	· · · •	, ,			
≘	2a		Business Code				
Program Serwce Revenue	b						
α. Έ	c	-					
Ģ Ş	l .	-					
Se	d e						
Tan L	e f	All other program service revenue					
ĭog ĭog	'						
	g	Total. Add lines 2a-2f					
	3	Investment income (including divident and other similar amounts)		383			383
	4	Income from investment of tax-exempt bond					
	5	Royalties	▶ [
		(ı) Real	(11) Personal				
	6a	Gross rents					
	ь	Less rental					
	_c	expenses Rental income					
		or (loss)					
	d	Net rental income or (loss) (i) Securities	► (II) Other				
	7a	Gross amount from sales of assets other than inventory	(II) O the				
	b c	Less cost or other basis and sales expenses Gain or (loss)					
	d	Net gain or (loss)					
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c)					
ē. Н		See Part IV, line 18 a					
₹	ь	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					
		Net income or (loss) from gaming acti	vities				
	10a	Gross sales of inventory, less returns and allowances .					
	ь	Less cost of goods sold b					
		Net income or (loss) from sales of inv	entory 🛌				
		Miscellaneous Revenue	Business Code				
	11a	Loss on equity inv	900099	-2,742			-2,742
	ь						
	С						
	d	All other revenue					
	e	Total. Add lines 11a-11d	🕨	-2,742			
	12	Total revenue. See Instructions .		1,368,102	0	0	2.250
	I			1,308,102	이	U	-2,359

Part IX Statement of Functional Expenses

	on 501(c)(3) and 501(c)(4) organizations must complete all columns	All other organiza	ations must com	plete column (A)	
	Check if Schedule O contains a response or note to any line in t	-			
Do no 7b, 8b	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	912,511	912,511		
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	71,042	39,530	5,477	26,035
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	113,249	63,015	8,732	41,502
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	16,068	8,838	1,285	5,945
11	Fees for services (non-employees)				
а	Management				
Ь	Legal	1,032	939	93	
с	Accounting	27,275	23,546	2,247	1,482
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,250	1,079	103	68
12	Advertising and promotion				
13	Office expenses	40,055	22,052	15,888	2,115
14	Information technology	4,454	2,672	446	1,336
15	Royalties				
16	Occupancy	10,383	4,515	4,829	1,039
17 18	Payments of travel or entertainment expenses for any federal,	7,881	5,439	2,442	
10	state, or local public officials				
19 20	Conferences, conventions, and meetings			+	
20 21	Interest				
21 22	Payments to affiliates	825	350	443	4 = 7
22 23	Insurance	5,510	256 661	412	157 220
24 24	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)	3,310	001	4,023	220
а	Program supplies	55,816	55,816		
b	Dues and registrations	11,110	7,776	2,223	1,111
c	Loss on disposal of furnitur	1,007	312	504	191
d					
e	All other expenses	2,500	1,050	1,312	138
25	Total functional expenses. Add lines 1 through 24e	1,281,968	1,150,007	50,622	81,339
26	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 ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X **Balance Sheet** (A) (B) Beginning of year End of year 1,357,205 1,469,269 1 Cash-non-interest-bearing 1 2 239.402 2 239.665 Savings and temporary cash investments 53,619 15,825 3 3 4 4 5 Loans and other receivables from current and former officers, directors, trustees. key employees, and highest compensated employees Complete Part II of 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 7 8 8 2.863 9 3,037 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis 4,358 Complete Part VI of Schedule D 10a b 10b 2.436 2.511 10c 1,922 Less accumulated depreciation 11 1,155 11 12 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . 14 14 15 223.149 15 220,407 16 **Total assets.**Add lines 1 through 15 (must equal line 34) . 1,878,749 16 1,951,280 1,443 17 17 6,033 Accounts payable and accrued expenses 10.693 18 18 19 19 20 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . _iabilities 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 Secured mortgages and notes payable to unrelated third parties . . . 23 24 24 Unsecured notes and loans payable to unrelated third parties . . . 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 7,500 25 . 19,636 26 6,033 26 **Total liabilities.**Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ ▽ and complete Balance lines 27 through 29, and lines 33 and 34. 1.505.926 1,768,620 27 27 353,187 176,627 28 28 Fund 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. ö 30 Capital stock or trust principal, or current funds 30 Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds ž 33 1,859,113 33 1,945,247 1.878.749 Total liabilities and net assets/fund balances 34 1.951.280

- 01111	330 (2013)				aye 12
Par	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,3	368,102
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,2	281,968
3	Revenue less expenses Subtract line 2 from line 1	3			86,134
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) \cdot .	4		1,8	359,113
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		1,9	945,247
Par	t 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				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revalue a separate basis, consolidated basis, or both	iewed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a se basis, consolidated basis, or both	parate			
	Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversion of the audit, review, or compilation of its financial statements and selection of an independent accountary		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	ın			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in Single Audit Act and OMB Circular A-133?	the	За		No
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		

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As Filed Data -

DLN: 93493116011156

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Total

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.

► Attach to Form 990 or Form 990-EZ. ► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. 2015
Open to Public

Inspection

Employer identification number Name of the organization Petfinder Foundation 87-0694641 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii).(Attach Schedule E (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 Seesection 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement. (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization Provide the following information about the supported organization(s) (i) (ii)EIN (iii) (iv) (v) (vi) Name of supported organization Type of Is the organization A mount of A mount of other organization listed in your governing monetary support support (see (described on lines document? (see instructions) instructions) 1-9 above (see instructions)) Yes

Pā	(Complete only if you						
	Part III. If the organi						
S	ection A. Public Support						
(or	Calendar year fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do	7,069,885	2,532,306	1,478,901	1,359,201	1,370,461	13,810,754
2	not include any unusual grants) 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	7,069,885	2,532,306	1,478,901	1,359,201	1,370,461	13,810,754
5	The portion of total contributions by each person (other than a						
	governmental unit or publicly						
	supported organization) included on line 1 that exceeds 2% of the						6,249,027
	amount shown on line 11, column						
6	(f) Public support. Subtract line 5						
	from line 4						7,561,727
S	ection B. Total Support						
(or	Calendar year fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	A mounts from line 4	7,069,885	2,532,306	1,478,901	1,359,201	1,370,461	13,810,754
8	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties and income from similar sources	1,443	7,393	4,230	9,203	383	22,652
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						13,833,406
12	through 10 Gross receipts from related activi	lties, etc (see ins	tructions)			12	
13	First five years.If the Form 990 is	s for the organizat	ion's first, second	, thırd, fourth, or fı	fth tax year as a		organization,
	check this box and stop here					<u> </u>	
	ection C. Computation of Pu	• • • • • • • • • • • • • • • • • • • •		4.4 1 (6)			
14 15	Public support percentage for 20: Public support percentage for 20:	•	• •	11, column (r))		14	54 660 %
	33 1/3% support test—2015.If the	•	•	on line 12 and li	uno 14 io 22 1/20/a	15	47 000 %
	and stop here. The organization q	ualifies as a public	cly supported orga	inization			▶ ▽
b	33 1/3% support test—2014.If th				and line 15 is 33	1/3% or more, ch	eck this ►
17a	box and stop here. The organizati 10%-facts-and-circumstances tes	st—2015. If the org	anızatıon did not d	heck a box on line			F 1
	is 10% or more, and if the organizin Part VI how the organization m						ted
_	organization			_			▶ □
Ь	10%-facts-and-circumstances tes 15 is 10% or more, and if the org						
	Explain in Part VI how the organiz						
18	supported organization Private foundation. If the organization	ation did not chec	kahoxon line 13	16a 16h 17a o	r 17h chack this	box and see	▶ □
	instructions	acion ala not checi	K a box on line 15	, 100, 100, 170, 0	T I D, CHECK CHIS	DOX UNU DEC	▶ □

Schedule A (Form 990 or 990-EZ) 2015 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) Part III (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar vear (a)2011 (d)2014 **(b)**2012 (c)2013 (e)2015 (f)Total (or fiscal year beginning in) 🕨 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt nurnose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 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 c Add lines 7a and 7b Public support. (Subtract line 7c from line 6) Section B. Total Support Calendar year (a)2011 **(b)**2012 (c)2013 (d)2014 (e)2015 (f)Total (or fiscal year beginning in) 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 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) 15 Public support percentage from 2014 Schedule A, Part III, line 15 16 Section D. Computation of Investment Income Percentage

b 33 1/3% support tests—2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

19a 33 1/3% support tests—2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))

Investment income percentage from 2014 Schedule A, Part III, line 17

18

►ſ

17

18

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked

Section A. All Supporting Organizations			
I, complete Sections A and D, and complete	te Part V)		
11b of Part I, complete Sections A and C	If you checked 11c of Part I, com	iplete Sections A , D , and E If y	ou checked 11d of Par

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	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 organization was described in section 509(a)(1) or (2).	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	За		ı
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		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4 a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		ı
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	4b		
c	by or in connection with its supported organizations. 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.	4 c		
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		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		ı
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) 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 IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	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 II of Schedule L (Form 990).	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 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
C	Did a disqualified person (as defined in line 9(a)) 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		
0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b 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).	10b		l
	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		<u> </u>
b	A family member of a person described in (a) above?	11b		
c	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		

Pai	Supporting Organizations (continued)			
Se	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
Se	ection 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		
Se	ection 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, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) 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 supported organizations played in this regard.	3		
Se	ection E. Type III Functionally-Integrated Supporting Organizations			
1 a b	The organization is the parent of each of its supported organizations Complete line 3 below			
2	Activities Test Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of 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		
Ŀ	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
Ŀ	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b

	Check here if the organization satisfied the Integral Part Test as a qualifying tr Type III non-functionally integrated supporting organizations must complete S			uct ions. All other
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
!	Recoveries of prior-year distributions	2		
	Other gross income (see instructions)	3		
	Add lines 1 through 3	4		
	Depreciation and depletion	5		
ı	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		
,	Other expenses (see instructions)	7		
1	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	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)			
	Acquisition indebtedness applicable to non-exempt use assets	2		
	Subtract line 2 from line 1d	3		
	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 035	6		
	Recoveries of prior-year distributions	7		
	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
	Enter 85% of line 1	2		
	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
	Enter greater of line 2 or line 3	4		
	Income tax imposed in prior year	5		
i	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
	Check here if the current year is the organization's first as a non-functionally-instructions)	ntegrate	d Type III supporting o	rganızatıon (see

Type III Non-Functionally Integr	ated 509(a)(3) Suppo	rting Organizations (c	
Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accom	plish exempt purposes		
2 A mounts paid to perform activity that directly furth excess of income from activity	ers exempt purposes of supp	oorted organizations, in	
3 Administrative expenses paid to accomplish exemp	pt purposes of supported org	anızatıons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval re	quired)		
6 Other distributions (describe in Part VI) See instru	uctions		
7 Total annual distributions. Add lines 1 through 6			
Distributions to attentive supported organizations to details in Part VI) See instructions	to which the organization is r	esponsive (provide	
9 Distributable amount for 2015 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-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2015			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
 Carryover from 2010 not applied (see instructions) 			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7			
\$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (If amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 31 and 4c			
8 Breakdown of line 7			
c Excess from 2013			
d From 2014			
e From 2015			

Part VI Supplemental Information.

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section 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).

Facts	And	Circum	stances	Test
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Return Reference	Explanation

Schedule A (Form 990 or 990-EZ) 2015

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493116011156

OMB No 1545-0047

SCHEDULE D

(Form 990)

Department of the Treasury

Supplemental Financial Statements

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

Attach to Form 990.

Attach to Form 990.

Open to Public

ime of the organization trinder Foundation	e D (Folili 990) and its instructions is at www.i	Employer identification number
		87-0694641
	nor Advised Funds or Other Similar I vered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b)Funds and other accounts
Total number at end of year		
Aggregate value of contributions to (during year)		
Aggregate value of grants from (during yea	r)	
Aggregate value at end of year		
Did the organization inform all donors and dor funds are the organization's property, subject	nor advisors in writing that the assets held in do to the organization's exclusive legal control?	onor advised Yes No
	rs, and donor advisors in writing that grant func the benefit of the donor or donor advisor, or for	
t III Conservation Easements. Con	nplete if the organization answered "Yes"	on Form 990, Part IV, line 7.
	ecreation or education) Preservation of a	an historically important land area a certified historic structure n the form of a conservation
easement on the last day of the tax year		Held at the End of the Year
Total number of conservation easements		2a
Total acreage restricted by conservation eas	ements	2b
Number of conservation easements on a cert		2c
Number of conservation easements included historic structure listed in the National Regis		2d
Number of conservation easements modified, tax year ▶	transferred, released, extinguished, or termina	ted by the organization during the
Number of states where property subject to c	onservation easement is located > -	
	garding the periodic monitoring, inspection, ha	ndling of Yes No
Staff and volunteer hours devoted to monitori year	ng, inspecting, handling of violations, and enfor	cing conservation easements during the
-		
	nspecting, handling of violations, and enforcing	conservation easements during the year
> \$		
(B)(ı) and section 170(h)(4)(B)(ıı)?	n line 2(d) above satisfy the requirements of so	☐ Yes ☐ No
	ports conservation easements in its revenue a text of the footnote to the organization's financi n easements	
	lections of Art, Historical Treasures vered "Yes" on Form 990, Part IV, line 8.	
If the organization elected, as permitted unde works of art, historical treasures, or other sim	r SFAS 116 (ASC 958), not to report in its rev illar assets held for public exhibition, education ootnote to its financial statements that describ	enue statement and balance sheet n, or research in furtherance of public
	r SFAS 116 (ASC 958), to report in its revenu nilar assets held for public exhibition, educatior g to these items	
) Revenue included on Form 990, Part VIII, li	ne 1	► \$
Assets included in Form 990, Part X		<u></u>
If the organization received or held works of a	rt, historical treasures, or other similar assets er SFAS 116 (ASC 958) relating to these item	
Revenue included on Form 990. Part VIII. lin	a 1	b - ¢

b Assets included in Form 990, Part X

Part	1111	Organizations Maintaining (continued)	Collections of A	Art, H	istori	cal	Treas	sures, o	r Ot	her Simi	ilar A	ssets	
3		the organization's acquisition, accetion items (check all that apply)	ession, and other re	cords,	check a						ant us	e of its	
а	┌ P	ublic exhibition		d	Г	Loa	in or ex	change pr	ogra	ms			
b	┌ s	cholarly research		е	Г	Oth	ner						
c	ГР	reservation for future generations											
4	Provid Part X	de a description of the organization's KIII	s collections and ex	plaın h	ow they	furt	her the	organızat	tıon's	exempt p	urpose	: In	
5	Durin	g the year, did the organization solic	it or receive donati	ons of	art, hist	oric	al treas	sures or o	ther	sımılar			
		s to be sold to raise funds rather the		as par	t of the	orga	nızatıo	n's collec	tion?	•	☐ Yes	□ No	
Par	t IV	Escrow and Custodial Arra Complete if the organization a Part X, line 21.		n Forn	n 990,	Part	t IV, lı	ne 9, or	repo	orted an a	amour	nt on For	m 990,
1a		e organization an agent, trustee, cus ded on Form 990, Part X?	todian or other inte	rmedia	ry for c	ontri	butions	orother	asse		┌ Yes	⊱	
b	If"	Yes," explain the arrangement in Pa	art XIII and comple	te the f	following	g tab	ole				Am	ount	
c		ginning balance							1 c				
d	A d	ditions during the year							1d				
e	Dis	tributions during the year							1e				
f	End	ding balance							1 f				
2a	Did th	ne organization include an amount oi	n Form 990, Part X,	line 21	l, for es	crow	vorcus	todial acc	count	t liability?	┌ Yes	⊢ No	
		es," explain the arrangement in Part											Γ
Pai	t V	Endowment Funds. Comple							-				
12	Pogur	oning of year balance	(a)Current year	(b)	Prior yea	r	b (c)	wo years ba	CK (d) Three yea	rs back	(e)Four y	ears back
1a b	_	nning of year balance ributions											
c	Net II losse	nvestment earnings, gains, and es											
d	Grant	ts or scholarships											
e		r expenditures for facilities programs 											
f	A dmı	nistrative expenses											
g	End o	of year balance											
2	Provid	de the estimated percentage of the (current year end bal	lance (lıne 1g,	colu	ımn (a)) held as					
а	Board	l designated or quasi-endowment ►											
b	Perma	anent endowment ►											
c		orarily restricted endowment ► ercentages on lines 2a, 2b, and 2c	should equal 100%										
За	organ	nere endowment funds not in the pos ization by	_	nızatıo	n that a	re he	eld and	admınıste	ered	for the		Yes	No
ь	(ii) re	related organizations									3a	a(i) a(ii) Bb	
4	Desci	ribe in Part XIII the intended uses o	of the organization's	endow	ment fu	nds							
Par	t VI	Land, Buildings, and Equip											
		Complete if the organization a Description of property	inswered 'Yes' to		Cost	or oth	er basıs		er bas	Accı	Part > umulated reciation	(d) B). ook value
1a	and			†				-					
b i	Buildin	gs											
c l	_easeh	nold improvements		. [
d i	Equipm	nent		. [4,35	8	2,	436	1,922
	Other												
Total	.Add I	lines 1a through 1e <i>(Column (d) mus</i>	t equal Form 990, Pa	rt X, co	lumn (B), lin	e 10(c).	<i>)</i>			. ► hedule		1,922

See Form 990, Part X, line 12.	1	(1)	1 (34.11.1.6.1.1
(a) Description of security or categor (including name of security)	ry	(b) Book value	(c)Method of valuation Cost or end-of-year market value
1)Financial derivatives			
2)Closely-held equity interests 3)Other			+
5)0 tilei			
			1
otal. (Column (b) must equal Form 990, Part X, col (B) line 12)	+		
Part VIII Investments—Program Related.			
Complete if the organization answere	ed 'Yes' on Form 990,		
(a) Description of investment		(b) Book value	(c) Method of valuation Cost or end-of-year market value
			Cost of end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	•	000 Part IV Iva	1111 Confirm CON Part V Inc. 15
Part IX Other Assets. Complete if the organizat	tion answered 'Yes' on F	orm 990, Part IV, line	
Part IX Other Assets. Complete if the organizat (a) Des		orm 990, Part IV, line	11d See Form 990, Part X, line 15 (b) Book value 220,407
Part IX Other Assets. Complete if the organizat (a) Des	tion answered 'Yes' on F	orm 990, Part IV, line	(b) Book value
Part IX Other Assets. Complete if the organizat (a) Des	tion answered 'Yes' on F	orm 990, Part IV, line	(b) Book value
Part IX Other Assets. Complete if the organizat (a) Des	tion answered 'Yes' on F	orm 990, Part IV, line	(b) Book value
Part IX Other Assets. Complete if the organizat (a) Des	tion answered 'Yes' on F	orm 990, Part IV, line	(b) Book value
Part IX Other Assets. Complete if the organizat (a) Des	tion answered 'Yes' on F	orm 990, Part IV, line	(b) Book value
Part IX Other Assets. Complete if the organizat (a) Des	tion answered 'Yes' on F	orm 990, Part IV, line	(b) Book value
Part IX Other Assets. Complete if the organizat (a) Des	tion answered 'Yes' on F	orm 990, Part IV, line	(b) Book value
Part IX Other Assets. Complete if the organizat (a) Des	tion answered 'Yes' on F	orm 990, Part IV, line	(b) Book value
Part IX Other Assets. Complete if the organizat (a) Des	tion answered 'Yes' on F	orm 990, Part IV, line	(b) Book value
Part IX Other Assets. Complete if the organizat (a) Des	tion answered 'Yes' on F	orm 990, Part IV, line	(b) Book value
Part IX Other Assets. Complete if the organizat (a) Des	tion answered 'Yes' on F	orm 990, Part IV, line	(b) Book value
Part IX Other Assets. Complete if the organizate (a) Des (1) Equity investment	tion answered 'Yes' on F		(b) Book value 220,407
(a) Des (1) Equity investment Total. (Column (b) must equal Form 990, Part X, col.(B) line	tion answered 'Yes' on Fecription		(b) Book value 220,407
(a) Des (1) Equity investment Total. (Column (b) must equal Form 990, Part X, col.(B) line Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25.	tion answered 'Yes' on Faction ceription e 15.) rganization answered		(b) Book value 220,407
(a) Des (a) Des (b) Equity investment (c) Total. (Column (b) must equal Form 990, Part X, col.(B) line (d) Part X Other Liabilities. Complete if the orm See Form 990, Part X, line 25.	tion answered 'Yes' on Fecription		(b) Book value 220,407
Total. (Column (b) must equal Form 990, Part X, col.(B) line Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25. (a) Description of liability	tion answered 'Yes' on Faction ceription e 15.) rganization answered		(b) Book value 220,407
Total. (Column (b) must equal Form 990, Part X, col.(B) line Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25. (a) Description of liability	tion answered 'Yes' on Faction ceription e 15.) rganization answered		(b) Book value 220,407
Total. (Column (b) must equal Form 990, Part X, col.(B) line Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25. (a) Description of liability	tion answered 'Yes' on Faction ceription e 15.) rganization answered		(b) Book value 220,407
Total. (Column (b) must equal Form 990, Part X, col.(B) line Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25. (a) Description of liability	tion answered 'Yes' on Faction ceription e 15.) rganization answered		(b) Book value 220,407
Total. (Column (b) must equal Form 990, Part X, col.(B) line Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25. (a) Description of liability	tion answered 'Yes' on Faction ceription e 15.) rganization answered		(b) Book value 220,407
Total. (Column (b) must equal Form 990, Part X, col.(B) line Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25. (a) Description of liability	tion answered 'Yes' on Faction ceription e 15.) rganization answered		(b) Book value 220,407
(a) Des (a) Des (b) Equity investment (c) Total. (Column (b) must equal Form 990, Part X, col.(B) line (d) Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25. (a) Description of liability	tion answered 'Yes' on Faction ceription e 15.) rganization answered		(b) Book value 220,407
(a) Des (a) Des (b) Equity investment (c) Total. (Column (b) must equal Form 990, Part X, col.(B) line (d) Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25. (a) Description of liability	tion answered 'Yes' on Faction ceription e 15.) rganization answered		(b) Book value 220,407
(a) Des (1) Equity investment Total. (Column (b) must equal Form 990, Part X, col.(B) line Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25. (a) Description of liability	tion answered 'Yes' on Faction ceription e 15.) rganization answered		(b) Book value 220,407
(a) Des (1) Equity investment Total. (Column (b) must equal Form 990, Part X, col.(B) line Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25. (a) Description of liability	tion answered 'Yes' on Faction ceription e 15.) rganization answered		(b) Book value 220,407
(a) Des (1) Equity investment Total. (Column (b) must equal Form 990, Part X, col.(B) line Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25. (a) Description of liability	tion answered 'Yes' on Faction ceription e 15.) rganization answered		(b) Book value 220,407
(a) Des (1) Equity investment Total. (Column (b) must equal Form 990, Part X, col.(B) line Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25. (a) Description of liability	tion answered 'Yes' on Faction ceription e 15.) rganization answered		(b) Book value 220,407
Total. (Column (b) must equal Form 990, Part X, col.(B) line Part X Other Assets. Complete if the organizate (a) Des (a) Des (b) Des (c) Des (c) Des (d) Des (e) Des (e) Des (e) Des (f) Equity investment	tion answered 'Yes' on Faction ceription e 15.) rganization answered		(b) Book value 220,407
(a) Des (1) Equity investment Total. (Column (b) must equal Form 990, Part X, col.(B) line Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25. (a) Description of liability	tion answered 'Yes' on Faction ceription e 15.) rganization answered		(b) Book value 220,407
(a) Description of liability Other Assets. Complete if the organizate (a) Description of liability (a) Description of liability	tion answered 'Yes' on Faction ceription e 15.) rganization answered		(b) Book value 220,407

Par		Revenue per Audited Financial Statements With Revenue nization answered 'Yes' on Form 990, Part IV, line 12a.	per Re	turn
1		er support per audited financial statements	1	1,368,102
2	Amounts included on line 1 b	ut not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses)	on investments 2a		
b	Donated services and use of	facilities		
c	Recoveries of prior year grant	ts		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d		2e	
3	Subtract line ${f 2e}$ from line ${f 1}$.		3	1,368,102
4	Amounts included on Form 99	90, Part VIII, line 12, but not on line 1		
а	Investment expenses not inc	luded on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII)		
C	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 an	d 4c. (This must equal Form 990, Part I, line 12)	5	1,368,102
Part		xpenses per Audited Financial Statements With Expense nization answered 'Yes' on Form 990, Part IV, line 12a.	es per F	leturn.
1		er audited financial statements	1	1,281,968
2	Amounts included on line 1 be	ut not on Form 990, Part IX, line 25		
а	Donated services and use of	facilities		
b	Prior year adjustments	2b		
c	Otherlosses			
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	· · · · · · · · · · · · · · · · · · ·	2e	
3	Subtract line 2e from line 1 .		3	1,281,968
4	Amounts included on Form 99	90, Part IX, line 25, but not on line 1:		
а	Investment expenses not inc	luded on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII)		
c	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 a	nd 4c. (This must equal Form 990, Part I, line 18)	5	1,281,968
P rov P art		formation r Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2, lines 2d and 4b, and Part XII, lines 2d and 4b.		any additional
	Return Reference	Explanation		
	ote for uncertain tax position FIN 48 (Part X)	Management of the Foundation considers the likelihood of changes by treturns and recognizes a liability for or discloses potential significant change to occur, including change to occur, including change	hanges ıf	management

Return Reference	Explanation
Footnote for uncertain tax position under FIN 48 (Part X)	Management of the Foundation considers the likelihood of changes by taxing authorities in its filed tax returns and recognizes a liability for or discloses potential significant changes if management believes it is more likely than not for a change to occur, including changes to the organizations status as a not-for-profit entity. Management believes that the Foundation met the requirements to maintain its tax-exempt status and has no income subject to unrelated business income tax, therefore, no provision for income taxes has been provided in these financial statements

Part XIII Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2015

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - |
Schedule I

DLN: 93493116011156OMB No 1545-0047

2015

Open to Public Inspection

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

Department of the Treasury Internal Revenue Service

(Form 990)

Name of the organization
Petfinder Foundation

Employer identification number 87-0694641

Part I General Information	on Grants and	Assistance					
Does the organization maintain ro the selection criteria used to awa Describe in Part IV the organizat	ard the grants or ass	sistance?				tance, and	√ Yes
Part II Grants and Other Assistar that received more than \$				plete if the organization	answered "Yes" on Fo	orm 990, Part IV, line 21	, for any recipient
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gran or assistance
ee Addıtıonal Data Table							

Schedule I	Schedule I (Form 990) 2015								
Part III	Grants and Other Assistance to Domestic Individuals. Complete If the organization answered "Yes" on Form 990, Part IV, line 22								
	Part III can be duplicated if additional space is needed								

(a)Type of grant or assistanc	te (b) Num		(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance			
Part IV Supplemental Ir	nformation. Pro	vide the infor	mation required in P	art I, line 2, Part III,	column (b), and any other	addıtıonal ınformatıon.			
Return Reference	Return Reference Explanation								

Return Reference	Explanation
Monitoring procedures (Part I,	Petfinder Foundation has the following procedure in place to ensure that grants funds are used in the proper way based on grant requirements 1) During
line 2)	the grant application process, applying organizations must agree to submit a final grant report on how the granted funds were used, how many pets were
	helped, what specifically the funds were spent on, etc. This grant report must include documentation of expenditures to ensure that the funds were spent
	in the correct way 2) In the official grant award letter, which is mailed along with the grant check, grantees are notified that the funds are restricted to
	the purpose stated in their application. It also states that cashing of the grant check constitutes acceptance of the grant terms and conditions listed in
	the letter The reporting requirement is stated again in each grant award letter 3) 60-90 days after receiving the grant, awarded groups are notified that
	their grant report and documentation is due Groups are given one week to complete this report. After the reporting deadline is past, groups who have
	not complied are sent a second notice If they still do not comply, a third notice which indicates that if they do not submit their grant report, they will be
	required to return the granted funds and will not be eligible for future grants from the Petfinder Foundation

Additional Data

Software ID:

Software Version:

EIN: 87-0694641

Name: Petfinder Foundation

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Adopt A Boxer Rescue PO Box 270551 West Hartford, CT 06127	20-1921004	501c3	5,000				MyRescuedoga
Anderson Animal Shelter 1000 S La Fox South Elgin,IL 60177	36-6164626	501c3	10,663				BAB Humane Education
Animal Compassion Team of CA 2789 S Orange Ave Fresno, CA 93725	27-0647770	501c3	8,000				Cause for Paws

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	I = =	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Anımal Haven 251 Centre St New York, NY 10013	11-6101487	501c3	10,000				Purina ONEFriskies Event Grant
Animal Welfare Society PO Box 43 West Kennebunk, ME 04094	23-7018176	501c3	10,663				BAB Humane Education
Arizona Pug Adoption & Rescue Netwk 1106 N Gilbert Rd No2 PMB 192 Mesa,AZ 85203	86-1030655	501c3	5,000				MyRescuedog

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.								
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	, · ·	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
Austin Pets Alive 1156 W Cesar Chavez St Austin, TX 78703	74-2893360	501c3	20,000				Disaster Orvis Parvo Puppy ICU grant	
Basset Hound Rescue of Southern Cal PO Box 88 Whittier, CA 90608	77-0503016	501c3	5,000				Cause for Paws	
Bickell Foundation 2303 W Belmont Chicago, IL 60618	46-2123914	501c3	5,000				MyRescuedog	

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	` '	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Brookhaven Animal Rescue League PO Box 3477 Brookhaven, MS 39603	64-0659454	501c3	8,000				Cause for Paws
Casa del Toro Pit Bull Rescue 5351 E Thompson Rd Ste 144 Indianapolis,IN 46237	42-1708651	501c3	5,000				Cause for Paws
CHEW Rescue 9912 58th ST NW Gig Harbor, WA 98335	03-0603791	501c3	5,000				Cause for Paws

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	` '	(f) Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant or assistance
City of Elderly Love 2107 Fitzwater St Philadelphia, PA 19146	46-4923885	501c3	5,000				MyRescuedog
Everglades Angels Dog Rescue 2637 E Atlantic Blvd Unit 269 Pompano Beach,FL 33062	46-4812463	501c3	5,000				MyRescuedog
Fresno Bully Rescue 8547 W Herndon Ave Fresno,CA 93723	26-2506132	501c3	5,000				Cause for Paws

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.								
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	1	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
FurEver Animal Rescue 2687 Cornelius Drive San Pablo, CA 94806	45-3954430	501c3	7,000				Cause for Paws	
Have a Heart Humane Society 1121 W Valley Blvd Ste A Tehachapi, CA 93561	90-0571890	501c3	10,663				BAB Humane Education	
Hilaroo Foundation 9200 W Sunset Blvd Ste 600 West Hollywood, CA 90069	47-2390832	501c3	63,936				Cause for Paws	

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.								
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant		(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
Hope Animal Rescues PO Box 397 Godfrey,IL 62035	20-4809712	501c3	5,000				MyRescuedog	
Hope For Paws Rescue 8950 W Olympic Blvd No 525 Beverly Hills,CA 90211	26-2869386	501c3	5,000				MyRescuedog	
Humane Animal Welfare Society 701 Northview Road Waukesha, WI 53188	39-6108644	501c3	10,663				BAB Humane Education	

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.								
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	1 2 5	(f) Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant or assistance	
Humane Society of Huron Valley 3100 Cherry Hill Road Ann Arbor, MI 48105	38-1474931	501c3	10,663				BAB Humane Education	
Humane Society of Missouri 1201 Macklind Avenue Saint Louis, MO 63110	43-0652638	501c3	10,663				BAB Humane Education	
Humane Society of Southern Arizona 3450 North Kelvin Tucson, AZ 85716	86-0112798	501c3	10,663				BAB Humane Education	

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	1	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
Humane Society of Pikes Peak Region 610 Abbot Lane Colorado Springs,CO 80905	84-0410111	501c3	10,663				BAB Humane Education			
Humane Society Silicon Valley 901 Ames Avenue Milpitas,CA 95035	94-1196215	501c3	10,663				BAB Humane Education			
Imagine Pet Rescue 2125 Glynnwood Dr Savannah, GA 31404	47-1390407	501c3	5,000				MyRescuedog			

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	1 * *	(f) Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant or assistance				
Legacy Boxer Rescue 424 Plainview Dr Hurst,TX 76054	20-0891607	501c3	5,000				MyRescuedog				
Mayors Alliance for NYCs Animals 244 5th Ave Ste R290 New York, NY 10001	73-1653635	501c3	15,000				PFF Adoption Event in NYC				
MidWest Dachshund Rescue 2023 Ridegewood St Highland,IN 46322	42-1578826	501c3	25,000				MyRescuedog				

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
Missys Haven Canine Rescue 11023 Kosub Lane San Antonio, TX 78223	45-2148549	501c3	10,663				BAB Humane Education				
Motley Zoo Animal Rescue 23316 NE Redmond Fall City Rd No522 Redmond, WA 98053	26-4338166	501c3	10,000				Cause for Paws				
National Mill Dog Rescue PO Box 88468 Colorado Springs,CO 80908	26-0574783	501c3	5,000				MyRescuedog				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	` '	(f) Method of valuation (book, FMV, appraisal, other)	, , , ,	(h) Purpose of grant or assistance			
New York Bully Crew 1457 Montauk Hwy Patchogue, NY 11772	27-4846322	501c3	5,000				MyRescuedog			
NMDOG 7820 Enchanted Hills Blvd NE A-112 Rio Rancho, NM 87144	45-2781292	501c3	5,000				MyRescuedog			
PAWS - Panhandle Animal Welfare Soc 752 Lovejoy Road Fort Walton Beach, FL 32548	59-0815515	501c3	10,663				BAB Humane Education			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
Pawsitive Kids Camp 3723A Del Prado Blvd South Cape Coral,FL 33904	47-2314001	501c3	10,663				BAB Humane Education			
Pets for Vets ROAR- Rıdgefield CT 45 South Street Rıdgefield, CT 06877	06-1604963	501c3	7,000				Cause for Paws			
Pima Animal Care Center 2250 East Broadway Tucson, AZ 85719	94-2681765	501c3	8,500				Cause for Paws			

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	\ \ \ \	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
Planned Pethood PO Box 350908 Toledo,OH 43635	34-1312028	501c3	5,000				Cause for Paws				
Recycled Poms Houston 23 Artesia Conroe,TX 77304	80-0385916	501c3	6,000				Cause for Paws				
Reggies Friends PO Box 2573 Conroe,TX 77304	46-2187667	501c3	5,000				MyRescuedog				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
Rescue from the Hart PO Box 8024 Van Nuys,CA 91409	46-3015764	501c3	5,000				MyRescuedog				
Richardson Rescue 1968 Garvin Road York,SC 29745	75-3124742	501c3	10,000				Disaster				
Sacramento SPCA 6201 Florin Perkins Rd Sacramento,CA 95828	94-1312343	501c3	10,663				BAB Humane Education				

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	• •	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
Santa Cruz County Animal Shelter 2200 7th Ave Santa Cruz, CA 95062	90-0039494	501c3	10,663				BAB Humane Education				
Smiling Dog Rescue 25910 E Low Lane Benson, AZ 85602	80-0786599	501c3	10,000				Cause for Paws				
Social Tees Animal Rescue 325 East 5th Street New York, NY 10003	06-1818756	501c3	6,000				Cause for Paws				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	` '	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
Sonoma Humane Society PO Box 1296 Santa Rosa, CA 95402	94-6001315	501c3	5,000				Disaster			
Southern CO Animal Rescue 16750 Thompson Road Colorado Springs,CO 80908	84-1477578	501c3	10,663				BAB Humane Education			
Washington Animal Rescue League 71 Oglethorpe St NW Washington, DC 20011	53-0162440	501c3	10,663				BAB Humane Education			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
Wine Country Animal Lovers PO Box 3 Calistoga,CA 94515	27-1454400	501c3	5,000				Dısaster			
Wire Fox Terrier Rescue Midwest Box 141 Dumont, IA 50625	27-0261193	501c3	5,000				MyRescuedog			
Woods Humane Society 875 Oklahoma Ave San Luis Obispo, CA 93405	95-2058587	501c3	10,663				BAB Humane Education			

DLN: 93493116011156

Schedule L

(Form 990 or 990-EZ)

Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. ► Attach to Form 990 or Form 990-EZ. ▶Information about Schedule L (Form 990 or 990-EZ) and its instructions is at

2015

OMB No 1545-0047

Open to Public

Department of the Treasury

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

Part III

(a) Name of Interested person	(b) Relationship between interested person and the organization	(c) A mount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions 1					
Complete if the organizatio	<u>n answered "Yes" on l</u>	Form 990, Part IV, lın	e 28a, 28b, or 28c.		
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) Rob Rauh	Board Secretary	7,339	Provided legal & registration services		No

Part V Supplemental Information

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

Return Reference Explanation

Schedule L (Form 990 or 990-EZ) 2015

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493116011156

2015

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

SCHEDULE M

(Form 990)

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

► Attach to Form 990.

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

Noncash Contributions

Open to Public Inspection

	ie of the organization ider Foundation	Employer identification number							
etiii	idel i dulidation				87-0694641				
Pa	rt I Types of Property			<u>'</u>					
		(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	(d Method of do noncash contrib	etermining	nts		
1	Art—Works of art								
2	Art—Historical treasures .								
3	Art—Fractional interests								
4	Books and publications								
5	Clothing and household								
_	goods								
	Boats and planes								
	Intellectual property								
	Securities—Publicly traded .	X	1	1.155	faır market value				
	Securities—Closely held stock .								
	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—O ther								
18	Collectibles								
	Food inventory								
	Drugs and medical supplies .								
	Taxidermy								
	Historical artifacts								
	Scientific specimens								
	Archeological artifacts		1.040	20.000	£				
og	Other ► (and cat treats)	X	1,040	·	fair market value				
og	Other►(beds)	X	250	·	fair market value				
	Other ► (toys)	X	1,160	16,788	faır market value				
	Other ► ($\overline{}$	5	5 300	faır market value				
) th		,	, and the second	3,555	Tan market value				
29	Number of Forms 8283 received for which the organization comple				29				
30a	During the year, did the organiza	ition receiv	e by contribution any prope	erty reported in Part I, lines	1 through 28, that	Yes	No		
	it must hold for at least three ye	ars from the	e date of the initial contribu	ition, and which is not requi	red to be used				
	for exempt purposes for the enti	re holding p	period?			30a	No		
b	If "Yes," describe the arrangem	ent in Part 1	II						
31	Does the organization have a gif	t acceptano	ce policy that requires the i	review of any non-standard	contributions?	31	No		
32a	Does the organization hire or us contributions?	•	ies or related organizations	to solicit, process, or sell	noncash • • •	32a	 No		
b	If "Yes," describe in Part II					J24	110		
	If the organization did not report	an amount	in column (c) for a type of	property for which column (a) ıs checked,				

describe in Part II

Page 2

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nental Information.

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference Explanation

Schedule M (Form 990) (2015)

SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No 1545-0047

DLN: 93493116011156

Inspection

Name of the organization Petfinder Foundation Employer identification number

	87-0694641							
90 Schedule O, Su	pplemental Information							
Return Reference	Explanation							
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.							
Conflict of interest policy compliance Part VI line 12c	To ensure that Petfinder Foundations Conflict of Interest Policy is followed, board member s are asked to do the following 1) Complete a new Conflict of Interest form at annual Petf inder Foundation Board meetings,2) To inform the Board and Executive Director of any new j obsion 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							
CEO executive director top management comp Part VI line 15a	The Petfinder Foundations Board of Directors has conducted research to determine if the co mpensation of the Executive Director of the Foundation is within widely accepted industry standards. The conclusion of the Board is that the Executive Directors compensation is not only well within widely accepted industry standards, but also slightly below industry standards for a Foundation the size of Petfinder Foundation.							
Form 990 availability to public Part VI line 18	The 990 is available to the public via our wiebsite as well as uploaded to the various char ity monitoring wiesites like Charity Navigator and Guidestar org. All documents are available upon request							
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 evarious charity monitoring wesites like Charity Navigator and Guidestar org. All documents are available upon request							
General explanation attachment	Part III Line 4a (Statement of Program Accomplishments - Quality of Life) > Orvis Animal Care Grants Thanks to a generous matching donation campaign from the Orvis Company the Petf inder Foundation was able to provide general animal care grants to help support shelter and rescue groups dog adoption efforts in a positive way > Dog Enrichment Grants. The Petf Inder Foundation is working with KONG to provide enrichment foys and products to shelters a nd adopters across the country. The Kong Company joins the Petfinder Foundation in the bell ief that by providing enrichment toys to shelter pets, you strivulate their mind, making them more adoptable. *Rescue U Renovation Rescue U, a program of the Foundation provides grants to shelters to help them with small scale shelter renovation projects like fixing up and build new kennels, cat houses and play areas, outdoor pens, bathing areas, and more > Adoption Options in Action Grants. The Petfinder Foundation Adoption Options in Action grant is available to Petfinder members who are 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 veteriarray care in order to become adoptable. Grants from this program can be used to cover expenses that it fall outside of normal day to day vet services like spay/neuter, vaccines or routine was missing and the fall outside of normal day to day vet services like spay/neuter, vaccines or routine and the fall of the program are general animal care grants that are used help support shelter and rescue Grants For the past two years the Petfinder Foundation has been the design ated charity for a dog rescue focused TV special Grants from the All-Star Dog Rescue Cele bration program are general animal care grants that are used help support shelter and rescue grants to help homeless pets by sponsor							