

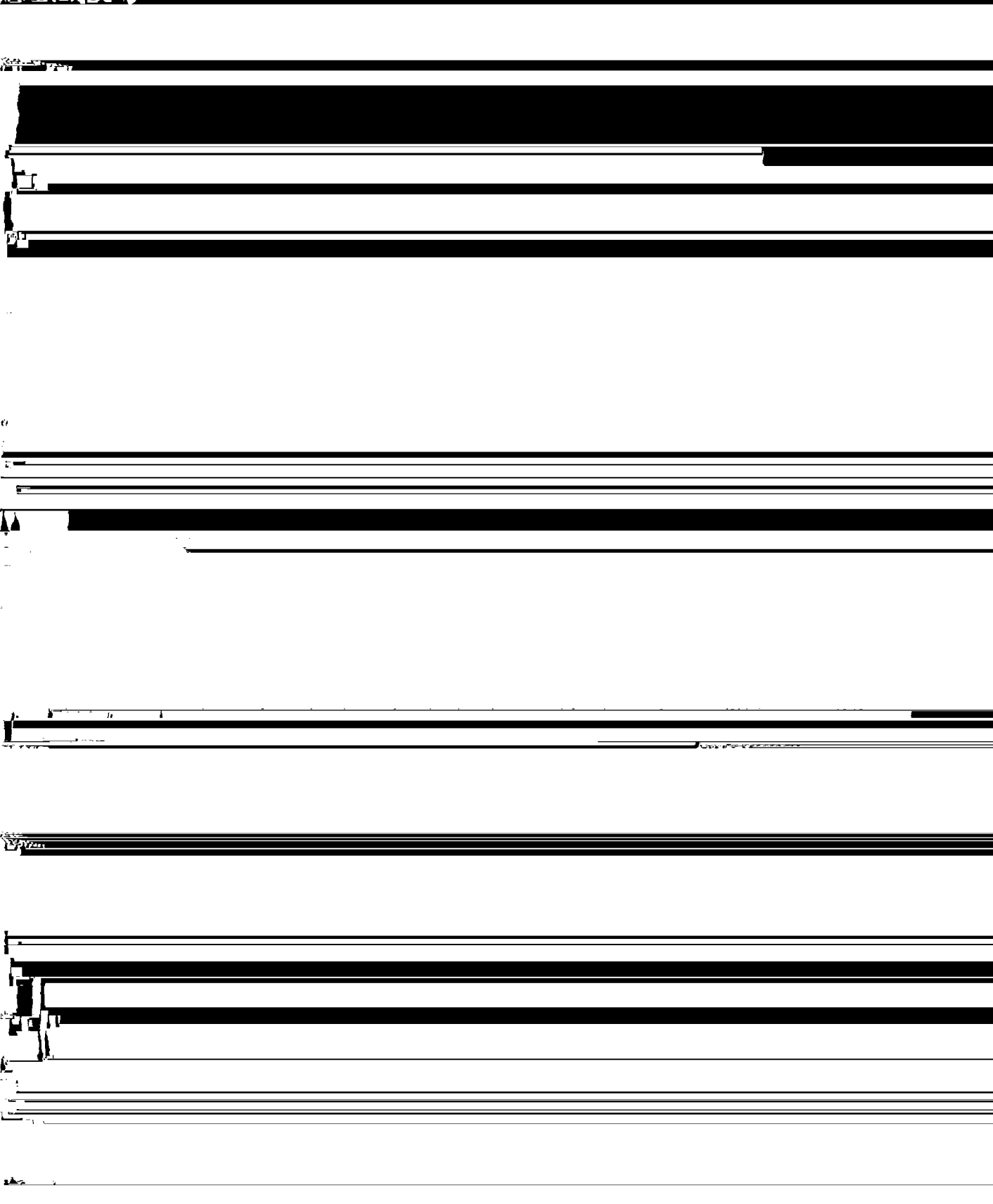
Form **990-PF**
Department of the Treasury
Internal Revenue Service

Return of Private Foundation
or **Section 4947(a)(1) Trust Treated as Private Foundation**
▶ **Do not enter social security numbers on this form as it may be made public.**
▶ **Go to www.irs.gov/Form990PF for instructions and the latest information.**

OMB No 1545-0052
2018
Open to Public Inspection

For calendar year 2018, or tax year beginning 01-01-2018 , and ending 12-31-2018

Name of foundation BLUE BUFFALO FOUNDATION INC C/O MR TOM DONOVAN % TOM DONOVAN		A Employer identification number 55-0842410
Number and street (or P O box number if mail is not delivered to street address) 11 RIVER RD	Room/suite	B Telephone number (see instructions) (203) 762-9751
City or town, state or province, country, and ZIP or foreign postal code WILTON, CT 06897		C If exemption application is pending, check here <input type="checkbox"/>
G Check all that apply <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input checked="" type="checkbox"/> Final return <input type="checkbox"/> Amended return		D 1. Foreign organizations, check here <input type="checkbox"/> 2 Foreign organizations meeting the 85% <input type="checkbox"/>



Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing	657,862	0	0
	2 Savings and temporary cash investments			
	3 Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____	0	0	0
	4 Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	5 Grants receivable	37,323	0	0
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7 Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges	35,103		
	10a Investments—U S and state government obligations (attach schedule)	1,490,000		
	b Investments—corporate stock (attach schedule)			
	c Investments—corporate bonds (attach schedule)			
	11 Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	12 Investments—mortgage loans			
	13 Investments—other (attach schedule)			
	14 Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
15 Other assets (describe ▶ _____)				
16 Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	2,220,288	0	0	
Liabilities	17 Accounts payable and accrued expenses			
	18 Grants payable	355,000	0	
	19 Deferred revenue	39,750		
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe ▶ _____)			
	23 Total liabilities (add lines 17 through 22)	394,750	0	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.			
	24 Unrestricted	1,825,538	0	
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 31.			
	27 Capital stock, trust principal, or current funds			
	28 Paid-in or capital surplus, or land, bldg , and equipment fund			
29 Retained earnings, accumulated income, endowment, or other funds				
30 Total net assets or fund balances (see instructions)	1,825,538	0		
31 Total liabilities and net assets/fund balances (see instructions) .	2,220,288	0		

Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	1,825,538
2 Enter amount from Part I, line 27a	2	-1,825,538
3 Other increases not included in line 2 (itemize) ▶ _____	3	
4 Add lines 1, 2, and 3	4	
5 Decreases not included in line 2 (itemize) ▶ _____	5	
6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	6	

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co.)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo, day, yr)	(d) Date sold (mo, day, yr)
1 a US TREASURY NOTE		2018-01-02	2018-12-04
b US TREASURY NOTE		2018-01-05	2018-07-02
c US TREASURY NOTE		2016-04-29	2018-01-02
d			
e			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 1,238,145		1,236,016	2,129
b 500,000		499,930	70
c 1,490,000		1,490,000	
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
a			2,129
b			70
c			
d			
e			

2 Capital gain net income or (net capital loss)	2	2,199
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8	3	

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? Yes No
 If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year, see instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2017	859,931	2,384,695	0.360604
2016	123,622	2,945,810	0.041965
2015	70,750	1,237,437	0.057175
2014	65,500	246,264	0.265975
2013	0	122,907	0.0

2 Total of line 1, column (d)	2	0.725719
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years	3	0.145144
4 Enter the net value of noncharitable-use assets for 2018 from Part X, line 5	4	1,423,521
5 Multiply line 4 by line 3	5	206,616
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	144
7 Add lines 5 and 6	7	206,760
8 Enter qualifying distributions from Part XII, line 4	8	2,873,904

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)

Table with 11 rows for excise tax calculation. Includes fields for exempt foundations, tax under section 511, subtitle A tax, and total tax due/overpayment. Total tax due is 144, and overpayment is 144.

Part VII-A Statements Regarding Activities

Table with 10 rows for activity statements. Columns include question number, 'Yes', and 'No' responses. Questions cover political activities, unrelated business income, and asset requirements.

Part VII-A Statements Regarding Activities (continued)

11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule See instructions.	11		No
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement See instructions	12		No
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► <u>www.bluebuffalo.com/bbfc</u>	13	Yes	
14 The books are in care of ► <u>TOM DONOVAN</u> Telephone no ► <u>(203) 762-9751</u>			
Located at ► <u>11 RIVER ROAD WILTON CT</u> ZIP+4 ► <u>06897</u>			
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —check here	<input type="checkbox"/>		
and enter the amount of tax-exempt interest received or accrued during the year	15		
16 At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16	Yes	No
See the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes", enter the name of the foreign country ►			

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			Yes	No
1a During the year did the foundation (either directly or indirectly)				
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days).	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
b If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions			1b	
Organizations relying on a current notice regarding disaster assistance check here.				<input type="checkbox"/>
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2018?			1c	No
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))				
a At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2018?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
If "Yes," list the years ► 20____, 20____, 20____, 20____				

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
Total number of others receiving over \$50,000 for professional services. ▶		

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc

	Expenses
1 	
2 	
3 	
4 	

Part IX-B Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2

	Amount
1 	
2 	
All other program-related investments. See instructions	
3 	
Total. Add lines 1 through 3 ▶	

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a	Average monthly fair market value of securities.	1a	791,298
b	Average of monthly cash balances.	1b	653,901
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	1,445,199
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	
2	Acquisition indebtedness applicable to line 1 assets.	2	0
3	Subtract line 2 from line 1d.	3	1,445,199
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	21,678
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	1,423,521
6	Minimum investment return. Enter 5% of line 5.	6	71,176

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here and do not complete this part.)

1	Minimum investment return from Part X, line 6.	1	71,176
2a	Tax on investment income for 2018 from Part VI, line 5.	2a	144
b	Income tax for 2018 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	144
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	71,032
4	Recoveries of amounts treated as qualifying distributions.	4	
5	Add lines 3 and 4.	5	71,032
6	Deduction from distributable amount (see instructions).	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	71,032

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	1a	2,873,904
b	Program-related investments—total from Part IX-B.	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	2	0
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required).	3a	0
b	Cash distribution test (attach the required schedule).	3b	0
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4.	4	2,873,904
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions.	5	144
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	2,873,760

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
1 Distributable amount for 2018 from Part XI, line 7				71,032
2 Undistributed income, if any, as of the end of 2018				
a Enter amount for 2017 only.			0	
b Total for prior years 2016, 2015, 2014		0		
3 Excess distributions carryover, if any, to 2018				
a From 2013.				
b From 2014.	53,187			
c From 2015.	8,878			
d From 2016.				
e From 2017.	740,834			
f Total of lines 3a through e.	802,899			
4 Qualifying distributions for 2018 from Part XII, line 4 ▶ \$ <u>2,873,904</u>				
a Applied to 2017, but not more than line 2a			0	
b Applied to undistributed income of prior years (Election required—see instructions).				
c Treated as distributions out of corpus (Election required—see instructions).				
d Applied to 2018 distributable amount.				71,032
e Remaining amount distributed out of corpus	2,802,872			
5 Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	3,605,771			
b Prior years' undistributed income Subtract line 4b from line 2b		0		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.				
d Subtract line 6c from line 6b Taxable amount—see instructions		0		
e Undistributed income for 2017 Subtract line 4a from line 2a Taxable amount—see instructions			0	
f Undistributed income for 2018 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2019				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions).				
8 Excess distributions carryover from 2013 not applied on line 5 or line 7 (see instructions).				
9 Excess distributions carryover to 2019. Subtract lines 7 and 8 from line 6a	3,605,771			
10 Analysis of line 9				
a Excess from 2014.	53,187			
b Excess from 2015.	8,878			
c Excess from 2016.				
d Excess from 2017.	740,834			
e Excess from 2018.	2,802,872			

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2018, enter the date of the ruling. ▶

b Check box to indicate whether the organization is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)

2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed

	Tax year	Prior 3 years			(e) Total
	(a) 2018	(b) 2017	(c) 2016	(d) 2015	
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon					
a "Assets" alternative test—enter					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed.					
c "Support" alternative test—enter					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii).					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year—see instructions.)

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2))
NA

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest
NA

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions.

a The name, address, and telephone number or email address of the person to whom applications should be addressed

b The form in which applications should be submitted and information and materials they should include

c Any submission deadlines

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

Part XV **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i> See Additional Data Table				
Total	▶ 3a			
b <i>Approved for future payment</i>				
Total	▶ 3b			

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
BILLY BISHOP 11 RIVER RD WILTON, CT 06897	DIRECTOR/VICE PRESIDENT 1 0	0	0	0
TOM DONOVAN 11 RIVER RD WILTON, CT 06897	DIRECTOR/TREASURER 1 0	0	0	0
RICHARD MACLEAN 11 RIVER RD WILTON, CT 06897	DIRECTOR/SECRETARY 1 0	0	0	0
JANE BUCKIEWICZ 11 RIVER RD WILTON, CT 06897	DIRECTOR 1 0	0	0	0
CHRISTOPHER BISHOP 11 RIVER RD WILTON, CT 06897	DIRECTOR 1 0	0	0	0
DAVID PETRIE 11 RIVER RD WILTON, CT 06897	DIRECTOR/PRESIDENT 1 0	0	0	0
BILL BISHOP 11 RIVER RD WILTON, CT 06897	DIRECTOR/CHAIRMAN 1 0	0	0	0
Caryn Cox 11 RIVER RD WILTON, CT 06897	Director 1 0	0	0	0
Charles Huffman 11 RIVER RD WILTON, CT 06897	director 1 0	0	0	0

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
Animal Cancer Foundation 129 Glover Avenue Norwalk, CT 06850	None	PC	Genome Study Program	540,000
Morris Animal Foundation 720 S Colorado Blvd Suite 174A Denver, CO 80246	None	PC	Unite to fight campaign	75,000
The Ohio State University Foundation 1480 West Lane Avenue Columbus, OH 432213938	None	PC	Donation to the College of Veterinary Medicine Donation for cat waiting room Financial support for pets in cancer Scholarships Donation towards Joyce Novetny Waiting Room	715,000
Total ▶ 3a				2,832,400

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a <i>Paid during the year</i>				
Catherine Hubbard Foundation 3 Old Farm Rd Newtown, CT 06470	NONE	PC	To benefit Animal Sanctuary	250,000
Colorado State University Foundation 410 University Services Center Fort Collins, CO 80523	NONE	PC	Vet Hospital and Scholarships	243,000
Cornell University 130 East Seneca Street Suite 400 Ithaca, NY 14850	NONE	PC	Scholarships	100,000
Total ▶ 3a				2,832,400

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a <i>Paid during the year</i>				
Empower Scholarship Fund 3005 Highland Ave Downers Grove, IL 60515	NONE	PC	Scholarships	190,000
Faithful Forgotten Best Friends 4468 Cliff Ridge Road Columbus, OH 43230	NONE	PC	General Donation to further charitable mission	50,000
Fund for the City of NY ZONE 126 121 Avenue of Americas 6th Floor New York, NY 10013	NONE	PC	Service dogs for heroes	50,000
Total ▶ 3a				2,832,400

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
Rescue Ridge 1700 Riviera Court Point Pleasant, NJ 087425241	NONE	PC	General Donation to further charitable mission	25,000
Sierra Delta Inc PO Box 2361 Nantucket, MA 02584	NONE	PC	General Donation and assignment of golf outing expenses to further charitable mission	210,000
TeddyRox Foundation PO Box 30441 Raleigh, NC 27622	NONE	PC	General Donation to further charitable mission	50,000
Total				2,832,400

▶ 3a

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
The Ireland Funds America 10 Post Office Square Suite 1205 Boston, MA 02109	NONE	PC	Donation for disabled dogs in Ireland	10,000
The University of Florida Foundation PO Box 100125 Gainesville, FL 32610	NONE	PC	Scholarships	169,300
University of Georgia Foundation 394 S Milledge Ave Athens, GA 30602	NONE	PC	Scholarships	100,000
Total ▶ 3a				2,832,400

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
Urban Resources Institute 75 Broad Street New York, NY 10004	NONE	PC	Donation for People and Animals Living Safely Program	50,000
Ridgefield Operation for Animal Rescue (ROAR) 45 south street ridgefield, CT 06877	None	PC	General donation to furth charitable mission	5,100
Total ▶ 3a				2,832,400

TY 2018 Accounting Fees Schedule**Name:** BLUE BUFFALO FOUNDATION INC

C/O MR TOM DONOVAN

EIN: 55-0842410

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	41,333	10,333		31,000

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2018 Depreciation Schedule

Name: BLUE BUFFALO FOUNDATION INC

C/O MR TOM DONOVAN

EIN: 55-0842410

TY 2018 LiquidationExplanationStmt

Name: BLUE BUFFALO FOUNDATION INC
C/O MR TOM DONOVAN

EIN: 55-0842410

Statement: In December 2018, Blue Buffalo Foundation, Inc. filed its articles of dissolution and distributed its cash reserves to various charities as listed in Form 990-PF, Part XV. The dissolution documents are attached to this return.

TY 2018 Other Expenses Schedule**Name:** BLUE BUFFALO FOUNDATION INC

C/O MR TOM DONOVAN

EIN: 55-0842410**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
BANK CHARGES	6,349	20		6,329
INSURANCE	3,063			3,063
SUBSCRIPTION EXPENSE	899			899
MISC EXPENSES	213			213
GOLF OUTING EXPENSES	167,055			

TY 2018 Other Income Schedule

Name: BLUE BUFFALO FOUNDATION INC
C/O MR TOM DONOVAN
EIN: 55-0842410

Other Income Schedule

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
Golf Outing Revenue	167,055		

Schedule B
(Form 990, 990-EZ,
or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors
▶ Attach to Form 990, 990-EZ, or 990-PF
▶ Go to www.irs.gov/Form990 for the latest information

OMB No 1545-0047
2018

Name of the organization
BLUE BUFFALO FOUNDATION INC
C/O MR TOM DONOVAN

Employer identification number
55-0842410

Organization type (check one)

Filers of:

Section:

Form 990 or 990-EZ

- 501(c)() (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.
Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions

General Rule

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

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹ 3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals Complete Parts I, II, and III
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc , purposes, but no such contributions totaled more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc , purpose Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc , contributions totaling \$5,000 or more during the year ▶ \$ _____

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

Name of organization BLUE BUFFALO FOUNDATION INC C/O MR TOM DONOVAN	Employer identification number 55-0842410
--	---

Part I Contributors (See Instructions) Use duplicate copies of Part I if additional space is needed

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
—	See Additional Data Table <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
—	<hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
—	<hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
—	<hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
—	<hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
—	<hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
—	<hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)

Name of organization BLUE BUFFALO FOUNDATION INC C/O MR TOM DONOVAN	Employer identification number 55-0842410
--	---

Part II Noncash Property

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
(See instructions) Use duplicate copies of Part II if additional space is needed			
_____	_____ _____ _____	_____ _____ \$	_____
_____	_____ _____ _____	_____ _____ \$	_____
_____	_____ _____ _____	_____ _____ \$	_____
_____	_____ _____ _____	_____ _____ \$	_____
_____	_____ _____ _____	_____ _____ \$	_____
_____	_____ _____ _____	_____ _____ \$	_____
_____	_____ _____ _____	_____ _____ \$	_____

Name of organization BLUE BUFFALO FOUNDATION INC C/O MR TOM DONOVAN	Employer identification number 55-0842410
--	---

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ _____
 Use duplicate copies of Part III if additional space is needed

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

Transferee's name, address, and ZIP 4	(e) Transfer of gift Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

Transferee's name, address, and ZIP 4	(e) Transfer of gift Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

Transferee's name, address, and ZIP 4	(e) Transfer of gift Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

Transferee's name, address, and ZIP 4	(e) Transfer of gift Relationship of transferor to transferee

Additional Data

Software ID:

Software Version:

EIN: 55-0842410

Name: BLUE BUFFALO FOUNDATION INC
C/O MR TOM DONOVAN

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	BLUE BUFFALO COMPANY LTD 11 RIVER ROAD WILTON, CT 06897	\$ 266,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
2	CJ Foods 121 Main St bern, KS 66408	\$ 28,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
3	Tom Donovan 101 Princeton Road Fair Haven, NJ 07704	\$ 13,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
4	Design centrix 777 North Church Road Elmhurst, IL 60126	\$ 6,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
5	Horizon Media 75 Varick St 15th FL new york, NY 10013	\$ 6,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
6	Leonard C and Lois S Green Charity 900 Route 9 Suite 601 Woodbridge, NJ 07095	\$ 6,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)

Form 990 Schedule B, Part I - Contributors (see instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	Michael Forman	\$ 10,000	Person <input checked="" type="checkbox"/>
	43 Bob-O-Link Lane		Payroll <input type="checkbox"/>
	Northport, NY 11768		Noncash <input type="checkbox"/>
(Complete Part II for noncash contributions)			
8	Pet Food Experts	\$ 6,000	Person <input checked="" type="checkbox"/>
	PO BOX 8		Payroll <input type="checkbox"/>
	Pawtucket, RI 02860		Noncash <input type="checkbox"/>
(Complete Part II for noncash contributions)			
9	Shoff DarbyMichael Kaplan	\$ 8,500	Person <input checked="" type="checkbox"/>
	100 technology Dr		Payroll <input type="checkbox"/>
	Trumbull, CT 06611		Noncash <input type="checkbox"/>
(Complete Part II for noncash contributions)			
10	Stuart Morrison	\$ 6,000	Person <input checked="" type="checkbox"/>
	70 Teeter Rock Road		Payroll <input type="checkbox"/>
	Trumbull, CT 06611		Noncash <input type="checkbox"/>
(Complete Part II for noncash contributions)			
11	Timothy Smith	\$ 11,000	Person <input checked="" type="checkbox"/>
	2520 Raven Dr		Payroll <input type="checkbox"/>
	Sullivans Island, SC 29482		Noncash <input type="checkbox"/>
(Complete Part II for noncash contributions)			
12	W Scott Parker	\$ 11,000	Person <input checked="" type="checkbox"/>
	410 Lido Dr		Payroll <input type="checkbox"/>
	Ft lauderdale, FL 33301		Noncash <input type="checkbox"/>
(Complete Part II for noncash contributions)			

Form 990 Schedule B, Part I - Contributors (see instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	William Bishop	\$ 16,000	Person <input checked="" type="checkbox"/>
	71 Ryders lane		Payroll <input type="checkbox"/>
	Wilton, CT 06897		Noncash <input type="checkbox"/>
(Complete Part II for noncash contributions)			
14	Charlie Huffman	\$ 14,500	Person <input checked="" type="checkbox"/>
	160 Eagle Chase Lane		Payroll <input type="checkbox"/>
	Troutman, NC 28166		Noncash <input type="checkbox"/>
(Complete Part II for noncash contributions)			
15	Chris Bishop	\$ 15,000	Person <input checked="" type="checkbox"/>
	268 Silver Spring Road		Payroll <input type="checkbox"/>
	Ridgefield, CT 06877		Noncash <input type="checkbox"/>
(Complete Part II for noncash contributions)			
16	Thomas and Betty Stark	\$ 21,500	Person <input checked="" type="checkbox"/>
	7635 NW 51st Pl		Payroll <input type="checkbox"/>
	Coral Springs, FL 33067		Noncash <input type="checkbox"/>
(Complete Part II for noncash contributions)			
17	Brooks Whittle	\$ 6,000	Person <input checked="" type="checkbox"/>
	260 Branford Rd PO Box 409		Payroll <input type="checkbox"/>
	Branford, CT 06471		Noncash <input type="checkbox"/>
(Complete Part II for noncash contributions)			
18	Dan Finnegan	\$ 5,000	Person <input checked="" type="checkbox"/>
	205 Queens Grant Drive		Payroll <input type="checkbox"/>
	Fairfield, CT 06824		Noncash <input type="checkbox"/>
(Complete Part II for noncash contributions)			

Form 990 Schedule B, Part I - Contributors (see instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	Dan Sylvester	\$ 5,000	Person <input checked="" type="checkbox"/>
	7 Fairway Lane		Payroll <input type="checkbox"/>
	Old Tappan, NJ 07675		(Complete Part II for noncash contributions)
20	David Petrie	\$ 5,000	Person <input checked="" type="checkbox"/>
	64 Country Club Road		Payroll <input type="checkbox"/>
	Ridgefield, CT 06877		(Complete Part II for noncash contributions)
21	Gary Thornhill	\$ 5,000	Person <input checked="" type="checkbox"/>
	350 Ralston Creek Street		Payroll <input type="checkbox"/>
	Daniel Island, SC 29492		(Complete Part II for noncash contributions)
22	John Gagliardi	\$ 17,500	Person <input checked="" type="checkbox"/>
	150 Columbus Ave 23 D		Payroll <input type="checkbox"/>
	New York, NY 10023		(Complete Part II for noncash contributions)
23	Jane Buckiewicz	\$ 5,000	Person <input checked="" type="checkbox"/>
	904 Riverview Dr		Payroll <input type="checkbox"/>
	Brielle, NJ 08730		(Complete Part II for noncash contributions)
24	John Roth	\$ 14,500	Person <input checked="" type="checkbox"/>
	27658 N 87th Ave		Payroll <input type="checkbox"/>
	Peoria, AZ 85383		(Complete Part II for noncash contributions)

Form 990 Schedule B, Part I - Contributors (see instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	Jonathan Green	\$ 5,000	Person <input checked="" type="checkbox"/>
	960 Holmdel Road		Payroll <input type="checkbox"/>
	Holmdel, NJ 07733		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
26	Kevin Fitzgerald	\$ 15,000	Person <input checked="" type="checkbox"/>
	777 N Church Road		Payroll <input type="checkbox"/>
	Elmhurst, IL 60126		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
27	Mike Baker	\$ 5,000	Person <input checked="" type="checkbox"/>
	PO Box 7		Payroll <input type="checkbox"/>
	Pawtucket, RI 02860		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
28	Mike Nathenson	\$ 5,000	Person <input checked="" type="checkbox"/>
	631 Long Ridge Road		Payroll <input type="checkbox"/>
	Stamford, CT 06902		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
29	Nigel Cooper	\$ 11,000	Person <input checked="" type="checkbox"/>
	86 Murray Blvd		Payroll <input type="checkbox"/>
	Charleston, SC 29401		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
30	Peel Plastic Products Limited	\$ 6,000	Person <input checked="" type="checkbox"/>
	49 Rutherford Road South		Payroll <input type="checkbox"/>
	Brampton, Ontario L6W 3J3 CA		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)

Form 990 Schedule B, Part I - Contributors (see instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	Printpack	\$ 6,000	Person <input checked="" type="checkbox"/>
	2800 Overlook Parkway NE		Payroll <input type="checkbox"/>
	Atlanta, GA 30339		Noncash <input type="checkbox"/>
(Complete Part II for noncash contributions)			
32	Rich MacLean	\$ 9,500	Person <input checked="" type="checkbox"/>
	23 Cove Road		Payroll <input type="checkbox"/>
	Brookfield, CT 06804		Noncash <input type="checkbox"/>
(Complete Part II for noncash contributions)			
33	Simmons Pet Food ON Inc	\$ 6,000	Person <input checked="" type="checkbox"/>
	9130 Griffith Morgan Lane		Payroll <input type="checkbox"/>
	Pennsauken, NJ 08110		Noncash <input type="checkbox"/>
(Complete Part II for noncash contributions)			
34	Tony Bakker	\$ 22,000	Person <input checked="" type="checkbox"/>
	3612 Beachcomber Run		Payroll <input type="checkbox"/>
	Seabrook Island, SC 29435		Noncash <input type="checkbox"/>
(Complete Part II for noncash contributions)			
35	Taylor Logistics	\$ 10,000	Person <input checked="" type="checkbox"/>
	2875 E Sharon Road		Payroll <input type="checkbox"/>
	Cincinnati, OH 45241		Noncash <input type="checkbox"/>
(Complete Part II for noncash contributions)			
36	Jeff Neil Tyson	\$ 6,000	Person <input checked="" type="checkbox"/>
	2200 W Don Tyson Parkway		Payroll <input type="checkbox"/>
	Springdale, AZ 72762		Noncash <input type="checkbox"/>
(Complete Part II for noncash contributions)			

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<p style="text-align: center;"><u>37</u></p>	<p style="text-align: center;">Cube Components Inc</p>	<p style="text-align: right;">\$ 6,000</p>	<p>Person <input checked="" type="checkbox"/></p>
	<p style="text-align: center;">3401 Salterbeck Ct Suite 202</p>		<p>Payroll <input type="checkbox"/></p>
	<p style="text-align: center;">Mt Pleasant, SC 29466</p>		<p>Noncash <input type="checkbox"/></p> <p>(Complete Part II for noncash contributions)</p>