29490079081021912

Form 990 (Rev January 2020)

Department of the Treasury
Internal Revenue Service

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.

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

OMB No 1545-0047

2019

Open to Public Inspection

29493114350141

A For the 2019 calendar year, or tax year beginning and ending

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/ terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
BANFIELD FOUNDATION
Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
18101 S.E. SIXTH WAY

City or town, state or province, country, and ZIP or foreign postal code
VANCOUVER, WA 98683

F Name and address of principal officer ALISON BENNINGER
SAME AS C ABOVE

D Employer identification number
47-4183567

E Telephone number
(360) 784-7866

G Gross receipts $ 4,390,804.

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☒ 501(c)(3) ☐ 501(c)( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ BANFIELDFOUNDATION.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 2015 M State of legal domicile OR

Part I Summary

1 Briefly describe the organization's mission or most significant activities: TO IMPROVING THE WELL-BEING OF PETS AND COMMUNITIES.

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	11
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	11
5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	6
6	Total number of volunteers (estimate if necessary)	6	81
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 39	7b	0.

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	3,318,292.	4,341,006.
9	Program service revenue (Part VIII, line 2g)	0.	0.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	7,904.	17,820.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	10,674.	31,978.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,336,870.	4,390,804.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,229,068.	2,416,528.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	459,989.	562,953.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 283,890.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	408,950.	458,017.
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	3,098,007.	3,437,498.
19	Revenue less expenses Subtract line 18 from line 12	238,863.	953,306.

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	3,810,430.	5,145,806.
21	Total liabilities (Part X, line 26)	255,585.	637,655.
22	Net assets or fund balances Subtract line 21 from line 20	3,554,845.	4,508,151.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

▶ Signature of officer — Date: AUG 27, 2020

▶ ALISON BENNINGER, DIRECTOR OF FINANCE
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: YEE LEE MCGEE	Preparer's signature	Date: 7/23/20	Check ☐ if self-employed; PTIN: P01294356
Firm's name ▶ GARY MCGEE & CO. LLP			Firm's EIN ▶
Firm's address ▶ 1000 S.W. BROADWAY, SUITE 1200 PORTLAND, OR 97205			Phone no (503) 222-2515

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No

53

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission

BANFIELD FOUNDATION IS COMMITTED TO IMPROVING THE WELL-BEING OF PETS & COMMUNITIES BY ELEVATING THE POWER OF THE PET-HUMAN BOND; STRENGTHENING THE PET WELFARE COMMUNITY; PROVIDING DISASTER RELIEF FOR PETS AND ADVANCING THE SCIENCE OF VETERINARY MEDICINE.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code _____) (Expenses $ 2,967,554. including grants of $ 2,416,528.) (Revenue $ _____)

PET ADVOCACY GRANTS - SUPPORTING NONPROFIT ORGANIZATIONAL PROGRAMS THAT ARE DESIGNED TO KEEP PETS HEALTHY AND IN LOVING HOMES.

VETERINARY ASSISTANCE GRANTS - PROVIDING FINANCIAL SUPPORT TO NONPROFIT ORGANIZATIONS TO FUND VETERINARY CARE PROGRAMS FOR PET OWNERS WHO MEET ESTABLISHED QUALIFICATIONS. DURING 2019, BANFIELD FOUNDATION FUNDED 59 GRANTS HELPING 29,874 PETS RECEIVE ACCESS TO VETERINARY CARE THEY WOULD NOT HAVE BEEN ABLE TO AFFORD OTHERWISE.

WELLNESS PLAN ASSISTANCE - PROVIDING ANNUAL PREVENTIVE CARE PLANS FOR QUALIFYING PET OWNERS IN FINANCIAL NEED.

CONTINUED ON SCHEDULE O.

4b (Code _____) (Expenses $ _____ including grants of $ _____) (Revenue $ _____)

4c (Code _____) (Expenses $ _____ including grants of $ _____) (Revenue $ _____)

4d Other program services (Describe on Schedule O)

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

4e Total program service expenses ▶ 2,967,554.

ABDIMRO

Part IV Checklist 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	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		X
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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
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		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? *If "Yes," complete Schedule D, Part V*	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		X
c	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		X
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		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23		X
24a	Did the organization have a tax exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		X
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
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		X
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		X
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	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a 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? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note:** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	8		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c			

Part V Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 6		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)			
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on 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		X
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	**Organizations that may receive deductible contributions under section 170(c).**			
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/A	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	N/A	
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? N/A	8		
9	**Sponsoring organizations maintaining donor advised funds.**			
a	Did the sponsoring organization make any taxable distributions under section 4966? N/A	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A	9b		
10	**Section 501(c)(7) organizations.** Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	**Section 501(c)(12) organizations.** Enter			
a	Gross income from members or shareholders N/A 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11b			
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 N/A 12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**			
a	Is the organization licensed to issue qualified health plans in more than one state? N/A	13a		
	Note: See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b			
c	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N	15		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O	16		X

Part VI Governance, Management, and Disclosure *For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O See instructions*

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	11		
	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 on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b	11		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6		X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses on Schedule O*	9			X

Section B. Policies *(This Section B requests information about policies not required by the Internal Revenue Code.)*

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
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		X
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ OR

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

[ ] Own website [ ] Another's website [X] Upon request [ ] Other *(explain on Schedule O)*

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

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

ALISON BENNINGER - (360) 784-5879
18101 S.E. 6TH WAY, VANCOUVER, WA 98683

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0 in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received report able compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

See instructions for the order in which to list the persons above

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) PAULA LITTLE DIRECTOR OF DEVELOPMENT	40.00					X		127,522.	0.	14,558.
(2) ALISON BENNINGER DIRECTOR OF FINANCE	40.00			X				105,636.	0.	16,429.
(3) KIM VAN SYOC EXECUTIVE DIRECTOR	20.00			X				91,169.	0.	3,276.
(4) BRIAN GARISH BOARD MEMBER	1.00	X						0.	0.	0.
(5) JULIE LAWLESS BOARD MEMBER	1.00	X						0.	0.	0.
(6) BRENT MAYABB BOARD MEMBER	1.00	X						0.	0.	0.
(7) HANNAH PETERS BOARD MEMBER	1.00	X						0.	0.	0.
(8) JACQUELYN SCHROCK, D.V.M. BOARD MEMBER	1.00	X						0.	0.	0.
(9) KIMBERLY-ANN THERRIEN, D.V.M. BOARD MEMBER	1.00	X						0.	0.	0.
(10) WINSON WONG BOARD MEMBER	1.00	X						0.	0.	0.
(11) CHARLOTTE ROSSETTER BOARD MEMBER	1.00	X						0.	0.	0.
(12) JEANNINE TAAFFE PRESIDENT & CHAIR	1.00	X		X				0.	0.	0.
(13) ANTHONY GUERRIERI SECRETARY	1.00	X		X				0.	0.	0.
(14) JEFF IRVING TREASURER	1.00	X		X				0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Subtotal ▶								324,327.	0.	34,263.
c Total from continuation sheets to Part VII, Section A ▶								0.	0.	0.
d Total (add lines 1b and 1c) ▶								324,327.	0.	34,263.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 2

		Yes	No
3	Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*		X
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 0

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d	158,973.			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	4,182,033.			
	g	Noncash contributions included in lines 1a-1f	1g	$ 895,066.			
	h	**Total.** Add lines 1a-1f	▶	4,341,006.			
Program Service Revenue			Business Code				
	2a						
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a-2f	▶				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	▶	17,820.			17,820.
	4	Income from investment of tax-exempt bond proceeds	▶				
	5	Royalties	▶				
			(i) Real	(ii) Personal			
	6a	Gross rents	6a				
	b	Less rental expenses	6b				
	c	Rental income or (loss)	6c				
	d	Net rental income or (loss)	▶				
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	7a				
	b	Less cost or other basis and sales expenses	7b				
	c	Gain or (loss)	7c				
	d	Net gain or (loss)	▶				
	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	8a				
	b	Less direct expenses	8b				
	c	Net income or (loss) from fundraising events	▶				
	9a	Gross income from gaming activities See Part IV, line 19	9a				
	b	Less direct expenses	9b				
	c	Net income or (loss) from gaming activities	▶				
	10a	Gross sales of inventory, less returns and allowances	10a				
	b	Less cost of goods sold	10b				
	c	Net income or (loss) from sales of inventory	▶				
Miscellaneous Revenue			Business Code				
	11a	REFUND OF GRANT	900099	31,978.	31,978.		
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a-11d	▶	31,978.			
	12	**Total revenue** See instructions	▶	4,390,804.	31,978.	0.	17,820.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

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

Do not include amounts reported on lines 6b, 7b, 8b, 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	2,393,482.	2,393,482.		
2 Grants and other assistance to domestic individuals See Part IV, line 22	23,046.	23,046.		
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	216,510.	96,111.	96,788.	23,611.
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	275,531.	150,355.	2,039.	123,137.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	9,160.	5,015.	45.	4,100.
9 Other employee benefits	24,371.	13,953.		10,418.
10 Payroll taxes	37,381.	21,699.	4,734.	10,948.
11 Fees for services (nonemployees)				
a Management				
b Legal	3,900.			3,900.
c Accounting	13,222.	400.	12,822.	
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 Sch O)	214,456.	170,601.		43,855.
12 Advertising and promotion	58,446.	58,406.		40.
13 Office expenses	49,798.	25,765.	4,799.	19,234.
14 Information technology	55,185.		55,185.	
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	27,860.	6,339.	2,729.	18,792.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	249.	170.		79.
23 Insurance	6,218.	363.	5,492.	363.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a TAXES & LICENSES & FEES	28,683.	1,849.	1,421.	25,413.
b				
c				
d				
e All other expenses				
25 **Total functional expenses** Add lines 1 through 24e	3,437,498.	2,967,554.	186,054.	283,890.
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

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	131,469.	1	50,072.
	2	Savings and temporary cash investments	3,344,510.	2	3,785,616.
	3	Pledges and grants receivable, net	256,631.	3	431,759.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	61,424.	8	851,534.
	9	Prepaid expenses and deferred charges	16,396.	9	25,579.
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 1,495.			
	b	Less accumulated depreciation — 10b: 249.	0.	10c	1,246.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)	3,810,430.	16	5,145,806.
Liabilities	17	Accounts payable and accrued expenses	180,585.	17	212,459.
	18	Grants payable	75,000.	18	425,196.
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25	
	26	**Total liabilities.** Add lines 17 through 25	255,585.	26	637,655.
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ ☒ and complete lines 27, 28, 32, and 33.**			
	27	Net assets without donor restrictions	3,451,218.	27	3,618,166.
	28	Net assets with donor restrictions	103,627.	28	889,985.
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.			
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	3,554,845.	32	4,508,151.
	33	Total liabilities and net assets/fund balances	3,810,430.	33	5,145,806.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,390,804.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,437,498.
3	Revenue less expenses Subtract line 2 from line 1	3	953,306.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,554,845.
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 on Schedule O)	9	0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	4,508,151.

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☒ Separate basis ☐ 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 oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
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 on Schedule O and describe any steps taken to undergo such audits	3b		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

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

OMB No 1545-0047

2019

Open to Public Inspection

Name of the organization	Employer identification number
BANFIELD FOUNDATION	47-4183567

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 12, check only one box)

07

1 ☐ 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).**

4 ☐ 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 _____

5 ☐ 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)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ 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)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II)

9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land grant college or university or a non-land-grant college of agriculture (see instructions) Enter the name, city, and state of the college or university _____

10 ☐ An organization that normally receives (1) more than 33 1/3% 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 33 1/3% 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 See **section 509(a)(2).** (Complete Part III)

11 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

12 ☐ 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g

a ☐ **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.**

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.**

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.**

d ☐ **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.**

e ☐ 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

f Enter the number of supported organizations

g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	2,075,449.	3,135,849.	2,949,221.	3,318,292.	4,341,006.	15,819,817.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	2,075,449.	3,135,849.	2,949,221.	3,318,292.	4,341,006.	15,819,817.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						3,019,545.
6 **Public support.** Subtract line 5 from line 4						12,800,272.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	2,075,449.	3,135,849.	2,949,221.	3,318,292.	4,341,006.	15,819,817.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	654.	3,015.	4,015.	7,904.	17,820.	33,408.
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.)			97,395.	10,674.	31,978.	140,047.
11 **Total support.** Add lines 7 through 10						15,993,272.

12 Gross receipts from related activities, etc (see instructions) 12

13 **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** ▶ [X]

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) 14 %

15 Public support percentage from 2018 Schedule A, Part II, line 14 15 %

16a **33 1/3% support test - 2019.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ [ ]

b **33 1/3% support test - 2018.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ [ ]

17a **10% -facts-and-circumstances test - 2019.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ [ ]

b **10% -facts-and-circumstances test - 2018.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ [ ]

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ [ ]

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b 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						
8 **Public support.** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

14 **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

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2019** (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from **2018** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2019.** 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 ▶ ☐

b **33 1/3% support tests - 2018.** 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 ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

			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		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* **Part VI** *when and how the organization made the determination*	3b		
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*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in* **Part VI,** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)*	5a		
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		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* **Part VI.**	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* **Part VI.**	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* **Part VI.**	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer 10b below*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)*	10b		

Part IV Supporting Organizations *(continued)*

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
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		

Section 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		

Section 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		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* **Part VI** *how the organization maintained a close and continuous working relationship with the supported organization(s)*	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* **Part VI** *the role the organization's supported organizations played in this regard*	3		

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea* **(see instructions).**

a ☐ The organization satisfied the Activities Test *Complete* **line 2** *below*

b ☐ The organization is the parent of each of its supported organizations *Complete* **line 3** *below*

c ☐ The organization supported a governmental entity *Describe in* **Part VI** *how you supported a government entity (see instructions)*

			Yes	No
2	Activities Test **Answer (a) and (b) below.**			
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		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* **Part VI** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement*	2b		
3	Parent of Supported Organizations **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* **Part VI.**	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard*	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 **Adjusted Net Income** (subtract lines 5, 6, and 7 from line 4)	8		

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d **Total** (add lines 1a, 1b, and 1c)	1d		
e **Discount** claimed for blockage or other factors (explain in detail in **Part VI**)			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 035	6		
7 Recoveries of prior-year distributions	7		
8 **Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions)

Part V **Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** *(continued)*

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in **Part VI**) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**) See instructions	
9 Distributable amount for 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in **Part VI**) See instructions			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2019 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2019, if any Subtract lines 3g and 4a from line 2 For result greater than zero, explain in **Part VI.** See instructions			
6 Remaining underdistributions for 2019 Subtract lines 3h and 4b from line 1 For result greater than zero, explain in **Part VI** See instructions			
7 **Excess distributions carryover to 2020.** Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

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)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

REFUND OF PRIOR YEAR GRANTS AWARDED

2017 AMOUNT: $ 97,395.

2018 AMOUNT: $ 10,674.

2019 AMOUNT: $ 31,978.

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047

2019

Open to Public Inspection

Name of the organization
BANFIELD FOUNDATION

Employer identification number
47-4183567

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7

1 Purpose(s) of conservation easements held by the organization (check all that apply)
- ☐ Preservation of land for public use (for example, recreation or education)
- ☐ Preservation of a historically important land area
- ☐ Protection of natural habitat
- ☐ Preservation of a certified historic structure
- ☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

		Held at the End of the Tax Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ 1

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply)

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange program
e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a Board designated or quasi-endowment ▶ _____ %
b Permanent endowment ▶ _____ %
c Term endowment ▶ _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) Unrelated organizations	3a(i)		
(ii) Related organizations	3a(ii)		
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		1,495.	249.	1,246.
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* ▶				1,246.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b See Form 990, Part X, line 12

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740 Check here if the text of the footnote has been provided in Part XIII ☐

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a

1	Total revenue, gains, and other support per audited financial statements			1	5,338,516.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	947,712.		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	947,712.
3	Subtract line **2e** from line **1**			3	4,390,804.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	0.
5	Total revenue Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12)*			5	4,390,804.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a

1	Total expenses and losses per audited financial statements			1	4,385,210.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	947,712.		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	947,712.
3	Subtract line **2e** from line **1**			3	3,437,498.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	0.
5	Total expenses Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18)*			5	3,437,498.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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.**

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

OMB No 1545-0047

2019

Open to Public Inspection

Name of the organization
BANFIELD FOUNDATION

Employer identification number
47-4183567

Part I **General Information on Grants and Assistance**

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? [X] Yes [ ] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II **Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000 Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
4PETSAKE P.O. BOX 216 MOHAWK, NY 13407	46-2126711	501(C)(3)	6,000.	0.			VETERINARY ASSISTANCE GRANT
ADVOCATES 4 ANIMALS, INC. 2727 KEARNEY LANE XENIA, OH 45385	26-4515842	501(C)(3)	6,000.	0.			VETERINARY ASSISTANCE GRANT
AHIMSA HOUSE INC P.O. BOX 2173 TUCKER, GA 30085	31-1833734	501(C)(3)	15,000.	0.			SAFER TOGETHER GRANT
ALASKA NATIVE RURAL VETERINARY INC 3875 GEIST ROAD, BOX 301 FAIRBANKS, AK 99709	45-5167681	501(C)(3)	33,700.	0.			VETERINARY ASSISTANCE GRANT & PET ADVOCACY GRANT
AMERICAN VETERINARY MEDICAL ASSOCIATION - 1931 N. MEACHAM ROAD, SUITE 100 - SCHAUMBURG, IL 60173-4360	36-0731170	501(C)(6)	22,500.	0.			AVMF
ANIMAL BALANCE P.O. BOX 55056 PORTLAND, OR 97238	68-0630714	501(C)(3)	13,000.	0.			VETERINARY EQUIPMENT GRANT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 142.

3 Enter total number of other organizations listed in the line 1 table ▶ 2.

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(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
ANIMAL CARE SANCTUARY P.O. BOX A EAST SMITHFIELD, PA 18817	22-1837635	501(C)(3)	6,102.	0.			VETERINARY EQUIPMENT GRANT
ANIMAL CONTROL & WELFARE PROJECT P.O. BOX 236 ALDERSON, WV 25951	55-0774753	501(C)(3)	7,500.	0.			VETERINARY ASSISTANCE GRANT
ANIMAL FRIENDS ALLIANCE 2321 E. MULBERRY STREET, UNIT 1 FORT COLLINS, CO 80524	20-4969731	501(C)(3)	7,800.	0.			VETERINARY ASSISTANCE GRANT
ANIMAL PROTECTIVE ASSOCIATION OF MISSOURI - 1705 S. HANLEY ROAD - ST. LOUIS, MO 63144	43-0699783	501(C)(3)	13,500.	3,949.	COST	VETERINARY SUPPLIES	VETERINARY EQUIPMENT GRANT & PREVENTIVE CARE CLINIC
ANIMAL PROTECTIVE FOUNDATION (APF) 53 MAPLE AVENUE SCHENECTADY, NY 12302	14-0472728	501(C)(3)	10,000.	3,646.	COST	VETERINARY SUPPLIES	VETERINARY EQUIPMENT GRANT & PREVENTIVE CARE CLINIC
ANIMAL RESCUE LEAGUE OF IOWA 5452 N.E. 22ND STREET DES MOINES, IA 50313	42-0680427	501(C)(3)	10,000.	0.			VETERINARY ASSISTANCE GRANT
ANIMAL SAMARITANS 72120 PET LAND PLACE THOUSAND PALMS, CA 92276	95-3171867	501(C)(3)	7,500.	0.			VETERINARY ASSISTANCE GRANT
ANIMALKIND 721 WARREN STREET HUDSON, NY 12534	14-1820248	501(C)(3)	10,000.	0.			VETERINARY ASSISTANCE GRANT
ARIZONA HUMANE SOCIETY 1521 W. DOBBINS ROAD PHOENIX, AZ 85041	86-0135567	501(C)(3)	10,000.	0.			VETERINARY ASSISTANCE GRANT

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(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
ASSISI ANIMAL CLINICS OF VIRGINIA INC - 415 CAMPBELL AVENUE S.W. - ROANOKE, VA 24016	54-2021941	501(C)(3)	15,000.	0.			VETERINARY EQUIPMENT GRANT
AUSTIN HUMANE SOCIETY 124 W. ANDERSON LANE AUSTIN, TX 78752	74-6013665	501(C)(3)	13,982.	0.			VETERINARY EQUIPMENT GRANT
BERKELEY-EAST BAY HUMANE SOCIETY 2700 NINTH STREET BERKELEY, CA 94710	94-1347069	501(C)(3)	10,000.	0.			VETERINARY EQUIPMENT GRANT
BIG DOG RANCH RESCUE 14444 OKEECHOBEE BOULEVARD LOXAHATCHEE GROVES, FL 33470	26-3184971	501(C)(3)	10,000.	0.			DISASTER RELIEF
BLOOMINGTON PETS ALIVE INC 2444 S. WALNUT STREET BLOOMINGTON, IN 47401	36-4516780	501(C)(3)	15,000.	0.			VETERINARY EQUIPMENT GRANT
BOARD OF TRUSTEES OF THE UNIVERSITY OF ILLINOIS - 1901 S. FIRST STREET, SUITE A - CHAMPAIGN, IL 618207406	37-6000511	501(C)(3)	7,500.	0.			VETERINARY ASSISTANCE GRANT
CABARRUS SPAY NEUTER CLINIC P.O. BOX 362 CONCORD, NC 28026	26-4294804	501(C)(3)	11,147.	0.			VETERINARY EQUIPMENT GRANT
CAPITAL AREA HUMANE SOCIETY 7095 WEST GRAND RIVER AVENUE LANSING, MI 48906	38-1601542	501(C)(3)	10,000.	0.			VETERINARY ASSISTANCE GRANT
CARING HANDS ANIMAL SUPPORT AND EDUCATION - 5675 STONE ROAD, SUITE 240 - CENTERVILLE, VA 20120	46-0900129	501(C)(3)	10,000.	0.			PREVENTIVE CARE CLINIC

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(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
CAT'S CRADLE OF THE SHENANDOAH VALLEY, INC. - P.O. BOX 2128 - HARRISONBURG, VA 22801	20-3269224	501(C)(3)	10,000.	0.			VETERINARY ASSISTANCE GRANT
CDM CAREGIVING SERVICES 2300 N.E. ANDRESEN ROAD VANCOUVER, WA 98661	91-1057994	501(C)(3)	10,000.	0.			VETERINARY ASSISTANCE GRANT
CENTER FOR HOPE & SAFETY 605 CENTER STREET N.E. SALEM, OR 97301	51-0141214	501(C)(3)	37,500.	0.			SAFER TOGETHER GRANT
CHARLESTON ANIMAL SOCIETY 2455 REMOUNT ROAD NORTH CHARLESTON, SC 29406	57-6021863	501(C)(3)	27,678.	0.			DISASTER RELIEF
CITY OF EL PASO/EL PASO DEPARTMENT OF ANIMAL SERVICES - 5001 FRED WILSON AVENUE - EL PASO, TX 79906	74-6000749	GOVERNMENT	7,000.	0.			VETERINARY ASSISTANCE GRANT
COCONUT MUTTS P.O. BOX 254 SOUTHWORTH, WA 98386	81-4217082	501(C)(3)	10,000.	0.			PREVENTIVE CARE CLINIC
DOGS 2 DOG TAGS P.O. BOX 262 SHEBOYGAN FALLS, WI 53085	81-1965062	501(C)(3)	10,000.	0.			VETERINARY ASSISTANCE GRANT
DONA ANA COUNTY HUMANE SOCIETY P.O. BOX 1176 LAS CRUCES, NM 88004	85-6019249	501(C)(3)	7,500.	0.			VETERINARY ASSISTANCE GRANT
DORCHESTER PAWS 136 FOUR PAWS LANE SUMMERVILLE, SC 29483	57-0620182	501(C)(3)	15,000.	0.			VETERINARY EQUIPMENT GRANT

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(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
DOWNTOWN DOG RESCUE P.O. BOX 90035 PASADENA, CA 91109	46-1958507	501(C)(3)	0.	5,295.	COST	VETERINARY SUPPLIES	PREVENTIVE CARE CLINIC
DUBUQUE REGIONAL HUMANE SOCIETY 4242 CHAVENELLE ROAD DUBUQUE, IA 52002	42-6039535	501(C)(3)	9,271.	0.			VETERINARY EQUIPMENT GRANT
DYLAN'S HEARTS 3508-A GASTON ROAD GREENSBORO, NC 27407	46-2136215	501(C)(3)	10,000.	0.			VETERINARY ASSISTANCE GRANT
F.I.D.O., INC 1505 N. SHERMAN DRIVE INDIANAPOLIS, IN 46201	20-8089877	501(C)(3)	15,000.	0.			PET ADVOCACY GRANT
FEEDING PETS OF THE HOMELESS 400 W. KING STREET, SUITE 200 CARSON CITY, NV 89703	26-3010540	501(C)(3)	10,000.	0.			VETERINARY ASSISTANCE GRANT
FIRST COAST NO MORE HOMELESS PETS 6817 NORWOOD AVENUE JACKSONVILLE, FL 32208	01-0709158	501(C)(3)	10,000.	0.			VETERINARY ASSISTANCE GRANT
FORSYTH HUMANE SOCIETY 4881 COUNTRY CLUB ROAD WINSTON-SALEM, NC 27104	23-7055886	501(C)(3)	13,500.	0.			VETERINARY EQUIPMENT GRANT
FRANKLIN COUNTY HUMANE SOCIETY INC/PLANNED PETHOOD CLINIC & ADOPTION CENTER - P.O. BOX 2118 - ROCKY MOUNT, VA 24151	52-1256009	501(C)(3)	10,000.	0.			VETERINARY ASSISTANCE GRANT
FRIENDS OF MICHIGAN ANIMALS RESCUE 51299 ARKONA ROAD BELLEVILLE, MI 48111	32-0067455	501(C)(3)	12,000.	0.			VETERINARY EQUIPMENT GRANT

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(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
FRIENDS OF SANTA CRUZ COUNTY ANIMAL SHELTER - 2200 7TH AVENUE - SANTA CRUZ, CA 95062	51-0439604	501(C)(3)	12,450.	0.			VETERINARY EQUIPMENT GRANT
FRIENDS OF THE CLEVELAND KENNEL 3711 E. 65 STREET LAKEWOOD, OH 44105	27-2026307	501(C)(3)	10,000.	0.			PET ADVOCACY GRANT
GATEWAY PET GUARDIANS 725 N. 15TH STREET. EAST ST. LOUIS, IL 62205	26-0096240	501(C)(3)	7,500.	0.			VETERINARY ASSISTANCE GRANT
GOOD MEWS ANIMAL FOUNDATION 3805 ROBINSON ROAD MARIETTA, GA 30068	58-1790828	501(C)(3)	5,137.	0.			DISASTER RELIEF
GREATERGOOD.ORG 600 UNIVERSITY STREET, SUITE 1000 SEATTLE, WA 98101	20-4846675	501(C)(3)	0.	19,669.	COST	VETERINARY SUPPLIES	DISASTER RELIEF
HARBOR HOUSE OF CENTRAL FLORIDA, INC. - P.O. BOX 680748 - ORLANDO, FL 32868	59-1712936	501(C)(3)	15,000.	0.			SAFER TOGETHER GRANT
HARLEY'S HOPE FOUNDATION P.O. BOX 88146 COLORADO SPRINGS, CO 80908	27-3127204	501(C)(3)	10,000.	0.			VETERINARY ASSISTANCE GRANT
HIGH PLATEAU HUMANE SOCIETY P.O. BOX 1383 ALTURAS, CA 96101	68-0083409	501(C)(3)	10,000.	0.			VETERINARY ASSISTANCE GRANT
HOUSTON HUMANE SOCIETY P.O. BOX 450528 HOUSTON, TX 77245	74-1340341	501(C)(3)	15,000.	0.			VETERINARY EQUIPMENT GRANT

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(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
HUMANE OHIO 3131 TREMAINSVILLE ROAD TOLEDO, OH 43613	34-1897582	501(C)(3)	14,314.	0.			VETERINARY EQUIPMENT GRANT
HUMANE RESCUE ALLIANCE 71 OGLETHORPE STREET, N.W. WASHINGTON, DC 20011	53-0219724	501(C)(3)	15,000.	0.			SAFER TOGETHER GRANT
HUMANE SOCIETY OF GREATER JUPITERTEQUESTA DBA FURRY FRIENDS ADOPTION CLINIC - 401 MAPLEWOOD DRIVE, SUITE 8 - JUPITER, FL 33458	59-2111273	501(C)(3)	12,000.	0.			VETERINARY EQUIPMENT GRANT
HUMANE SOCIETY OF INDIANAPOLIS DBA INDYHUMANE - 7929 N. MICHIGAN ROAD - INDIANAPOLIS, IN 46268	35-0876385	501(C)(3)	13,000.	0.			VETERINARY EQUIPMENT GRANT
HUMANE SOCIETY OF JOHNSON COUNTY 3827 N. GRAHAM ROAD FRANKLIN, IN 46131	31-0970405	501(C)(3)	25,000.	7,365.	COST	VETERINARY SUPPLIES	PREVENTIVE CARE CLINIC & SPECIAL GRANTS
HUMANE SOCIETY OF NORTH CENTRAL FLORIDA - 4205 N.W. 6TH STREET - GAINESVILLE, FL 32609	59-1908492	501(C)(3)	10,000.	0.			DISASTER RELIEF
HUMANE SOCIETY OF SAN BERNARDINO VALLEY - 374 W. ORANGE SHOW ROAD - SAN BERNARDINO, CA 92408	23-7078944	501(C)(3)	10,000.	0.			VETERINARY ASSISTANCE GRANT
HUMANE SOCIETY OF SONOMA COUNTY 5345 HIGHWAY 12 WEST SANTA ROSA, CA 95407	94-6001315	501(C)(3)	10,000.	0.			VETERINARY ASSISTANCE GRANT
HUMANE SOCIETY OF TAMPA BAY 3607 N. ARMENIA AVENUE TAMPA, FL 33607	59-0799907	501(C)(3)	6,000.	0.			VETERINARY ASSISTANCE GRANT

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(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
HUMANE SOCIETY OF YUMA 4050 S. AVENUE, 4 1/2 E YUMA, AZ 85365	86-6053617	501(C)(3)	11,000.	0.			VETERINARY EQUIPMENT GRANT
INDEPENDENT CAT SOCIETY P.O. BOX 735 WESTVILLE, IN 46391	31-0902953	501(C)(3)	7,500.	0.			VETERINARY ASSISTANCE GRANT
INDIANA COUNTY HUMANE SOCIETY 191 AIRPORT ROAD INDIANA, PA 15701	25-1445032	501(C)(3)	12,000.	0.			VETERINARY EQUIPMENT GRANT
JACKSONVILLE HUMANE SOCIETY 8464 BEACH BOULEVARD JACKSONVILLE, FL 32216	59-0624410	501(C)(3)	0.	6,832.	COST	VETERINARY SUPPLIES	PREVENTIVE CARE CLINIC
KANSAS HUMANE SOCIETY 3313 N. HILLSIDE WICHITA, KS 67219	48-0554339	501(C)(3)	10,789.	0.			VETERINARY EQUIPMENT GRANT
KENTUCKY HUMANE SOCIETY 1000 LYNDON LANE, SUITE B LOUISVILLE, KY 40222	61-0463938	501(C)(3)	10,000.	0.			PET ADVOCACY GRANT
KITSAP HUMANE SOCIETY 9167 DICKEY ROAD N.W. SILVERDALE, WA 98383	91-0728353	501(C)(3)	12,808.	0.			VETERINARY EQUIPMENT GRANT
LAST HOPE, INC. P.O. BOX 7025 WANTAGH, NY 11793	11-2618189	501(C)(3)	10,000.	0.			VETERINARY ASSISTANCE GRANT
LATINO ALLIANCE FOR ANIMAL CARE FOUNDATION - P.O. BOX 44342 - SANTA CLARITA, CA 91412	45-4722654	501(C)(3)	0.	5,338.	COST	VETERINARY SUPPLIES	PREVENTIVE CARE CLINIC

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(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
LEE COUNTY HUMANE SOCIETY 1140 WARE DRIVE AUBURN, AL 36830	63-0713052	501(C)(3)	10,000.	0.			DISASTER RELIEF
LITTLE ANGELS PROJECT 29348 ROADSIDE DRIVE AGOURA HILLS, CA 91301	81-1635505	501(C)(3)	17,358.	0.			DISASTER RELIEF
LONGMONT HUMANE SOCIETY 9595 NELSON ROAD LONGMONT, CO 80501	84-0645455	501(C)(3)	11,726.	0.			VETERINARY EQUIPMENT GRANT
LOST OUR HOME PET RESCUE 2323 SOUTH HARDY DRIVE TEMPE, AZ 85282	37-1589959	501(C)(3)	12,000.	0.			PET ADVOCACY GRANT
LOUISVILLE METRO ANIMAL SERVICES 3705 MANSLICK ROAD LOUISVILLE, KY 40215	32-0049006	GOVERNMENT	11,000.	0.			VETERINARY EQUIPMENT GRANT
LOW COST SPAY NEUTER WASHINGTON COUNTY, INC. DBA FIX 'UR CAT - 18 WEST PIKE STREET - CANONSBURG, PA 15317	46-5119469	501(C)(3)	14,353.	0.			VETERINARY EQUIPMENT GRANT
MAZIE'S MISSION 2501 E. HEBRON PARKWAY, #200 CARROLLTON, TX 75010	27-0571618	501(C)(3)	10,000.	0.			VETERINARY EQUIPMENT GRANT
MERCER VETERINARY CLINIC FOR THE HOMELESS - P.O. BOX 297 - SACRAMENTO, CA 95617	68-0284501	501(C)(3)	10,000.	0.			VETERINARY ASSISTANCE GRANT
MICHIGAN HUMANE SOCIETY 30300 TELGRAPH ROAD, SUITE 220 BINGHAM FARMS, MI 48025	38-1358206	501(C)(3)	0.	8,908.	COST	VETERINARY SUPPLIES	PREVENTIVE CARE CLINIC

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(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
MINNESOTA SPAY NEUTER ASSISTANCE PROGRAM - 2822 WASHINGTON AVENUE N. - MINNEAPOLIS, MN 55411	90-0397515	501(C)(3)	15,000.	0.			VETERINARY EQUIPMENT GRANT
MSPCA 350 SOUTH HUNTINGTON AVENUE BOSTON, MA 02130	04-2103597	501(C)(3)	15,000.	4,795.	COST	VETERINARY SUPPLIES	VETERINARY EQUIPMENT GRANT & PREVENTIVE CARE CLINIC
MULTNOMAH COUNTY ANIMAL SERVICES 1700 W. HISTORIC COLUMBIA RIVER HIG TROUTDALE, OR 97060	93-6002309	GOVERNMENT	15,000.	0.			PET ADVOCACY GRANT & SPECIAL GRANTS
NAPERVILLE AREA HUMANE SOCIETY 1620 W. DIEHL ROAD NAPERVILLE, IL 60563	36-3040480	501(C)(3)	10,000.	0.			SAFER TOGETHER GRANT
NATIONAL MILL DOG RESCUE P. O. BOX 88468 PEYTON, CO 80908	26-0574783	501(C)(3)	14,426.	0.			VETERINARY EQUIPMENT GRANT
NEBRASKA HUMANE SOCIETY 8929 FORT STREET OMAHA, NE 68134	47-0378997	501(C)(3)	12,000.	0.			VETERINARY EQUIPMENT GRANT
NOAH'S ANIMAL HOUSE 316 CALIFORNIA AVENUE, #314 LAS VEGAS, NV 89509	46-0869579	501(C)(3)	15,000.	0.			SAFER TOGETHER GRANT
NORTH CAROLINA DEPARTMENT OF VETERANS AFFAIRS - 4001 MAIL SERVICE CENTER - RALEIGH, NC 27699-4001	38-3984995	GOVERNMENT	0.	6,645.	COST	VETERINARY SUPPLIES	PREVENTIVE CARE CLINIC
NORTH HARRIS MONTGOMERY COMMUNITY COLLEGE DISTRICT FOUNDATION - 5000 RESEARCH FOREST DRIVE - THE WOODLANDS, TX 77381	76-0336902	501(C)(3)	12,581.	0.			VETERINARY EQUIPMENT GRANT

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(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
NORTHWEST ORGANIZATION FOR ANIMAL HELP N.O.A.H. - 31300 BRANDSTROM ROAD - STANWOOD, WA 98292	91-1362069	501(C)(3)	13,500.	0.			VETERINARY EQUIPMENT GRANT
NORTHWOODS HUMANE SOCIETY P.O. BOX 82 10812 N. O'BRIEN HILL R HAYWARD, WI 54843	39-1634807	501(C)(3)	6,500.	0.			VETERINARY ASSISTANCE GRANT
OKLAHOMA STATE UNIVERSITY FOUNDATION - P.O. BOX 1749 - STILLWATER, OK 740761749	73-6097060	501(C)(3)	12,000.	0.			VETERINARY EQUIPMENT GRANT
OPERATION KINDNESS 3201 EARHART DRIVE CARROLLTON, TX 75006	75-1553350	501(C)(3)	13,500.	0.			VETERINARY EQUIPMENT GRANT
OSCAR'S CAUSE 29890 HIGHWAY 27 DUNDEE, FL 33838	47-3811779	501(C)(3)	6,000.	0.			VETERINARY ASSISTANCE GRANT
OUR BIG FAT CARIBBEAN RESCUE P.O. BOX 1377 VIEQUES 00765	66-0871157	501(C)(3)	22,640.	0.			DISASTER RELIEF & PREVENTIVE CARE CLINIC
PAWS ATLANTA, INC. 5287 COVINGTON HIGHWAY DECATUR, GA 30035	58-6074088	501(C)(3)	12,776.	0.			VETERINARY EQUIPMENT GRANT
PAWS CHICAGO 1997 N. CLYBOURN AVENUE CHICAGO, IL 60614	36-4219778	501(C)(3)	0.	5,946.	COST	VETERINARY SUPPLIES	PREVENTIVE CARE CLINIC
PAWS OF BAINBRIDGE ISLAND AND NORTH KITSAP - P.O. BOX 10811 - BAINBRIDGE ISLAND, WA 98110	91-0952064	501(C)(3)	7,500.	0.			VETERINARY ASSISTANCE GRANT

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(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
PAWS/LA 2121 S. FLOWER STREET LOS ANGELES, CA 90007	95-4178092	501(C)(3)	10,000.	0.			VETERINARY ASSISTANCE GRANT
PEACEWORKS, INC P.O. BOX 836 CONIFER, CO 80421	74-2472469	501(C)(3)	8,000.	0.			VETERINARY ASSISTANCE GRANT
PEEWEE'S PET ADOPTION WORLD AND SANCTUARY, INC. - 1307 SARATOGA - CORPUS CHRISTI, TX 78417	74-2746680	501(C)(3)	14,200.	0.			VETERINARY EQUIPMENT GRANT
PENNSYLVANIA SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS - 350 E. ERIE AVENUE - PHILADELPHIA, PA 19134	23-1352269	501(C)(3)	15,000.	0.			VETERINARY EQUIPMENT GRANT
PEOPLE, ANIMALS, LOVE AND SUPPORT EAST BAY - 2001 PERALTA STREET, SUITE A2 - OAKLAND, CA 94607	47-2632589	501(C)(3)	6,000.	0.			VETERINARY ASSISTANCE GRANT
PETS ARE WONDERFUL SUPPORT (PAWS NY) - 134 W. 29TH STREET, SUITE 802 - NEW YORK, NY 10001	80-0233785	501(C)(3)	10,000.	0.			VETERINARY ASSISTANCE GRANT
PHILADELPHIA ANIMAL WELFARE SOCIETY (PAWS) - 100 N. 2ND STREET - PHILADELPHIA, PA 19106	26-3862631	501(C)(3)	12,000.	0.			VETERINARY EQUIPMENT GRANT
PLACER VETERANS STAND DOWN P.O. BOX 582 ROSEVILLE, CA 95661	47-4822169	501(C)(3)PF	0.	5,349.	COST	VETERINARY SUPPLIES	PREVENTIVE CARE CLINIC
PLANNED PETHOOD OF GA 2860 BUFORD HIGHWAY DULUTH, GA 30096	90-0516757	501(C)(3)	14,801.	0.			VETERINARY EQUIPMENT GRANT

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(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
ROSE BROOKS CENTER P.O. BOX 320599 KANSAS CITY, MO 64132	51-0231573	501(C)(3)	10,000.	0.			SAFER TOGETHER GRANT
SAFE EMBRACE 780 E. LINCOLN WAY SPARKS, NV 89434	88-0366015	501(C)(3)	25,000.	2,082.	COST	VETERINARY SUPPLIES	SAFER TOGETHER GRANT & PREVENTIVE CARE CLINIC
SAFE FUTURES 16 JAY STREET NEW LONDON, CT 06320	06-0950718	501(C)(3)	12,000.	0.			SAFER TOGETHER GRANT
SAN ANTONIO PETS ALIVE! 1017 NORTH MAIN AVENUE SAN ANTONIO, TX 78212	45-4141531	501(C)(3)	15,006.	0.			VETERINARY EQUIPMENT GRANT & PREVENTIVE CARE CLINIC
SAN DIEGO HUMANE/PAWS SAN DIEGO 5500 GAINES STREET ESCONDIDO, CA 92110	95-1661688	501(C)(3)	0.	7,865.	COST	VETERINARY SUPPLIES	PREVENTIVE CARE CLINIC
SAN FRANCISCO COMMUNITY CLINIC CONSORTIUM - 2720 TAYLOR STREET, SUITE 430 - SAN FRANCISCO, CA 94133	94-2897258	501(C)(3)	7,000.	0.			VETERINARY ASSISTANCE GRANT
SANTA FE ANIMAL SHELTER 100 CAJA DEL RIO ROAD SANTA FE, NM 87507	85-6000484	501(C)(3)	5,020.	0.			VETERINARY EQUIPMENT GRANT
SASAWIN SAFE HAVEN 1310 SOUTH FRONT STREET MARQUETTE, MI 49855	38-2340624	501(C)(3)	10,000.	0.			SAFER TOGETHER GRANT
SOCKS AND PAWS ANIMAL RESCUE 364 E. CALIFORNIA RIDGECREST, CA 93555	82-2541151	501(C)(3)	6,875.	0.			DISASTER RELIEF

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(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
SOJOURNER CENTER P.O. BOX 20156 PHOENIX, AZ 85026	94-2465081	501(C)(3)	25,000.	0.			SAFER TOGETHER GRANT
SPAY N SAVE ANIMAL CLINIC 988 N. RONALD REAGAN BOULEVARD LONGWOOD, FL 32750	30-0693930	501(C)(3)	12,338.	0.			VETERINARY EQUIPMENT GRANT
SPAY NEUTER PROJECT OF LOS ANGELES 957 N. GAFFEY STREET SAN PEDRO, CA 90731	20-8542566	501(C)(3)	12,176.	0.			VETERINARY EQUIPMENT GRANT
SPAY/NEUTER YOUR PET - (SNYP) - JACKSON COUNTY, OREGON - P.O. BOX 477 - TALENT, OR 97501	91-1804542	501(C)(3)	8,500.	0.			VETERINARY ASSISTANCE GRANT
ST. AUGUSTINE HUMANE SOCIETY 1665 OLD MOULTRIE ROAD ST. AUGUSTINE, FL 32084	59-1324680	501(C)(3)	6,700.	0.			VETERINARY ASSISTANCE GRANT
ST. CROIX ANIMAL WELFARE CENTER RR BOX 9250 KINGSHILL 00850	23-7357706	501(C)(3)	10,000.	0.			VETERINARY ASSISTANCE GRANT
STREET PETZ 710 S. MYRTLE AVENUE, #710 COLORADO SPRINGS, CO 91016	27-1411595	501(C)(3)	0.	6,021.	COST	VETERINARY SUPPLIES	PREVENTIVE CARE CLINIC
TERRE HAUTE HUMANE SOCIETY 1811 S. FRUITRIDGE AVENUE TERRE HAUTE, IN 47803	35-0884686	501(C)(3)	10,000.	0.			VETERINARY EQUIPMENT GRANT
TEXAS A&M UNIVERSITY 401 GEORGE BUSH DRIVE COLLEGE STATION, TX 77840	74-6000531	GOVERNMENT	130,700.	0.			DISASTER RELIEF & SPECIAL GRANTS

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(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
TEXAS HUMANE HEROES, INC. 10930 E. CRYSTAL FALLS PARKWAY LEANDER, TX 78641	74-2069592	501(C)(3)	15,000.	0.			VETERINARY EQUIPMENT GRANT
TEXAS VETERINARY MEDICAL FOUNDATION - 8104 EXCHANGE DRIVE - AUSTIN, TX 78754	74-1983485	501(C)(3)	10,000.	0.			VETERINARY ASSISTANCE GRANT
THE BUDDY FOUNDATION OF MARYLAND 147 STANMORE ROAD BALTIMORE, MD 21212	27-4032526	501(C)(3)	8,000.	0.			SAFER TOGETHER GRANT
THE DAISY FUND DBA DAISYCARES P.O. BOX 90564 SAN ANTONIO, TX 78209	35-2372827	501(C)(3)	10,000.	0.			VETERINARY ASSISTANCE GRANT
THE HUMANE SOCIETY FOR SEATTLE/ KING COUNTY - 13212 S.E. EASTGATE WAY - BELLEVUE, WA 98005	91-0282060	501(C)(3)	15,000.	0.			PET ADVOCACY GRANT
THE HUMANE SOCIETY OF ELMORE COUNTY - 255 CENTRAL PLANK ROAD - WETUMPKA, AL 36092	63-0897123	501(C)(3)	0.	5,056.	COST	VETERINARY SUPPLIES	PREVENTIVE CARE CLINIC
THE HUMANE SOCIETY OF THE UNITED STATES - 700 PROFESSIONAL DRIVE - GAITHERSBURG, MD 20879	53-0225390	501(C)(3)	300,000.	0.			SPECIAL GRANTS
THE INNER PUP 5208 MAGAZINE, SUITE 357 NEW ORLEANS, LA 70115	47-1728816	501(C)(3)	10,000.	5,368.	COST	VETERINARY SUPPLIES	VETERINARY ASSISTANCE GRANT & PREVENTIVE CARE CLINIC
THE PET FUND 2747 14TH STREET SACRAMENTO, CA 95818	20-0232792	501(C)(3)	10,000.	0.			VETERINARY ASSISTANCE GRANT

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(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
THE PIXIE PROJECT 510 N.E. MLK BOULEVARD PORTLAND, OR 97232	20-8430297	501(C)(3)	10,000.	0.			VETERINARY ASSISTANCE GRANT
THE SERGEI FOUNDATION P.O. BOX 17256 OAK ISLAND, NC 27116	27-1016100	501(C)(3)	7,500.	0.			VETERINARY ASSISTANCE GRANT
TONY LA RUSSA'S ANIMAL RESCUE FOUNDATION - 2890 MITCHELL DRIVE - WALNUT CREEK, CA 94598	68-0240341	501(C)(3)	10,381.	0.			VETERINARY EQUIPMENT GRANT
TRUCKEE MEADOWS COMMUNITY COLLEGE FOUNDATION - 7000 DANDINI BOULEVARD - RDMT 200A - RENO, NV 89512	88-0185319	501(C)(3)	15,000.	0.			VETERINARY EQUIPMENT GRANT
UNIVERSITY OF MINNESOTA FOUNDATION 200 OAK STREET SE, SUITE 500 MINNEAPOLIS, MN 55455	41-6042488	501(C)(3)	1,300.	7,908.	COST	VETERINARY SUPPLIES	VETERINARY ASSISTANCE GRANT & PREVENTIVE CARE CLINIC
URBAN RESOURCE INSTITUTE 75 BROAD STREET, SUITE 505 NEW YORK, NY 10004	11-2561648	501(C)(3)	66,300.	0.			SAFER TOGETHER GRANT
VERDE VALLEY HUMANE SOCIETY 1520 W. MINGUS COTTONWOOD, AZ 86326	74-2400312	501(C)(3)	5,961.	0.			VETERINARY EQUIPMENT GRANT
VETERANS ASSOCIATION OF AMERICA INC - P.O. BOX 309 AUDUBON STATION - NEW YORK, NY 10032	74-3131378	501(C)(19)	0.	11,066.	COST	VETERINARY SUPPLIES	PREVENTIVE CARE CLINIC
WILLAMETTE ANIMAL GUILD 3045 ROYAL AVENUE EUGENE, OR 97402	93-1264009	501(C)(3)	14,457.	0.			VETERINARY EQUIPMENT GRANT

Part II **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (Schedule I (Form 990), Part II)

(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
WISCONSIN HUMANE SOCIETY (WHS) 4500 W. WISCONSIN AVENUE MILWAUKEE, WI 53208	39-0810533	501(C)(3)	15,000.	0.			SAFER TOGETHER GRANT
YOUCANMAKEADIFFERENCE, INC. P.O. BOX 1050 GRETNA, FL 32332	45-3909484	501(C)(3)	6,500.	0.			VETERINARY ASSISTANCE GRANT
YWCA CLARK COUNTY P.O. BOX 2206 VANCOUVER, WA 98668	91-0569882	501(C)(3)	25,806.	0.			SAFER TOGETHER GRANT

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 assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
WELLNESS PLAN ASSISTANCE	1306	0.	23,046.	COST	VETERINARY SUPPLIES

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information

PART I, LINE 2:

WELLNESS PLAN GRANTS, THROUGH THE FOUNDATION'S WELLNESS PLAN PROGRAM, ALLOW QUALIFYING INDIVIDUALS AND FAMILIES IN FINANCIAL NEED THE ABILITY TO APPLY TO THE FOUNDATION FOR PREVENTIVE CARE FOR THEIR PETS. THE PLANS COVER THE COSTS OF CARE AT BANFIELD PET HOSPITAL LOCATIONS THROUGHOUT THE U.S. THE ASSISTANCE IS GENERALLY FOR A MAXIMUM DOLLAR AMOUNT AND FOR CARE TO BE PROVIDED OVER NO MORE THAN A ONE-YEAR PERIOD OF TIME. THE ASSISTANCE IS FURTHER CONDITIONED UPON THE INDIVIDUAL OR FAMILY ACTUALLY USING THE SERVICES AND SUPPLIES PROVIDED BY THE

Part IV Supplemental Information

AGREEMENTS.

VETERINARY ASSISTANCE GRANTS PROVIDE FINANCIAL SUPPORT TO NONPROFIT ORGANIZATIONS TO FUND VETERINARY CARE PROGRAMS FOR PET OWNERS WHO MEET ESTABLISHED QUALIFICATIONS. GRANTS ARE FOR 1 YEAR AND RECIPIENTS OF THIS PROGRAM ARE REQUIRED TO SUBMIT A FINAL REPORT AT THE CONCLUSION OF THE GRANT ALONG WITH EXPENSE TRACKING TO SHOW HOW FUNDS WERE USED AND THAT THE MAXIMUM AWARD PER PET DID NOT EXCEED THE AMOUNT SET FORTH IN THE TERMS AND CONDITIONS.

PET ADVOCACY GRANTS SUPPORT NONPROFIT ORGANIZATION PROGRAMS THAT ARE DESIGNED TO KEEP PETS HEALTHY AND IN LOVING HOMES. FUNDS CAN BE USED FOR A VARIETY OF EXPENSES THAT WILL HELP THE RELINQUISHMENT OF PETS TO SHELTERS. TYPES OF EXPENSES INCLUDE MEDICAL, PET DEPOSITS, BEHAVIOR TRAINING, FENCE BUILDING. GRANTS ARE FOR 1 YEAR AND RECIPIENTS OF THIS PROGRAM ARE REQUIRED TO SUBMIT A MID-TERM REPORT AFTER 6 MONTHS AND A FINAL REPORT AND EXPENSES AT THE END OF THE YEAR.

DISASTER RELIEF GRANTS PROVIDE FINANCIAL SUPPORT TO NONPROFIT ANIMAL ORGANIZATIONS AND/OR LOCAL OR STATE GOVERNMENTS WHOSE COMMUNITIES HAVE SUFFERED THE IMPACT OF NATURAL OR OTHER DISASTERS. GRANTS ARE FOR 6 MONTHS AT WHICH TIME A FINAL REPORT AND EXPENSE TRACKING IS DUE.

VETERINARY MEDICAL EQUIPMENT GRANTS SUPPORT NONPROFIT ORGANIZATIONS TO PURCHASE VETERINARY MEDICAL EQUIPMENT FOR ON-SITE ANIMAL SHELTER VETERINARY CLINICS, LOW-COST VETERINARY PRACTICES, MOBILE VETERINARY UNITS, DISASTER RELIEF VEHICLES, ETC. GRANTS ARE FOR 1 YEAR AND A FINAL REPORT AND EXPENSES/RECEIPTS ARE DUE AT THAT TIME.

Part IV **Supplemental Information**

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2019

Open to Public Inspection

Name of the organization: BANFIELD FOUNDATION

Employer identification number: 47-4183567

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded				
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (SUPPLIES)	X	3	843,797.	FMV
26	Other ▶ (SOFTWARE)	X	1	51,269.	FMV
27	Other ▶ ( )				
28	Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement — 29

		Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b	If "Yes," describe the arrangement in Part II		
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b	If "Yes," describe in Part II		
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II		

Part II **Supplemental 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.

SCHEDULE M, PART I, COLUMN (B):

THE NUMBER REPORTED IN COLUMN (B) REPRESENTS THE TOTAL NUMBER OF CONTRIBUTIONS.

SCHEDULE O (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.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2019

Open to Public Inspection

Name of the organization

BANFIELD FOUNDATION

Employer identification number

47-4183567

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

DISASTER RELIEF GRANTS - PROVIDING FINANCIAL SUPPORT TO NONPROFIT ANIMAL ORGANIZATIONS AND/OR LOCAL OR STATE GOVERNMENTS OF WHICH THEIR COMMUNITIES HAVE SUFFERED THE IMPACT OF NATURAL OR OTHER DISASTERS.

VETERINARY MEDICAL EQUIPMENT GRANTS - PROVIDING FINANCIAL SUPPORT TO NONPROFIT ORGANIZATIONS TO PURCHASE VETERINARY MEDICAL EQUIPMENT FOR ON-SITE ANIMAL SHELTER VETERINARY CLINICS, LOW-COST VETERINARY PRACTICES, MOBILE VETERINARY UNITS, AND DISASTER RELIEF VEHICLES. DURING 2019, BANFIELD FOUNDATION FUNDED 57 GRANTS TO HELP IMPROVE THE VETERINARY CARE TO 2,348,491 PETS RECEIVE ACCESS TO VETERINARY CARE.

SAFER TOGETHER GRANTS - PROVIDES FUNDING TO PET-FRIENDLY DOMESTIC VIOLENCE SHELTERS, ANIMAL SHELTERS, BOARDING FACILITIES, AND FOSTER CARE SYSTEMS IN ORDER TO HELP WITH VETERINARY CARE, TEMPORARY BOARDING, BEHAVIOR TRAINING AND FUNDING OF DEDICATED ANIMAL CARE POSITIONS IN SUPPORT OF PETS OF DOMESTIC VOIENCE VICTIMS. DURING 2019, BANFIELD FOUNDATION FUNDED 20 GRANTS HELPING 3,118 PETS FIND SHELTER WITH THEIR FAMILIES.

CARE KNOWS NO BOUNDARIES GRANTS - ENABLING MARS VETERINARIANS AND CERTIFIED VETERINARY TECHNICIANS TO REMOVE THE BARRIES THAT KEEP PETS FROM RECEIVING MUCH-NEEDED CARE BY ASSISTING WITH TRAVEL EXPENSES TO ENABLE GLOBAL VOLUNTEER WORK.

HOPE FUNDS - PROVIDING FINANCIAL ASSISTANCE FOR INCOME-QUALIFIES PET

Name of the organization: BANFIELD FOUNDATION

Employer identification number: 47-4183567

OWNERS WHOSE PET IS SUFFERING FROM AN IMMEDIATELY LIFE-THREATENING CONDITION.

FORM 990, PART VI, SECTION A, LINE 6:

THE BANFIELD FOUNDATION HAS ONE CLASS OF MEMBERS.

FORM 990, PART VI, SECTION A, LINE 7A:

THE SOLE MEMBER OF THE BANFIELD FOUNDATION ELECTS THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION A, LINE 7B:

THE ORGANIZATION HAS A SINGLE MEMBER, MEDICAL MANAGEMENT INTERNATIONAL, INC. (DBA BANFIELD PET HOSPITAL) WHICH HAS THE AUTHORITY TO ELECT AND REMOVE MEMBERS OF THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS PREPARED BY AN INDEPENDENT CPA FIRM. DIRECTORS ARE GIVEN TIME TO REVIEW THE 990 AND ASK QUESTIONS. ALL FEEDBACK IS REQUESTED WITHIN A WEEK AND IF THERE ARE NO CHANGES, THE FORM 990 WILL BE FINISHED AND SIGNED.

FORM 990, PART VI, SECTION C, LINE 19:

THE FOUNDATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

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

OMB No 1545-0047

2019

Open to Public Inspection

Name of the organization

BANFIELD FOUNDATION

Employer identification number

47-4183567

Part I **Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II **Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No

Part III **Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
MEDICAL MANAGEMENT INC DBA BANFIELD PET HOSPITAL - 93-1132244, 18101 S.E. 6TH WAY, VANCOUVER, WA 98683	VETERINARY HOSPITALS	DE	N/A	C CORP					X

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a		X
b Gift, grant, or capital contribution to related organization(s)	1b		X
c Gift, grant, or capital contribution from related organization(s)	1c	X	
d Loans or loan guarantees to or for related organization(s)	1d		X
e Loans or loan guarantees by related organization(s)	1e		X
f Dividends from related organization(s)	1f		X
g Sale of assets to related organization(s)	1g		X
h Purchase of assets from related organization(s)	1h		X
i Exchange of assets with related organization(s)	1i		X
j Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k Lease of facilities, equipment, or other assets from related organization(s)	1k		X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	
o Sharing of paid employees with related organization(s)	1o		X
p Reimbursement paid to related organization(s) for expenses	1p	X	
q Reimbursement paid by related organization(s) for expenses	1q		X
r Other transfer of cash or property to related organization(s)	1r		X
s Other transfer of cash or property from related organization(s)	1s		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec 501(c)(3) orgs.? Yes	(e) No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership