_	99			Date	urn of C	Vacabia	otion Exam	<b>~</b> +			. Tav		L	OMB No. 1	545-0047
Form	99			Rell		rganiza	ation Exem	ρι	From in	ICOM	elax			201	9
(Rev.	January	2020)	Under	r section 50	1(c), 527, o	r 4947(a)(1)	of the Internal R	ever	nue Code (e	xcept p	rivate found	dations	)		
Depart	ment of th	ne Treasury		🕨 Do not	t enter soci	al security	numbers on this	form	n as it may l	be made	public.			Open to	Public
Interna	l Revenu	e Service		Go t	o www.irs.	gov/Form99	0 for instructions	s and	d the latest	informa	tion.			Inspec	tion
	or the	2019 calendar	year, or	tax year be	ginning				, 2019, a	and endi	ing			, 20	
Bc	heck if ap	oplicable:	C Nam	e of organizatio	Petfind	er Found	lation					D Empl	oyer ide	ntification nu	mber
∐ ^	ddress ch	nange	Doin	g business as									87-	0694641	
∐ ¤	ame char	nge	Num	ber and street (	or P.O. box if m	ail is not deliver	ed to street address)			Room/su	ite	E Telep			
L Ir	nitial return	n	1729	E Sunris	se Drive	)					119		(52	0)207-0	626
∐ F	inal returr	n/terminated			•	ntry, and ZIP or	foreign postal code					G Gros	s receipts		
	mended r	return		on, AZ 8								\$			<u>31,162</u>
L A	pplication	l pending		e and address o		er: <b>Betsy</b>	Saul				H(a) Is this a g			<b>—</b>	=
				as C abo		Г	<b>-</b>	_			H(b) Are all s				es 🗌 No
	ax-exemp		1(c)(3)	501(c) (	) 🖣 (ins		4947(a)(1) or	52	27					structions)	
	/ebsite:			derfound				<u> </u>			H(c) Group				
к г Ра		ganization: X Co	orporation	Trust	Association	Other		L	Year of formati	on: 200	)3  M S	state of leg	gal domici	ile: <b>AZ</b>	
Fai	1		<u> </u>										• •		<u> </u>
		Briefly describe	-			-		о р	revent t	he eu	thanasia	a of a	adopt	able pe	ets
e		and suppor	t anir	nal welf	are grou	ips to t	his end.								
ano															
ern															
Governance			_	-		-	erations or dispose	ed of	more than 2	25% of its	s net assets	1	1		
ଅ	3	Number of votir	ng memb	ers of the go	overning boo	dy (Part VI, I	ine 1a) • • •	•••				3			6
es	4	Number of inde	pendent	voting mem	bers of the g	governing bo	ody (Part VI, line 1	b)				4			6
viti	5	Total number of	individu	als employed	d in calenda	r year 2019	(Part V, line 2a)					5			3
Activities &	6	Total number of	voluntee	ers (estimate	e if necessar	ту)		•••				6			
4	7a	Total unrelated	business	revenue fro	m Part VIII,	column (C)	, line 12 • • •	••				7a			0
	b	Net unrelated b	usiness t	taxable incor	me from For	m 990-T, lin	e 39 • • • •	••				7b			0
											Prior Year			Current Yea	ar
	8	Contributions a	nd grants	s (Part VIII, li	ine 1h) 🛛 🔒			••		•	1,233	,494		86	62,374
anı	9	Program servic	e revenu	e (Part VIII,	line 2g) 🛛 •			••		•					0
Revenue	10	Investment inco	ome (Par	t VIII, columi	n (A), lines 3	3, 4, and 7d)	)	•••		•	16	,701		1	18,788
Re	11	Other revenue	(Part VIII	, column (A)	, lines 5, 6d	, 8c, 9c, 10c	c, and 11e) ••	• •				(836)			0
	12	Total revenue -	add lines	s 8 through 1	1 (must equ	ual Part VIII,	column (A), line 1	2)			1,249	,359		88	31,162
	13	Grants and sim	ilar amou	unts paid (Pa	art IX, colum	ın (A), lines	1-3) • • • • •	• •		•	590	,410		49	97,027
	14	Benefits paid to	or for m	embers (Par	t IX, columr	n (A), line 4)		• •							0
6	15	Salaries, other	compens	ation, emplo	oyee benefit	s (Part IX, c	olumn (A), lines 5-	10)			216	,438		22	22,386
sei	16a	Professional fu	ndraising	fees (Part I)	X, column (A	A), line 11e)		• •							0
Expenses	b	Total fundraisin	g expens	ses (Part IX,	column (D),	line 25)	<u> </u>		78,970						
Ă	17	Other expenses	s (Part IX	, column (A)	, lines 11a-′	11d, 11f-24e	)	• •			101	,540		8	36,478
	18	Total expenses	Add line	es 13-17 (mi	ust equal Pa	art IX, colum	n (A), line 25)	• •			908	,388		80	05,891
	19	Revenue less e	xpenses	. Subtract li	ne 18 from l	ine 12 •		•••	<u></u>	•	340	,971		7	75,271
or								_		Begi	nning of Curre	nt Year		End of Year	r
Net Assets or Fund Balances	20	Total assets (Pa	art X, line	• 16) • • •				••		•	2,297	,255		2,44	48,254
A Second	21	Total liabilities (	Part X, lii	ne 26) 🔹				••		-	2	,146			3,459
Fur	22	Net assets or fu	ind balar	nces. Subtra	ict line 21 fro	om line 20		• •		-	2,295	,109		2,44	44,795
Pa	t II	Signature	Block												
							g schedules and statem ation of which preparer			of my know	ledge and belie	ef, it is			
	Joineot, al	A complete. Degai					autor of which preparer	1143 4	ny knowledge.						
0.		$\bigcirc$	oni -	M>									Marc	h 6, 202	.0
Sig		Signature of	fofficer	$\bigcirc$								Da	ite		
Her	e	, Exec	utive	Directo	r										
		Type or prin													
		Print/Type prepar	er's name		Preparer	's signature		Τ	Date		Check	X if	PTIN		
Paic		Jennifer	<u>J Phi</u>	llips					03-06-20	20	self-em	oloyed	P0	1607578	3
Pre	oarer	Firm's name	•	Jennif	er J Ph	illips (	CPA PLLC			F	irm's EIN 🕨				
Use	Only	Firm's address	•				l. Ste. 1600			F	hone no.				
					AZ 857	_						<u>5</u> 20-	247-7	087	
May	he IRS	discuss this ret	urn with				tructions) · ·							X Yes	No
-															

Form	n 990 (2019) Petfinder Foundation	87-0694641	Page <b>2</b>
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	
1	Briefly describe the organization's mission:		
	To prevent the euthanasia of adoptable pets and support animal welfare groups	to this end	1.
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	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	-	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	rs,	
	the total expenses, and revenue, if any, for each program service reported.		
4a	(Code: ) (Expenses \$ 584,128 including grants of \$ 394,557 ) (Revenue		
40			)
	Quality of Life programs - See attached PDF.		
4b	(Code: ) (Expenses \$ 95,503 including grants of \$ 86,570 ) (Revenue	\$	)
	Other programs - See attached PDF.		'
4c	(Code:) (Expenses \$20,473 including grants of \$15,900 ) (Revenue	\$	)
	Disaster relief program - See Attached PDF.		
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses  700,104		000 (0040)

Pa	rt 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 (see instructions)?	2	x	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	-	<u>^</u>	<u> </u>
3	candidates for public office? If "Yes," complete Schedule C, Part I	3		v
		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			
-	5 7	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		
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		х
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		х
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		х
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.			
а				
u	complete Schedule D, Part VI	11a	x	
b			<u>^</u>	<u> </u>
b	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		v
•				x
С		44.0		
	of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		x
d				
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f				
	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		1		
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional •••••••••	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
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		х
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 (see instructions)	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			<u></u>
	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?	<u> </u>		
	If "Yes," complete Schedule G, Part III	19		v
20 -		20a		X
20а ь	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		x
		200		<u> </u>
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	

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Form 990 (2019)

Petfinder Foundation

Form	n 990 (2019) Petfinder Foundation	87-06946	41	P	age 4
Pa	rt 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		х
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		х
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		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year				
	to defease any tax-exempt bonds? • • • • • • • • • • • • • • • • • • •		24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit				
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		25a		х
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		х
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 or any of these persons? If "Yes," complete Schedule L, Part II		26		х
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		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part				
	IV instructions, for applicable filing thresholds, conditions, and exceptions):				
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If				
	"Yes," complete Schedule L, Part IV		28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		28b		х
с	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		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		29	х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified				
	conservation contributions? If "Yes," complete Schedule M		30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		31		х
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		х
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				
			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				
			37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and				
	19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.		38	x	l
Par				- 11	<u> </u>
	Check if Schedule O contains a response or note to any line in this Part V				
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 2			
b		1b 0			
c					
-	reportable gaming (gambling) winnings to prize winners?		1c		

Form	990 (2019) Petfinder Foundation 87-06946	41	P	age 5
Pa	rt 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 <b>2a</b> 3			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
b	If "Yes," enter the name of the foreign country			
<b>5</b> -	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		<u>x</u>
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	0.0		
h	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	C.h.		
7	gifts were not tax deductible?	6b		
7				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b		<u>x</u>
b c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	10		
C	required to file Form 8282? • • • • • • • • • • • • • • • • • • •	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year	10		<u> </u>
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?	76 7f		x
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
9 h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? • • • • • • • • • • •	79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 · · · · · · · · · · · · · · · · · ·			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.) • • • • • • • • • • • • • • • • • • •			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year ••••••••• 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		<u> </u>
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand ••••••••••••••••••••••••••••••••••••			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		x
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		<b></b>
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?	15		x
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x
	If "Yes," complete Form 4720, Schedule O.			

Form 990 (2019)

Form	990 (2019) Petfinder Foundation 87-0694	641	F	Page <b>6</b>
Pa	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a	"No"		
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			. x
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year <b>1a</b>			
	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 in line 1a, above, who are independent <b>······ 1b</b>			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		х
6	Did the organization have members or stockholders?	6		х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	x	
b	Each committee with authority to act on behalf of the governing body?	8b	x	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
_	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х
Sec	tion 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.	10-		
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	10-		
40	describe in Schedule O how this was done	12c	X	
13		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? The organization's CEO. Executive Director, or top management official	450		
a h		15a	X	
b	Other officers or key employees of the organization	15b		x
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
Toa	with a taxable entity during the year?	16a		v
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	104		x
D.	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		
Sec	tion C. Disclosure	100		
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)			
.0	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	X       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			
	The Corporation (520)207-0626, 4729 E Sunrise Drive No 119, Tucson, AZ 85718			
FFA	The corporation (520/20/-0020, 4/23 E Sumitse Drive NO 113, Tucson, A2 05/18	Form	990 (	2010)

Form 990 (201		87-0694641	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Cor	npensated Employee	es, 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 t	his table for all persons required to be listed. Report compensation for the calendar year ending with or with	nin the	
organization's	ax year.		
<ul> <li>List all of</li> </ul>	the organization's <b>current</b> officers, directors, trustees (whether individuals or organizations), regardless or	f amount of	

compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than

\$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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.

			ipen		(C)	y ourie				
(A)	(B)			Pos	sition			(D)	(E)	(F)
Name and title	Average hours per week	box, offic	unles er and	s per	son is	han one s both an /trustee)		Reportable compensation from the	Reportable compensation from related organizations	Estimated amount of other compensation from the
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
(1) Betsy Saul	<u>5.00</u>									
Chairman and Treasurer		х		х				0	0	0
(2) Jared Saul	<u>5.00</u>									
President		x		х				0	0	0
(3) Rob_Rauh	<u>5.00</u>									
Secretary		x		х				0	0	0
(4) Amanda Sumner	<u>5.00</u>									
Vice-President		х		x				0	0	0
(5) Jim Morris	<u>5.00</u>									
Board Member		х						0	0	0
(6) John_Boone	<u>5.0</u> 0									
Board Member		х						0	0	0
(7) Toni_Morgan	<u>40.00</u>									
Executive Director					Х			79,082	0	0
(8)										
<u>(9)</u>										
<u>(10)</u>										
<u>(11)</u>										
<u>(12)</u>										
<u>(13)</u>										
<u>(14)</u>										
									•	

	90 (2019) Petfinder Foundati										7-0694	641	P	age <b>8</b>
Part	VII Section A. Officers, Directors, Trustees	, Key Emplo	oyees,	and	Hig	hest	t Com	pen	sated Employees	(continued	<u>)</u>			
	(A) Name and title	(B) Average hours per week	box,	unles	Po: eck m ss per	rson is	han one s both ai /trustee)	n	(D) Reportable compensation from the organization	(E) Reporta compense from rela organiza	able ation ated	со	(F) nated amo of other mpensati from the	
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former		(W-2/1099-		orga	anization and aniz	
<u>(15)</u>														
<u>(16)</u>														
<u>(17)</u>														
<u>(18)</u>														
<u>(19)</u>														
<u>(20)</u>														
<u>(21)</u>														
<u>(22)</u>														
<u>(23)</u>														
<u>(24)</u>														
<u>(25)</u>														
1b	Subtotal		• • •	• •	• •	• •		• •						
c d	Total from continuation sheets to Part VII, Secti Total (add lines 1b and 1c)			•••	•••	•••	•••	: •	79,082		0			0
2	Total number of individuals (including but not limite reportable compensation from the organization									<b>I</b>				0
3	Did the organization list any <b>former</b> officer, director	r. trustee. ke	v empl	ovee	e. or	hiah	iest co	mpe	ensated				Yes	No
	employee on line 1a? If "Yes," complete Schedule			-		-						3		x
4	For any individual listed on line 1a, is the sum of re organization and related organizations greater than	•	•					•						
_	individual • • • • • • • • • • • • • • • • • • •											4		х
5	Did any person listed on line 1a receive or accrue of for services rendered to the organization? <i>If "Yes,"</i>			-			-					5		x
Secti	on B. Independent Contractors	001110101010	liouure			on p	010011							Α
1	Complete this table for your five highest compensation													
	compensation from the organization. Report compe	ensation for	the cal	enda	ar ye	ar e	nding	with I	-	ization's ta	x year.	(2)		
	(A) Name and business address	s							(B) Description of servic	es		(C) Compens	sation	
											<u> </u>			
														•
	Total number of index and east as the start (in the "	. h i	ad 4 - 4	h.e	1:- 4		har							
2	Total number of independent contractors (including received more than \$100,000 of compensation from			nose Þ		eu al	uove)	WIIO						

Form 99	90 (20	19) Petfi	nder Foundat	ion			87-06946	5 <b>41</b> Page 9
Part V	VIII	Statement of Rev	/enue					
		, Check if Schedule O co	ontains a response	or note to any line in th	is Part VIII		<u></u>	<u></u>
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	1a	Federated campaigns		1a				
<i>6 6</i>	b	Membership dues • • •	[	1b	1			
Contributions, Gifts, Grants and Other Similar Amounts	c	Fundraising events	[	1c	1			
ษัติ	d			1d	1			
iifts ar Al	e	Government grants (contr	ributions) • •	1e	1			
s, G Mila	f		· · · · ·		1			
rsi		and similar amounts not ir	ncluded above	1f 862,374				
ibu	g	Noncash contributions inc	cluded in		7			
ontr od O		lines 1a-1f		1g \$ 33,684				
ਕ ਨ	h	Total. Add lines 1a-1f		• I /	862,374			
				Business Code				
Ð	2a							
vice	b							
Ser	c							
E S	d							
gra Re	e							
Program Service Revenue	f	All other program service r	evenue	· · ·				
	g	Total. Add lines 2a-2f						
	3	Investment income (includi	ina dividends. inter	est. and				
		other similar amounts)			18,788			18,788
	4	Income from investment of	tax-exempt bond	proceeds				
	5	Royalties						
			(i) Real	(ii) Personal				
	6a	Gross rents	6a		1			
	b	Less: rental expenses	6b		1			
	c	Rental income or (loss)	6c					
	d	Net rental income or (loss)						
	70	Gross amount from	(i) Securities	s (ii) Other				
	<sup>1</sup> a	sales of assets						
	h	other than inventory Less: cost or other basis	7a					
e	0	and sales expenses	7b					
enue	c	Gain or (loss)	7c		1			
Other Rev	1	Net gain or (loss)						
ler	8a	Gross income from fundrai	ising					
ŧ		events (not including \$						
		of contributions reported or	n line					
		1c). See Part IV, line 18		8a				
	b	Less: direct expenses .		8b				
	c	Net income or (loss) from f	undraising events	· · · · · · · •				
	9a	Gross income from gaming	9					
		activities, See Part IV, line	19	9a				
	b	Less: direct expenses .		9b				
	c	Net income or (loss) from g	gaming activities					
	10a	Gross sales of inventory, le	ess					
		returns and allowances		10a				
	b	Less: cost of goods sold		10b				
	c	Net income or (loss) from s	sales of inventory					
				Business Code				
sn	11a	Loss on equity in	v	900099				
ano	b							
ella	c							
Miscellanous Revenue	d	All other revenue • • • •						
2	е	Total. Add lines 11a-11d	<u></u>	· · · · · · · · · •				
	12	Total revenue. See instruct	ctions	· · · · · · · · · •	881,162	0	0	18,788

	Check if Schedule O contains a response or note to a	ny line in this Part IX			
	ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	(A) Total expenses	( <b>B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
<u>1</u>	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
	and domestic governments. See Part IV, line 21 · · ·	497,027	497,027		
2	Grants and other assistance to domestic	1577027	1017021		
-	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
•	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16 • • • •				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
•	trustees, and key employees	79,083	48,073	6,094	24,91
6	Compensation not included above, to disqualified	19,005		0,054	24,91
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	126,165	76,693	9,722	39,75
8	Pension plan accruals and contributions (include	120,103	,0,055	5,122	
-	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
0	Payroll taxes	17,138	10,284	1,370	5,48
1	Fees for services (nonemployees):	17,136	10,284	1,370	5,40
a					
b		571	571		
c	Accounting	30,596	27,537	1,530	1,52
d		30,596	21,551	1,550	1,52
	Professional fundraising services. See Part IV, line 17				
e f	Investment management fees	4 054		4.054	
	F	4,254		4,254	
g	Other. (If line 11g amount exceeds 10% of line 25, column	100	110	_	
2	(A) amount, list line 11g expenses on Schedule O.)	132	118	7	
2  3	Advertising and promotion	10 500	15 071	007	2.20
	Information technology	19,580	15,271	927	3,38
4  5	Royalties · · · · · · · · · · · · · · · · · · ·	9,177	7,342		1,83
6					
10		1.054	1.054		
		1,254	1,254		
8	Payments of travel or entertainment expenses				
•	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
20					
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	249	112	100	3
23		2,331	699	1,515	11
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.)				
а	Dues and registrations	12,719	11,193	1,017	50
b					
С					
d					
е	All other expenses	5,615	3,930	281	1,40
25	Total functional expenses. Add lines 1 through 24e	805,891	700,104	26,817	78,97
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				

# Form 990 (2019) Petfinder Foundation

87-0694641

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Par	t X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	1,160,274	1	240,433
	2	Savings and temporary cash investments	240,241	2	1,582,271
	3	Pledges and grants receivable, net	329,057	3	1,660
	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	
s	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges	10,864	9	2,278
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 3,170			
	b	Less: accumulated depreciation 10b 3,024	395	10c	146
	11	Investments - publicly traded securities	556,424	11	621,466
	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)	2,297,255	16	2,448,254
	17	Accounts payable and accrued expenses	2,146	17	3,459
	18	Grants payable • • • • • • • • • • • • • • • • • • •		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ies	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
-iab		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	2,146	26	3,459
		Organizations that follow FASB ASC 958, check here 🛛 🕨 🔽			
sec		and complete lines 27, 28, 32, and 33.			
ano	27	Net assets without donor restrictions	1,903,051	27	2,389,036
Bal	28	Net assets with donor restrictions	392,058	28	55,759
pu		Organizations that do not follow FASB ASC 958, check here			
μ		and complete lines 29 through 33.			
s 01	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
As:	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	2,295,109	32	2,444,795
	33	Total liabilities and net assets/fund balances	2,297,255	33	2,448,254

EEA

Form **990** (2019)

Form		7-0694641	L	Pa	age <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				· 🗌
1	Total revenue (must equal Part VIII, column (A), line 12)	1		881,	162
2	Total expenses (must equal Part IX, column (A), line 25)	2		805,	891
3	Revenue less expenses. Subtract line 2 from line 1	3		75,	271
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,	295,	109
5	Net unrealized gains (losses) on investments	5		74,	415
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	2,	444,	795
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u>· 🗌 </u>
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain 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		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			-	000 //	

Form 990 (2019)

SCH	ED	UL	E	Α

# **Public Charity Status and Public Support**

OMB No. 1545-0047

Complete if the organization is a section 501(c)(3) organization or a					section 494	7(a)(1) none	2019		
•		0 or 990-EZ)			ch to Form 990 or Forn				Open to Public
		of the Treasury venue Service	•	Go to www.irs.go	v/Form990 for instruction	ons and th	e latest in	formation.	Inspection
Name	of th	e organization						Employer identificati	on number
Pet	fin	der Founda	tion					87-0694641	-
Pa	rt I	Reason	or Public Charit	<b>y Status</b> (All or	ganizations must co	omplete	this part.	) See instructions.	
The	orga	nization is not a	private foundation beca	ause it is: (For lines	1 through 12, check only	one box.)			
1		A church, conv	ention of churches, or	association of churc	ches described in <b>sectior</b>	ו 170(b)(1)	(A)(i).		
2	Ц	A school descr	bed in section 170(b)	(1)(A)(ii). (Attach So	chedule E (Form 990 or 9	90-EZ).)			
3	Ц	A hospital or a	cooperative hospital se	ervice organization	described in section 170	(b)(1)(A)(ii	i).		
4				ated in conjunction	with a hospital described	in section	170(b)(1)(	A)(iii). Enter the	
_			e, city, and state:	<u>Ct.</u> (					
5			· · · · · · · · · · · · · · · · · · ·		niversity owned or operat	ed by a go	vernmental	unit described in	
6			(1)(A)(iv). (Complete F	,	t described in section 17	0(h)(1)(A)	(11)		
7	x		-	•	of its support from a gove		• •	the general public	
•		•	ction 170(b)(1)(A)(vi).	•				ano gonoral public	
8	Π		ust described in sectio	,					
9	$\overline{\Box}$				n 170(b)(1)(A)(ix) operat	ed in conju	nction with	a land-grant college	
	_	or university or	a non-land-grant colle	ge of agriculture (se	e instructions). Enter the	e name, city	, and state	of the college or	
		university:							
10		An organization	that normally receive	s: (1) more than 33	1/3% of its support from	contributior	ns, membe	rship fees, and gross	
		receipts from a	ctivities related to its ex	kempt functions - su	bject to certain exception	ns, and (2)	no more th	an 33 1/3% of its	
		support from g	oss investment income	e and unrelated bus	iness taxable income (le	ss section	511 tax) fro	m businesses	
	_	acquired by the	organization after Jun	e 30, 1975. See <b>se</b>	ction 509(a)(2). (Comple	ete Part III.)			
11	Ц	-	•		st for public safety. See <b>s</b>				
12	Ш	•	•	•	ne benefit of, to perform t			• • •	
of one or more publicly supported organizations described in <b>section 509(a)(1)</b> or <b>section 509(a)(2</b> ). See <b>section 509(a)(3).</b> Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.									
			-				•	-	
	а				ed, or controlled by its su	•••	-	,	
			organization. You mu		appoint or elect a majorit	y of the dife			
	b		•	-	trolled in connection with	its support	ed organiz	ation(s) by baying	
	D.			•	n vested in the same per		-		
			n(s). <b>You must comp</b>					anago alo sapportoa	
	с	<b>—</b> <sup>×</sup>	•	•	ization operated in conne	ection with,	and function	onally integrated with,	
					must complete Part IV,				
	d	Type III no	n-functionally integra	ated. A supporting of	organization operated in o	connection	with its sup	ported organization(s)	
		that is not f	unctionally integrated.	The organization ge	enerally must satisfy a dis	stribution re	equirement	and an attentiveness	
		requiremer	nt (see instructions). Yo	ou must complete	Part IV, Sections A and	D, and Pa	rt V.		
	е	Check this	box if the organization	received a written of	determination from the IF	RS that it is	a Type I, T	ype II, Type III	
		functionally	integrated, or Type III	non-functionally int	egrated supporting orgar	nization.			
	f		er of supported organi						
	g	Provide the foll	owing information abou	ut the supported org	janization(s).	1			
	<b>(</b> i	i) Name of supported	organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the o listed in you		<ul> <li>(v) Amount of monetary support (see</li> </ul>	(vi) Amount of other support (see
					above (see instructions))	docum	• •	instructions)	instructions)
						Yes	No		
						165	NO		
(A)									
(B)									
(B)									
(C)									
(D)									
(E)									
Tota	l								

	dule A (Form 990 or 990-EZ) 2019 Petfinder	Foundation				87-0694643	1 Page <b>2</b>
Pa	rt II Support Schedule for Organiza						
	(Complete only if you checked th				•	•	y under
_	Part III. If the organization fails to	o qualify unde	r the tests list	ted below, ple	ease complete	e Part III.)	
	ction A. Public Support						
-	endar year (or fiscal year beginning in) ►	(a) 2015	<b>(b)</b> 2016	(c) 2017	<b>(d)</b> 2018	(e) 2019	<b>(f)</b> Total
1	- , 5 ,						
	membership fees received. (Do not						
	include any "unusual grants.")	1,370,461	1,275,207	1,441,239	1,233,494	862,374	6,182,775
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						
	Total. Add lines 1 through 3	1,370,461	1,275,207	1,441,239	1,233,494	862,374	6,182,775
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)						2,704,619
	Public support. Subtract line 5 from line 4						3,478,156
	ction B. Total Support						
	endar year (or fiscal year beginning in) ►	(a) 2015	<b>(b)</b> 2016	(c) 2017	<b>(d)</b> 2018	(e) 2019	<b>(f)</b> Total
	Amounts from line 4	1,370,461	1,275,207	1,441,239	1,233,494	862,374	6,182,775
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from						
	similar sources	383	13,316	15,584	16,701	18,788	64,772
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.)						
	Total support. Add lines 7 through 10						6,247,547
12	Gross receipts from related activities, etc. (se	ee instructions)				12	
13	First five years. If the Form 990 is for the org	0				· · · ·	,
	organization, check this box and <b>stop here</b>	<u></u>					· · · · 🕨 🗌
Sec	ction C. Computation of Public Suppo	rt Percentage	)			i	
	Public support percentage for 2019 (line 6, c					14	55.67 %
	Public support percentage from 2018 Sched					15	61.44 %
16a	33 1/3% support test - 2019. If the organization						_
	box and <b>stop here.</b> The organization qualifie	• •	•••				_
b	33 1/3% support test - 2018. If the organiza						
	this box and <b>stop here</b> . The organization qua		• • • •	-			_
17a	10%-facts-and-circumstances test - 2019.	-					
	10% or more, and if the organization meets t						
	Part VI how the organization meets the "facts			-			
	organization						
b	10%-facts-and-circumstances test - 2018.	-					e
	15 is 10% or more, and if the organization m					•	
	Explain in Part VI how the organization meet						·
	supported organization						··· 🕨 🗌
18	Private foundation. If the organization did n						_
	instructions						··· 🕨 📋

	orm 990 or 990-EZ) 2019
Part III	Support So

90 or 990-EZ) 2019 Petfinder Foundation 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.)

Sec	ction A. Public Support						
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	<b>(f)</b> 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 $\cdot$						
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						
	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						
-	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
<u></u>	line 6.)						
	ction B. Total Support						
-	endar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	<b>(f)</b> Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
<b>b</b>	royalties, and income from similar sources						
D	Unrelated business taxable income (less						
	section 511 taxes) from businesses acquired after June 30, 1975						
~	Add lines 10a and 10b						
	Net income from unrelated business						
11							
	activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or						
12	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	<b>Total support.</b> (Add lines 9, 10c, 11,						
10	and 12.)						
14	<b>First five years.</b> If the Form 990 is for the or	L ganization's fir	I st second thin	l d fourth or fift	l h tax vear as a	section 501(c)	(3)
17	organization, check this box and <b>stop here</b>	-			•	. ,	· /
Sec	ction C. Computation of Public Support						
	Public support percentage for 2019 (line 8, c			column (f))		15	%
	Public support percentage from 2018 Schedu	.,	•			16	%
_	ction D. Computation of Investment In						
	Investment income percentage for 2019 (line			ne 13. column	(f))	17	%
	Investment income percentage from <b>2018</b> So	,				18	%
	33 1/3% support tests - 2019. If the organiz						
	17 is not more than 33 1/3%, check this box						
b	33 1/3% support tests - 2018. If the organize	-	-	-			_
	line 18 is not more than 33 1/3%, check this l						
20	Private foundation. If the organization did n	-	-	-			=
	ŭ		•	· · · · · ·			

Part				
	(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete			
	and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, co		•	
	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Pa	art V.)		
Sect	ion A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	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 <b>Part VI</b> how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	2		
3a		_		
•••	(b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and	•••		
D.	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the			
	organization made the determination.	3b		
-	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)	50		
С	purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
4.	• • • •	30		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If	1.		
	"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 <b>Part VI</b> how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> 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 <b>Part VI</b> , 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		
-	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 <b>Part VI</b> .	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 <b>Part VI</b> .	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	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		
EEA	Schedule A (	Form 990 o	or 990-E2	Z) 2019

87-0694641

Page 4

Schedule A (Form 990 or 990-EZ) 2019

Petfinder Foundation

		-0694641	F	age 5
Pa	rt IV Supporting Organizations (continued)			
44	Line the experimetion accorded a gift or contribution from any of the following persons (		Yes	No
	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?		-	
		11:		
	A family member of a person described in (a) above?			
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Pattern B. Type I Supporting Organizations	<b>art VI</b> . 110	C	
000	alon D. Type i Supporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		165	NU
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during t	he		
	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 support	rted		
	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 <b>F</b>	Part		
	<b>VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated,	art		
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the direct	ors		
	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or manage			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations		1	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	ie 👘		
	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 provi	ded? 1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the suppor			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part	<b>VI</b> how		
	the organization maintained a close and continuous working relationship with the supported organization(	(s)		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	2		
	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		
Sec	tion E. Type III Functionally Integrated Supporting Organizations	· ·	•	•

## 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 year (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).
- 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.
- **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.*
- 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.*
- **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.*

2a

2b

3a

Yes

No

Schedule A (Form 990 or 990-EZ) 2019 Petfinder Foundation		87-069	4641 Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org			
<b>1</b> Check here if the organization satisfied the Integral Part Test as a qualifying t			,
instructions. All other Type III non-functionally integrated supporting organiz	ations	s must complete Sections	s 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>b</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 <b>Part VI</b> ):			
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 instructions).	integr	ated Type III supporting	organization (see

Schedule A (Form 990 or 990-EZ) 2019

Part V Type III Non-Functionally Integrated 509(a)(	· · · · · · · · · · · · · · · · · · ·		
Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accomplish exer	mpt purposes		
2 Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
organizations, in excess of income from activity			
3 Administrative expenses paid to accomplish exempt purpose	es of supported organizati	ons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval required)			
6 Other distributions (describe in <b>Part VI</b> ). See instructions.			
7 Total annual distributions. Add lines 1 through 6.	·		
8 Distributions to attentive supported organizations to which th	e organization is respons	ive	
(provide details in <b>Part VI</b> ). See instructions.			
9 Distributable amount for 2019 from Section C, line 6			
<b>10</b> Line 8 amount divided by line 9 amount		(ii)	(iii)
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			
<b>a</b> From 2014			
<b>b</b> From 2015			
<b>c</b> From 2016			
<b>d</b> From 2017			
<b>e</b> 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>b</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 <b>Part VI</b> . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4h from line 1. For result greater than zero explain in			
and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
- Even			
h Europe from 0040			
- Europe from 0017			
<b>a</b> Excess from 2018 <b>e</b> Excess from 2019			

	990 or 990-EZ) 2019 Pa
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, 2
	3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E
	lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

# Schedule B

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

Department of the Treasury

Internal Revenue Service

# Schedule of Contributors

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

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

OMB No. 1545-0047

Name of the organization	Employer identification number
Petfinder Foundation	87-0694641
Organization type (check one):	

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

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

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

### General Rule

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

### Special Rules

х	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the
	regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line
	13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1)
	\$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

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

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

Schedule B (	Form 990,	990-EZ, (	or 990-PF)	(2019)
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Name of organization

Page 2
Employer identification number

Petfinder Foundation

87-0694641

Part I	<b>Contributors</b> (see instructions). Use duplicate copies	of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>    1    </u>	<u>Orvis</u> <u>1711 Blue Hills Drive</u> <u>Roanoke, VA 24012</u>	\$22,645	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Nestle Purina PetCare Company 30500 Bainbridge Rd Solon, OH 44139	\$219,536	PersonxPayrollINoncashI(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_3	Survey Monkey One Curiosity Way San Mateo, CA 94403	\$36,141	Person x Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Volvo Car USA PO Box 914 Northvale, NJ 07647	\$0,000	Person     Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_5_	Francis M Albritton Estate PO Box 636 Ruston, LA 71273	\$167,000	Person     Image: Complete       Noncash     Image: Complete       (Complete     Part II for       noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

SCHEDULE D	
(Form 990)	

# **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.

OMB No. 1545-0047

Open to Public

	ment of the Treasury	Go to www irs gov/Form9	90 for instructions and the latest informati	ion	Inspection
	Revenue Service		so for instructions and the latest informati	Employer identification	•
	-	tion			
Par	finder Founda		nds or Other Similar Funds or Acco	87-0694641	L
		if the organization answered "Yes" on		unto.	
	Complete		(a) Donor advised funds	(b) Funds a	nd other accounts
1	Total number at en	d of year • • • • • • • • • • • • • • • • • • •			
2		f contributions to (during year)			
3		f grants from (during year)			
4		tend of year			
5		n inform all donors and donor advisors in wr	ting that the assets held in donor advised		
•	•	nization's property, subject to the organizatio	-		. ∏Yes ∏No
6	•		visors in writing that grant funds can be used		
	•	purposes and not for the benefit of the donor			
					. 🗌 Yes 🗌 No
Par	<u> </u>	vation Easements.			
	 Complete	e if the organization answered "Yes" or	n Form 990, Part IV, line 7.		
1		ervation easements held by the organization			
		f land for public use (e.g., recreation or educ		of a historically importa	int land area
	Protection of n	atural habitat		of a certified historic st	
	Preservation o	f open space			
2 (	Complete lines 2a th	nrough 2d if the organization held a qualified	conservation contribution in the form of a co	nservation	
	easement on the la	ast day of the tax year.		Held at 1	the End of the Tax Year
а	Total number of co	nservation easements		2a	
b	Total acreage restri	icted by conservation easements		2b	
с	Number of conserv	vation easements on a certified historic struct	ture included in (a)	2c	
d	Number of conserv	vation easements included in (c) acquired aft	er 7/25/06, and not on a		
	historic structure lis	sted in the National Register • • • • • •		•• 2d	
3	Number of conserv	vation easements modified, transferred, relea	ased, extinguished, or terminated by the orga	anization during the	
	tax year 🕨				
4	Number of states w	where property subject to conservation easer	nent is located		
5	Does the organizat	tion have a written policy regarding the perio	dic monitoring, inspection, handling of		
	violations, and enfo	prcement of the conservation easements it h	olds?		- 🗌 Yes 🗌 No
6	Staff and volunteer	hours devoted to monitoring, inspecting, ha	ndling of violations, and enforcing conservat	ion easements during	the year
	►	_			
7		es incurred in monitoring, inspecting, handlin	g of violations, and enforcing conservation e	asements during the	year
	►\$				
8			satisfy the requirements of section 170(h)(4)	)(B)(I)	
•	and section 170(h)				. ∐Yes ∐No
9			easements in its revenue and expense state		
	-		e to the organization's financial statements th	hat describes the	
Par		ounting for conservation easements.	of Art, Historical Treasures, or 0	Other Similar As	sots
1 41		te if the organization answered "Yes" o			
1a		-	not to report in its revenue statement and ba	alance sheet works	
iu			c exhibition, education, or research in further		
		Part XIII the text of the footnote to its financi			
b			to report in its revenue statement and balance	ce sheet works of	
~	•		xhibition, education, or research in furtheran		
		ng amounts relating to these items:			
	-			· · · · · • \$	
				· <u> </u>	
2			ures, or other similar assets for financial gair	· · · · · · · · · · · · · · · · · · ·	
	-	required to be reported under FASB ASC 95			
•	-	on Form 990 Part VIII line 1	~ 	<b>Þ</b> \$	

**b** Assets included in Form 990, Part X

EEA

▶ \$

	ule D (Form 990) 2019 Petfinder Found				_	_	87-069		Page 2
Pa	rt III Organizations Maintaining	Collections of	Art, Hist	orical T	reasures	, or Ot	her Similar A	ssets (co	ntinued)
3	Using the organization's acquisition, accession	n, and other records,	check any	of the follo	wing that ma	ke signifi	cant use of its		
	collection items (check all that apply):								
а	Public exhibition		d	Loan	or exchange	programs	6		
b	Scholarly research		e	_		-			
с	Preservation for future generations		•	_					
4	Provide a description of the organization's coll	ections and explain h	low they fur	ther the or	manization's	exempt r	ourpose in Part		
					gamzadorro	oxompre			
5	During the year, did the organization solicit or	receive donations of	art historic	al troasuro	e or other si	milar			
5	assets to be sold to raise funds rather than to		,		,			· TYes	
Pa	rt IV Escrow and Custodial Arra				CONECTION			· [] les	
I U	Complete if the organization		on Form	000 Pa	rt IV line (	a or re	norted an am	ount on Fr	orm
	990, Part X, line 21.			330, i a	itiv, inte s	5, 0110	poned an ann		JIII
4-					- 41 4 -				
1a	Is the organization an agent, trustee, custodian								
	,							· · 📋 Yes	∐ No
b	If "Yes," explain the arrangement in Part XIII a	nd complete the follo	wing table:				<u> </u>		
								nount	
С	Beginning balance						;		
d	Additions during the year								
е	Distributions during the year						•		
f	Ending balance					•   <u>1f</u>			
2a	Did the organization include an amount on For	rm 990, Part X, line 2	1, for escro	w or custo	dial account	liability?		· 🗌 Yes	∐ No
b	If "Yes," explain the arrangement in Part XIII. C	Check here if the exp	lanation ha	s been pro	vided on Par	t XIII			
Pa	rt V Endowment Funds.								
	Complete if the organization a	answered "Yes"	on Form	990, Pa	rt IV, line	10.			
		(a) Current year	(b) Pric	or year	(c) Two years	s back	(d) Three years back	(e) Four	years back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and								
	losses								
d	Grants or scholarships								
е	Other expenditures for facilities and								
	programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the curre	nt vear end balance (	line 1a. col	umn (a)) h	eld as:			I	
а	Board designated or quasi-endowment	-	-	( //					
b		%							
c	Term endowment  %								
Ū	The percentages on lines 2a, 2b, and 2c shou	ld equal 100%							
3a	Are there endowment funds not in the possess		on that are l	held and a	dministered f	or the			
ou	organization by:	Son of the organization						Г	Yes No
	(i) Unrelated organizations							. 3a(i)	
								- 3a(ii)	
b	If "Yes" on line 3a(ii), are the related organizat							. 3b	
4	Describe in Part XIII the intended uses of the o	•						. 30	
	rt VI Land, Buildings, and Equip	<u> </u>		•					
1 0	Complete if the organization		on Form	990 Pa	rt IV line '	11a S4	e Form 000	Part X lin	e 10
	· · · · · ·								
	Description of property	(a) Cost or oth (investme		.,	r other basis other)	. ,	Accumulated epreciation	(d) Book	value
4	Lond		,	(	,				
1a ⊾		•••							
b	Buildings	•••							
C	Leasehold improvements	···							
d	Equipment	•••			3,170		3,024		146
e	Other								
Tota	I. Add lines 1a through 1e. (Column (d) must eq	qual Form 990, Part X	(, column (E	3), line 10c	) • • • • •		🕨		146

Schedule D (Form		tion		87-	-0694641	Page 3
Part VII	Investments - Other Securities.					
	Complete if the organization answered	d "Yes" on Forn	n 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 or end-of-year market va	
(1) Financial c	lerivatives • • • • • • • • • • • • • • • • • • •					
(2) Closely-he	Id equity interests	[				
(3) Other						
(A)						
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
Total. (Column	n (b) must equal Form 990, Part X, col. (B) line 12.)					
Part VIII	Investments - Program Related.					
	Complete if the organization answered	d "Yes" on Forn	n 990, Part IV,	line 11c. See Form	990, Part X, I	line 13.
	(a) Description of investment		(b) Book value		(c) Method of valuation or end-of-year market va	
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Total. (Column	n (b) must equal Form 990, Part X, col. (B) line 13.)					
Part IX	Other Assets.			•		
,	Complete if the organization answered	d "Yes" on Forn	n 990, Part IV,	line 11d. See Form	i 990, Part X, I	line 15.
	(a) D	escription			(b) Bo	ok value
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Total. (Column	n (b) must equal Form 990, Part X, col. (B) line 15.)					
Part X	Other Liabilities.					
	Complete if the organization answered line 25.	d "Yes" on Forn	n 990, Part IV,	line 11e or 11f. See	∍ Form 990, P	art X,
1.	(a) Description of liability	(b) Book va	alue			
(1) Federal ir	ncome taxes					
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	b) must equal Form 990, Part X, col. (B) line 25.) 🔹 🕨					
	uncertain tax positions. In Part XIII, provide the text	of the footnote to t	he organization's fi	nancial statements that r	eports the	

χ μι 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

х

		7-0694641	Page <b>4</b>
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	r 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	951,323
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.) · · · · · · · · · · · · · · · · · · ·		
е	Add lines 2a through 2d	2e	74,415
3	Subtract line <b>2e</b> from line <b>1</b> • • • • • • • • • • • • • • • • • • •	3	876,908
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b · · · · · · · 4a 4,254		
b	Other (Describe in Part XIII.) · · · · · · · · · · · · · · · · · · ·		
С	Add lines <b>4a</b> and <b>4b</b>	4c	4,254
5	Total revenue. Add lines <b>3</b> and <b>4c</b> . ( <i>This must equal Form 990, Part I, line 12.</i> ) · · · · · · · · · · · · · · · · · · ·	5	881,162
Pa	rt 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	801,637
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	4	
b	Prior year adjustments	4	
С	Other losses	4	
d	Other (Describe in Part XIII.) · · · · · · · · · · · · · · · · · · ·		
е	Add lines 2a through 2d	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	801,637
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b · · · · · · · · 4a 4,254	4	
b	Other (Describe in Part XIII.) ••••••••••••••••••••••••••••••••••		
С	Add lines <b>4a</b> and <b>4b</b>	4c	4,254
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	805,891
	rt XIII Supplemental Information.		
	ide 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; Pa	rt X, line	
2; Pa	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.		

01. Footnote for uncertain tax position under FIN 48 (Part X)

Management of the Foundation considers the likelihood of changes by taxing authorities in its filed

tax returns and recognizes a liability for or discloses potential significant changes if management

believes it is more likely than not for a change to occur, including changes to the organization's

status as a not-for-profit entity.

SCHEDULE I (Form 990) Department of the Treasury	Gov		Individuals in nswered "Yes" on For Attach to Form 990.	-	OMB No. 1545-0047 2019 Open to Public Inspection		
Internal Revenue Service		Go to www.irs.	gov/Form990 for the la	test information.		Employer identification	
Name of the organization							
Petfinder Foundation Part I General Information or	Cranta and Acc	iotonoo				87-0694641	
1 Does the organization maintain records		-					
the selection criteria used to award the g	5						· <u>x</u> Yes No
2 Describe in Part IV the organization's pro				e Complete if the e	rachization answard	"Voo" on Form 000	1
Part IV, line 21, for any reci						Tes on Form 990	,
1 (a) Name and address of organization	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of non-	(f) Method of valuation	(g) Description of	(h) Purpose of grant
or government		(if applicable)	grant	cash assistance	(book, FMV, appraisal,	noncash assistance	or assistance
(1) APA Adoption Center					other)		Purina
1705 South Hanley							Consider A
Saint Louis, MO 63114	43-0699783	501(c)(3)	6,000				Shelter Pet
(2) Berkeley East Bay Humane Sc			,				
2700 Ninth St.							Disaster
Berkeley, CA 94710	94-1347069	501(c)(3)	5,000				Grant
(3) Humane Society of Missouri							Purina
1201 Macklind							Consider a
Saint Louis, MO 63110	43-0652638	501(c)(3)	6,000				Shelter Pet
(4) Lifeline Animal Project							
PO Box 15466							Foster Kit
Atlanta, GA 30333	01-0599278	501(c)(3)	10,000				Grant
(5) Lost Dog and Cat Rescue Fou	1						
6801 Wilson Blvd							Play Yard
Falls Church, VA 22044	31-1789600	501(c)(3)	5,000				Renovation
(6)							
(7)							
(8)							
(9)							
(10)							
2 Enter total number of section 501(c)(3) a	and government organi	zations listed in the line 1	table				5
3 Enter total number of other organization	s listed in the line 1 tab	le					

Schedule I (Form 990) (2019) Schedule I (Form 990) (2019) Petfinder Foundation 87-0694641 Part III Grants and Other Assistance to Domestic Individuals, Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance	
rt IV Supplemental Information. Pr	ovide the information re	equired in Part I. li	ne 2: Part III. colum	n (b): and any other addi	tional information.	
• Monitoring procedures • Petfinder Foundation has the fo			ure that granted	funds are used in th	ne proper way based	
the grant requirements:						
	cess applying organ	nizations must		a final grant report	on how the granted	
During the grant application pro			agree to submit a			
During the grant application pro	helped, what speci	fically the fu	agree to submit a nds were spent o	n, etc. This grant re		
During the grant application pro	helped, what speci	fically the fu	agree to submit a nds were spent o	n, etc. This grant re		
During the grant application pro unds were used, how many pets were includingdocumentation of expenditu	helped, what speci res to ensure that	fically the fu	agree to submit a nds were spent of spent in the co	n, etc. This grant re rrect way.	eport must	
a the grant requirements: During the grant application pro- unds were used, how many pets were includingdocumentation of expenditu In the official grant award lett estricted to the purpose stated in	helped, what speci res to ensure that er, which is mailed	fically the fu the funds were all along with th	agree to submit a nds were spent of spent in the com e grant check, gr	n, etc. This grant re rrect way. rantees are notified	eport must that the funds are	

Schedule I (Form 990) (2019)

Part III Grants and Other Assistance to D Part III can be duplicated if additiona			e organization answ	vered "Yes" on Form 990	), Part IV, line 22.
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1					
2					
_ 3					
4					
5					
6					
7					
Part IV Supplemental Information. Provide	the information r	equired in Part I, lir	e 2; Part III, columi	n (b); and any other addi	tional information.
of the grant terms and conditions liste	d in the lette	r. The repor	ting requirement	t is stated again in	each grant award
letter.					
3) 60-90 days after receiving the grant	, awarded grou	ps are notified	that their grant	t report and documen	tation is due. Groups
are given one week to complete this rep	ort. After the	reporting deadl	ine has passed o	groups who have not	complied are sent a
second notice, if they still do not com	ply they are s	ent a third noti	ce which indicat	tes that if they do :	not submit their
grant report they will be required to r	eturn the gran	ted funds and wi	ll not be eligib	ole for future grant	s from the Petfinder
Foundation.					

### SCHEDULE M (Form 990)

# **Noncash Contributions**

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

Attach to Form 990.

۲ n.

2019 Open to Public

OMB No. 1545-0047

Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

Go to www.irs.gov/Form990 for instructions and the latest information	atior
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Employer identification number 87-0694641

	inder Foundation				87-0694	641			
Part	I Types of Property		l	(1)					
		(a) Check if applicable	<b>(b)</b> Number of contributions or items contributed	(c) Noncash contri amounts report Form 990, Part V	ed on	Method noncash co			
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 19	Food inventory								
20	Drugs and medical supplies								
20 21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other ►(Dog toys )	x	1,200		16,788	fair mar	ket v	value	•
26	Other (Dog beds )	x	320		· · ·	fair mar			
27	Other ()				'				
28	Other ▶( )								
29	Number of Forms 8283 received by the o	rganization o	luring the tax year for contribution	ons for					
	which the organization completed Form 8	3283, Part IV,	Donee Acknowledgement			29			
								Yes	No
30a	During the year, did the organization rece	-	•••••	-					
	28, that it must hold for at least three yea								
_	to be used for exempt purposes for the en	-	period?	•••••			30a		х
b	If "Yes," describe the arrangement in Par								
31	Does the organization have a gift accepta								
			· · · · · · · · · · · · · · · · · · ·				31		х
32a	Does the organization hire or use third pa						20-		
							32a		х
	If "Yes," describe in Part II.	tin column (	a) for a type of present, for	h oolump (a) is at t	kod				
33	If the organization didn't report an amoun	it in column (	o for a type of property for whic	n column (a) is cheo	skeu,				
	describe in Part II.								

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

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service Name of the organization 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
Employer identification number

#### Petfinder Foundation

87-0694641

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

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

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

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

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

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

to the IRS.

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

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

members are asked to do the following:

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

meetings,

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

animal welfare community immediately and

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

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

outside the Petfinder Foundation.

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

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

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

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

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

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

#### Petfinder Foundation

04. Form 990 availability to public (Part VI, line 18)

The 990 is available to the public via our website as well as uploaded to the various

charity monitoring wesites like Charity Navigator and Guidestar.org. All documents are

available upon request.

#### 05. Governing documents, etc, available to public (Part VI, line 19)

Financial statements are available to the public via our website as well as uploaded to

the various charity monitoring wesites like Charity Navigator and Guidestar.org. All

documents are available upon request.

87-0694641

Employer identification number

### Statement of Program Accomplishments Line 4a:

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

*Orvis Animal Care Grants:* Thanks to a generous matching donation campaign from the Orvis Company the Petfinder Foundation was able to provide general animal care grants to help support shelter and rescue group's dog adoption efforts in a positive way. In 2019 we awarded \$18,000 in Orvis grants to 21 adoption organizations helping over 4,500 dogs stay happy and healthy while waiting to be adopted.

*Dog Enrichment Grants:* The Petfinder Foundation is working with KONG to provide enrichment toys and products to shelters and adopters across the country. The Kong Company joins the Petfinder Foundation in the belief that by providing enrichment toys to shelter pets, you stimulate their mind, making them more adoptable. In 2019 we sent 1,200 KONG toys to 72 adoption organizations.

*Dog Short-Term Foster/Fieldtrip Grants*: Getting dogs out of shelters and into a real-world environment is beneficial to the dogs and their overall mental and physical health. In addition to being good for the dogs health and well-being these short term fostering programs valuable information on how they are in real life settings which helps get them adopted faster. The Dog Field Trip grant is used to provide funding to purchase needed supplies for a shelters short-term foster/dog field-trip program, including but not limited to: collars, leashes, harnesses, gentle leaders, collapsible or portable water/food bowls, potty bags, "Adopt Me" vests, etc. Grant recipients are required to have completed the Maddie's Fund Field Trip and Sleepover Foster Apprenticeship online course or 3- to 5-day hands-on training to be eligible for this grant. We launched this program in mid-2019 and awarded 7 shelters grants to necessary supplies to help support their fieldtrip programs.

*Cat Enrichment Grants:* Every adoptable cat deserves enrichment to stay happy and healthy while waiting for a new home. Grant funds from this program are used to provide enrichment for cats, which can include indoor entertainment using products and objects, allowing cats to enjoy the outdoors safely or human interactive cat-enrichment activities. In 2019 we awarded \$20,000 in grants to 23 adoption organizations to help their cats.

Adoption Options in Action Grants: The Petfinder Foundation Adoption Options in Action grant is available to Petfinder members who attended an Adoption Options conference and need financial assistance in order to implement the programs or practices presented at the conference, which are focused around the placement, promotion and behavior of homeless pets. In 2019 we awarded \$15,000 in grants to 16 adoption organizations helping over 2,000 adoptable pets.

*Emergency Medical Grants:* The Petfinder Foundation Emergency Medical grant program is to assist Petfinder members who are caring for a pet that needs special veterinary care in order to become adoptable. Grants from this program can be used to cover expenses that fall outside of normal day to day vet services like spay/neuter, vaccines or routine exams, such as emergency surgery, dental work, etc. for one single pet. In 2019 we awarded \$40,000 in grants to 45 organizations to help pets in need of emergency veterinary care.

*Play Yard Renovation Grants:* Play Yard Renovation Grants will be given to shelters that have completed or are scheduled to complete play-group training seminars conducted by <u>Dogs Playing for Life</u>. Grant funds must be used to construct or improve play yards to bring them into compliance with DPFL's recommendations. This grant program is part of our commitment to enhancing shelter dogs' quality of life by allowing them to engage in natural social behaviors. In 2019 we helped 7 shelters build or enhance their play yards.

*Play Group Training Grants*: Play Group Training Grants are awarded to shelters to cover the cost of attending a Mentorship program conducted by Dogs Playing for Life. DPFL Mentorship programs help teach shelter personnel and volunteers DPFL methods for conducting safe and productive dog play groups. The program also helps attendees advance their skills as handlers and trainers, with a better understanding of canine behavior so that they can enhance quality of life for the animals as well as save more lives. Grant funds MUST be used to cover the tuition cost of attending a Dogs Playing for Life Mentorship session. In 2019 we awarded \$30,000 in grants helping 30 adoption organizations receive training on effectively and safely running play groups. This grant has a lasting impact on dogs coming into each shelter awarded but for 2019 the number of dogs who benefited from this program was 38,000.

*P.L.A.Y. Pet Bed Grants*: The Petfinder Foundation has partnered with P.L.A.Y. Pet Lifestyle and You through the Warm Bellies Initiative to give luxury beds to shelter pets. P.L.A.Y. joins us in the belief that every pet deserves a warm and cozy place to sleep. To that end, in 2019 we awarded 320 beds to 28 adoption organizations.

Senior Pet Grants: Senior Pet grants are intended to help facilitate the adoption of senior pets in the care of Petfinder-member shelters and rescue groups. Grants of up to \$1,000 may be used to promote the adoption of a specific pet by funding one or more of the following: The dog's adoption fee; transportation to an approved adopter, and/or necessary medication for the duration of the dog's lifetime. In 2019 we awarded \$55,000 to 63 adoption organizations to help their senior pets find new homes.

## **Statement of Program Accomplishments Line 4b:**

**Disaster relief program** – The Petfinder Foundation is committed to assisting animal adoption organizations with Disaster relief and recovery. Funds are used to offer animal-related resources and assistance during and after significant natural or man-made disasters including extreme weather events. The Petfinder Foundation awards grants to provide emergency equipment or supplies, physical improvements to the animal shelters and property, animal transport and housing equipment allocated for use in the event of a disaster, file and records management systems, and training for staff and/or volunteers who are critical responders for the organization during an emergency. In 2019 we awarded grants totaling \$15,900 to 6 adoption organizations impacted by natural disasters.

## **Statement of Program Accomplishments Line 4c:**

**Other programs** – The Foundation works with its corporate partners and funders to offer needed in-kind supplies or educational tools to Petfinder.com members, as well as grants in the forms of providing assistance for daily operations and care of pets and promoting adoption and transportation needs. Additional grants awarded are:

*Sponsor A Pet*: The Sponsor A Pet program encourages Petfinder.com visitors to help homeless pets by sponsoring the cost of their shelter and care until they find a forever home. When someone has found a homeless pet that has touched their heart but they are unable to provide that pet their forever home this program gives them a way to help. Donations are collected by the Petfinder Foundation and kept for the designated shelter. Once a quarter, these donations are distributed to the shelter, less 10 percent for administrative fees. In 2019 we disbursed over \$85,000 in funds raised through this program to Petfinder member adoption organizations.

*Purina New Year, New Home Adoption Grants:* Purina believes every adoptable pet deserves a forever home, which is why we are working together to get more pets adopted. The Purina New Year, New Home Pet Adoption Grant program grants are used to help subsidize pet adoptions via waived or reduced adoption fees. Grants were awarded in amounts up to \$2,000, depending on the organization's monthly adoptions. In 2019 we awarded \$82,000 to 49 adoption organizations helping them find homes for 1,859 pets.

*Foster Kit Grant:* In 2019, we were happy to support LifeLine Animal Project with a \$10,000 grant to be used to create foster kits for their Fulton and DeKalb county shelters in the metro Atlanta area. These kits are a valuable resource for the shelter in their efforts encourage and enable more community members to act as foster homes.